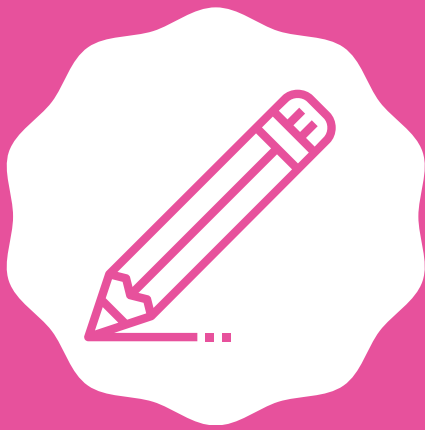


# RESEARCH REPORT

## EXECUTIVE SUMMARY

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### METHODS

In between March 2020 and March 2021, EmilyTest conducted 15 focus groups, 24 interviews, 7 co-creation sessions and 2 surveys with over 300 students, graduates and professionals across Scotland and the United Kingdom (UK). Ethical approval was given by the University of Edinburgh in March 2020



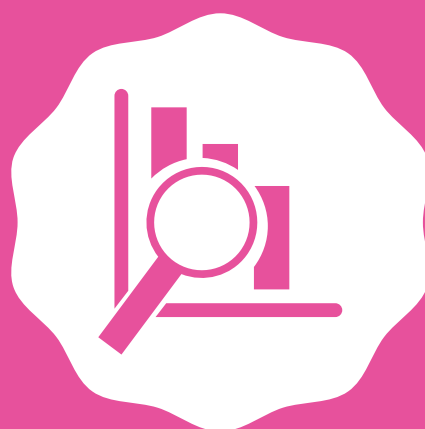
### PARTICIPANTS

The student research involved geographically grouped sessions, then experience and identity-specific, including commuting, disabled, LGBTQIA\*, male, mature, people of colour, postgraduate, Resident Assistant (RA) and sex worker student focus groups/interviews. The staff research involved GBV professionals, third sector professionals, and university and college staff



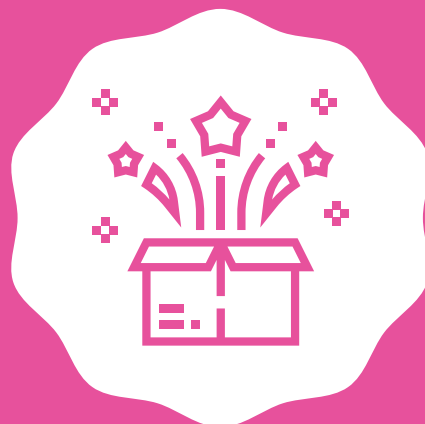
### AIM AND QUESTION

The research aim was to create the first GBV Charter for universities and colleges in the world, based on the needs of students and staff. EmilyTest went into the research with the question: what gaps exist between GBV prevention, intervention and support in universities and colleges and the needs of students as victims/survivors and staff as providers?



### DATA ANALYSIS

The focus groups and interviews with students were transcribed and analysed using NVivo. Themes, based on the research question, were identified and translated into the GBV Charter. This Charter, based on student voices only, then went into co-creation sessions and focus groups with professionals to refine into the final Charter



### RESEARCH OUTCOMES

The research created the GBV Charter. Two reports were also written: the first report *EmilyTest GBV Charter* details the design process, the staff research (2 focus groups, 7 co-creation sessions, 2 surveys) and the GBV Charter itself. **The second report, which this executive summary is for, is a write-up of the student research.** Both have been peer reviewed

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# MAIN FINDINGS



## Structure of The Findings

The main findings from our research with students are written below, grouped in relation to the research question. This question addressed the **needs** of student participants in relation to GBV prevention, intervention, and support in universities and colleges.



# 1

### Foundational Needs

There are overarching needs that must be considered in order to make GBV provisions robust in universities and colleges; including institutions openly admitting GBV and prioritising dealing with cases over reputation

# 2

### Education

Knowledge and training for both students and staff needs to be embedded into institutional DNA. Education and prevention work needs to challenge myth-based understandings, empower victims/survivors to know where to turn, and equip staff to give informed responses



# 3

### University and College Systems

GBV reporting and support provisions need to be connected and seamless. The gap between policy and practice needs to be closed, and both need to adopt comprehensive understandings of GBV



# 4

### Inclusion and Access

Experiences of GBV and help-seeking are shaped by identity. Therefore, intersectional frameworks need to be reflected in GBV education and in reporting and support mechanisms. There needs to be equal access to reporting and support

# 5

### Institutional Approaches

The safety of victims/survivors and the student community should always be a priority in GBV interventions, whether formal reporting has been sought or not

# 6

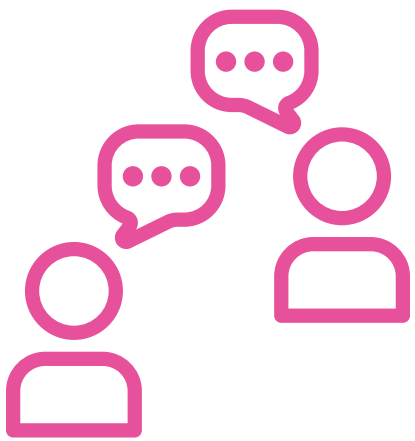
### Challenges

The research presented a number of epistemological, methodological and practical challenges to the research and to creating a GBV Charter for universities and colleges



# 1

## FOUNDATIONAL NEEDS



### It Starts Here

Institutions - including students, staff, and people in positions of leadership - need to collectively confront that GBV is endemic in education

## Dealing with Disclosures

Institutions need to prioritise effective responses to GBV over reputation. Participants, especially women, often mentioned how factors like institutionalised victim-blaming, overworked staff, institutional anxiety, and poorly-clarified remits (of individual staff members and of the institution as a whole) cause insufficient responses



### Data-Driven Approaches

Institutions need to publish statistics on internal GBV cases, stay up-to-date on emerging evidence on best practice, support research on GBV and be active community members in contributing to and learning from live evidence in the education and GBV sectors

## GBV specifically in FE/HE

Institutions need to have specialist understandings of how GBV manifests in education contexts, including how GBV is reportedly higher and reporting lower compared with the general population. Our research found that GBV in education functions similar to that in rural communities, with 'stalking by proxy', loss of confidentiality, and 'uprooting' common for victims/survivors. GBV is also sometimes intertwined with institutionalised bullying cultures in education.



# EDUCATION NEEDS



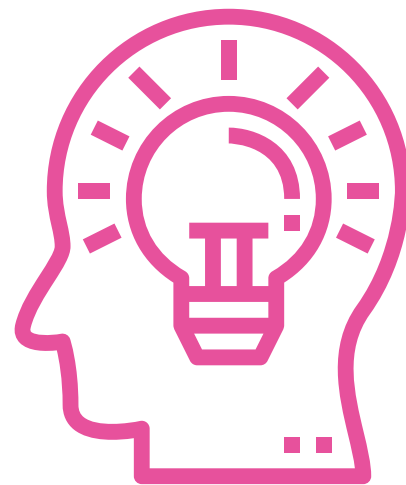
## Embedding Education



Students and staff come to their institutions with varying levels of sex and relationships education as well as GBV awareness. GBV education needs to be timely, preventative, regular and needs to focus on identifying GBV in our own lives - as well as the lives of others - and promote healthy relationships

## The Power of Myths

Mythical understandings of GBV - sometimes known as 'sexual violence myths' or 'rape myths' - are institutionalised among students and staff. Education initiatives, such as freshers' talks, as well as training for staff and student representatives/leaders needs to have a core focus of challenging mythical narratives that cause re-traumatising and re-victimising responses to GBV disclosure



## Creative Approaches



Participants expressed ideas for peer-led, arts-based, and disciplinary-embedding approaches to GBV education. This includes training up student society and club leaders; the use of testimony-based and performing arts approaches that engage the audience to identify GBV; and the integration of consent and help-seeking information into the formal curriculum, in ways that make sense to the course being studied

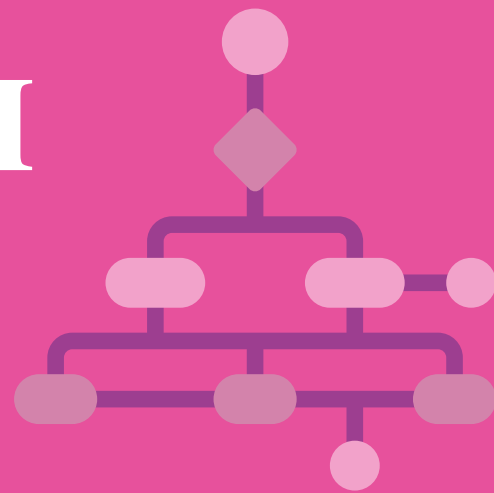
## What Works?

There is a lack of evidence-based approaches to GBV education. Common initiatives in universities and colleges involve bystander intervention and poster-based campaigns but these have mixed-to-little evidence of preventing GBV. Participants also reported varying quality and trauma-informed approaches. The GBV Charter aims to help establish impact and evaluation frameworks for the sector and promote GBV expert endorsements for training and education initiatives

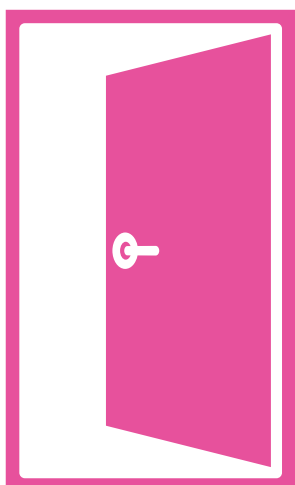


# 3

## SYSTEM NEEDS



### Comprehensive



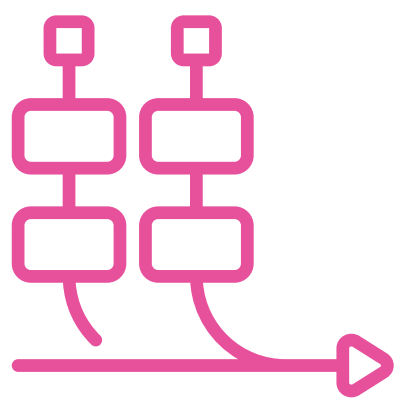
The GBV policy needs to be institution-wide, covering a whole university or college site, including less-considered 'pockets' of educational life like accommodation, scholarship-providers, transport, digital life, exchange programmes, trips, and sports 'away days'. This is because not only can GBV be experienced anywhere but secondary victimisation - such as bullying in the street or home from the perpetrator and their friends - can be.

### Partnership-Working

A university or college's GBV prevention, intervention, and support system requires collaboration with the services that surround the institution: their Students Associations/Unions, private accommodation, local venues as well as services like SARCs and sexual health clinics to ensure a consistent and united approach that allows timely referrals and information-sharing when necessary



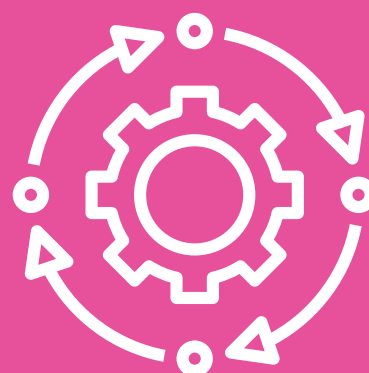
### Connected



GBV reporting and support needs to have smooth and centralised pipelines of referral - essentially, wherever GBV is experienced and reported, disclosures and requests for help make it to the right person or team, whether that be the safeguarding team or a GBV Liaison Officer, in a timely and confidential way

### GBV as a system

GBV training and policies need to cover the spectrum of GBV, broadening focus from rape. Less-represented forms, such as financial abuse, coercive control, and digital violence, need to be equally understood, as well as an understanding that multiple forms are often experienced at one time, and in non-linear ways. Help should be available for historical as well as current GBV, with an understanding of how most victims/survivors do not report, nor report straight away.

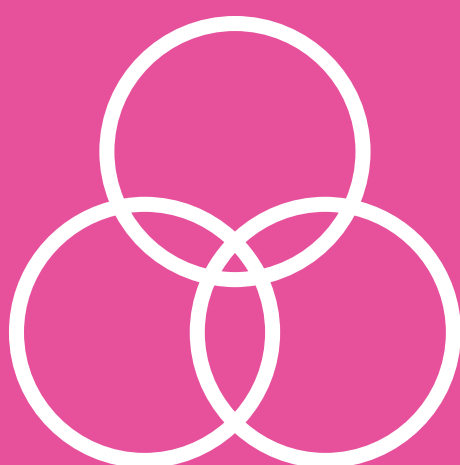


# INCLUSION AND ACCESS NEEDS



# 4

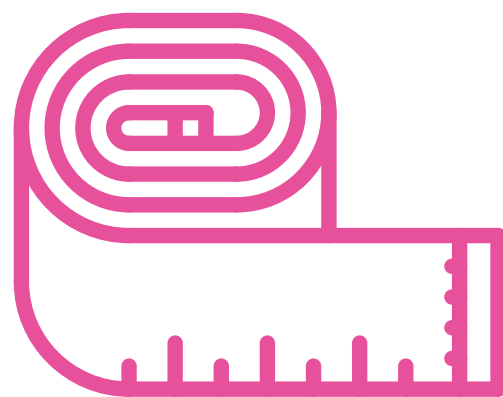
## Intersectional Lens



There needs to be an intersectional lens integrated into GBV training, policies and reporting processes, understanding how factors like age, class, disability, geography, gender, and sexuality fundamentally shape experiences of GBV and experiences of accessing help for GBV - for example, students of colour reported how sexist aggression and attacks were often inseparable from racist but the policies and reporting procedures were separate

## Tailored Services

Every university and college in Scotland is different - from urban through to island life, academic through to vocational. Every institution needs to collect, and use, their demographical data in their GBV prevention, intervention, and support provisions - such as having a greater focus on the needs of under 18s or disabled students



## Access



Institutions need to improve access to GBV support for marginalised students by using messaging that resonates with their experiences and specially trained staff. Institutions need to better connect groups that are more isolated, less likely to reach out, and more likely to feel disconnected from student services, like commuting, research, rural, male, postgraduate, mature, and parent students, to help

## Secondary Victimization

Students fear being judged when disclosing or seeking help for GBV. Many are subjected to victim blaming by both peers and staff. Anxiety increases if, for example, sharing what has happened may involve 'outing' themselves as LGBTQIA\*, as a sex worker, as needing disability adjustments, as having addiction issues, or as having had unsafe sex. GBV training must dispel discriminatory myths. Policies must cover confidentiality and ban the enforcement of student misconduct or disrepute policies - for example, where GBV was experienced when under the influence of illegal drugs or when breaking COVID-19 restrictions



# 5

# INSTITUTIONAL RESPONSES



## Safety Always



Responses to GBV need to make individual and collective safety a priority when handling GBV cases, focusing on 'interim interventions' - such as secure domestic violence accommodation options, swift transfers from classes and offices, and extending deadlines among other 'safety and study' plans - and ensuring confidentiality

## Risk Assessment

There must be risk assessment-driven approaches to handling GBV disclosures and interventions, ensuring that emergencies are differentiated from non-emergencies; mental health, suicidal feelings, and GBV are considered in combined ways; and interim safety and help measures are in place during and after disclosure. All staff should know about and have access to a layperson's risk assessment tool, such as EmilyTest's LISTEN tool.



## Casualisation



Casualisation decreases safety for student victims/survivors and staff delivering welfare provisions. Student leaders, such as elected officials and RAs, report poor mental health, unmanageable workloads plus insufficient remuneration and support. People of colour and women experience increased workloads from marginalised victims/survivors seeking help from staff that reflect their identity and experience, rather than turning to formal procedures.



There needs to be clearly-defined job descriptions in relation to GBV, with no reliance on casualised staff to intervene. There needs to be watertight escalation processes, ensuring that non-student staff are responsible for intervention. Casualised staff, especially student leaders, must have welfare systems in place and lone working policies. Many students support banning or radically revising casualised contracts, such as introducing part-time salaries and benefits (in addition to rent discounts for RAs) in order to improve employment rights and mental health, as well as institutions training up, and holding accountable, line managers to effectively deal with GBV.

# CHALLENGES WHICH AROSE IN RESEARCH

# 6

## The GBV Framework



Participants from focus groups/interviews for LGBTQIA\* students, students of colour, and male students expressed that the GBV framework is limiting in practice due to 'gender' being conflated with 'women', as well as it baselining heterosexual relationships, cis and white women's experiences, excluding 'non-paradigm' experiences such as violence in LGBTQIA\* relationships and childhood sexual abuse where boys are the victims

## More Complex Cases

Participants were interested in how the GBV Charter would approach issues involving more complex elements that fall outside of 'ideal victim' and 'legitimate perpetrator' beliefs, such as counter-allegations and policy or law being weaponised by perpetrators to further their abuse towards the victim/survivor, or cases where a perpetrator belongs to a marginalised group



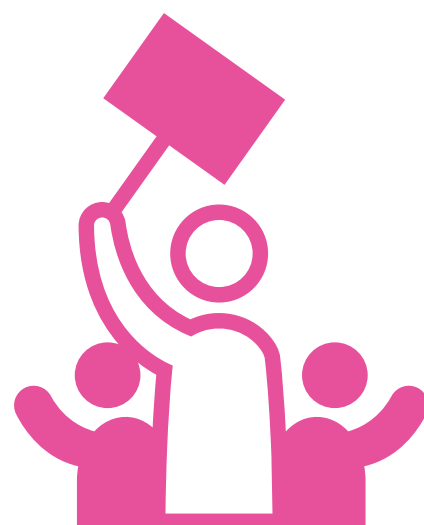
## Perpetrator Support



Participants with professional and/or activist backgrounds in GBV highlighted how provisions are always focused on victims/survivors. They discussed the need for, and complexities of, an institution's GBV prevention, intervention, and support mechanisms offering education and help for perpetrators, plus facilitating decisions regarding removal for safety reasons, especially where repeated offending occurs

## Divisions in Feminism

Students who are engaged in feminist activism, who are sex workers or who are transgender, non-binary, or gender fluid, expressed how deep divisions in the feminist movement concerning trans-inclusion and sex worker-inclusion are hindering progress on GBV. These divisions are dominating universities and spilling over into GBV support services, hindering trans and sex worker students from reaching out for help for fear of discrimination





# CHALLENGES WHICH AROSE IN RESEARCH

# 6

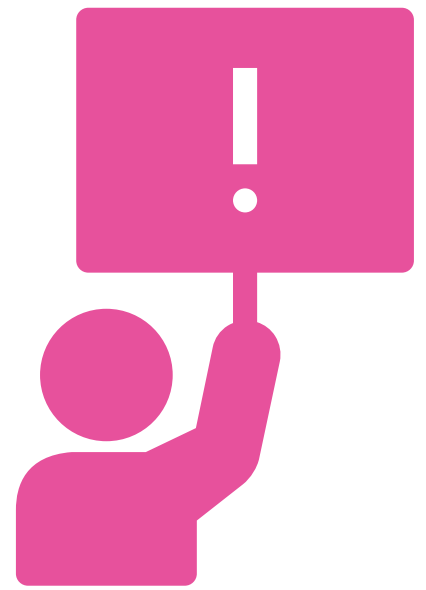
## Alcohol and Drugs



Social spaces like nighttime venues are places where GBV and poor mental health can be masked. However, these were among many sites where GBV is particularly rife - accommodation and sports clubs being others. Participants were frustrated with perceptions that intoxicants 'cause' GBV and with beliefs that GBV can be attributed to 'youth' or 'the uni experience', as well as solutions promoting abstinence and the curbing of women's participation in recreation

## Student 'vs' Institution

Participants want institutions to 'take action' against GBV but this is often ambiguously defined and challenging to measure. Questions remain about whether this means: tougher measures, more investigations, or more non-reporting options. There needs to be better communication from institutions on: their remit in contrast to the Criminal Justice System, the parameters of their capabilities, and what options there are for victims/survivors.



## Peer Support



Many saw safe, well-funded peer spaces as essential for marginalised groups to thrive in FE and HE but participants with experience in running them stated that peer support are sites of intense casualisation. Organisers are overworked with welfare issues and institutions rely on free labour. A lack of training, supervision and defined remits can cause trauma to 'spill' into peer support spaces, causing emotional harm to attendees and a lack of formal intervention



There can be little formal escalation of GBV due to a reported lack of trust between marginalised groups and the university or college's reporting mechanisms, especially among students of colour. GBV perpetration and discriminatory behaviour can also exist within a university or college's 'safe' spaces, causing the communities that attend them to be 'split' when accusations occur and causing victims/survivors to uproot from those communities, cutting them off from peer support.