

COSHARE

STAFF SURVEY

CONSENT,
SEXUAL VIOLENCE,
HARASSMENT AND
EQUALITY
IN HIGHER EDUCATION

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ACKNOWLEDGEMENTS

We embarked on our COSHARE journey during 2022, when issues of sexual violence and harassment had come to the fore not only for Higher Education, but for society has a whole.

Our goal was to tackle a shared problem with shared solutions, but this process can be difficult, fraught and fragmented without clear direction and partnership working to support a coordinated response.

We would firstly like to thank and acknowledge the Higher Education Authority for funding this work under the North-South Research Programme, which gave us the opportunity to work together on a significant issue for Higher Education across the Island of Ireland. We are also grateful to our own Higher Education Institutions, the University of Galway and Ulster University for their support and encouragement to progress with this important work. We are also grateful to our wider Higher Education colleagues who supported and facilitated dissemination and awareness raising of this research, ensuring that those who wished to contribute, had their say.

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EXECUTIVE SUMMARY

The COSHARE project funded by the HEA North South Research Programme has consisted of two actions on Higher Education carried out between 2022 and 2024:

- Establishing an all-island North South HEI staff campus climate survey of consent, sexual violence and harassment.
- Creating a network of academics, researchers, practitioners, student advocates, professional support staff, policy makers, and NGOs for information sharing, training, and consultation.

This report describes the findings of COSHARE survey, conducted between October 2023 and February 2024. The goal of the survey was to describe staff experiences, knowledge, engagement, and perceptions in Higher Education institutions North and South. Sub-group analysis of responses by staff role, gender, sexual orientation, ethnicity, or disability status are beyond the scope of the overview of survey findings presented in the report. Where distinctions are highlighted in the findings section, descriptive comparisons are made of staff working in NI and ROI Higher Education institutions.

Key Information About Survey Responses:

- A total of 521 staff members in Higher Education responded to the COSHARE campus climate survey of consent, sexual violence and harassment.
- 236 (45%) worked in an HEI in Northern Ireland (NI) while 285 (55%) worked in a HEI in the Republic of Ireland (ROI).
- Between 332 and 364 survey participants chose to provide responses on questions concerning sexual violence and harassment. One fifth of the participants left open-ended comments on the survey that were developed into a socio-ecological qualitative analysis.

Demographic Profile of the Survey Respondents:

- Most of the survey respondents identified as women (75%), reflecting a profile often found in self-selected samples of surveys of consent, sexual violence and harassment.
- Most participants were heterosexual (81%), held a permanent or indefinite contract (71%), and were White in ethnicity (96%).
- 34% were aged 40 or younger, 31% were 41-50 years old, and 37% were aged 51 years or older.
- Almost half (49%) worked in an academic or research role, while 40% were in an administrative or student services role.
- There was a spread of participants working across faculty or HE subject areas, with the highest percentage in Arts, Humanities & Social Sciences (22%) and Life & Health Sciences (13%)
- Participants had worked in HE for a varied length of time, with 39% working in the sector for less than five years.

Campus Culture and Climate: Perceptions, Attitudes, Knowledge

The COSHARE campus climate survey methodology provides useful findings on sexual violence and harassment experienced by staff members, and the whole-of-institution context of prevention, reports and investigations, and supports for victim-survivors. The survey findings highlight existing strengths and resources as described by staff, potential areas for enhanced institutional responses and staff engagement, and priorities for campus culture change.

Only 34% of survey respondents agreed that SVH among students was a problem at their HEI, while just 14% agreed that SVH among staff was a problem at their HEI. Many staff (40-51%) had a neutral opinion on these issues or said that they did not know whether SVH was a problem.

Three main perspectives on institutional responses to SVH were highlighted in the qualitative responses made by staff:

- Some staff said that significant progress had been made in the HE sector, citing examples of policies, training, and student engagement
- Others saw progress as more mixed and having happened in the context of a low baseline in the past, when SVH was relatively acceptable.
- The final group of responses indicated that things had not changed – powerful men were still protected by the institution, neither students nor staff had access to meaningful redress for SVH, and concerns were voiced about the career impact of bringing a complaint. These participants also wrote about the continuing nature of casual, everyday sexist harassment, which extended to LGBT+ staff members.

Policy on Consent, Sexual Violence and Harassment

Fewer than half (46%) of the participants agreed their HEI proactively addressed issues of SVH, while one third (36%) saw their HEI senior management as visible on this issue. A clear majority of survey participants agreed that they were aware of staff policies, but agreement rates dropped when staff considered whether policies and procedures were clear and effective:

- 76% of staff members agreed that they were aware of staff-related policies on SVH
- 60% that staff policies and procedures were clear and explicit
- 35% that staff policies and procedures were effective

Compared with staff policies, there was lower awareness of student policies and agreement that student policies and procedures were clear or effective:

- 67% of staff members agreed that they were aware of student-related policies on SVH
- 55% that student policies and procedures were clear and explicit
- 31% that student policies and procedures were effective

The qualitative comments contained critical commentary on issues such as a policy-practice gap, the selective implementation of policies on SVH, and expressed dissatisfaction at lack of clarity on the consequences or outcomes of the complaints and investigation process at their HEI.

Reporting of SVH

Less than half of the survey participants agreed that they were equipped to engage with the SVH reporting process:

- 48% agreed that they would know how to report SVH to their HEI
- 46% that they would know how to report it if someone they knew was subjected to SVH
- 42% that they would know what supports are available to them at their HEI if they reported a case of SVH

Levels of agreement were lower again when considering whether the system for reporting SVH was easy to use or that clear lines of institutional responsibility were in place:

- 37% agreed that there were clear lines of responsibility for dealing with reporting of SVH
- 33% that there was an easy-to-use system for staff to report student SVH
- 29% that their HEI had an easy-to-use system for staff to report incidents of staff SVH

When appraising the institution's response to reports of SVH, a large majority (70%) thought it likely that counselling supports would be provided. Fewer participants (from 48-60%) agreed that it was likely that their HEI would make other active responses:

- 60% indicated it was likely that their HEI would create an environment where this type of experience was recognised as a problem
- 57% that the HEI would actively support the person agreed and accommodate their needs
- 56% agreed that the HEI would create an environment where this type of experience was safe to discuss
- 48% that the person would be allowed to play an active role in how their report was handled

Participants also rated the likelihood that their HEI would respond negatively to a SVH report. Between one quarter and a third considered it likely that the HEI would respond in this way:

- 34% indicated it was likely that their HEI would suggest that the person's experience(s) might affect the reputation of the institution
- 25% that the HEI would actively create an environment where staying at the HEI was difficult for the person
- 23% that the HEI would create an environment where the person no longer felt like a valued member of the institution

Findings on negative responses by HEIs to those who make a report of SVH were extended by qualitative responses from some participants. These descriptions described how institutions put up resistance to those who report, block fair processes, and discredit complaints.

Turning to perceptions of how fellow staff members would react to a complaint of SVH being made, some qualitative responses suggested concerns over retaliation and being unsupported when making a complaint. This was reflected in the quantitative survey responses. Between 13% and 22% of participants agreed that negative responses would be made to someone who made a complaint of SVH:

- 22% agreed that it would be hard for other staff to support the person who made the report
- 20% that the person making the report would be subjected to retaliation, retribution or negative responses from the alleged offender(s)
- 13% that other staff would see the person making the report as a troublemaker

Experiences of Awareness Raising, Education and Training

Participant comments on awareness raising, education and training were an exception to the negative or critical tone of most other contributions to the open-ended section of the survey.

Comments requested more education and training to occur, with the aim of reaching all students and staff, with reference made to consent, bystander intervention, disclosure skills, awareness of policies and procedures for reporting and the complaints process.

A minority of staff (30-40%) said that they had received information from their HEI relevant to consent, sexual violence and harassment, on topics including:

- Definitions of the types of SVH, the student or staff code of conduct on consent / SVH, how to help prevent SVH, how to report an incident or staff or student SVH, or where to go to get help if they or someone they knew experienced SVH

A comparable percentage (32-49%) of staff had engaged with information and training themselves or encountered it during institutional training, in areas including:

- Discussing consent / SVH in staff training, with colleagues, attending a bystander intervention event, seeing or hearing campus administrators address SVH, or visiting their HEI website for information about consent / SVH

The rate of engagement was notably higher for seeing posters on consent / SVH (78%), and lower for reading reports on SVH rates at their institution (22%)

Staff Capacity and Future Engagement

Two thirds (65%) of respondents agreed that they felt a responsibility to engage with SVH at their HEI. Although they had reported having limited exposure to training, most participants (61-67%) nevertheless agreed that they were currently able to assist students and fellow staff by intervening as bystanders or in responding to disclosures of SVH.

The vast majority (81-84%) of the participants indicated a willingness to take part in training on bystander intervention, disclosure skills, and consent. Similarly, 80% agreed that they would support staff or student initiatives on consent / SVH, while 65% agreed that they would take an active role in delivering such training.

The qualitative responses raised a further point in describing training and preparation within the institution. Unit and departmental leaders were identified in these comments as having typically received limited education or training on SVH. Further critical comments were made about the availability of specialist, trained staff in HR who had the preparation to manage a trauma-informed complaints and investigation process.

'Neutral' and 'I Don't Know' Responses

Staff members used the 'neutral' or 'I don't know' options on survey questions to indicate where they lacked information or a strong opinion. The choice of these options reflected the uncertainty of staff members on a number of topics related to policy and awareness in particular. These patterns highlight the need for HEIs to reduce this uncertainty.

For example, 58% of staff selected the neutral or 'don't know' options in response to whether student policies on SVH were effective, 48% selected these options as to whether their HEI had an easy-to-use system for reporting staff SVH, and 21% were neutral or did not know about the process for reporting SVH. Neutral and 'don't know' responses indicate that information on policies has not been implemented consistently or connections made to tangible institutional commitment such as training, outreach, and awareness raising.

COSHARE Findings: Republic of Ireland and Northern Ireland

While it should be noted that there were no differences between participants North and South on indicators such as awareness of policies, a number of statistically significant differences between ROI and NI participants were identified on other indicators of campus culture and climate. These were largely related to survey questions concerning training and engagement, and may well reflect the impact of strategic developments in the Republic of Ireland over the past five years (Department of Education, 2019; Higher Education Authority, 2022). For example:

- 44% in ROI saw SVH among students as a problem at their HEI (22% in NI)
- 49% of ROI participants agreed that they would know what supports were available to them if they reported a case of SVH (33% of NI participants)
- 52% in ROI agreed that there was availability of training on responding to SVH involving students (33% in NI)
- 75% of ROI participants would be willing to take an active role delivering consent, bystander intervention, or disclosure initiatives (53% of NI participants)
- More ROI than NI staff had received written or verbal information on SVH-related issues (e.g., definitions of SVH, how to report an incident of student SVH, how to help prevent SVH), and more ROI staff had actively engaged with information or training (e.g., discussed consent or SVH in staff training, visited the HEI website for information)

Personal Safety

The most positive findings on personal safety in HEI-related environments were that 90% of respondents felt safe when alone in work buildings during normal hours and 86% felt safe when using online platforms linked to their HEI. Ratings of personal safety were less positive in relation to working out of normal hours (61%), being alone outside in a campus setting such as a car park (61%), or when travelling for work (61%).

Qualitative comments left by staff members highlighted the experience of staff members who did not feel safe in their HE workplace or in the surrounding community. Women in particular remarked on feeling exposed to risk, particularly in an academic conference environment.

Sexual Violence and Harassment

Survey respondents were presented with survey items that described several sexual violence and harassment (SVH) experiences. The questions were not restricted to the Higher Education environment where they worked, and asked about the person's experiences in both professional and personal lives.

A total of 364 participants opted to answer questions in this section of the survey. The reference period was whether the experience occurred in the past 12 months, the past five years, or more than five years ago. Two thirds of the participants who responded to SVH questions on the survey had experienced SVH in the past five years, in their professional or personal lives, or in both domains.

Sexual Harassment

Almost two thirds of participants (64%) had experienced sexual harassment in the past five years. This included 57% who had experienced sexist hostility, 23% with an experience of electronic or visual sexual harassment, 34% who experienced sexualised comments, 31% who had experienced unwanted sexual attention, and 5% with an experience of sexual coercion. For example:

- 32% had experienced offensive sexist remarks
- 29% had been exposed to repeated sexual stories or jokes
- 11% had been exposed to offensive sexist or suggestive materials (e.g., pornography)
- 24% experienced sexualised comments referencing their gender identity
- 19% had been exposed to unwelcome attempts to draw them into a discussion of sexual matters
- 26% had been stared or leered at
- 15% had unwanted attempts to establish a romantic sexual relationship with them

The innovative approach of asking participants to indicate whether these incidents occurred in their personal or professional lives, or in both domains, enabled a clearer understanding of the overlap and distinctions between these settings. A striking finding was that, for most participants who were affected, harassment was experienced in both personal and professional contexts.

Some participants provided follow up information on the most distressing incident of SH that they had experienced:

- Nearly three quarters of these respondents said the offender was a man
- The most common emotional reactions to the most distressing experience were annoyance, anger, shock, disgust, sadness, fear, and shame
- Nearly three quarters had disclosed what had happened to at least one other person, most frequently another staff member, friend, partner, or family member
- Participants who had not disclosed the incident indicated that this was because they believed it was not serious enough to report, wanting to put it behind them, they had handled it themselves, discomfort talking about it, or worry about potential career impact
- Just five per cent had contacted the staff wellbeing service at their institution for support

Sexual Violence

One quarter of participants (26%) experienced some form of sexual violence in the past five years, in their personal or professional lives:

- Almost a quarter of staff participants had been touched in a way that made them feel uncomfortable
- 16% indicated unwanted attempts of stroking or kissing
- 10% had been made to touch, stroke or kiss someone when they did not want to do so
- 6% had someone try to have sex with them
- 5% experienced someone trying to make them receive oral, anal or vaginal sex
- 5% had oral, anal or vaginal sex without their consent
- 4% indicated that someone made them have oral, anal or vaginal sex

For just over half of respondents who experienced sexual violence, these experiences took place solely in their personal lives. For the others, these incidents occurred in their professional lives, or across both personal and professional domains. When describing the emotional reactions that they had to what had happened to them, the most frequently cited emotions were disgust, annoyance, shock, embarrassment, anger, fear and shame.

For those participants who described the most distressing incident of sexual violence that they had experienced, the type cited most frequently was being touched in a way that made the person uncomfortable. The follow up information included that:

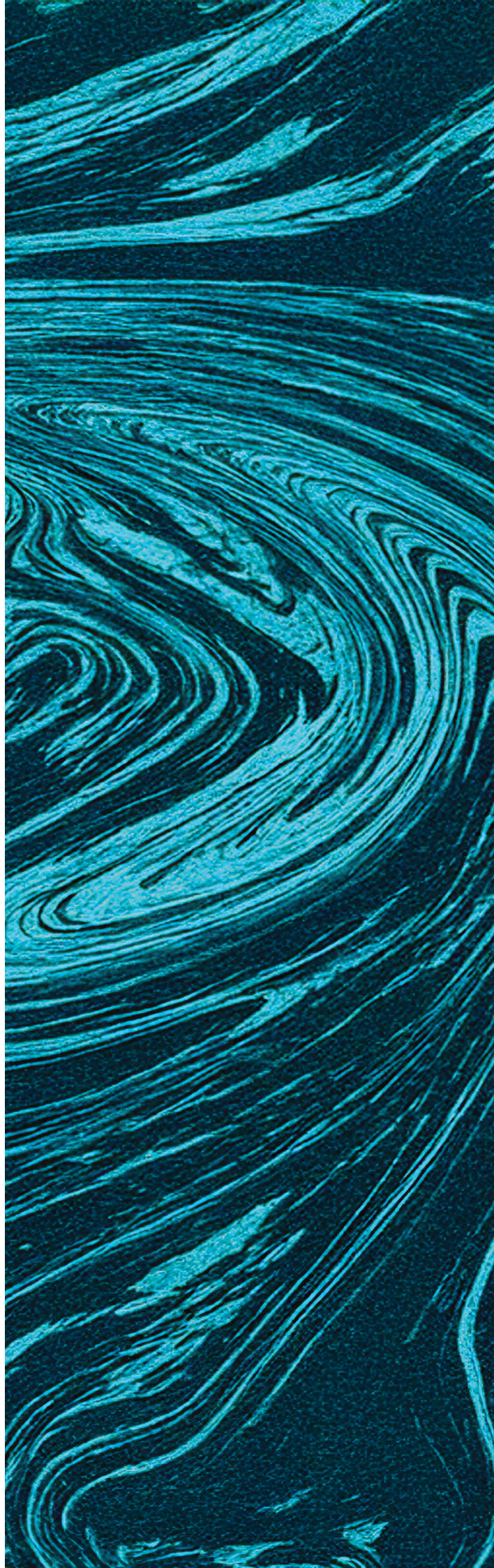
- Three quarters of these participants knew the perpetrator (one fifth of this group said that that person was a HE colleague)
- Nearly two thirds of the participants who completed the follow up items had disclosed what had happened, typically to a friend, current or previous romantic partner, family member, or another staff member
- Only 3% of these respondents used the HEI staff wellbeing services following their experience of SV
- The most common reasons for not reporting the incident were worry about how their HEI would react, not wanting the person to find out that they had reported, and concern that the perpetrator would retaliate, or that their HEI would not be able to help because the incident happened in their personal life

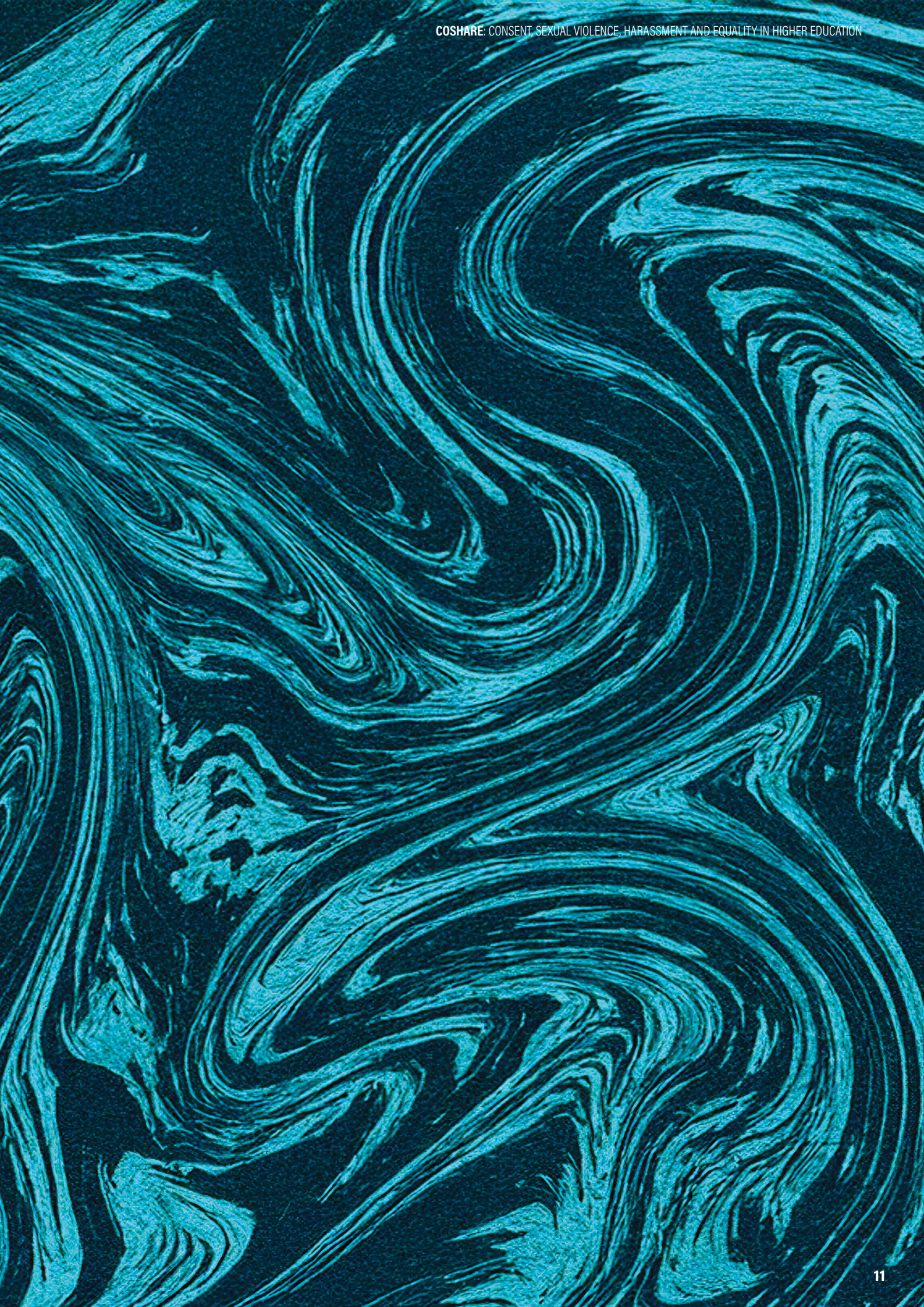
Mental Health and Wellbeing

The COSHARE survey asked about mental health and wellbeing using psychometric measures of psychological distress (Kessler-6, Kessler et al., 2002), depression and anxiety (Patient Health Questionnaire-4, Kroenke et al., 2009), and the effect that SVH had on participants' lives (Anyadike-Danes, 2023).

Each of these sources provided evidence that SVH had a measurable association with the mental health and wellbeing of staff members:

- Over half (53%) of the staff who completed this section of the survey and had an experience of SVH in the past five years experienced a negative change in their relationships with other people, while 45% had the ability to socialise impacted, 38% said their ability to carry out everyday activities was impaired, and 45% had their work negatively affected
- Responses to the Kessler-6 measure demonstrated that psychological distress was commonly experienced by survey participants as a whole in the immediate period leading up to the survey. However, staff who had experienced SVH had a significantly higher level of psychological distress compared with other staff members
- The PHQ-4 measure of anxiety and depression demonstrated widespread mental health burden among the participant group as a whole. Those with previous experience of SVH had significantly higher scores than other survey respondents
- The final section on wellbeing invited all survey participants to indicate whether their feelings or state of mind were having an impact on their work experience and intentions at the moment. Overall, relatively high work dissatisfaction levels were identified – but again participants with a history of SVH had even higher scores





BACKGROUND

Sexual violence and harassment (SVH) have long been considered significant issues for both students and staff in Higher Education (HE), and appear to continue unabated (Bondestam & Lundqvist, 2020; National Union of Students [NUS] 2018; Bull & Rye, 2018). In the context of this research, we use SVH as a collective term that includes physical contact or non-physical conduct of a sexual nature that occurs in the absence of clear, knowing and voluntary consent.

Whilst historically we have heavily relied on evidence from the U.S. to assess the scale of SVH (Muehlenhard et al., 2017), a recent growth in student-focused research has demonstrated the extent of SVH in the UK and Ireland (Anyadike-Danes et al., 2022; National Union of Students, 2010, 2018; Union of Students Ireland, 2013; MacNeela et al., 2014, 2017, 2018, 2022a; Burke et al., 2020). Findings from these studies suggest that rates of SVH are between 44-64% within HE institutions (HEI) in Northern Ireland (NI) and the Republic of Ireland (ROI). Although less studied, there is still evidence to suggest that HE staff members are also subjected to SVH (Addington et al., 2021; Kirkner, Lorenz & Mazar, 2022; MacNeela et al., 2022b).

There are a number of reasons to study SVH from a staff perspective in the HE environment. As with any population group, exposure to SVH is a significant risk factor for psychological distress (Campbell et al., 2009) and adverse impacts on interpersonal relationships (Faravelli et al., 2004). Much like their experiences of SVH, how these experiences might uniquely impact HE staff has not been extensively assessed by researchers. There is also emerging evidence that describes how SVH can affect career development (National Academies of Sciences, Engineering, & Medicine, 2018).

Given the role that staff are expected to play in supporting students, and the potential to experience violence or harassment themselves, this is clearly an area deserving of more focused research (Beres, 2020; Department of Education, 2019; Universities UK, 2022). For example, staff may have their own SVH history that sets the context for receiving a student's disclosure and could trigger an emotional response. In a context where training is not mandatory, staff may well feel ill-equipped to support students or their peers (Barr-Walker et al., 2021). Moreover, this lack of training may mean that staff lack knowledge concerning gender-based violence (GBV) and related concepts (e.g., sexual consent; Hotchkiss, 2018).

Ecological models highlight that cultural change in HE is critical to reducing the incidence of SVH among students whilst also supporting victims and survivors (Jones et al., 2020). Tangible expressions of culture change include the enhanced reach and extent of education and skills programmes, access to trauma-informed supports, disclosure and reporting mechanisms, the visibility of SVH in organisational strategy and incorporation of routine operational planning (Humphreys & Towl, 2020). While examples of good practice are available to guide this work (Beres et al., 2019; Humphreys & Towl, 2020; McMahan et al., 2021), a programme of culture change dedicated to the needs and experiences of HE staff has yet to be actualised in either the North or South of Ireland. The extent of this change clearly requires building the capacity of specialist staff and professionals, but also requires (a) the activation of staff members more broadly as supporters through enhanced awareness, and (b) the assimilation of SVH prevention and consent promotion into the job roles of both administrative and academic staff.

The 'whole-of-institution' approach often forms the basis for frameworks seeking to spur on cultural change, setting expectations including moving beyond a culture of legal compliance to one of culture change; striving for strong, diverse leadership; measuring progress; and

engaging the entire academic community responsible in the change (National Academies of Science, Engineering and Medicine, 2018). A relevant example of this is the Irish government's Framework for Consent in Higher Education Institutions or 'Consent Framework' (Department of Education, 2019, 'Safe, Respectful, and Positive: Ending Sexual Violence and Harassment in Irish Higher Education Institutions') which set key goals that included engaging individuals at all levels, including both staff and students.

The Consent Framework advocates for culture change by re-designing procedural systems and mainstreaming targeted knowledge and skills initiatives. This national framework adopted a nested approach, whereby targeted initiatives for students and staff are supported by policy and organisational structures, with leadership and organisational change ensuring their sustainability. The Framework has been administered by the HEA Centre for Excellence in Equality & Diversity, which has led on the annual reporting on key Framework KPIs required of HE institutions and inspired national HEA surveys of students and staff (MacNeela et al., 2022a) and the 2022-2024 HEA Implementation Plan for ending sexual violence (HEA, 2022). The sectoral strategy is set in context by the national Third National Strategy on Domestic, Sexual and Gender-Based Violence (Department of Justice, 2022-2026).

Comparatively, Northern Ireland remains in its infancy when it comes to addressing SVH within the HE context outside of wider developments in the UK (Bull, 2024; Universities UK, 2022). There have been important NI developments recently. September 2024 saw a surge of statutory agency activity with the launch of the Executive Office's Ending Violence Against Women and Girls (VAWG) Strategy, the Ministries of Health and Justice's Domestic and Sexual Abuse Strategy, and the Police Service of Northern Ireland's Tackling VAWG Action Plan. Overarchingly, the message from these agencies is the same – partners must work together, across every sector of society, to ensure the eradication of VAWG (which SVH falls within). Equally, they recognize that successful implementation of these strategies requires baseline data to inform the development of policies and procedures that will be successful in VAWG prevention.

Whilst clear that the need for a holistic and systemic approach to tackling SVH in Higher Education is recognised in NI and ROI, the potential for shared progress on an all-island basis has remained piecemeal. The Consent, Sexual Violence, Harassment and Equality in Higher Education (COSHARE) project was an opportunity for research teams based in the North (Susan Lagdon, Ulster University) and South (Pádraig MacNeela, University of Galway) to work collaboratively and share expertise to support the drivers of cultural change. In 2022, the COSHARE project received funding from the Irish government's Shared Island Initiative through the HEA Research Programme to address several critical knowledge gaps: (i) How staff experience SVH within their work roles, (ii) Staff needs and perceptions of education and skills development at different levels in HEIs (e.g., from academic practitioners to institutional leadership), and (iii) The exploration of barriers and facilitators relevant to organisational cultural change regarding SVH. The COSHARE project consistent of two primary actions that continued over two years:

1. Developing and disseminating a large-scale survey to explore HE staff consent and SVH (C-SVH) attitudes, knowledge and experience, mental wellbeing and awareness of consent and SVH initiatives at their institution.
2. Establishing a national and international network of academics, researchers, support staff, student leaders and external organizations to disseminate and share learning.

The overall aim of the COSHARE project was to produce an all-island strategy to surveying HE staff about their experiences and knowledge of consent and SVH across the North and South of Ireland. The current report details the survey design, dissemination, and survey results, concluding with several recommendations for policymakers, future research and senior administrators.

COSHARE SURVEY METHODOLOGY

SURVEY DESIGN

A quantitative cross-sectional survey was designed and implemented to explore:

- HE staff knowledge of consent, sexual violence and harassment (C-SVH) and any personal experiences of SVH
- HE staff confidence and capacity to support individuals experiencing SVH
- Staff engagement with initiatives and policies related to C-SVH
- Staff perceptions of their own institution's approach to tackling SVH

The survey was hosted on Qualtrics, an online software platform, which allowed participants to complete the survey in private and at their own pace. Whilst each research team (i.e., North and South) administered the survey independently (e.g., the UU team focused on HE faculty and staff in the North), the content of the survey was almost identical with minor adjustments supporting terminology such as Lecturer and Associate Professor.

The survey invitations were distributed concurrently and data collection took place over the same period. Data collected by the individual teams was not shared until it had been anonymised, cleaned and screened to ensure that no participants could be inadvertently identified.

Survey Components and Pilot

The survey design is similar to that of previous work (e.g., Anyadike-Danes et al., 2023; Burke et al., 2020; Lagdon et al., 2023; MacNeela et al., 2022b), and drew on the model of the ARC3 (Administrator Researcher Campus Climate Collaborative, Swartout et al., 2019). The content of the final survey is comprehensive, but in summary, participants answered questions about:

- A) Themselves (demographics)
- B) The campus (environment, safety, visibility)
- C) Engagement with information, education, and training initiatives
- D) Experiences of SVH and perpetration
- E) Extent to which these experiences might impact mental wellbeing and/or ability to work
- F) Experience of participating in the research study

Most often, responses to questions relating to campus and engagement were recorded on a 5-point scale ranging from 'Strongly disagree' to 'Strongly agree' (or 'Very unlikely' to 'Very likely') depending on the nature of the question. Further detail of the nature and types of question relating to campus and engagement can be found in a report by MacNeela et al. (2022b).

Three short sections also explored participants' general mental wellbeing by assessing symptoms of psychological distress (Kessler-6, Kessler et al., 2002), depression (Patient Health Questionnaire-4, K-6, Kroenke et al., 2009), and the effect of their health on their work (Anyadike-Danes, 2023). Though the wide-ranging impact of SVH is acknowledged, particularly in an HE student context, HE staff are a thoroughly under-researched population. Moreover, it is important to understand the extent to which such experiences might impact on job performance as this assists with developing appropriate support packages for HE staff.

Definition and Measures of Sexual Violence and Harassment

The complete survey consisted of a series of independent measures designed to explore SVH (including reporting of experiences). It was made clear to participants that SVH was not limited to experiences that only happened at work but also included experiences that occurred in their personal life whilst employed at a Higher Education institution. Questions on SVH covered experiences that happened in the past 5 years, past 12 months, more than 5 years ago and any experience before joining the HE sector. Within the survey, SVH was defined as:

Sexual Harassment: Conduct that derogates, demeans, or humiliates a person based on that person's sex or gender regardless of intention. Examples include sexual or gender-based harassment.

Sexual Violence: Physical contact or non-physical conduct of a sexual nature in the absence of clear, knowing and voluntary consent.

The frequency and type of sexual harassment experienced by staff were measured using a modified version of the nine-item Sexual

Experiences Questionnaire (Fitzgerald et al., 1988, 1995) used in the ARC3 Campus Climate survey version. Additional items regarding sexual and sexist hostility related to one's gender, trans or non-binary identity, ethnicity, sexual orientation, and religious affiliation were included. Three items were also included measuring media-based harassment from the American Association of University Women (AAUW) Knowledge Networks Survey (Nukukji, 2011). Additional follow up questions provided more detailed information about the sexual harassment incident that had the greatest effect on them. In addition, HE staff experiences of sexual violence were derived from the Sexual Experiences Survey Short Form Victimization (SES-SFV, Koss & Gidycz, 1985; Koss et al., 1987; Koss & Oros, 1982; Koss et al., 2007).

Lastly, when participants had completed the survey, they were asked if they would like to answer three additional questions about their experience of taking part. These questions were included as a way of understanding the experience of completing the survey from the user perspective, as well as insights on the importance of the topic for responding HE staff members. Almost 65% of respondents stated that it was neither more nor less distressing to complete the questions contained in the survey than other things they sometimes encounter in their day-to-day life. Indeed, almost 80% agreed that it was important to ask about these types of experience in order that researchers can study the impact of such experiences. Further, 59% agreed that participating on the study was personally meaningful.

Survey Piloting: June - July 2023

To ensure that the survey content was in keeping with current research and appropriately accessible to HE staff, we piloted the survey amongst academics, drawing on national and international informants, senior leaders within HEIs and with members of the Northern Ireland Gillen Implementation Team who oversee the implementation of the Gillen recommendations aimed at improving how the criminal justice system manages serious sexual offences. Feedback was positive with encouragement particularly concerning the inclusion of support information for all participants throughout the survey.

RECRUITMENT

The survey was launched online via Qualtrics across the island of Ireland in October 2023 and closed in February 2024. Our initial distribution focused on internal 'all-staff' emails in the researchers' own institutions. We also focused on social media (primarily, Twitter / X) and wider network distribution (e.g., Staff LGBT+ networks, Women's Networks, COSHARE Network, etc.). The social media campaign was structured such that each message addressed potential questions participants might have about eligibility to take part, survey completion time, whether participants without experience of SVH could take part, and so on. Accompanying email invitations and social media advertising were supported with short digital story videos that briefly explained the purpose of the study, what the survey was about, and who was eligible to participate. In the following weeks, we continued to utilise social media but expanded our email campaign to include personalised e-mails to academic and staff contacts within participating institutions.

PROCEDURE:

Upon accessing the survey platform, potential participants were provided with a comprehensive information sheet about the purpose of the survey and types of questions that they would be asked. After reviewing the information sheet, participants completed a consent form before viewing and completing the survey. Local support information was highlighted throughout the survey. Each section of the survey also included a page break which described the next set of questions, informing the participants of the nature and types of question to come before deciding to continue. Following completion of the main survey questions, participants were presented with a final open text box question that allowed the individual to add any further information or reflections on the survey questions or wider topic that they would like the researchers to know about. Upon full completion of the survey, participants were provided with a debrief sheet, again highlighting supports (within and outside of institutions) and contact details for the research team should any wish to speak with a researcher about the study.

SHORT ANALYSIS SYNOPSIS

All quantitative data analysis was conducted using IBM SPSS Version 29. Prior to conducting the study, we used the Qualtrics sample size calculator to support determination of required sample to support future analysis (Confidence Level = 95%, Population size = 7,625, Margin of error = 5%: Ideal sample size = 365).

Prior to merging of the NI and ROI data sets, participants were removed if they had not responded to any items, did not provide consent, or if they had not confirmed staff status. A total of 521 valid cases remained going forward to the analysis, 236 from NI and 285 from ROI.

A thematic analysis (Byrne, 2022; Braun & Clarke, 2021) was made of responses to the open-ended question toward the end of the survey, to which 106 of the participants chose to respond. In entering the comments made into a data set for analysis, corrections of minor typographical errors were made. Quotes presented in the qualitative analysis are truncated to focus on information most relevant to each analysis theme. Redaction ensured that participants remained non-identifiable. Participant characteristics such as gender identity or sexual orientation are only referenced on occasion when they provide important context, minimal information is given on participant demographics besides this to assist in ensuring that the respondents were functionally anonymous.

The purpose of the themes is to provide a coherent account that raises the visibility of staff perspectives. The thematic analysis encompasses competing and contradictory values and perspectives described by participants. These accounts are not endorsed or disputed, the analysis does not claim to provide a representative depiction of consent, sexual violence and harassment.

Significance Testing

To analyse whether there were any statistically significant relationships, Chi Square tests of association were conducted that compared ROI and NI staff responses to questions regarding knowledge, awareness and the campus environment. We also used this form of analysis to explore reported experiences of SVH (None vs. At least 1) against symptoms associated with anxiety and depression. This would help determine, for example, whether reporting at least one SVH experience was associated with feelings of nervousness or hopelessness based on participant scores on these questions. It is important to note that the results from this type of analysis do not indicate causality (e.g., we cannot say that SVH caused these symptoms entirely); rather they indicate whether the groups (No experience of SVH vs. At least 1 Experience of SVH; ROI vs. NI HE Respondent) statistically differ from one another in their responses to the given question. Within tables, an asterisk has been placed next to questions where a statistically significant association has been observed based on responses to the question.

ETHICAL CONSIDERATIONS

Approval for this research was granted independently by each university's research ethics committee. Due to the sensitive nature of the survey questions, several precautions were taken to reduce any potential upset or distress caused by participation. The research team have extensive experience with implementation of such surveys and therefore followed an informed and reflective process during the survey development. As mentioned, the survey was also piloted and tested among informed individuals to ensure content and focus was appropriate and did not over exceed the research aims and objectives. Throughout the survey, support information was provided to participants at regular intervals. Upon completion, participants received a detailed debrief sheet that included the contact details for internal and external support services (e.g., Staff Wellbeing, Victim Support Services). Participants were also able to take breaks during the survey and return in their own time.

COSHARE SURVEY FINDINGS

DEMOGRAPHICS

In total, 521 Higher Education (HE) staff responded to the survey. Of these, 236 (45%) reported working in an HEI in Northern Ireland (NI) and 285 (55%) reported that their HEI was in the Republic of Ireland (ROI). The demographic profile of the sample is shown in Table 1. Of note, not all participants answered each survey question, therefore tables and percentages are based on responses to individual questions.

Overall, most respondents identified as a woman (75%), were white in ethnicity (96%) and identified as either an Irish National (61%), a UK national (29%), or as being from somewhere other than the UK or ROI (10%). Respondents were also majority heterosexual (81%), with a large proportion married, in a civil partnership or living with a partner (69%). A minority of respondents declared a disability (13%).

Academic staff accounted for the largest portion of respondents (49%), with just over 70% holding a full-time permanent contract and over 60% indicating that they had been working in HE for more than 5 years. Respondents worked across a range of areas in HEIs, with the highest percentage in Arts, Humanities and Social Sciences (22%) or in central institutional services (20%).

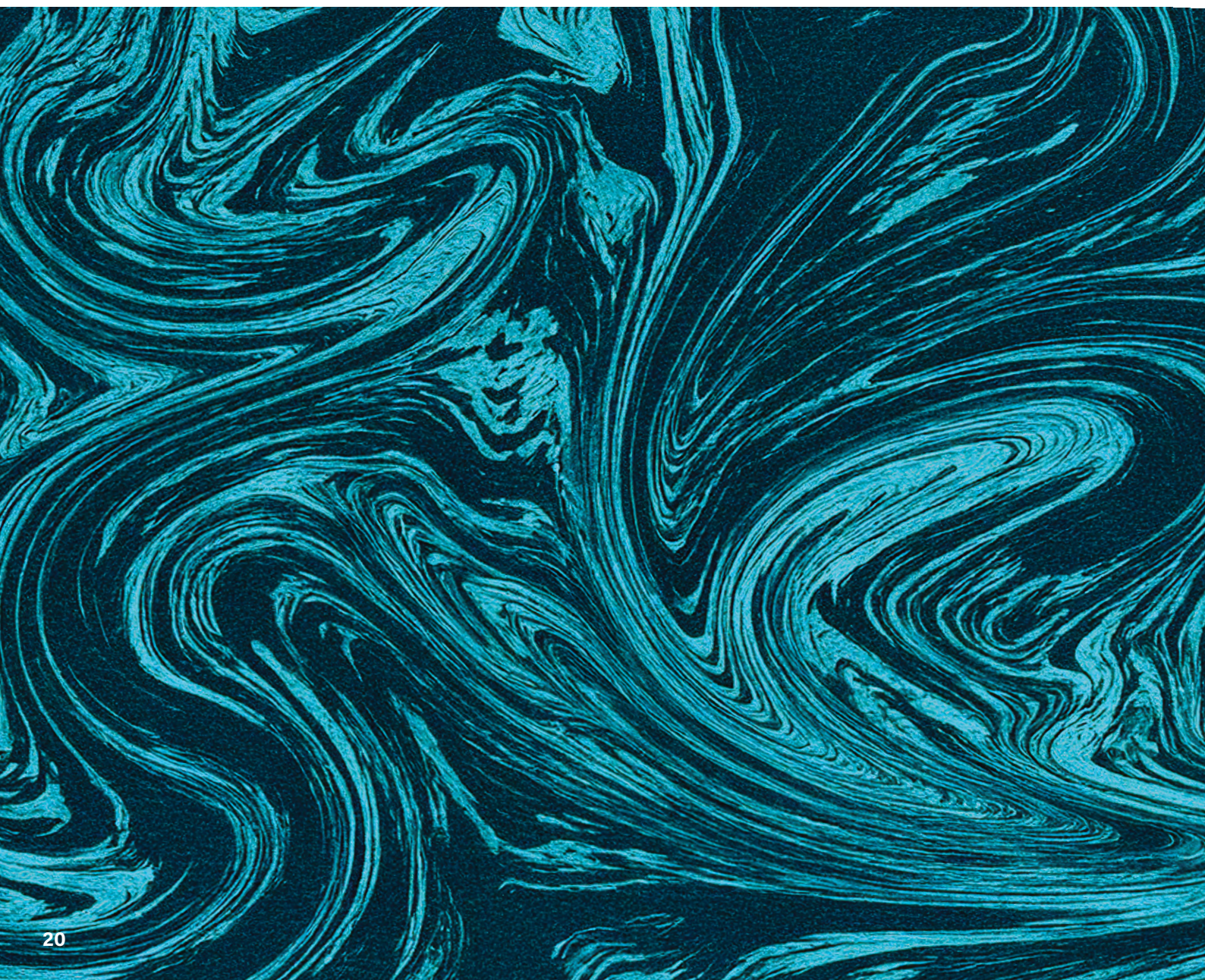


Table 1. Demographic profile of the sample

		Frequency (n)	%
Gender (n=520)	Woman/Transgender Woman	389	75%
	Man/Transgender Man	117	23%
	Gender non-binary/non-comforming/ Prefer not to say/Prefer to self-describe	14	3%
Sexual orientation (n=521)	Heterosexual/straight	419	81%
	LGBTQA+	87	17%
	Prefer not to say/self-describe	12	2%
Age (n=521)	21-30	71	14%
	31-40	102	20%
	41-50	160	31%
	51-60	159	31%
	≥61	29	6%
Disability (n=521)	Yes	67	13%
	No	433	83%
	Prefer not to say	21	4%
Ethnicity (n=521)	White	402	96%
	Other/prefer not to say	19	5%
Nationality (n=517)	UK national	146	28%
	Irish National	316	61%
	International	55	11%
Current Relationship Status (n=515)	Single	78	15%
	Dating or in a relationship	52	10%
	Married/civil partnership/living with partner	357	69%
	Seperated/Divorced/Widowed	28	5%

Table 2. *Employment characteristics of the sample*

		Frequency (n)	%	
Current Job Role (n=5219)	Academic (incl. research)	254	49%	
	Administrative and Central Institution Services	205	40%	
	Student Services (e.g., accommodation)	10	2%	
	My job role is not listed	110	9%	
Faculty or Area of Work (n=505)	Arts, Humanities and Social Sciences	110	22%	
	Life and Health Science	65	13%	
	Business and Management	34	7%	
	Law	8	2%	
	Science, Technology and Mathematics	42	8%	
	Computing, Engineering, and the Built Environment	32	6%	
	Medicine and Health	34	7%	
	Central Institution services (e.g., security, HR)	103	20%	
	Other	43	9%	
	Prefer not to say	34	7%	
	Contractual basis (n=520)	Full-time permanent/indefinite	367	71%
		Part-time permanent/indefinite duration	33	6%
Full-time fixed-term contract		75	14%	
Part-time fixed-term contract		31	6%	
Hourly paid		9	2%	
Prefer not to say		<5	---	
Agency		<5	---	
Intern		<5	---	
Years in Service (n=452)	More than 5 years	277	61%	
	5 years or less	175	39%	

CAMPUS ENVIRONMENT

The survey examined the survey respondents' knowledge of the campus environment at their HEI. This section included questions exploring staff awareness of SVH-related policies, practice and procedures.

Though similar in many respects, there are different structures in place across the North and South of Ireland that support and guide responses to issues of SVH within the HE context. More specifically, the Irish government's 'Safe, Respectful, Supportive and Positive: Ending Sexual Violence and Harassment in Irish Higher Education Institutions' framework (2019) outlines how Irish HEIs must implement a range of initiatives designed to prevent and respond to SVH. Implementation of the framework is mandatory and requires processes to record SVH, implement transparent policies addressing student complaints, and introduce training and workshops to empower students and enable them to respond to SVH. Staff are seen as a vital part of the adoption and implementation of the Framework, with a role largely described in terms of leading change. There is comparatively little reference to the needs and experiences of staff themselves. Though widely regarded as necessary, there is no similar mandate in place governing the actions of HEIs in Northern Ireland. As such, we have reported responses based on the whole sample but also disaggregated responses to differentiate between NI and ROI participant groups.

Knowledge of Policies and Procedures

Most respondents (76%) indicated that they were aware of staff-related policies at their institution and agreed that staff policies were clear and explicit (60%). However, when asked if staff policies and procedures at their HEI were effective, over 50% reported feeling neutral or that they did not know, while 15% disagreed that these policies were effective.

Similarly, when asked if senior management at their HEI were visible in addressing issues around SVH, only 36% agreed. When asked whether their HEI was proactive in addressing SVH, over 35% reported either feeling neutral or that they did not know.

These responses were disaggregated to acknowledge the differences between the ROI and NI landscape. Whilst both ROI and NI staff indicated awareness of policies to a similar degree, almost 40% from ROI HEIs agreed that senior management were visible in addressing SVH compared to a third of those from NI HEIs. When asked whether staff thought their HEI was addressing SVH proactively, a similar difference is seen – 50% of ROI staff agreed compared to just over 40% of NI staff.

Though the difference is slight, it is possible that national policy-driven institutional efforts may have produced more visible efforts to address SVH at ROI-based HEIs than in NI. The Consent Framework (2019) includes seven key indicators that should inform institutional action to prevent SVH. One of these is visibility, which includes the presence of highly visible messaging that is reaffirmed by HEI senior leadership.

Table 3. Awareness of Staff Related Policies and Procedures

		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
I am aware of staff related policies at my HEI	Combined n (%)	69 (13%)	47 (9%)	392 (76%)	11 (2%)	519
	NI (n) (%)	31 (13%)	25 (11%)	174 (74%)	6 (3%)	236
	ROI (n)(%)	38 (13%)	22 (8%)	218 (77%)	5 (2%)	283
Staff policies and procedures at my HEI are clear and explicit.	Combined n (%)	72 (14%)	91 (18%)	314 (60%)	43 (8%)	520
	NI (n) (%)	33 (14%)	45 (19%)	140 (59%)	18 (8%)	236
	ROI (n)(%)	39 (14%)	46 (16%)	174 (61%)	25 (9%)	284
Staff policies and procedures at my HEI are effective.	Combined n (%)	77 (15%)	152 (29%)	181 (35%)	109 (21%)	519
	NI (n) (%)	36 (15%)	68 (29%)	86 (36%)	46 (19%)	236
	ROI (n)(%)	41 (14%)	84 (30%)	95 (34%)	63 (22%)	283
Senior management at my HEI are visible in addressing issues around sexual violence and harassment	Combined n (%)	125 (24%)	141 (27%)	188 (36%)	66 (13%)	520
	NI (n) (%)	59 (25%)	70 (30%)	78 (33%)	29 (12%)	236
	ROI (n)(%)	66 (23%)	71 (25%)	110 (39%)	37 (13%)	284
My HEI proactively addresses issues of sexual violence and harassment.	Combined n (%)	94 (18%)	127 (24%)	240 (46%)	59 (11%)	520
	NI (n) (%)	48 (20%)	65 (28%)	98 (42%)	25 (11%)	236
	ROI (n)(%)	46 (16%)	62 (22%)	142 (50%)	25 (11%)	284

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

Historically, student experiences of SVH have received far more attention than those solely involving staff, therefore, it was important to evaluate whether staff knowledge and awareness was similar when considering student-focused policies. Table 4 indicates that most were aware of student policies and procedures (67%), and more than half thought they were clear and explicit.

However, when asked about the effectiveness of these policies, while almost a third agreed that they were effective, over 50% were either neutral or did not know. Very few differences were observed between ROI and NI on these items. This may be because, despite the existence of different national policy approaches, student-focused campaigns have attracted focused attention in both regions.

Table 4. Awareness of Student Related Policies and Procedures

		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
I am aware of student related policies at my HEI.	Combined n (%)	67 (14%)	68 (14%)	333 (67%)	27 (6%)	495
	NI (n) (%)	32 (14%)	33 (15%)	151 (67%)	10 (4%)	226
	ROI (n)(%)	35 (13%)	35 (13%)	182 (68%)	17 (6%)	269
Student policies and procedures at my HEI are clear and explicit.	Combined n (%)	56 (11%)	99 (20%)	270 (55%)	69 (14%)	494
	NI (n) (%)	27 (12%)	45 (20%)	126 (56%)	28 (12%)	226
	ROI (n)(%)	29 (11%)	54 (20%)	144 (54%)	41 (15%)	268
Student policies and procedures at my HEI are effective.	Combined n (%)	55 (11%)	148 (30%)	155 (31%)	137 (28%)	495
	NI (n) (%)	27 (12%)	63 (28%)	77 (34%)	59 (26%)	226
	ROI (n)(%)	28 (10%)	85 (32%)	78 (29%)	78 (29%)	269

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

Awareness and Availability of C-SVH Training and Visibility of Information

Whilst the development of robust and appropriate policies and procedures is an important part of addressing SVH, the provision of relevant training to educate staff on key issues such as reporting and response may more actively contribute to SVH prevention. Indeed, respondents were asked if prior to joining their current HEI, they had received information or education about C-SVH. Almost 60% confirmed that they **had not** received such information.

When asked about their access to training on reporting and responding to SVH, 42% of

respondents agreed that training was available for incidents involving staff (with a similar picture emerging for student incidents). Such training can include defining of key terms and offering guidance on receiving and responding to SVH disclosures. Interestingly, while over 50% of ROI staff agreed that such training was available, the most common response among NI staff was the ‘neutral’ option (42%). Again, this difference may reflect the introduction of Irish government’s Consent Framework (2019) that encourages HEIs to ensure that all staff have the understanding and capacity to support students.

Table 5. Availability of Training Related to Sexual Violence and/or Harassment.

Availability of training on reporting/ responding to SVH involving...		Disagree n (%)	Neutral n (%)	Agree n (%)	Total n
Staff *	Combined n (%)	101 (25%)	130 (33%)	169 (42%)	400
	NI (n) (%)	56 (30%)	76 (41%)	52 (28%)	184
	ROI (n)(%)	45 (20%)	54 (25%)	117 (54%)	216
Students*	Combined n (%)	91 (23%)	137 (34%)	172 (43%)	400
	NI (n) (%)	47 (26%)	77 (42%)	60 (33%)	184
	ROI (n)(%)	44 (20%)	60 (27%)	112 (52%)	216

Note: Statistically significant differences in responses to each of these questions were observed between NI and ROI Staff

Respondents also indicated whether they had received information concerning SVH, choosing from a range of options (see Table 6). Despite 42% indicating that relevant training was available, most have not received information that could support them in managing and reporting of SVH disclosures. More specifically, most had not received information that would help them report an incident (staff incident: 56%, student incident: 56%) or how to prevent an incident (60%).

Considering the actions outlined in the Consent Framework (2019), it was perhaps unsurprising that 49% of ROI staff had received definitions of SVH (NI staff: 25%) and information about where to get help (ROI staff: 48%, NI staff: 31%). What was surprising was that such differences were not present concerning the reporting of SVH nor with how to prevent SVH. Both North and South, respondents typically reported that they had not received such information.

Table 6. Availability and Access to Sexual Violence and/or Harassment Information..

Received written or verbal information on...		Yes n (%)	No n (%)	I don't know n (%)	Total n
...the definitions of types of SVH*	Combined n (%)	160 (38%)	216 (52%)	43 (10%)	419
	NI (n) (%)	49 (25%)	118 (60%)	27 (14%)	194
	ROI (n)(%)	111 (49%)	98 (44%)	16 (7%)	225
...how to report an incident of staff SVH*	Combined n (%)	137 (33%)	235 (56%)	48 (11%)	420
	NI (n) (%)	48 (26%)	123 (63%)	23 (12%)	194
	ROI (n)(%)	89 (39%)	112 (50%)	25 (11%)	226
...how to report an incident of student SVH*	Combined n (%)	139 (33%)	234 (56%)	47 (11%)	420
	NI (n) (%)	50 (26%)	117 (60%)	27 (14%)	194
	ROI (n)(%)	89 (39%)	117 (51%)	20 (9%)	226
...where to go to get help if I or someone I know experiences SVH*	Combined n (%)	168 (40%)	207 (49%)	45 (11%)	420
	NI (n) (%)	60 (31%)	109 (56%)	25 (13%)	194
	ROI (n)(%)	108 (48%)	98 (43%)	20 (9%)	226
...legal protection against SVH*	Combined n (%)	85 (20%)	269 (64%)	65 (16%)	419
	NI (n) (%)	27 (14%)	137 (71%)	30 (15%)	194
	ROI (n)(%)	58 (26%)	132 (59%)	35 (16%)	225
...how to help prevent SVH*	Combined n (%)	124 (30%)	250 (60%)	46 (11%)	420
	NI (n) (%)	39 (20%)	135 (70%)	20 (10%)	194
	ROI (n)(%)	85 (38%)	115 (51%)	26 (12%)	226

Received written or verbal information on...		Yes n (%)	No n (%)	I don't know n (%)	Total n
...staff code of conduct relating to consent or SVH*	Combined n (%)	169 (40%)	196 (47%)	54 (13%)	419
	NI (n) (%)	59 (30%)	110 (57%)	25 (13%)	194
	ROI (n)(%)	110 (49%)	86 (38%)	29 (13%)	225
...student code of conduct relating to consent or SVH*	Combined n (%)	127 (30%)	227 (54%)	66 (16%)	420
	NI (n) (%)	48 (25%)	117 (60%)	29 (15%)	194
	ROI (n)(%)	79 (35%)	110 (48%)	37 (16%)	226

Note: Statistically significant differences in responses to each of these questions were observed between NI and ROI Staff

Table 7 provides an overview of responses relating to how C-SVH information has filtered into conversations between staff or whether it appears to be more visible through posters or training events. Overall, it seems that C-SVH related information is not particularly visible on campuses – it was not discussed in staff training (62%) and staff had not attended bystander training (64%). Staff had also not seen or heard campus administrators or staff address SVH (63%).

Notably, there was one outlier to all the above – staff reported that posters were visible (78%).

This was not particularly surprising as poster campaigns are a low-cost, passive method of reaching a wider audience. However, whilst posters are a useful tool, without supplementary training, there is a risk that they will be ignored or perceived as somewhat tokenistic.

There was one major region-specific difference that also bears mentioning – 57% of ROI staff reported discussing C-SVH with other staff compared to 40% of NI staff who reported discussing C-SVH with other staff. It seems likely that implementation of the Consent Framework (2019) has led to some of these discussions.

Table 7. Discussion of consent, sexual violence and/or harassment information.

		Yes n (%)	No n (%)	I don't know n (%)	Total n
Discussed the topic of C-SVH in staff training*	Combined n (%)	148 (34%)	270 (62%)	18 (4%)	436
	NI (n) (%)	43 (21%)	149 (74%)	10 (5%)	202
	ROI (n)(%)	105 (45%)	121 (52%)	8 (3%)	234

		Yes n (%)	No n (%)	I don't know n (%)	Total n
Discussed the topic of C-SVH with other staff*	Combined n (%)	215 (49%)	212 (49%)	9 (2%)	436
	NI (n) (%)	81 (40%)	117 (58%)	<5 (2%)	202
	ROI (n)(%)	134 (57%)	95 (41%)	5 (2%)	234
Attended an event or programme about what you can do as a bystander to stop SVH*	Combined n (%)	149 (34%)	277 (64%)	9 (2%)	435
	NI (n) (%)	40 (20%)	158 (78%)	<5 (2%)	202
	ROI (n)(%)	109 (47%)	119 (51%)	5 (2%)	233
Seen posters about C-SVH (e.g., raising awareness)	Combined n (%)	342 (78%)	77 (18%)	17 (4%)	436
	NI (n) (%)	166 (82%)	28 (14%)	8 (4%)	202
	ROI (n)(%)	176 (75%)	49 (21%)	9 (4%)	234
Seen or heard campus administrators or staff address SVH*	Combined n (%)	141 (32%)	274 (63%)	20 (5%)	435
	NI (n) (%)	45 (23%)	150 (75%)	7 (3%)	202
	ROI (n)(%)	96 (41%)	124 (53%)	13 (6%)	233
Read a report about SVH rates at your institution*	Combined n (%)	97 (22%)	319 (74%)	17 (4%)	433
	NI (n) (%)	30 (15%)	165 (82%)	7 (3%)	202
	ROI (n)(%)	67 (29%)	154 (67%)	10 (4%)	231
Visited your HEI website for information on C-SVH*	Combined n (%)	140 (32%)	288 (66%)	8 (2%)	436
	NI (n) (%)	46 (23%)	152 (75%)	<5 (2%)	202
	ROI (n)(%)	94 (40%)	136 (58%)	<5 (2%)	234

Note: Statistically significant differences in responses to nearly all of these questions were observed between NI and ROI Staff

Personal Responsibility

For interventions on training or awareness raising to be effective there needs to be buy-in from the target audience. In this context, it was important to ascertain the extent to which staff think engaging with this topic is their responsibility or whether such engagement is even necessary. As such, respondents were asked whether they perceived SVH to be a problem among staff and / or students at their HEI. Whilst 46% did not think it was a problem for staff, there were differing opinions when it came to students – 15% did not think it was a problem for students, while 34% agreed it was a problem and 36% were not sure.

Breaking down these figures by country, the NI staff group had a greater tendency to indicate that SVH was not a problem. Thus, 56% of NI staff did not think SVH was a problem for staff, compared with 38% of ROI staff. NI staff were less likely to express this view about SVH being a problem for students (22% of NI staff and 10% of ROI staff did not think SVH was a problem for students). NI staff members’ relative confidence that SVH is not a problem for staff could be due to the lack of information available in an NI (or UK context) on staff experiences. Moreover, as demonstrated in the previous table, this topic was not routinely discussed, which may contribute to a lack of awareness.

Table 8. Perception of Sexual Violence and/or Harassment as a Problem.

		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
SVH among staff is a problem at my HEI.*	Combined n (%)	172 (46%)	51 (14%)	52 (14%)	96 (26%)	371
	NI (n) (%)	96 (56%)	20 (12%)	19 (11%)	36 (21%)	171
	ROI (n)(%)	76 (38%)	31 (16%)	33 (17%)	60 (30%)	200
SVH among students is a problem at my HEI.*	Combined n (%)	56 (15%)	56 (15%)	126 (34%)	132 (36%)	370
	NI (n) (%)	37 (22%)	24 (14%)	38 (22%)	71 (42%)	170
	ROI (n)(%)	19 (10%)	32 (16%)	88 (44%)	61 (31%)	200

Note: Statistically significant differences in responses to each of these questions were observed between NI and ROI Staff

We asked staff about their perceived sense of responsibility in relation to preventing SVH. Two-thirds of respondents felt responsible in engaging with SVH issues (65%). We also asked them about their ability to intervene during an incident or respond to a disclosure. Similarly, most

respondents felt they could effectively intervene (student-incident: 61%, staff-incident: 62%) and respond to a disclosure (student-incident: 67%, staff-incident: 63%). This trend was consistent across both ROI and NI based staff.

Table 9. Responsibility and Ability to Address Sexual Violence and/or Harassment.

		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
I feel a sense of responsibility to engage with the issue of SVH at my HEI.	Combined n (%)	42 (11%)	78 (21%)	239 (65%)	11 (3%)	370
	NI (n) (%)	18 (11%)	44 (26%)	102 (60%)	7 (4%)	171
	ROI (n)(%)	24 (12%)	34 (17%)	137 (69%)	<5 (3%)	199
I could make an effective intervention as a bystander to an act of SVH involving students.	Combined n (%)	44 (12%)	56 (15%)	226 (61%)	43 (12%)	369
	NI (n) (%)	20 (12%)	24 (14%)	106 (62%)	20 (12%)	170
	ROI (n)(%)	24 (12%)	32 (16%)	120 (60%)	23 (12%)	199
I could make an effective intervention as a bystander to an act of SVH involving staff	Combined n (%)	52 (14%)	58 (16%)	228 (62%)	33 (9%)	371
	NI (n) (%)	24 (14%)	28 (16%)	106 (62%)	13 (8%)	171
	ROI (n)(%)	22 (13%)	25 (15%)	122 (61%)	20 (10%)	200
I could respond effectively to a disclosure of an incident of SVH involving students.	Combined n (%)	48 (13%)	43 (12%)	246 (67%)	33 (9%)	370
	NI (n) (%)	22 (13%)	25 (15%)	110 (65%)	13 (8%)	170
	ROI (n)(%)	26 (13%)	18 (9%)	136 (68%)	20 (10%)	200
I could respond effectively to a disclosure of an incident of SVH involving staff.	Combined n (%)	57 (15%)	51 (14%)	232 (63%)	31 (8%)	371
	NI (n) (%)	27 (16%)	27 (16%)	105 (61%)	12 (7%)	171
	ROI (n)(%)	30 (15%)	24 (12%)	127 (64%)	19 (10%)	200

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

Support for Staff Making a Report of SVH

Earlier, we reported that a majority of staff agreed that policies and procedures were clear and explicit, while being less positive about the efficacy of these institutional structures. Though we did not seek clarification on why staff held this opinion, the next section may offer some insight. Here, we examine the extent to which staff perceived there to be support available when reporting or accused of SVH.

Almost half of the respondents agreed that they knew how to make a report of SVH (personal experience: 48%, someone else: 46%). Nevertheless, a third of them did not know how to make a report (personal experience: 32%, someone

else: 35%), suggesting that this information could be better disseminated. Staff were essentially split between agreement (36%) and disagreement (35%) that they knew about supports available for those reporting SVH (almost 40% of NI staff disagreed that they knew, compared with 49% of ROI staff). It seems likely that staff might be aware of support available for students but might be less knowledgeable on whether their HEI would provide similar support for staff. Finally, a knowledge gap was evident with respect to understanding what supports are available to people accused of perpetrating SVH; 20% of the survey respondents agreed that they knew what supports were available to them if accused.

Table 10. Knowledge of Reporting Procedures and Availability of Support.

		Disagree <i>n</i> (%)	Neutral <i>n</i> (%)	Agree <i>n</i> (%)	I don't know <i>n</i> (%)	Total <i>n</i>
If I was subjected to SVH I would know how to report this to my HEI.	Combined <i>n</i> (%)	142 (32%)	57 (13%)	214 (48%)	34 (8%)	447
	NI (<i>n</i>) (%)	68 (33%)	35 (17%)	92 (44%)	13 (6%)	208
	ROI (<i>n</i>)(%)	74 (31%)	22 (9%)	122 (51%)	21 (9%)	239
If someone I knew was subjected to SVH I would know how to report this to my HEI.	Combined <i>n</i> (%)	154 (35%)	53 (12%)	205 (46%)	34 (8%)	446
	NI (<i>n</i>) (%)	73 (35%)	33 (16%)	87 (42%)	15 (7%)	208
	ROI (<i>n</i>)(%)	81 (34%)	20 (8%)	118 (50%)	19 (8%)	238
If I reported a case of SVH I would know what supports were available to me at my HEI.*	Combined <i>n</i> (%)	157 (35%)	63 (14%)	187 (42%)	40 (9%)	447
	NI (<i>n</i>) (%)	82 (39%)	36 (17%)	70 (33%)	20 (10%)	208
	ROI (<i>n</i>)(%)	75 (31%)	27 (11%)	117 (49%)	20 (8%)	239

		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
If I were accused of perpetrating SVH I would know what supports were available to me at my HEI.	Combined n (%)	226 (51%)	61 (14%)	87 (20%)	71 (16%)	445
	NI (n) (%)	112 (53%)	31 (15%)	34 (16%)	31 (15%)	208
	ROI (n)(%)	114 (48%)	30 (13%)	53 (22%)	40 (17%)	237

Note: Statistically significant differences in responses to one of these questions were observed between NI and ROI Staff

In addition to asking about staff knowledge of reporting and awareness of relevant support options, we also wanted to evaluate whether staff perceived their institutional reporting system to be easy to use. Typically, respondents indicated that they either did not know how easy their reporting system was (in relation to staff: 30%, in relation to students: 32%) or agreed that it was easy to use (staff: 29%, students: 33%). It is possible that those reporting that they did not know had never had to use the system so did not feel able to evaluate it. However, it was interesting that irrespective

of reporting incidents concerning staff (33%) or students (37%), more ROI staff indicated that they did not know whether the system was easy to use compared with the NI staff (staff: 27%, students: 26%). This was a slightly unexpected view from ROI staff, particularly given that recording SVH incidents is one of the key outcomes for the Consent Framework (2019). More specifically, the framework states that staff should have a high level of awareness and understanding of the relevant reporting system.

Table 11. *Ease of Reporting Sexual Violence and/or Harassment to an Institution.*

		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
My HEI has an easy-to- use system for staff to report incidents of staff SVH.	Combined n (%)	104 (23%)	79 (18%)	129 (29%)	134 (30%)	446
	NI (n) (%)	48 (23%)	45 (22%)	59 (28%)	56 (27%)	208
	ROI (n)(%)	56 (24%)	34 (14%)	70 (29%)	78 (33%)	238

		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
My HEI has an easy-to-use system for staff to report incidents of student SVH.	Combined n (%)	85 (19%)	69 (16%)	148 (33%)	144 (32%)	446
	NI (n) (%)	36 (17%)	37 (18%)	80 (38%)	55 (26%)	208
	ROI (n)(%)	49 (21%)	32 (13%)	68 (29%)	89 (37%)	238
There are clear lines of responsibility for dealing with reporting of SVH at my HEI.	Combined n (%)	96 (22%)	85 (19%)	166 (37%)	100 (22%)	447
	NI (n) (%)	44 (21%)	48 (23%)	73 (35%)	43 (21%)	208
	ROI (n)(%)	52 (22%)	37 (15%)	93 (39%)	57 (24%)	239

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

SVH is often underreported for several reasons, some of which we will explore later in this report. In the HE context, one such reason might be institutional culture and the extent to which staff feel they would be well supported by their HEI if they wanted to report an incident of SVH. Overall, the findings indicated that a majority of staff trusted their institution on the reporting process, although depending on the question, between 11-19% considered it unlikely that the institution would be supportive. Most staff thought their

HEI would support them with different resources (70%) and recognise SVH as a problem (60%), although support was less strong for the idea that their HEI would allow them to dictate the direction of their report (48%), accommodate their needs (57%), or create a safe environment to discuss their experience (56%). This positive trend was evident across both nations and reflects the whole-institution approach advocated in the Consent Framework (2019) and which has become more common in the UK (Universities UK, 2022).

Table 12. Active Role Played by an Institution.

My institution would play a role by...		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
...actively supporting the person with either formal or informal resources (e.g., counselling).	Combined n (%)	40 (11%)	38 (10%)	267 (70%)	35 (9%)	380
	NI (n) (%)	19 (11%)	13 (7%)	129 (74%)	14 (8%)	175
	ROI (n)(%)	21 (10%)	25 (12%)	138 (67%)	21 (10%)	205
...allowing the person to play an active role in how their report was handled.	Combined n (%)	71 (19%)	59 (16%)	182 (48%)	67 (18%)	379
	NI (n) (%)	31 (18%)	23 (13%)	89 (51%)	32 (18%)	175
	ROI (n)(%)	40 (20%)	36 (18%)	93 (46%)	35 (17%)	204
...actively supporting the person and accommodating their needs.	Combined n (%)	59 (16%)	60 (16%)	214 (57%)	46 (12%)	379
	NI (n) (%)	24 (14%)	25 (14%)	105 (60%)	20 (11%)	174
	ROI (n)(%)	35 (17%)	35 (17%)	109 (53%)	26 (13%)	205
...actively creating an environment where this type of experience was safe to discuss.	Combined n (%)	61 (16%)	63 (17%)	211 (56%)	44 (12%)	379
	NI (n) (%)	26 (15%)	24 (14%)	104 (60%)	20 (11%)	174
	ROI (n)(%)	35 (17%)	39 (19%)	107 (52%)	24 (12%)	205
...actively creating an environment where this type of experience was recognised as a problem.	Combined n (%)	60 (16%)	57 (15%)	226 (60%)	37 (10%)	380
	NI (n) (%)	29 (17%)	23 (13%)	106 (61%)	17 (10%)	175
	ROI (n)(%)	31 (15%)	34 (17%)	120 (59%)	20 (10%)	205

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

Half of the staff thought that their HEI would not create a negative environment for the reporting individual (50%) and 45% did not think it likely that their institution would make it difficult for that person to stay at the institution. However, one quarter of the staff members considered it likely that these issues would arise. The respondents were less certain on the topic of risk to institutional reputation, as 34% thought it likely that their institution would raise this with them if they made a report of SVH, whilst 33% thought it unlikely that this would happen.

Though the results of the previous section would indicate that most staff perceive their institutional culture positively, it is to be expected that some may believe that reports of SVH could impact institutional reputation. This is an oft-cited fear of institutions and has historically led to attempts to internally resolve incidents to prevent public exposure (UCU, 2021). However, others have pointed out that this is an short-sighted institutional response. It focuses on an immediate risk while ignoring the possible long-term benefits of tackling SVH, including the bolstering of institutional reputation when institutions are known for robust procedures and transparent processes (AVA, Universities UK & NUS, 2021).

Table 13. Management of Staff After Reporting Sexual Violence and/or Harassment.

My institution would play a role by...		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
...actively suggesting the person's experience(s) might affect the reputation of the institution.	Combined n (%)	126 (33%)	77 (20%)	130 (34%)	47 (12%)	380
	NI (n) (%)	62 (35%)	32 (18%)	62 (35%)	19 (11%)	175
	ROI (n)(%)	64 (31%)	45 (22%)	68 (33%)	28 (14%)	205
...actively creating an environment where the person no longer felt like a valued member of the institution.	Combined n (%)	190 (50%)	55 (15%)	86 (23%)	49 (13%)	380
	NI (n) (%)	90 (51%)	24 (14%)	44 (25%)	17 (10%)	175
	ROI (n)(%)	100 (49%)	31 (15%)	42 (20%)	32 (16%)	205
...actively creating an environment where staying at the HEI was difficult for the person.	Combined n (%)	172 (45%)	63 (17%)	94 (25%)	51 (13%)	380
	NI (n) (%)	83 (47%)	24 (14%)	48 (27%)	20 (11%)	175
	ROI (n)(%)	89 (43%)	39 (19%)	46 (22%)	31 (15%)	205

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

Institutional culture can speak to more than how the institution might react to reports of SVH, it might also impact the reaction of colleagues to staff members reporting SVH. A similar picture emerged with half or over half of the staff indicating that it would not be hard to support someone reporting SVH (53%), that other staff would not perceive them to be a troublemaker (62%), and reporting would not lead to retaliation of some sort (51%). Though this is largely positive, it is hard to ignore that a fifth of the respondents agreed that

staff might struggle to support the person reporting SVH (22%) and, equally, thought the reporting staff member might be subject to retaliation (20%). Whilst representing a minority view in this sample, such findings point to room for improvement concerning individual-level institutional culture. Bystander intervention training would support those wishing to prevent such retaliation but, of more concern, is that individuals might need to intervene at all.

Table 13. Management of Staff After Reporting Sexual Violence and/or Harassment.

If a staff member were to report SVH at my HEI...		Disagree n (%)	Neutral n (%)	Agree n (%)	I don't know n (%)	Total n
...it would be hard for other staff to support the person who made the report.*	Combined n (%)	262 (53%)	70 (14%)	107 (22%)	54 (11%)	493
	NI (n) (%)	133 (59%)	32 (14%)	42 (19%)	18 (8%)	225
	ROI (n)(%)	129 (48%)	38 (14%)	65 (24%)	36 (13%)	268
...other staff would see the person making the report as a troublemaker.	Combined n (%)	303 (62%)	74 (15%)	65 (13%)	51 (10%)	493
	NI (n) (%)	150 (67%)	29 (13%)	27 (12%)	19 (8%)	225
	ROI (n)(%)	153 (57%)	45 (17%)	38 (14%)	32 (12%)	268
...the person making the report would be subjected to retaliation, retribution or negative responses from the alleged offender(s).	Combined n (%)	251 (51%)	72 (15%)	100 (20%)	69 (14%)	492
	NI (n) (%)	124 (55%)	31 (14%)	46 (21%)	23 (10%)	224
	ROI (n)(%)	127 (47%)	41 (15%)	54 (20%)	46 (17%)	268

Note: Statistically significant differences in responses to one of these questions were observed between NI and ROI Staff

Willingness to Attend Training

While institutions may make training available on particular issues related to consent, sexual violence and harassment, yet if it is not mandatory, the onus is on staff to make arrangements to take part. Training is expensive to implement, therefore without such mandates in place, institutions may be reluctant to provide training that is not

well attended. As such, we sought to determine staff willingness to attend C-SVH focused training. Responses to the three questions were overwhelmingly positive (see Table 15), suggesting that such training would be well-received when made available.

Table 15. *Willingness to Attend Training.*

I would be willing to complete...		Disagree n (%)	Neutral n (%)	Agree n (%)	Total n
...bystander intervention awareness training if it was made available by my institution.	Combined n (%)	26 (7%)	39 (10%)	334 (84%)	399
	NI (n) (%)	6 (3%)	22 (12%)	155 (85%)	183
	ROI (n)(%)	20 (9%)	17 (8%)	179 (83%)	216
...consent awareness training if it was made available by my institution.	Combined n (%)	31 (8%)	46 (12%)	320 (81%)	397
	NI (n) (%)	9 (5%)	26 (14%)	148 (81%)	183
	ROI (n)(%)	22 (10%)	20 (9%)	172 (80%)	214
...training on disclosures of an incident of SVH if it was made available by my institution.	Combined n (%)	25 (6%)	39 (10%)	333 (84%)	397
	NI (n) (%)	7 (4%)	19 (10%)	157 (86%)	183
	ROI (n)(%)	18 (8%)	20 (9%)	176 (82%)	214

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

Respondents also displayed willingness to support initiatives (80%) and take an active role in delivering them (65%). Such training extends beyond the classroom – these types of initiatives require staff to actively engage with the material to ensure that the messages become embedded in institutional culture. Moreover, as mentioned before, training can be expensive. Therefore, it may be more efficient to build the capacity required for ‘train the trainer’ style sessions supported by ongoing access to required supports for trainers.

It is important to highlight that there were some region-specific differences here – whilst NI staff still seemed generally positive about taking an active role (53%), a fifth disagreed and a quarter were neutral. Perhaps those with a student-facing role do not perceive delivering such training as part of their job; this could explain why 74% of NI staff said they would support these initiatives, but evidently, not want to deliver them.

Table 16. *Willingness to be Actively Involved in Delivering Training or Initiatives.*

I would be willing to...		Disagree n (%)	Neutral n (%)	Agree n (%)	Total n
...take an active role in delivering consent/bystander intervention/disclosure initiatives.*	Combined n (%)	57 (14%)	82 (21%)	257 (65%)	396
	NI (n) (%)	37 (20%)	48 (26%)	97 (53%)	182
	ROI (n)(%)	20 (9%)	34 (16%)	160 (75%)	214
...support student/staff initiatives in relation to consent/bystander intervention/disclosure initiatives.*	Combined n (%)	26 (7%)	54 (14%)	317 (80%)	397
	NI (n) (%)	8 (4%)	38 (21%)	137 (75%)	183
	ROI (n)(%)	18 (8%)	16 (7%)	180 (84%)	214

Note: Statistically significant differences in responses to each of these questions were observed between NI and ROI Staff

Campus Safety

Finally, we examined staff perceptions of campus safety. This is important to examine as staff may find themselves working alone, in isolated areas or during non-traditional work hours, and this may cause them to feel insecure and unsafe.

A large majority of staff reported feeling safe alone and inside campus buildings during normal working days (90%) and in using online work platforms (86%). While there was also majority agreement among staff that they felt safe when travelling for work (70%), working non-standard days or outside campus buildings (61%), it is notable that the rate of agreement was lower with regard to these environments. When examining region-specific responses, similar patterns were evident in ROI and NI staff with respect to rates of feeling unsafe for non-standard working (15%, 14%, respectively) or being on the grounds of the campus (17%, 22%, respectively).

Although perceived safety and actual safety are not necessarily the same thing, it is unsurprising that staff might feel slightly less safe if there are less people around. Indeed, a key element of safety is the perception of “eyes on the street” (Jacobs, 1993, p. 45), where people feel safer because they are conscious that other people are around. This might be particularly relevant when we consider that HE staff include those working in sanitary and hospitality services where non-traditional hours may be more common, and they may be less visible to those on campus. Further, the above findings are important given the UK’s new ‘prevention duty’ (2024) under the Equality Act (2010) which requires HEIs as employers to take steps and identify environment risks of sexual harassment such as lone working.

Table 17. Perceived Safety from Sexual Violence and/or Harassment On/Off Campus.

		Safe <i>n</i> (%)	Neither safe nor unsafe <i>n</i> (%)	Unsafe <i>n</i> (%)	I don't know <i>n</i> (%)	Total <i>n</i>
Alone inside the buildings within my HEI during normal working days.	Combined <i>n</i> (%)	336 (90%)	17 (5%)	16 (4%)	5 (1%)	374
	NI (<i>n</i>) (%)	155 (90%)	8 (5%)	6 (3%)	<5 (<3%)	173
	ROI (<i>n</i>)(%)	181 (90%)	9 (4%)	10 (5%)	<5 (<3%)	201
Alone inside the buildings within my HEI during non-standard working days.	Combined <i>n</i> (%)	229 (61%)	62 (17%)	55 (15%)	28 (8%)	374
	NI (<i>n</i>) (%)	106 (61%)	29 (17%)	25 (14%)	13 (8%)	173
	ROI (<i>n</i>)(%)	123 (61%)	33 (16%)	30 (15%)	15 (7%)	201
Alone outside the buildings within the campus or grounds of my HEI (e.g., car parks).	Combined <i>n</i> (%)	227 (61%)	67 (18%)	72 (19%)	8 (2%)	374
	NI (<i>n</i>) (%)	100 (58%)	31 (18%)	38 (22%)	<5 (<3%)	173
	ROI (<i>n</i>)(%)	127 (63%)	36 (18%)	34 (17%)	<5 (<3%)	201
Travelling for work (e.g. conference attendance).	Combined <i>n</i> (%)	263 (70%)	56 (15%)	30 (8%)	25 (7%)	374
	NI (<i>n</i>) (%)	115 (66%)	31 (18%)	15 (9%)	12 (7%)	173
	ROI (<i>n</i>)(%)	148 (74%)	25 (12%)	15 (7%)	13 (6%)	201
Using online platforms associated with your HEI.	Combined <i>n</i> (%)	323 (86%)	29 (8%)	9 (2%)	13 (4%)	374
	NI (<i>n</i>) (%)	154 (89%)	13 (8%)	2 (1%)	<5 (<3%)	173
	ROI (<i>n</i>)(%)	169 (84%)	16 (8%)	7 (3%)	9 (4%)	201

Note: No statistically significant difference in responses to these questions was observed between NI/ ROI HE Staff

EXPERIENCES OF SEXUAL VIOLENCE AND HARASSMENT

Survey respondents were presented with survey items that describe several sexual violence and harassment (SVH) experiences. The reference period for this was whether the experience occurred in the past 12 months, the past five years, or more than five years ago. The questions concerned the person’s experiences in both their professional and personal lives, not just restricted to the Higher Education environment where they worked. This approach helps to address the experience of SVH in the work-related environment while also investigating how SVH may be impacting staff members’ work if they experienced SVH outside of the work environment.

For the analysis, respondents were not separated into groups based on whether they experienced sexual violence or harassment, or both forms of abuse. For example, a participant reporting harassment (SH) and sexual violence (SV) could be counted in both groups. Percentages reported are based on the number of individuals who responded to the specific set of questions rather than the total number of those completing the entire survey. Within this section, no comparisons were made between North and South.

Summary Overview of Experience of Sexual Violence and Harassment

The survey participants had the choice of whether they answered questions on SVH or not. A total of 364 participants opted to answer questions in this section of the survey. In total, 241 (66%) reported experiencing some form of SVH in the last 5 years. This included 187 who identified as a woman, 44 who identified as a man, and 10 non-binary / non-reporting individuals.

Whilst 53% (n=193) reported experiencing some form of SH before joining the HE sector, 50% (n=181) reported that this occurred prior to the last 5 years. Notably, 26% (n =89) reported that they experienced some form of SV in the past 5 years and 9% (n=30) reported an experience of SV in the last 12 months.

Table 18. *Overview of Experiences of Sexual Violence and Harassment*

		Past 5 Years <i>n</i> (%)	Past 12 Months <i>n</i> (%)	Total <i>n</i>
Experienced Any SVH		241 (66%)	157 (43%)	364
Experienced Any Sexual Harassment		233 (64%)	149 (40%)	364
	Sexual Hostility	207 (57%)	117 (27%)	364
	Electronic or Visual Sexual Harassment	83 (23%)	39 (11%)	360
	Sexualised Comments	121 (34%)	67 (19%)	354
	Unwanted Sexual Attention	110 (31%)	47 (13%)	350
	Sexual Coercion	18 (5%)	9 (3%)	347
Experienced Any Sexual Violence		89 (26%)	30 (9%)	332

Sexist Hostility

The experience of sexist hostility was captured over four questions. Almost one third described having experienced Sexual hostility in the last 12 months (n=117, 32%). As seen in Table 19, 47% reported being treated differently because of their gender in the last 5 years, and 45% report being put down or condescended because of their gender at least once during this same period.

Participants were further asked if the incident(s) happened in their professional life, their personal life or both.

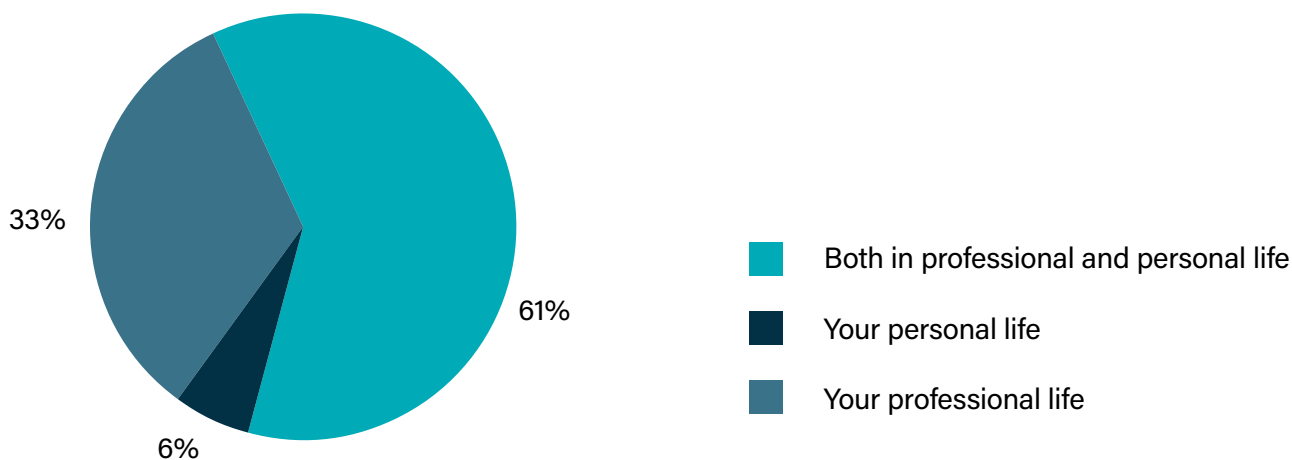
The majority of those who responded to this question replied that these incidents happened in both their personal and professional life (see Figure 1).

Of note, over a third described experiences of sexual hostility from more than five years ago (n = 158, 43%) and over half (n = 219, 60%) said that they had seen or heard someone else in their HEI have these experiences during their time working in HE.

Table 19. Sexist Hostility - Last 5 Years

Sexist Hostility	Less Than 5 Years n (%)	Total n
Treated you "differently" because of your gender (e.g., mistreated you)	170 (47%)	364
Put you down or was condescending to you because of your gender	164 (45%)	364
Made offensive sexist remarks (e.g., suggesting that people of your sex are not suited to your job)	116 (32%)	364
Repeatedly told sexual stories or jokes that were offensive to you	106 (29%)	364

Figure 1. Sexist Hostility - Where did this occur? (n=206)



Electronic/Visual Display of Sexual Harassment

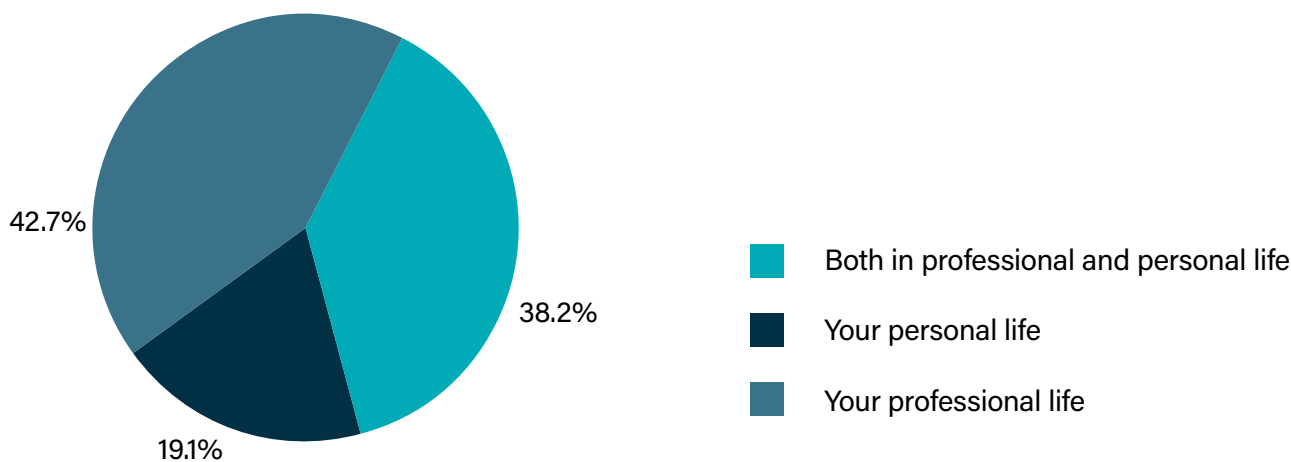
Five questions were presented to capture experience of SH by electronic or visual means. Of the 360 staff who responded, 11% indicated that they were exposed to someone displaying, using or distributing sexist or suggestive material in the last five years. Additionally, 9% reported being bullied, threatened or attacked online, and 7% reported that someone made offensive or threatening comments on learning or collaborative work platforms during this same period.

In the last 12 months, 11% (n = 39) had been subjected to electronic or visual displays of sexual harassment, and 16% (n = 56) said that these experiences also happened more than five years ago. Over a third of the respondents (n = 140, 39%) said that they had seen or heard someone else in their HEI have these experiences during their time working in HE. Although the majority reported this occurring in their professional life only, just over a third indicated that these incidents happened in both their professional and personal life (see Figure 2 for details).

Table 20. Sexual Harassment in the Form of Electronic or Visual Display - Last 5 years

Electronic / visual display	Less Than 5 Years n (%)	Total n
Displayed, used, or distributed sexist or suggestive materials (e.g., pornography) which you found offensive	41 (11%)	360
Bullied, threatened or attacked you online (e.g., via social media)	32 (9%)	360
Made offensive or threatening comments on learning or collaborative work platforms	25 (7%)	360
Unlawfully photographed or recorded you	19 (5%)	360
Distributed/sent/posted sexual images or texts of you without your consent by electronic means (e.g., WhatsApp)	12 (3%)	360

Figure 2. Electronic or visual harassment – Where did this occur? (n=89)



Sexualised Comments

A total of 355 staff members responded to describe their experience of seven types of sexualised comments included in the survey. As seen in Figure 3, the most common form of sexualised comment was in reference to the respondent’s gender. Almost one fifth of respondents had experienced offensive remarks about their appearance, body or sexual activities. A similar number also reported being subject to unwelcome attempts to draw them into a discussion about sexual matters. Almost a fifth (n = 67, 19%) were subjected to sexualised comments in the past 12 months, and almost a

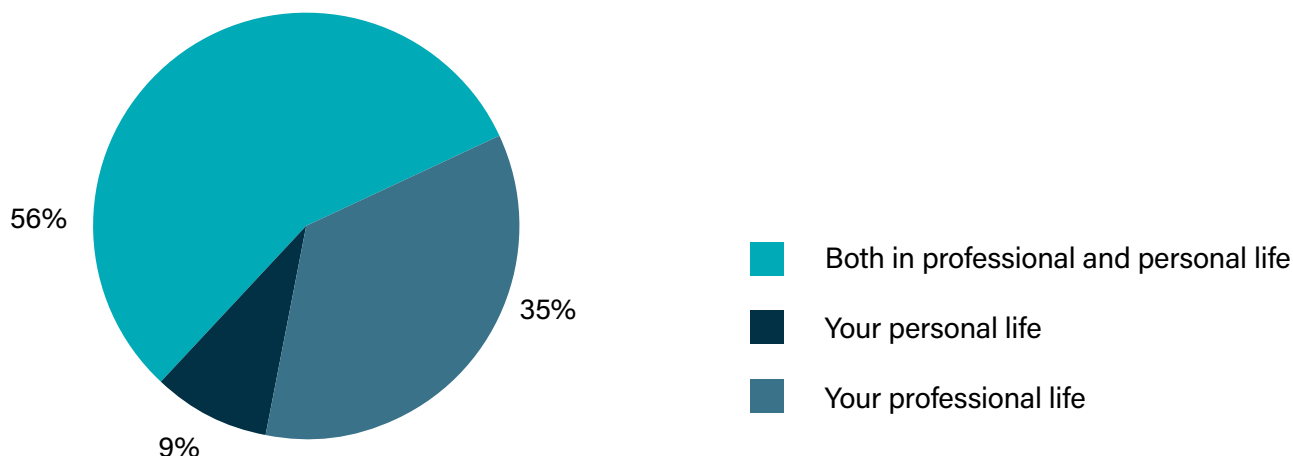
quarter (n = 82, 23%) said that the experience occurred more than five years ago. During their time working in HE, 41% (n = 145) indicated that they had seen or heard someone else in their HEI have these experiences.

Of those who responded (n = 121) to the question to indicate the domain of their life that the sexualised comment occurred in, a majority indicated that these incidents happened in both their personal and professional life.

Table 21. Respondents who Reported Experiencing Sexualised Comments in the last five years.

Sexualised Comments	Less Than 5 Years Ago n (%)	Total Responding n
Sexualised comments referencing your gender identity (i.e., man or woman)	85 (24%)	354
Offensive remarks about your appearance, body, or sexual activities	69 (19%)	355
Unwelcome attempts to draw you into a discussion of sexual matters	66 (19%)	355
Sexualised comments referencing your sexuality	52 (15%)	355
Sexualised comments referencing your race or ethnicity	27 (8%)	355
Sexualised comments referencing your religion	21 (6%)	355
Sexualised comments referencing your trans and/or non-binary identity	8 (2%)	355

Figure 3. Sexualised Comments – Where did this occur? (n=121)



Unwanted Sexual Attention

Experiences of unwanted sexual attention were assessed using four questions, with 350 staff responding to these items on the survey. The most common experience was being stared at or leered at inappropriately in the last 5 years (26%, n= 91). Two types of unwanted attention were reported at a similar rate, namely being exposed to someone making gestures or using body language of a sexual nature (17%, n= 58), and having someone make unwanted attempts to establish a romantic sexual relationship (15%, n= 54).

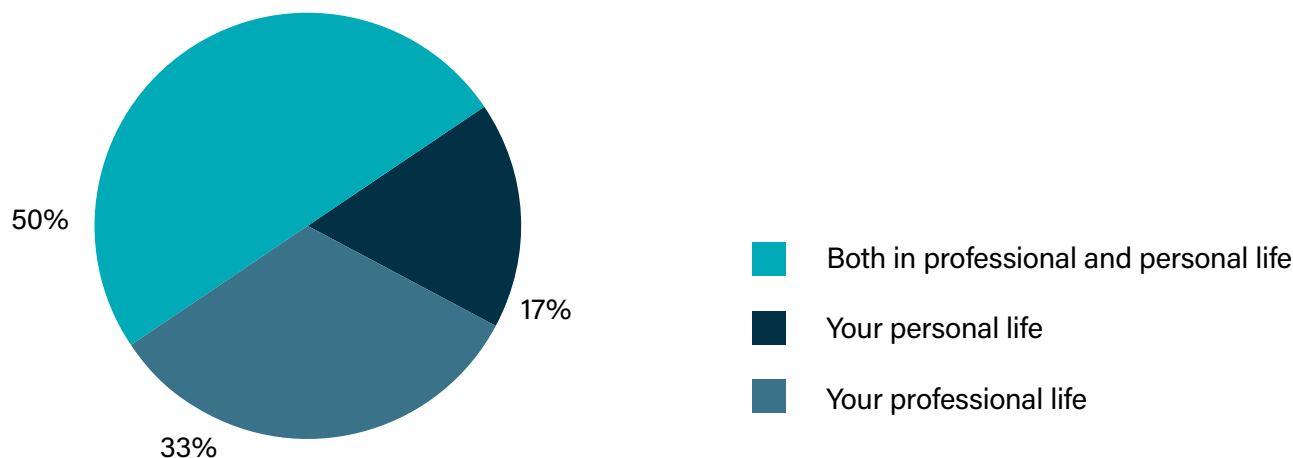
In the last 12 months, 13% (n = 47) had experienced unwanted sexual attention, and 23% (n = 79) said that these experiences also happened to them more than five years ago. During their time working in HE, 38% (n = 134) reported that they had seen or heard someone else in their HEI have these experiences.

When asked in what domain this occurred, 115 provided responses. Almost half indicated that these incidents happened in both their personal and professional life, whilst 33% reported that these experiences happened in their professional life.

Table 22. Respondents who Reported Unwanted Sexual Attention in the Last Five Years

Unwanted Sexual Attention	Less Than 5 Years Ago n (%)	Total Responding n
Stared or leered inappropriately at you	91 (26%)	350
Made gestures or used body language of a sexual nature which embarrassed or offended you	58 (17%)	350
Made unwanted attempts to establish a romantic sexual relationship with you	54 (15%)	350
Continued to ask you for dates, drinks, dinner, etc., even though you said "no"	38 (11%)	350

Figure 4. Unwanted Sexual Attention – Where did this occur? (n=115)



Sexual Coercion

In total, 347 participants responded to the four questions relating to experiences of sexual coercion. Although a smaller percentage of the participants described having had these experiences, it is important to highlight that 3% indicated that they experienced sexual coercion in the last 12 months, while 5% said that these experiences also happened to them more than five years ago.

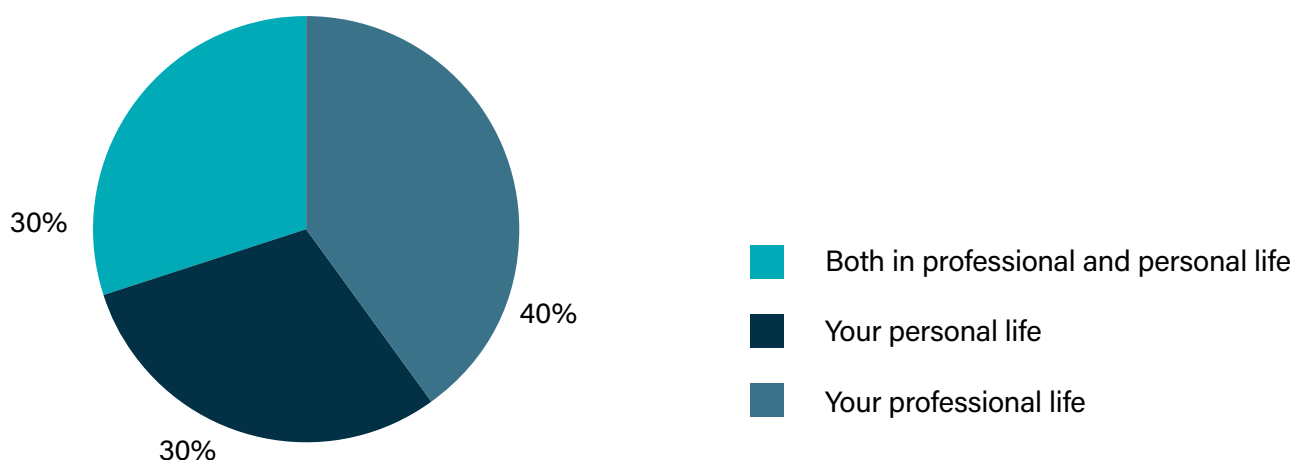
As seen in Table 23, the most common experience was being coerced because it was implied that being sexually cooperative would lead to better treatment. During their time working in HE, 17% (n = 60) reported that they had seen or heard someone else in their HEI have these experiences.

In total, 27 participants responded to which domain the experience(s) occurred in, with 40% indicating that these incidents happened in both their personal and professional life (see Figure 5).

Table 23. Respondents who reported experience of sexual coercion in the last 5 years

Sexual Coercion	Less Than 5 Years Ago n (%)	Total Responding n
Implied better treatment if you were sexually cooperative	14 (4%)	347
Made you feel like you were being bribed with some sort of reward or special treatment to engage in sexual behaviour	12 (4%)	347
Made you feel threatened with some sort of retaliation for not being sexually cooperative (for example, by mentioning an upcoming review, threatening your reputation, etc.)	11 (3%)	347
Retaliated after you ended a sexual relationship with them	10 (3%)	347

Figure 5. Sexual Coercion – Where did this occur? (n=27)



Most Distressing Experience of Sexual Harassment

In total, 195 HE staff chose to identify their most distressing experience of sexual harassment. The most common experience described in this context was when the participants had been treated differently due to gender (See Table 24). This finding reflects the most common type of harassment described by those who completed the survey.

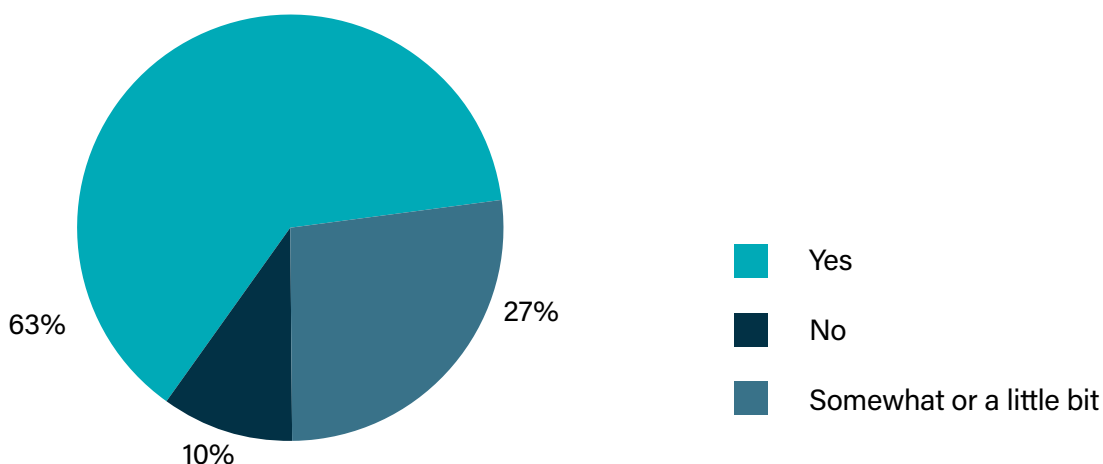
Respondents also completed a series of questions relating to their perpetrator and the nature of their relationship with the person at the time. While the perpetrator was most often identified as men, 14% said that it was a woman, or that incident involved both a man and a woman (13%).

A majority of those responding to this part of the survey (n = 133, 63%) indicated that the person was known to them. Almost half said that the person was a colleague from their own HEI (38%) or another HEI (11%). Over a fifth reported that the person was their supervisor or superior (22%). Two thirds (67%, n=142) indicated that the incident took place on-campus (e.g., a private office, meeting room), in a break room (42%), or in a staff or faculty office (15%). Taken together, this trend suggests that victim-survivors are more likely to be subjected to sexual harassment by someone they know than a stranger, and the working environment is a more common environment for sexual harassment.

Table 24. *Most Distressing Experience of Sexual Harassment.*

	<i>n (%)</i>
Different treatment because of your gender	58 (30%)
Condescension related to your gender	34 (17%)
Unwanted attempts to establish relationship	16 (8%)
Staring or leering	15 (8%)
Offensive sexist remarks	14 (7%)
Unwelcome attempts to discuss sexual matters	8 (4%)
Offensive remarks about appearance/body/sexual acts	8 (4%)
Repeated sexist stories or jokes	6 (3%)
Online bullying/threats or attacks	6 (3%)
Sexual gestures or body language	6 (3%)
Online bullying/threats or attacks	6 (3%)
Display/use/distribution of sexist/suggestive materials	<5(---)
Unlawful photography or recording	<5(---)
Non-consensual distribution of sexual images/texts via electronic means	<5(---)
Offensive threats or comments on learning/work platforms	<5(---)
Sexualised comments referencing race or ethnicity	<5(---)
Sexualised comments referencing gender identity	<5(---)
Sexualised comments referencing sexuality	<5(---)

Figure 6. Sexual Harassment – Did you know the Individual? (n=212)



Feelings and Emotions Resulting from Sexual Harassment

Respondents were asked about the feelings or emotions they associated with the most distressing experience of SH that they described. Respondents could select more than one

emotional reaction to their experience and indeed, a range of feelings and emotions were reported (see Table 25). The majority reported annoyance and embarrassment, followed by anger, shock, fear, and sadness.

Table 25. Feelings Or Emotions Experienced During Most Distressing Experience of Sexual Harassment

Feeling / Emotional Response	n
Annoyance	123
Embarrassment	104
Anger	100
Shock	71
Disgust	70
Sadness	49
Fear	41
Shame	37
Guilt	19
Like the other person would hurt you if you didn't go along	12
Other	9
No emotion	6
Like your life was in danger	<5

Note: Multiple options could be selected

Disclosing and Reporting Incidents of Sexual Harassment

A total of 208 respondents answered questions relating to whether they disclosed the SH experience. Almost two thirds (n = 133, 63%) said that they did tell another person. Most commonly, this included speaking with another staff member or a friend about their experience, a finding that highlights the importance of disclosure preparedness and bystander training for such individuals. Some staff also said that they confided in their romantic partner or another family member.

Less than 4% disclosed the incident to their line manager and only 5% made use of any staff support or wellbeing service following the incident. Given that only 40% of respondents knew where to get help with these issues (see Table 6), this highlights the need for training and information to be conveyed to all staff.

When asked why they did not report their experience, many indicated that they felt unsure if the behaviour was serious enough to report or they wanted to put it behind them. Again, this exposes a gap in knowledge and an opportunity for staff to receive clear and concise information about what constitutes C-SVH.

Interestingly, we found a statistically significant association between awareness of staff-related policies and disclosing an incident of sexual harassment ($X(5) = 13.950, p < .05$), and further, a statistically significant association was found between staff policies and procedures being clear and concise and disclosing an incident of sexual harassment ($X(5) = 24.622, p < .05$). If an individual was aware of policies and perceived these as clear and explicit, they were more likely to disclose. Importantly, for those who did report or tell someone, a majority found the response helpful.

Table 26. *Who Did You Tell About Your Most Distressing Experience of Sexual Harassment?*

Who Did You Tell?	n
Another Staff Member	77
Friend	73
Current/Previous Romantic Partner (Including Spouse/Civil Partner)	46
Family Member	35
Line Manager	21
Off-Campus Counsellor	10
Other	6
Labour Union Representative	5
Victim Support Organization	<5
On-Campus Counsellor	<5
Doctor/Nurse	<5
Higher Education Institution Health Services	<5
Police Officer	<5
Other Healthcare Institution	<5

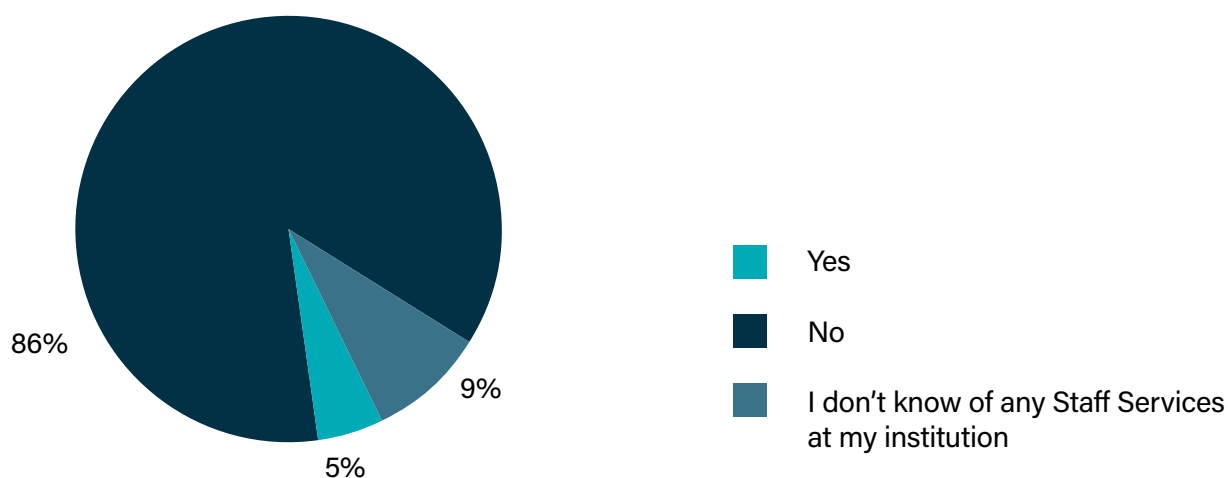
Note: Multiple options could be selected

Table 27. Reasons for not Reporting Sexual Harassment.

Who Did You Tell?	n
I was unsure if the behaviour was serious enough to report	32
I wanted to put it behind me	29
I handled it myself	22
I was uncomfortable talking about the experience	20
I was worried that it might affect my career	16
I didn't think the HEI could do anything	13
I felt shame or embarrassment	11
I didn't want anyone to know	11
I thought that the incident would be viewed as my fault	10
I thought that it was not a crime	10
I thought I wouldn't be believed	8
I was worried that it might affect the person's career	7
I didn't want involvement with the HEI authorities/police/courts	6
Other	6
I didn't think the police could do anything	<5
I was scared of the person	<5
I thought that the incident was my fault	<5

Note: Multiple options could be selected

Figure 7. Use of HEI Staff Wellbeing Services (n=208)



Sexual Violence

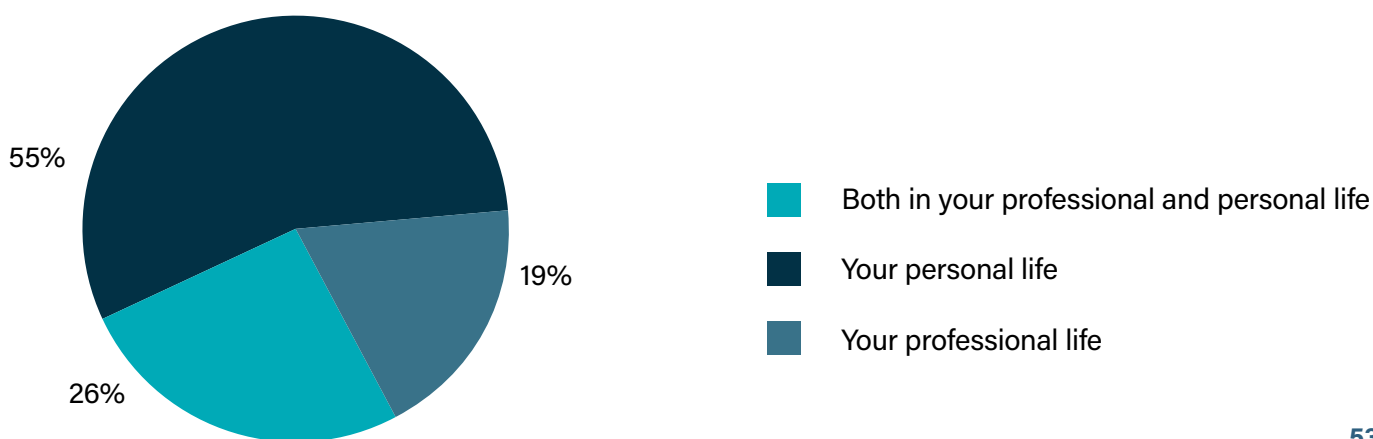
Staff were asked to respond to eight questions that assessed the number of SV experiences in the last five years in their professional and personal lives. The number of responses to these questions varied as some respondents chose not to answer all questions. For most respondents who answered (55%), these experiences took place in their personal lives, although many also reported this as occurring in their professional life (19%) or both personally and professionally (26%). In addition, during their time working in HE, slightly more than 20% (n = 68) said that they had seen or heard someone else in their HEI have these experiences.

As seen in Table 28, almost a quarter of those who answered said they were touched in a way that made them feel uncomfortable. Additionally, 16% reported unwanted attempts of stroking or kissing while 10% reported being made to touch, stroke or kiss someone when they did not want to do so. When asked about attempted non-consensual penetrative sexual activity in the last five years, 6% reported that someone tried to have sex with them, while 5% reported that someone tried to make them receive oral, anal or vaginal sex. Five per cent indicated that they have had oral, anal or vaginal sex without their consent in the last five years. In addition, 4% reported that someone made them have oral, anal or vaginal sex.

Table 28. Experience of Sexual Violence.

Sexual Violence	Less Than 5 Years Ago n (%)	Total Responding n
Touched you in a way that made you feel uncomfortable	82 (25%)	332
Made unwanted attempts to stroke or kiss you	53 (16%)	331
Touched, kissed, or rubbed up against the private areas of your body (e.g., lips, breast) or removed some of your clothes without your consent (but did not attempt sexual penetration)	34 (10%)	331
Made you touch, stroke, or kiss them when you did not want to	33 (10%)	332
Tried to have oral, anal or vaginal sex with you without your consent	20 (6%)	332
Tried to make you receive oral or have anal or vaginal sex without your consent	18 (5%)	332
Had oral, anal or vaginal sex with you without your consent	16 (5%)	332
Made you receive oral or have anal or vaginal sex without your consent	14 (4%)	332

Figure 8. Sexual Violence - Where did this occur? (n=89)



Most Distressing Experience of Sexual Violence

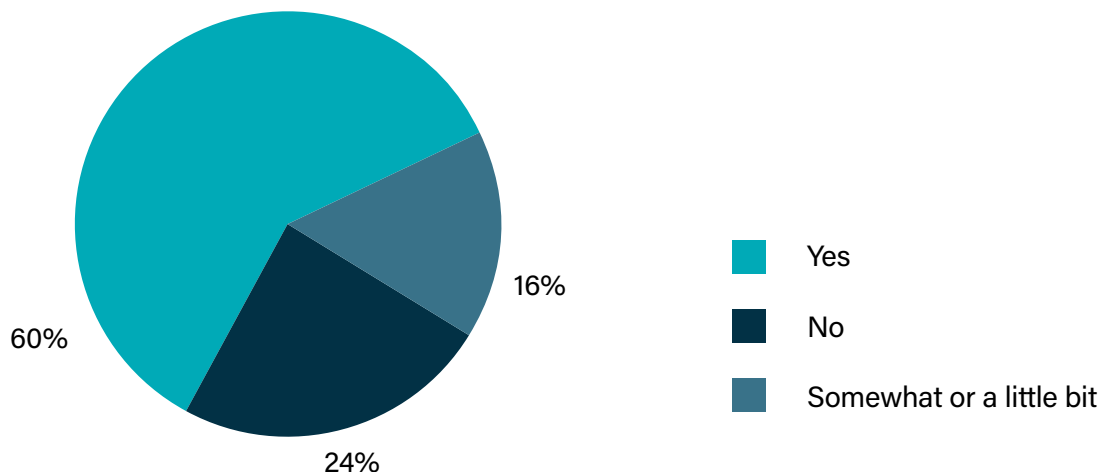
In total, 85 HE staff identified which experience of SV they found most distressing. Uncomfortable touching was consistently identified as the most distressing experience, which was also the SV experience most reported by respondents. For clarity, this also does not mean that uncomfortable touching is generally a more distressing form of sexual violence, however this reflects the experience of the respondents to this survey.

As with the experience of sexual harassment, a majority of participants said that the perpetrator was a man, but some reported that the incident involved both women and men. Most staff members reported that they knew the individual (n = 53, 60%) or somewhat knew the person (n = 14, 16%). Some of the survey participants (n=14) indicated that the person was a HE work colleague. Almost a quarter of incidents were reported as occurring off campus (n = 21, 24%), often taking place at home or in a public space such as a bar, café, restaurant or shop. For those reporting on-campus experiences, this often took place in a private office, meeting room or break room.

Table 29. Most Distressing Experience of Sexual Violence.

	n (%)
Uncomfortable touching	44 (52%)
Unwanted attempts to stroke/kiss	13 (15%)
Had non-consensual oral/anal/vaginal sex with you	9 (11%)
Touched/kissed/rubbed against you or non-consensual clothing removal	6 (7%)
Attempted to make you receive oral, or have anal/vaginal, non-consensual sex	5 (6%)
Forced you to touch/stroke/kiss them	<5 (...)
Attempted non-consensual anal/oral/vaginal sex	<5 (...)
Made you receive oral, or have anal/vaginal, non-consensual sex	<5 (...)

Figure 9. Sexual Violence – Did you know the individual? (n=88)



Feelings and Emotions Experienced Related to Sexual Violence

As with sexual harassment, respondents were asked to identify the feelings or emotions they experienced because of the experience of sexual violence. Respondents could select more than one emotional reaction to their experience and indeed, a range of feelings and emotions were reported

(see Table 30). Disgust, shock and annoyance were commonly reported among the respondents with many also feeling embarrassment and anger. Many also reported feelings of fear and shame because of the SV experience.

Table 30. *Feelings or Emotions Experienced During Most Distressing Experience of Sexual Harassment.*

	<i>n</i>
Disgust	43
Annoyance	42
Shock	42
Embarrassment	40
Anger	37
Fear	32
Shame	32
Guilt	23
Sadness	22
Like the other person would hurt you if you didn't go along	14
Like your life was in danger	7
No emotion	<5
Other	<5

Note: Multiple options could be selected

Perpetration

Participants were asked to consider whether they might have exhibited any sexually inappropriate behaviours in the workplace specifically. In total, 312 staff members responded, with the vast majority (89%) confident they had never acted inappropriately in a sexual manner towards another

person in the workplace. Besides 2% of the staff respondents indicating that they had acted inappropriately, there were also staff who chose the 'Maybe' option (5%) or who indicated that they did not know (4%).

Table 32. *Sexual Violence and/or Harassment Perpetration in the Workplace*

	Yes (%)	No (%)	Maybe (%)	I don't know (%)
Have you ever acted in a sexually inappropriate manner in the workplace such that another person was slighted / disadvantaged / made to feel uncomfortable?	2%	89%	5%	4%

Disclosing and Reporting Incidents of Sexual Violence

When asked about whether they had disclosed the SV experience to anyone else, 89 individuals answered this and other related questions. A majority (n=57, 64%) had told someone. Most commonly this included speaking with a friend or current or previous romantic partner, while some also spoke with family members or another staff member. Very few spoke with a line manager and only 3% of the respondents who answered this portion of the survey used the HEI staff wellbeing services following their experience of SV.

When asked why they did not report their experience, the most commonly reported reasons included being worried how their HEI would react, not wanting the person to find out that they had reported or concerns that the perpetrator would

retaliate. Some also indicated that the incident happened in their personal life, and they were not sure their HEI could help. Interestingly, some did not know how to report to their HEI. Relatedly, we did not find a statistically significant association between awareness of staff-related policies and reporting of an incident of SV ($X(5) = 4.849, p > .05$), however, we did find a statistical difference between agreement that staff policies and procedures were clear and the disclosing of an incident of SV ($X(5) = 21.309, p < .05$); those who felt that the policies and procedures were clear were more likely to disclose what had happened to them. This suggests that knowledge of C-SVH issues may contribute to help and support seeking by respondents who experience SVH.

Table 31. *Disclosure of Sexual Violence Experience.*

Who did You Tell?	n
Friend	38
Current/previous romantic partner (including spouse/civil partner)	22
Family member	13
Another staff member	13
Off-campus counsellor	10
Victim support organization	<5
On-campus counsellor	<5
Line manager	<5
Doctor/nurse	<5
Police officer	<5
Other healthcare institution	<5
Church/faith-based organization	<5
Other	<5

Note: Multiple options could be selected



MENTAL HEALTH AND WELLBEING

Social Functioning of Those Who Have Experiences of SVH

Given the known adverse outcomes frequently cited because of experiencing SVH, it is perhaps unsurprising that many of those who described experiencing SVH also reported impacts on their social functioning. Over 35% indicated that their experience influenced their ability to work some or all of the time and over 45% were impacted in their ability to socialise. Over half (53%) stated that this

has impacted their relationships with other people, and over one third of respondents (38%) stated this has impaired their ability to carry out day to day duties (see Table 33). These findings give cause for concern, particularly as social support often acts as an important protective factor for maintaining good mental health and wellbeing.

Table 33. SVH Experience and Impacts on Social Functioning

	None of the time n (%)	A little/some of the time n (%)	Most/all of the time n (%)	Total number of respondents n
Your work	114 (56%)	81 (40%)	10 (5%)	205
Your ability to socialise	109 (53%)	79 (39%)	16 (8%)	204
Your relationship with others	95 (47%)	92 (45%)	17 (8%)	204
Your ability to carry out your normal everyday activities	127 (62%)	64 (31%)	13 (6%)	204

Mental Health and Wellbeing of All Participating HE Staff.

All of the survey respondents were asked to complete two separate standardised measures of mental wellness to better understand how they felt over the previous 30 days and two weeks prior to taking part in the survey.

Over two thirds of respondents described feeling nervous (67%) and restless or fidgety (67%). Feeling hopeless was reported by 38% of respondents, 33% described feeling worthless, and 30% agreed they felt so depressed that nothing could cheer them up (see Table 34).

A similar trend is seen when respondents were asked how often they have been bothered by negative feelings over the two weeks prior to taking part in the survey (see Table 35). Almost two

thirds (62%) reported feeling nervous, anxious or on edge during this period of time, while over one third (31%) described feeling down, depressed or hopeless, 41% reported that they had little interest or pleasure in doing things, while over half (52%) of respondents reported not being able to stop or control worrying over this period of time.

We further analysed the responses to these mental health questions by comparing participants who had experienced any form of SVH with participants who had not experienced SVH. Findings suggest that across all areas of psychological distress, anxiety and depression queried, there is a statistically significant difference ($p < .05$) between those who have experienced one or more incident of SVH and those who have not.

Table 34. Symptoms Associated with Psychological Distress

		None of the time <i>n</i> (%)	A little/some of the time <i>n</i> (%)	Most/all of the time <i>n</i> (%)	Total <i>n</i>
Nervous	Combined	104 (32%)	191 (59%)	30 (9%)	325
	No SVH	48 (41%)	67 (57%)	3 (3%)	118
	SVH	56 (27%)	124 (60%)	27 (13%)	207
Hopeless	Combined	201 (62%)	111 (34%)	13 (4%)	325
	No SVH	83 (70%)	32 (27%)	3 (3%)	118
	SVH	118 (57%)	79 (38%)	10 (5%)	207
Restless or fidgety	Combined	104 (32%)	184 (57%)	37 (11%)	325
	No SVH	45 (38%)	68 (58%)	5 (4%)	118
	SVH	59 (29%)	116 (56%)	32 (15%)	207
So Depressed that Nothing Could Cheer You Up	Combined	227 (70%)	89 (27%)	9 (3%)	325
	No SVH	91 (77%)	26 (22%)	1 (1%)	118
	SVH	136 (66%)	63 (30%)	8 (4%)	207
That Everything was an Effort	Combined	120 (37%)	158 (49%)	47 (15%)	325
	No SVH	55 (47%)	57 (48%)	6 (5%)	118
	SVH	65 (31%)	101 (49%)	41 (20%)	207
Worthless	Combined	218 (67%)	98 (30%)	9 (3%)	325
	No SVH	94 (80%)	22 (19%)	2 (2%)	118
	SVH	124 (60%)	76 (37%)	7 (3%)	207

Table 35. Symptoms Associated with Anxiety and Depression

		Not at all <i>n</i> (%)	Several days <i>n</i> (%)	More than half the days <i>n</i> (%)	Nearly every day <i>n</i> (%)	Total <i>n</i>
Feeling nervous, anxious or on edge	Combined	123 (38%)	140 (43%)	31 (10%)	29 (9%)	323
	No SVH	66 (56%)	41 (35%)	5 (4%)	6 (5%)	118
	SVH	57 (28%)	99 (48%)	26 (13%)	23 (11%)	205
Not being able to stop or control worrying?	Combined	154 (48%)	115 (36%)	27 (8%)	26 (8%)	322
	No SVH	70 (59%)	39 (33%)	<5 (<3%)	5 (5%)	118
	SVH	84 (41%)	76 (37%)	23 (11%)	21 (10%)	204
Feeling down, depressed or hopeless?	Combined	192 (59%)	91 (28%)	21 (7%)	19 (6%)	323
	No SVH	85 (72%)	26 (22%)	<5 (<5%)	<5 (<5%)	118
	SVH	107 (52%)	65 (32%)	18 (9%)	15 (7%)	205
Little interest or pleasure in doing things?	Combined	190 (59%)	91 (28%)	26 (8%)	16 (5%)	323
	No SVH	82 (69%)	28 (24%)	5 (4%)	<5 (<4%)	118
	SVH	108 (53%)	63 (31%)	21 (10%)	13 (6%)	205

Occupational Impacts

All the survey respondents were asked nine questions that specifically related to how their feelings or their state of mind might have impacted their working life over the previous 30 days. Over half of respondents (59%) stated that they had experienced reduced work productivity, 46% felt disengaged from colleagues, 10% attempted to change their team unit, department or supervisor, and 14% changed or tried to change their institution. Indeed, 37% of respondents considered leaving the academic sector, while 54% stated that they felt dissatisfied with their job. We further compared staff who reported an experience of any form of SVH with those who had not on

the measures of occupational impact. Findings suggest that on all questions except 'Felt afraid to physically come to work or to use the necessary online tools for collaborative work,' there was a significant difference ($p < .05$) between those who reported at least one experience of SVH in the last five years and those who did not. Indeed, those who reported SVH tended to respond that they had been impacted at least a little or some of the time in comparison to those who had not experienced SVH. Notably, a greater number of those who reported SVH felt that their work productivity and job satisfaction has been impacted most of the time, and many have considered leaving academia.

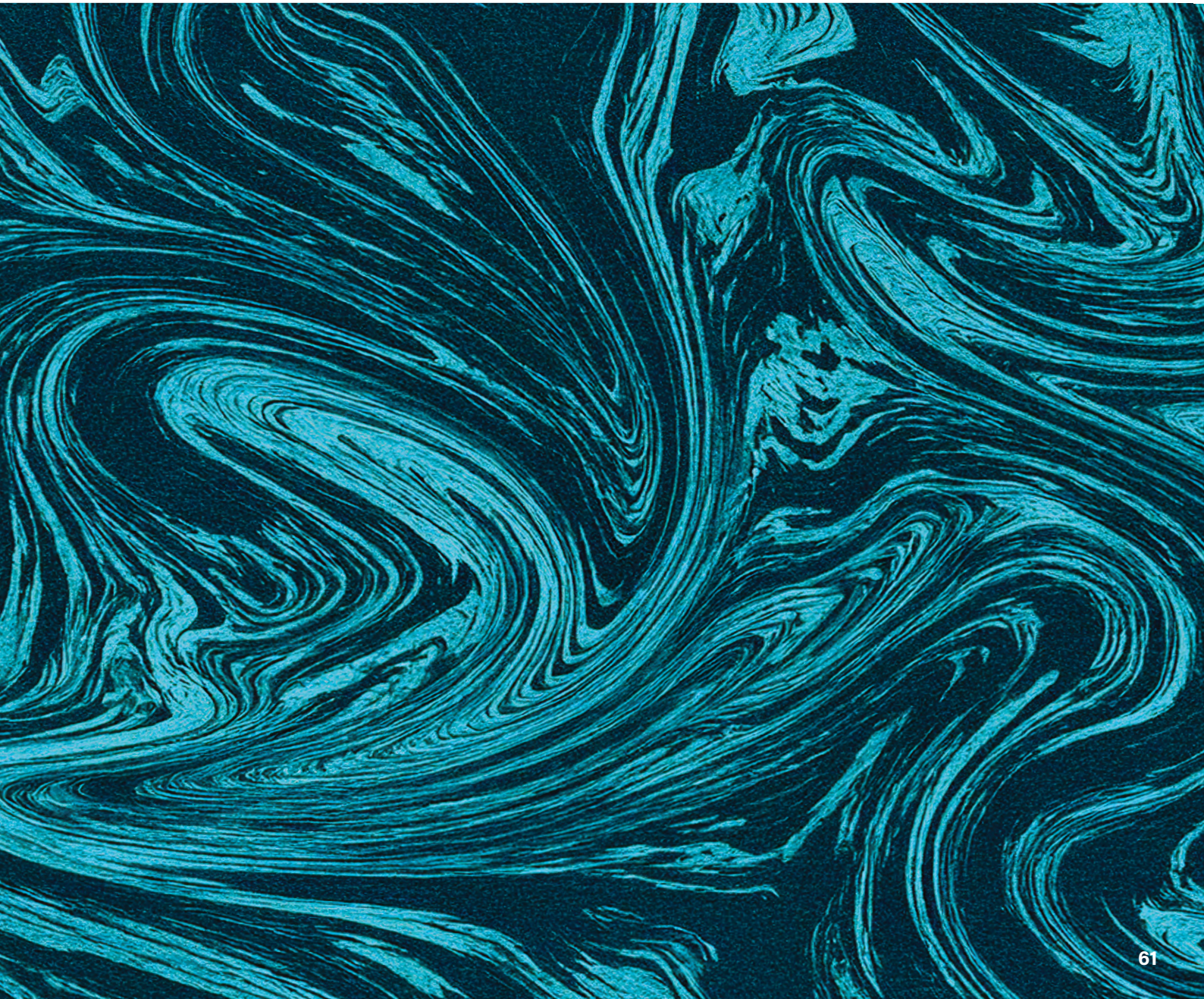


Table 36. *State of Mind Impacts on Working Life.*

		None of the time <i>n</i> (%)	A little/some of the time <i>n</i> (%)	Most/all of the time <i>n</i> (%)	Total <i>n</i>
Taken time off work or had to stay off work	Combined	267 (85%)	44 (14%)	5 (2%)	316
	No SVH	107 (95%)	<5 (<5%)	<5 (<5%)	113
	SVH	160 (79%)	40 (20%)	<5 (1%)	203
Experienced reduced work productivity	Combined	129 (41%)	165 (52%)	23 (7%)	317
	No SVH	55 (48%)	57 (50%)	<5 (2%)	114
	SVH	74 (36%)	108 (53%)	21 (10%)	203
Disengaged from your colleagues?	Combined	171 (54%)	131 (42%)	14 (4%)	316
	No SVH	84 (74%)	27 (24%)	<5 (2%)	113
	SVH	87 (43%)	104 (51%)	12 (6%)	203
Received reduced pay or missed out on bonuses	Combined	307 (97%)	5 (2%)	<5 (1%)	316
	No SVH	113 (99%)	<5 (<1%)	<5 (<1%)	114
	SVH	194 (96%)	<5 (<2%)	<5 (<2%)	202
Felt afraid to physically come to work at your institution or to use the necessary online tools for collaborative work	Combined	292 (92%)	21 (7%)	<5 (1%)	317
	No SVH	108 (95%)	6 (5%)	<5 (<1%)	114
	SVH	184 (91%)	15 (7%)	<5 (<2%)	203

		None of the time <i>n</i> (%)	A little/some of the time <i>n</i> (%)	Most/all of the time <i>n</i> (%)	Total <i>n</i>
Changed or tried to change team, unit, department, supervisor	Combined	286 (90%)	25 (8%)	5 (2%)	316
	No SVH	109 (96%)	<5 (<4%)	<5 (<4%)	113
	SVH	177 (87%)	21 (10%)	5 (2%)	203
Changed or tried to change institution	Combined	270 (85%)	39 (12%)	7 (2%)	316
	No SVH	107 (95%)	5 (4%)	<5 (1%)	113
	SVH	163 (80%)	34 (17%)	6 (3%)	203
Considered leaving the academic sector	Combined	200 (63%)	86 (27%)	31 (10%)	317
	No SVH	83 (73%)	25 (22%)	5 (4%)	113
	SVH	117 (57%)	61 (30%)	26 (13%)	204
Felt dissatisfied with your job	Combined	147 (46%)	130 (41%)	41 (13%)	318
	No SVH	68 (60%)	40 (35%)	5 (4%)	113
	SVH	79 (39%)	90 (44%)	36 (18%)	205

QUALITATIVE ANALYSIS

Staff members who participated in the COSHARE survey had the opportunity to provide open-ended comments toward the end of the online survey form. Participants were invited to enter comments if they wished regarding: (1) The survey itself; (2) The topic of SVH more broadly, or (3) Recommendations for how the HE sector can better support victims of SVH.

This section presents a thematic analysis of the responses provided to this invitation with a focus on the latter two topics. The analysis was developed after coding and grouping the comments left by 106 of the survey participants (20% of the total number of participants). A similar percentage of ROI and NI staff provided qualitative comments. The number of male and female staff who made a comment reflected the demographics of the survey responses, but a higher percentage

of staff members with a disability chose to make a comment (30%), as did bisexual staff members (31%). A smaller percentage of administrative staff members (12%) responded to the open-ended survey item.

The findings are organised under the following themes, which are described below:

- Experience and positionality on SVH
- Upward trajectory, slow movement, or no change: Perspectives on Higher Education institutional culture
- Lack of understanding, low confidence, and policy / practice gaps: Institutional systems for receiving and investigating complaints
- Power, sexist harassment, and gender
- Education and training as a change initiative and tangible sign of institutional intent

EXPERIENCE AND POSITIONALITY ON SVH

Participants took up different positions toward the experience of SVH in their open-ended comments. These ranged from the perspectives that victim-survivors offered, to those of advocates and supporters, individuals concerned with false allegations, and participants who had not observed SVH at all in their HEI. It is instructive to highlight the commonalities and differences between these positions in considering how to make a comprehensive, whole-of-community response to SVH in Higher Education. Indeed we must be mindful of how each stakeholder group is to be reached, engaged with, and supported.

Detailed references to SVH experiences were typically not provided. Where such experiences were described, we can note the associated intensity (“*hateful*”, “*vile*”) and impact on individuals (“*uncomfortable*”, “*terribly upset*”), which were always negative. Some participants shared how protected characteristics such as sexual orientation or gender identity were the focus of their SVH experience. For instance, one individual shared how: “*My experiences that made me uncomfortable were due to negative or hateful remarks and advances made by people about my identity*”.

Others provided further context to their experience of gendered harassment and the person(s) behind the behaviour. This was not always a staff member, but rather a student:

“The anonymous letter had the most vile language about me one could imagine. Called me a ‘cunt.’ It upset me no end. I am still terribly upset about it. Apparently nothing can be done”.

Importantly and reflecting the quantitative survey findings, the experience of sexual violence and harassment in the past or outside of the HEI environment was acknowledged:

Sexual violence and non-consensual experiences are very common – so one of the issues that campus workplaces have to be aware of is this much wider context, rather than just managing what happens inside the gates of the institution.

Being sexually harassed and then attacked ... in the city made me realise that there is nowhere truly safe for people, and that basic respect for others and their bodies needs to be taught from a young age, and that extends to basic actions like not talking over women / non binary people ... even just quietly spoken people.

One individual also shared concerns surrounding the risk of SVH when the workplace is extended to other places and spaces, as is often the case in Higher Education: “*I started to see conferences as places to be careful. I have been careful to keep it to a couple of drinks since*”.

Other staff members used this section of the survey to write about the supports that others, such as students, may require in the context of perpetrators who have repeatedly perpetrated SVH without consequence (*"I know of and am aware of several instances of sexual violence and harassment being enacted upon staff members, sometimes by the same perpetrator"*). This individual considered it important to offer support to others, but were frustrated with the institution for not fixing the underlying problem.

The same person went on to describe how a staff member was *"allowed to freely sexually harass young female students of this institution"*. The students did not feel able to complain: *"Due to fear of retribution and being forced to face this member of staff, [the students] have not taken the final step to formally complaining"*. Completing the picture of a university where senior members are negligent in not addressing this issue, and in which staff members are not secure enough to go beyond supporting affected students, the staff member the extremely difficult situation where they are felt options are limited to *"Whistle blow and risk our employment? Go to the press and risk our employment?"*

Impacts of Experiencing SVH

The quantitative survey demonstrated that many participants were experiencing SVH across both personal and professional spaces. These experiences serve to reiterate the need for a trauma-informed approach to all aspects of the SVH response. As one staff member stated: *"... is of utmost importance to proactively train and tackle this issue"*. The same individual also wrote of the "the importance to react, report and handle cases with great care" within the HE context.

The lasting impacts of SVH for victim-survivors are considerable. One individual shared: *"I manage low mood, and feeling disengaged, feeling afraid when a group gets into the lift with me on campus, and just get on with things"*. There was also a concern arising for the staff member that the impact of the experience could lead to a problem maintaining their employment. Finding reasonable accommodations at work was unattainable:

"If I had a physical health issue, accommodations would be made, but as my current state has been caused by experiences of SV, I have no way to explain that in work... "I have felt like my workplace could support me more following my experiences but these experiences are impossible to disclose in a workplace"

False Allegations

The next type of relationship that participants had to SVH was demonstrated in the positioning of individuals who wrote about the impact of false allegations. Here a staff member refers to examples they are aware of from two other people, and suggests that false accusations are a significant problem but that they lack visibility:

This survey is really missing the point. The real plague here is malicious gossip and false accusations. Anonymous abuse of university staff is making the job intolerable. I know two people whose careers, ... and lives have been ruined by completely false and anonymous online accusations of sexual misconduct.

The next participant refers to a context outside their professional life in which they were traumatised due to a false allegation:

The unpleasant experience that I went through is not captured in your categories. It was a false allegation of acting inappropriately towards [young people]. It was investigated and dismissed ... The whole thing was completely malicious and fabricated.

They go on to describe the impact that this experience has had for them, in feeling unsafe, isolated, and alone:

"Now I no longer feel safe in places that I once felt very safe in. I keep to myself, do not mix with others and trust nobody. It had a terrible impact on my mental health"

Never Seen Or Heard Anything - Not Observed Or Experienced SVH

The final type of staff perspective expressed in the open ended comments describes the views of survey participants who had not observed or experienced SVH. Three different illustrations are provided below. In the first, the staff member does not regard what they have seen in HE as reflective of harassment, but acknowledges that inappropriate behaviour does occur in social settings:

I have never been involved with, or witnessed any sexual harassment/violence while working or taking part in work activities on or off campus. I have heard students talk among themselves in a disrespectful manner about the opposite gender but have not witnessed activities. It is still quite prevalent in bars to have inappropriate situations with people taking advantage of crowds.

In the next example, a survey participant states that they have had no exposure to sexual violence or harassment in Higher Education or in any other setting. They go to indicate a sense of confidence that they could handle it should the situation arise:

I have never experienced any form of sexual or other harassment either inside or outside of HE. If I did, I would feel confident and robust enough to deal with at least mild issues without immediate recourse to formal policies, reporting procedures, and disciplinary actions.

The final example indicates a sense of frustration with the proposition that SVH is relevant to the university mission (“I wonder why ye are bothering with all of this”). They have not seen SVH at any point during their extensive experience of working in HE (“I have been working on campus for 25 years, and never seen or heard of anything you describe”). While SVH might occur in pubs and nightclubs, the participant does not see it as a university issue. It is a solely a criminal matter:

As sexual violence never happens on campus, I wonder why ye are bothering with all of this. It happens in houses and homes, and is an issue between the perpetrator, the victim, and the Gardai. Harassment may happen in pubs and nightclubs, but again that is nothing to do with the university.

UPWARD TRAJECTORY, SLOW MOVEMENT, OR NO CHANGE: PERSPECTIVES ON HIGHER EDUCATION INSTITUTIONAL CULTURE

This theme describes current trends in how HEI campus culture is responding to consent, sexual violence and harassment. A number of comments described an upward trajectory, in which HEIs are now doing a lot better than in the past in relation to work on consent, prevention, responding to survivors, and investigative processes. Others saw their Higher Education institution as having only moved partially from a low base where SVH was quite recently an accepted part of institutional life. A third set of comments depicted the institutional culture as fundamentally unchanged, with protections even now extended to those who engage in sexual violence and harassment.

Culture Shifts

Beginning with the optimistic view that culture change is underway and ongoing, a number of participants wrote that their HEI is doing well and is supportive. These participants described the culture as having changed a lot over time:

I am very supportive of all my HEI is doing and developing in relation to reducing and responding to sexual violence.

I believe that the environment in my HEI is supportive towards victims of sexual harassment and/or violence and continues to improve. Continuous vigilance and training is required however.

In these examples, we see positive principles voiced that are centred around respect, with the participants forcefully calling for them to be upheld:

Mutual respect should be the order of the day both at home and in the workplace. Attack of anyone on basis of sex or discrimination on grounds of gender is not to be tolerated by anyone in any place.

I suggest that the [university] calls out its zero tolerance of sexual violence and/or harassment for both staff and students at every opportunity - respect, respect, RESPECT.

Other survey respondents explicitly referenced a comparison of Higher Education now and in the past: *“Awareness of sexual harassment has improved in the last few years. Attitudes have changed for the better”*. This can be seen in the following quote by a HE staff member of long standing:

“Things have changed hugely in the 40 years I have been working. Things that were common then are not accepted and very rare now which is a very positive thing, especially for women and LGBTQ people. Sexual consent and especially unbalanced power in relationships is much more understood now.”

The next set of examples name specific initiatives and developments that are taken to reflect progress and change. These have led the participants to “feel safe”, as well as being supported to take relevant training, with cooperation taking place between staff and students on prevention work, and strong responses evidenced both institutionally and nationally:

I do appreciate the on campus security especially during non-work hours, I feel safe knowing they often make rounds arounds campus. MY HEI also has an app where security can be contacted and I have it downloaded on my phone.

I feel that the training offered at my HEI is excellent and I always have been encouraged by my Line Manager to undertake any additional training that is offered. The student body, in general, is very proactive in raising awareness of consent/sexual violence and there is a great deal of cooperation between staff and students to combat this issue.

The HEI are actively addressing the issue of sexual harassment and harassment for both students and staff in HE and the response has been excellent from an institutional and national level. Communication and response need to continue to be prioritised to encourage reporting of incidents with the intention of addressing the non-acceptance of SV at any level.

Another set of comments in this vein referenced Higher Education as having the potential to build on the positive example provided by the sector to drive culture change more widely. For these participants, HE can be a leader on societal transformation:

I'd like to see a continuation of the work to raise awareness of what is considered unwanted sexual advances at all levels of education, from primary, secondary, university and life long learning bodies. I'd hope this will result in a positive change in Irish society going into the future.

The HE sector can lead on these issues as employers and leaders in society by demonstrating commitment to the long-term eradication of gender-based violence and harassment.

I know it is a much wider and very depressing problem in Society but HE should be taking the lead and hopefully this research can inform much better policies and proper, funded, support.

Change Over Time

Some reflections on change over time were offered as part of the comments made by participants. While these examples describe progressive changes, they describe a project that is ongoing and still not complete:

There is a marked improvement in attitudes now to when I first started, back then and for years afterwards, women in a meeting/office were always the ones to do the more menial tasks and spoken down to, usually by older men. Being talked down to or treated as 'less', not being put in a situation where they would feel threatened or at risk. There is far less of this behaviour now.

While positive and progressive change was acknowledged, this was not always viewed in positive light. Some discussed how organisational culture in Higher Education institutions even now protects staff who perpetrate sexual violence and harassment and this is a complicated balancing act that is not always well executed: *"Action taken (or not taken) can depend upon who the individual perpetrator is - power dynamics and imbalances of power are a factor here"*. The same individual goes on to discuss how the University *"performs very poorly"* on a range of indicators, from identifying instances of SVH to holding perpetrators accountable. Even now, a *"serial perpetrator"* did not have action taken against them by the institution, a level of inaction that means *"so they continue in their ways"*.

In this quote the respondent's view of the current situation is underscored by their unequivocal language, for them, change is simply not happening: *"People don't believe victims. Those in authority do nothing to change, challenge, address, call out those who engage in harmful actions"*.

The next survey participant holds out some hope, suggesting that change is possible, that increased awareness and open to conversation could result in change: *"I don't think it is clear for staff on how to report such an incident, I would like to there to be open conversations about consent in the workplace and encouragement for staff to report incidents"*. This openness would be valuable, particularly for those who do not feel confident in their position: *"I feel very safe now but if something like this happened again I am still not confident I would bring it to anyone's attention out of fear for my job"*.

LACK OF UNDERSTANDING, LOW CONFIDENCE, AND POLICY / PRACTICE GAPS: INSTITUTIONAL SYSTEMS FOR RECEIVING AND INVESTIGATING COMPLAINTS

The comments made by survey participants about policies, reporting and complaints investigation processes were consistently critical of the current institutional systems. In this theme, participants describe a lack of understanding of what is involved when someone makes a report or complaint, their low confidence in the institutional system, and a concern that there is a gap between the official policy and the practices that take place.

Lack of Understanding of What is Involved when Someone Makes a Report or Complaint

One initial problem described in the qualitative comments from staff members was that the SVH complaints and reporting system was not well understood. This participant describes having to *"do a deep dive to uncover them"*, suggesting a practical need exists to enhance accessibility of what is a fundamental aspect of the institutional response to SVH: *"In my role I was looking for policies and procedures and found that they weren't easily found online I had to do a deep dive to uncover them. So maybe making them more easily accessed"*. Another one of the participants draws a contrast between the procedure for students to report an incident, which was felt to be clear, and the opaque nature of what happens next: *"I feel there are clear structures for reporting incidents relating to students, However not clear structures/processes in the university as to what happens after a student reports an incident"*. Further, a lack of process was noted when a staff member is harassed by a student:

"There appears to be clear harassment processes for students but I am not aware of the rights staff have when students are harassing them (not only sexual harassment)".

In the next quote, the point made is that significant responsibility is devolved to line managers for the investigations process at local level. This is a difficult position for managers given a lack of support for them to discharge that responsibility: *“Direct line managers have very little support when trying to implement them and the onus is put on them rather than getting appropriate support.”* This perception of being unprepared at local level jars with the next comment, which highlights the importance of having well informed people available to individuals who need support: *“I think it is important to have people to go to, and to have different forms of support available, if something happens, or if you witness something.”* That point is underscored by the next comment that refers to how critical it is to respond in a trauma-informed manner: *“It’s important that people do not feel pressurised into disclosing their experience or making a report.”*

Low Confidence In The Institutional System

A lack of trust was expressed in connection to institutional systems for reporting and investigations. Participants who characterised their university in this way raised concerns about bias, fear about retribution, and career risk. This is illustrated here by the participant writing that there is no whistleblower strategy, their *“fraught”* relationship with the HR department, and the conclusion that staff members do not feel welcome to raise issues with the institution:

There is no whistleblower strategy here. My experience with HR, professionally, has been fraught. There is bias. I feel that this is not an institution, where one is encouraged or invited to bring issues forward.

Writing about a different university, another participant expresses a similar conclusion:

“I do not think the policies that [University] have work ... [support] is pretty hopeless and it feels like lip service. ... The level of support for people complaining ... is terrible-there seems to a default position the person making the complaint is a nuisance and no-one is ever really held to account.”

The sense from the preceding two quotes is of an organisational culture that does not seem to want investigations to be strongly pursued. Whatever issues may exist with institutional policies, the implementation practices were questioned, including the intentions of individuals who should be there to conduct investigations without fear or favour. The idea of a policy-practice gap was described on a number of occasions: *“Policies are great but unless people are willing to take ownership and responsibility for them, they are just words on paper.”*

For this participant, the process of satisfying the *“burden of proof”* associated with the complaints process was very difficult for complainants to achieve. In some circumstances, the same action might be outlined or portrayed from competing perspectives, raising the issue of doubt and thus rendering it unlikely that a complaint would be upheld:

“I feel that, despite multiple policies and training on offer, it is very difficult to address sexual harassment in the university. The burden of proof is on the victim and both parties may have genuinely different perceptions of events. Identical behaviour by different people can be perceived as ‘charm’ or ‘inappropriate’ and who is to say what it actually is.”

In this reflection on the investigations process, a participant advocates for having a range of disciplinary outcomes that could be fitted to the circumstances and the preferences of the victim-survivor:

I would like to see ... disciplinary options for perpetrators that [are] trauma informed and victim-survivor centred. As most cases of sexual violence involve a friend, a romantic partner or other close relationship, survivors may not always want to see the perpetrator in trouble/fired/expelled, so there needs to be a wide range of disciplinary options so the victim-survivor can still feel validated.

Some participants expressed concern or critical reflections on what happened once an investigation was made. Not having a clear sense of an investigation's outcomes or any changes that took place subsequently produced uncertainty over the purpose of having a process in place: *"When reporting happened in the past, things did not change and therefore the institutional culture is to do nothing as effort is not rewarded with change"*

This participant found out informally that the perpetrator relevant to them had left the institution, which was satisfying in one way but raised additional concerns:

I found out only recently that I was just one of a number of women he had impacted in this way in a chance conversation ... I didn't disclose what had happened but was curious as to why he had left so suddenly and no one internal to my discipline offered an explanation. It did give me some closure but I am unhappy knowing that he is in another institution.

Institutional Support Systems

There was relatively limited commentary on the support systems that are available to people who engage with the reporting and investigation process. Thus, comments on supports are accommodated as a sub-theme of reporting and investigations. Here we see a busy academic participant's frustration that signposted resources and steps were not practical for them to access: *"Often universities signpost resources and steps to take, but these cannot be reasonably accessed/ affect your reputation in work/require more onus on the person needing the time in the first place"*

While not commenting on the degree to which these goals have been achieved, the next two participants comment that the system of supports should be comprehensive. For them, the criterion for having a support system is that appropriate supports are made available throughout the full process from making a report to the outcome of the complaints investigation process:

The importance of supporting the victim, through what type of complaint is being made, through investigation and outcome. Giving the victim the support and advice to progress the complaint i.e. should this be reported to PSNI.

Employers should have zero tolerance for behaviours that damage the wellbeing of their staff. This is an important issue and I am glad this research is being undertaken. Thank you.

The next participant wrote about the modifications to academic supports for students that they considered should be put in place to make it easier to demonstrate extenuating circumstances:

Sexual violence ... is an accepted form of mitigation/extenuating circumstance formally by the university. This shows ... commitment to supporting students who experience such issues. A letter from a counsellor, GP or [Rape Crisis Centre] should suffice if proof is required, or in some situations perhaps a note/letter from academic or [professional] staff noting the student has disclosed such to them.

The same participant went on to advocate for more systematic follow up with victims who have engaged support services: *"It might be beneficial and an additional layer of support, for someone to schedule a monthly or bi-monthly check in with a student after they disclose/report sexual violence"*

POWER, SEXIST HARASSMENT, AND GENDER

Gender was referenced extensively in the open-ended comments made by staff members. This can be seen throughout the qualitative analysis, with particular gender-related expressions of SVH described in this section.

The participants wrote about everyday, casual sexism that was challenging to address because it was pervasive and, while it impacted on them, they sometimes described it as 'low level'. Such actions taken by others seemed to provide a platform for perpetuating a negative culture. Besides sexist harassment of females, some male participants wrote about their experiences of harassment and how they did not appear to be taken seriously. At the same time, other male participants acknowledged having a position of privilege in the university culture that conferred a safety from SVH, and others described how some men who had attained success in the university used their power to sexually harass early career women.

'Low level' Harassment

Participants spoke about sexist harassment toward women that occurred frequently and on an apparently casual basis. The terms they used to name this form of harassment tended to minimise the impact that it had on them ("*low-grade*"; "*low level*"; "*condescension*"). These behavioural patterns are familiar from wider society, and were seen as providing an insufficient basis to make a complaint. In this example, the participant names their experience as "*low grade sexism*" that reflected a power differential with male colleagues. The staff member doubts that the behaviour was pre-meditated, and conveys a sense of powerlessness that the situation can be addressed:

Low grade sexism within the power dynamics of workplaces that would not feel obvious to those perpetrating it. However, due to the low grade nature of it I do not feel like I can do anything or take time off.

The next illustration shares some features of the preceding quote. Men are seen to be in a position where they have organisational power, and while the participant does not think that they set out to demean her, their disrespectful behaviour fell into a pattern:

Working with predominately cis men in the STEM area as a ... cis woman, being spoken over (or at least their attempts at speaking over me) were not uncommon- I don't think it was deliberate but it definitely happened much more often than it should have.

The third example further explores a framework within which sexist behaviour is perpetrated by male colleagues. Again, the participant describes events experienced using terminology that minimises their significance ("*very low level things*"), and discounts the impact experienced (she was "*briefly uncomfortable*"): "*The incidents I've reported here are very low level things - comments that made me feel annoyed or briefly uncomfortable, mainly on the patronising end of things.*"

Like the two previous participants, the description suggests a summary of multiple events over time is being provided. Although the events were deemed 'annoying' because they were done in public, it nevertheless makes sense to the participant that

they are not formally reportable because they were not done in private. She believes that, if the more powerful men responsible had not targeted her using her gender, they would use another tactic to demean her:

"The reason I chose not to report the incidents was that they were sexist put-downs in very public settings, and not a pattern over time. I think if I hadn't been a woman there would have still been put-downs but not sexist ones."

The final participant in this series refers to what happened to her as condescension, targeted at her because she is a woman. She did not see the survey questions as capturing this. Her teaching contribution was disrespected ("*disregarded*", "*meaning nothing*"), and while the preceding participants did not classify what happened to them as harassment, this participant clearly regards her experience as such, but it is frustrating for her that the evidence seems elusive and difficult to make a formal report on - "*How can I classify / report attitudes*":

The incident I reported is about condescension but there was little development of this idea within this survey. How can I classify/report attitudes and a general feeling that what you are teaching is being disregarded as meaning nothing because I am a woman.

Other participants described further examples of "*low level*" sexist behaviours that they had observed rather than experienced directly:

I have seen multiple low level inappropriate behaviours. They are so low that I'm not sure if they belong in a survey like this. They are never aimed at me, and most of the time they are not the type of thing that you can address or call someone out on as they are so subtle.

A final way that participants acknowledged sexist behaviour was when they stated standards for what should and should not be happening in the workplace. Examples provided describe behaviour that is "*worrying and not appropriate*" and highlighted the role that line managers have in contributing to a 'Zero Tolerance' culture:

“My main concern is the lower level of sexual violence and harassments that mostly go unreported and the management lack of active involvement and /or training”.

Those contributions are reflected in this statement from a participant who suggests that, in addition to providing training to staff about “*the obvious forms*” of sexual harassment, it is necessary to address the “*softer forms*” as well. This comment aligns well with the examples provided above. While described as ‘softer’, they are nonetheless acknowledged here as needing intervention and training because they are “*insidious*” and “*very damaging*”. Nevertheless, while stating the need for training, the participant goes to say that “it is hard to know how to challenge these in the moment”, which maps well on to experiences described by participants cited above:

I think some sexual harassment is very obvious whilst other forms are less obvious. Whilst training about the obvious forms is welcomed I think focus can be given to these 'softer' forms which are perhaps more insidious and are actually very damaging to those listening. It is hard to know how to challenge these in the moment of a social situation, especially amongst colleagues. It is a difficult subject.

While the examples above refer to female experiences, the male experience of being the subject of sexist harassment was also referenced by participants. Men can be harassed too within the framework described above. As remarking on male body characteristics and behaviours seemed to be embedded in social scripts, it was difficult to address dissatisfaction when it happened, or even to receive validation or acknowledgement that something had occurred.

Here this male participant uses the minimising language familiar from previous examples (“*very mild harassment*”, “*so small as to almost go unnoticed*”), which is directly related to his male gender. Just as with women’s comments on everyday sexist harassment, this male feels it would not be feasible to make an official complaint, yet it is impactful and persistent for him

(“*physical encroachment*”, “*on a bad day it makes you feel rubbish*”):

I have experience of very mild harassment, never sexual violence, but the sort of patronising comments that I feel derive from my sex, and the sort of physical encroachment that feels uncomfortable when a man does it to a woman. I couldn't report this because it's so small as to almost go unnoticed, but on a bad day it makes you feel rubbish.

This male participant referenced commentary on men that would be unacceptable if directed toward women, whereby characteristics such as appearance, weight, body shape and so on are commented on. His frustration is compounded because any messaging he sees always depicts women as victims, never men:

“Very frustrated that this is almost always in the context of males acting inappropriately towards females. This is depicted in the images used, messaging and examples. I have yet to see any examples of females behaving inappropriately in the words or gestures towards males. I feel it is considered acceptable for females to comment on a male’s appearance, fitness, weight, body shape, hair, and this would not be accepted the other way around. There needs to be much clearer actions of this to avoid it being discrimination.”

The next male participant describes how the treatment he received because of his gender affected his career progression. His gender did not fit (“*the wrong gender for the job*”), which had a serious impact on his experience of working in Higher Education:

There is no doubt in my mind that on several occasions I was 'the wrong gender for the job', so in that sense I believe I was treated unfavourably because of my gender. This has had a serious impact on my career progression, and on my job satisfaction, forcing me to find alternative ways of channelling my ambitions.

Powerful Men in Protected Positions

Gender surfaced again with reference to how it relates to power and sexual harassment. The problem of men with senior standing in the Higher Education institution sexually harassing women in less senior positions was described in contemporary terms. The first example refers to “*senior men*” continuously harassing “*junior women*” while away from the HEI at conferences. The second example again frames sexual harassment within a power framework, where “*superiors*” are protected by a “*hierarchy*” that would not believe a complainant or might purposefully mishandle a complaint. The third example portrays a senior male academic who has done “*real damage*” and undermined female staff, but is tolerated because of his success in research income generation:

I'm not sure how we can fix the issue of older more senior men sexually harassing more junior women, including graduate students, continuously especially at conferences.

I would love to see greater support to those who have been sexually harassed by their superiors. There is a sense within the university that the hierarchy is the most important thing and it feels like if one were to report an incident they would not be believed or the complaint would be mishandled.

Gender discrimination and misogyny is a problem and Ireland is around 30 years behind the times ... A male head of school has done real damage to people's careers and undermined females at my university, and he seems to be tolerated because he brings in research funding.

Concerns about the Impact of Awareness Raising on Communication

Several comments were made by participants who were concerned about the impact of changing social norms. They argued that an increased consciousness of gender and sexual orientation has a negative impact on informal communication in the workplace. People become afraid of saying the wrong thing, and there is less humour and fun as a result.

In the first example, a participant says that the survey form was a source of annoyance as it depicted sexual harassment linked to “the tiniest of events” or a “*flirtatious sentiment*”. The participant would like to see sexual harassment stamped out, but fears that changes in social norms will turn people into “*robots*”:

“This survey annoyed me and made me feel uncomfortable. The implicit suggestion within the survey that the tiniest of events in which a person expressed even a veiled flirtatious sentiment might be considered sexual harassment and might be in need of reporting is upsetting. I agree that we need to have clear guidelines and procedures to stamp out sexual harassment, but do we need to become robots?”

The term “banter” was also used by participants as a property of the workplace that is imperilled when change occurs toward greater mutual respect. One participant describes a change that has already occurred (“*some ... banter has died*”) and presents ongoing changes as contributing to a judgemental environment – “*a fear of cancel culture*”. Another participant also references a change as having occurred (“*sometimes colleagues are afraid*”), highlighting the potential for causing unintentional offence or even that some people see “*everything*” as offensive. The consequence is that “*banter*’ has been abolished”.

EDUCATION AND TRAINING AS A CHANGE INITIATIVE AND TANGIBLE SIGN OF INSTITUTIONAL INTENT

Participant comments on awareness raising, education and training were an exception to the negative or critical tone of most other contributions to the open-ended section of the survey. Comments tended to suggest that more education and training should occur, to the extent of making participation mandatory for students and staff. Education and training was discussed in relation to consent, as well as to areas including bystander intervention, awareness of policies and procedures for reporting and the complaints process.

The participant comments also suggested that enhanced structures and resources were needed to ensure that education and training became more widespread and sustainable. The point was made that any such initiatives need to be trauma-informed and suitable to engage in safely. Besides increasing knowledge and skills among the members of the campus community, engagement of this kind was also seen as demonstrative of institutional commitment to the principle of respect and culture change. In this context, even brief messaging and awareness raising strategies had a value alongside more in-depth education and training.

More Uptake of Education and Training is Needed

References to training were generally positive and recommended that a greater emphasis is given to training in institutional planning. In this example, one participant describes an extensive list of priorities that ought to be rolled out to both students and staff annually:

Introduce staff and student training at the start of each academic year on the following: Inappropriate language (using slurs, making jokes at the expense of minority people, "locker room humour") - the effect of sexism, racism, queerphobia, transphobia, ableism etc.

The participant went on to identify challenges to

achieving the elimination of unsupportive attitudes to equality, which required a response. Here they cite the ubiquity of the Internet, the impact of misogynistic online influencers, and attitudes held by older staff members in HEIs:

"Lots of young students are growing up in a time where they have complete access to the internet and can view the type of content they want. Public figures like Andrew Tate have encouraged lots of young people to be openly offensive and sexist. Similarly, older staff members who have been working in the industry for a long time seem to not understand that it is 2023 and jokes about sex, race, gender etc are not appropriate anymore. I hope that a mandatory training at the start of the year might discourage this sort of language."

The next participant also saw the university as having a responsibility to address SVH, in this case due to SVH that is inherently a feature of the campus culture:

Sexual violence and sexual harassment is rampant on university campuses on a global scale. We know this. It is well documented and studied. I propose that it be MANDATORY for ALL students to attend - and pass - a module on consent, sexual violence and sexual harassment, as part of their first year (and I'd argue also second year) course requirements. We do not live in an consent-culture; we can change this by, to start, everyone being made to engage with these issues and prove that they were present and understood the information provided.

The longer quotes outlined above were complemented by shorter points made about the importance of education and training on a range of topics concerning consent and SVH:

Continuous training is always beneficial in this area.

I attended Consent training, and this should be taken by every member of staff, and all students.

It must become very clear in all locations and be part of mandatory training every year at least.

It would be a positive move to see the introduction of mandatory training for all campus staff on consent, sexual violence and/or harassment, reporting mechanisms, and supports, for all staff grades in every office of the institution. Sexual harassment and violence exists in HEIs and in order to address this, it requires open, direct and radical measures.

Need for better education about abusive relationship and domestic abuse, including coercive control.

One participant described the positive impact that training on disclosure management skills had for them, and goes on to advocate for consent and disclosure training to be rolled out to more staff members:

I did the "first point of contact training" [on disclosure]. I found it so informative and gave me great skills and knowledge of how to deal with a disclosure. Consent and first point of contact courses need to be rolled out for as many staff as possible particularly those that are dealing with students.

At the same time, it would be critical to ensure that any training developed and implemented is trauma-informed, requiring the input of specialists and professionals in the area. In this example, one of the survey respondents describes how important it is for training to take account of individuals who have a pre-existing trauma, particularly in the context of training that is said to be 'mandatory':

If you now consider introducing mandatory training: I will find it deeply troubling. If you have survived sexual abuse – revisiting it can be emotionally draining and deeply disruptive. Please consider the likes of me when you attempt to roll out some fatuous online – massively triggering – compulsory HEI training.

Expanding Training Coverage: Wanting to become Involved, Training gaps and Challenges

Alongside mostly positive commentary on the benefits of training, staff respondents described gaps in training provision that were important to them. Firstly, these staff members referred to realising that staff training does not occur to the extent that it should. They identified a gap in training that, if addressed, could help achieve the goal of staff being confident enough to intervene when they suspect that SVH is taking place:

Although I am very proud of the institution where I work, I realised through this survey that there has been NO training for staff on harassment etc.

We need clearer explanation on the boundaries of sexual violence and harassment in HEI. I hope that in the future staff feel more confident to intervene when suspicions arise that there may be sexual harassment or violence in the workplace.

Other comments from staff members reflected the desire to become trained so they can help build the capacity of the institution to respond to SVH. These participants describe themselves as "willing to do training and want to help", wanting to be trained so they can "deal with student issues more effectively ... Most of the time we haven't a clue", and having to rely on training accessed outside of university systems.

Several comments identified a training need with relation to an increasing diversity of the student profile resulting from internationalisation. These staff members indicate that students of different nationalities could pose challenges to manage:

"With the increased rise in international students which come from different cultures where women may be treated different, there are growing challenges in the classroom with male international students treating female lectures inappropriately. I have had an unwanted sexual advance, which he just laughed and walked away."

Several participants also indicated that training on consent and SVH is typically rolled out to students, requiring a more balanced approach that targets staff: *"I would like to see information sessions for staff about staff rather than aimed at how we deal with students especially on sexism and harassment in the workplace."*

A further suggestion provided by this participant is to identify how to engage academic staff members in awareness raising when they feel pressurised with work demands. In this context, consent and SVH contribute to an environment where *"too many policies on various issues"* abound. Gaining mastery of all of these is *"not realistic"*, and would get in the way of what is considered core business – teaching and research:

Work as an academic is really busy and demanding - there are too many policies on various issues and topics that we are supposed to know about. It is not realistic to assume that people actually study these things - I could fill my weeks with trainings of all sorts, but I have to, and want to, focus on the core parts of my work (teaching and research).

The Importance of Awareness Raising and Visibility in Setting Institutional Expectations

Participants described quite brief awareness raising initiatives such as postering and email communication as having utility and impact. This approach can help address information gaps, as well as establishing that the institution has expectations that members of the campus community are expected to adhere to. For one participant, still becoming adjusted to a new HE institution, brief messaging had been valuable in providing an initial orientation to the institutional framework on SVH: *"I'm quite new in my current institution. I have not had time to think about these issues that much, but I have seen the emails, posters etc, so I know there are policies and supports."* This comment also speaks to the value of passive messaging. While posters may appear to be a token effort at campaigning, they can provide a link to important information:

"I have noticed posters go up on the walls in the women's bathroom about reporting unwanted sexual advances. This has helped me know what to do if I need to report something, though I would most likely approach the PSNI first."

The final two comments are more future-oriented, highlighting how relatively simple initiatives could be impactful. In the first, the participant believes that the visibility of information in the university helps to counter stigma and sets an expectation that the culture is not accepting of SVH (*"show perps that the college is anti SVH"*):

More info publicly seen in halls offices etc would help victims, and show perps that the college is anti SVH. There should be info displayed in every room like during Covid. it's not a hidden taboo subject but looks like it is given there's no info displayed. That adds to embarrassment as it demonstrates that everyone else is also embarrassed to discuss or show info about consent. Consent is not a dirty word.

This participant speaks about how university websites could be used in the future to provide a comprehensive educational resource on SVH. It would complement training sessions that are provided, and help close the gap in accessible information that other participants remarked on:

"A useful guide on "How to handle disclosures" "Where to go for support" and "What to say to victims, but also to their friends who have been accused of sexual violence". This would line up with the trainings ... already provide[d] so we can link this all in here on the website, and include bystander intervention training also. ... a booklet, video or less text heavy piece of work communicating this ... on the website, ... a more student friendly version that is easily accessed, and understood by students."

DISCUSSION

A total of 521 staff members in HE responded to the COSHARE campus climate survey of consent, sexual violence and harassment. Of these respondents, 236 (45%) reported working in an HEI in Northern Ireland (NI) while 285 (55%) worked in a HEI in the Republic of Ireland (ROI). Between 332 and 364 survey participants provided responses on the questions concerning sexual violence and harassment. One fifth of the participants left open-ended comments on the survey that were developed into a socio-ecological analysis.

The findings demonstrate concerning patterns of sexual violence and harassment experienced by staff members in their personal and professional lives, along with the mental health and wellbeing impact that may be associated with such experiences. The evidence suggests that some staff come to work impacted by personal experiences that have taken place in the work environment or outside of it. This enhanced recognition of the impact of SVH highlights the importance of advocating for supports – especially as the survey responses from people affected indicated little engagement with mental health and wellbeing supports.

Taking a campus climate survey approach, the findings position staff experiences in a wider, whole-of-institution context. The survey findings highlight existing strengths and resources as described by staff, potential areas for enhanced staff engagement and institutional response, and priorities for change in the campus culture. Mirroring the survey goals, these findings are discussed with respect to staff engagement with policies and initiatives concerning C-SVH, their levels of confidence and capacity to support students and other staff who experience SVH, and perceptions of their own institution's approach to tackling SVH. Where applicable, comparisons are drawn between staff responses received from the Republic of Ireland and Northern Ireland to suggest how the Higher Education North and South can learn from each jurisdiction's successes, challenges, and shared issues.

COSHARE Networking and Surveys in an All-Island Approach

As the first all-island survey of HE staff on this subject, the survey contributes to learning in the sector on several levels. Firstly, it demonstrates the feasibility of deploying a shared survey instrument with closely linked processes of dissemination, analysis and reporting. Secondly, as one of two work packages carried out for the COSHARE project funded by the HEA North South research programme, the survey is part of a larger approach that equally involves stakeholder engagement. Both work packages are complementary, strengthening our base of knowledge and survey implementation skills, and at the same time conducting a network building exercise that brings together stakeholders across the island of Ireland. The COSHARE network of practitioners, researchers, academics, policy makers, advocates, and stakeholders outside the HE sector has engaged in and fed back on shared training, presentations, and discussions. These consultations enhanced the survey team's understanding of the issues leading up to the survey and inform the analysis of survey findings.

The COSHARE survey findings are an important resource for achieving an all-island understanding of the needs, experiences, support infrastructure and policy environment that HE community members are likely to encounter in their respective institutions. The findings prompt suggestions for focusing efforts that will address the direct needs of staff themselves, the potential roles for staff members in a whole-of-institution, socio-ecological approach, and the specialised institutional and sectoral supports needed to achieve sustainable change. Adding to the developments already taking place separately in the North and South of the island, the COSHARE survey findings demonstrate that shared needs exist across the whole island, in areas such as information and dissemination, awareness raising and training, support and policy enhancement.

Taken together, we argue that the COSHARE survey and network development are not only informative to policy makers in each jurisdiction, but to how North-South collaboration can make an important contribution. For example, the HE sectors across the island can benefit from sharing the learning achieved through research,

change-oriented, capacity-building initiatives, or policy development in each nation. While relevant to formulating responses to the needs of students, which were a high priority for staff who responded to the survey, such learning can shape the emerging agenda for a staff-focused policy orientation that responds to HE staff members' needs and experiences as well. In many ways, both jurisdictions are at a relatively early stage of recognising and responding to staff members' needs and their potential role in responding to consent, sexual violence and harassment. We advocate for further practical initiatives, targeted research, and policy enhancements that can help steer the direction of institutional and sectoral responses to secure sustainable culture change.

KEY FINDINGS

Most of the 521 survey respondents identified as women (75%), reflecting a profile often found in self-selected samples of surveys of consent, sexual violence and harassment. The vast majority of participants were heterosexual (81%), working on a permanent or indefinite contract (71%), nearly all were White in ethnicity (96%), and 13% identified as having a disability. While these features of the survey sample mitigate against extensive sub-group analysis by gender, sexual orientation, ethnicity, or disability status, the goal for the survey was to provide an overall depiction of staff experiences, knowledge, engagement, and perceptions.

There was heterogeneity in respondent demographics on several other factors – for example, 34% were aged 40 or younger, 31% were 41-50 years old, and 37% were aged 51 years or older. Almost half (49%) were working in an academic role, with the other half working in administrative, student services, or research roles. There was variation in the length of time participants had worked in HE, with 39% in the sector less than five years, and there was also a spread of participants working across faculty or HE subject areas. Sub-group analysis of responses according to these factors are beyond the scope for this overview of the survey findings. Where distinctions were highlighted in the findings section, attention is directed to descriptive comparisons of staff working in NI and ROI Higher Education institutions.

STAFF ENGAGEMENT WITH POLICIES AND INITIATIVES CONCERNING CONSENT, SEXUAL VIOLENCE AND HARASSMENT

Three-quarters of staff members agreed that they were aware of staff-related policies. Consistent with that finding, a clear majority agreed that staff policies were clear and explicit. This positive characterisation of staff knowledge is tempered by the pattern of responses on further related survey questions. In addition, comments on institutional policy and procedures in the qualitative responses revealed an extensive range of critical commentary on issues such as policy-practice gaps, selective implementation of policies on SVH, lack of clarity on consequences or outcomes of the complaints and investigation process. Besides critical commentary, participants who provided open-ended comments indicated that they were unsure or uncertain about their institution's policy in the area.

With regard to survey responses, compared with their perception of staff policies, there was less agreement that student policies and procedures were clear, explicit, and effective. In addition, a minority of staff members (c.20-40%) indicated that they had received relevant information from their HEI on important topics including the definition of SVH, how to make a report of SVH, where they could get help, how they could help to prevent SVH, and the code of conduct for students or staff.

Overall, across all respondents, the greatest level of exposure to programming on consent, sexual violence and harassment was through brief and informal methods. Thus, four fifths of participants had engaged with visual posters, while half of them had experienced informal discussion of consent, sexual violence and harassment with other staff. However, staff typically had not engaged with training or events at their HEI on topics such as consent, SVH, or bystander intervention. Qualitative responses on awareness raising, education and training were among the most positive comments left by participants. These comments suggested hope for how education

could contribute to culture change, with comments ranging from the view that certain forms of training should be mandatory for staff and students to a personal interest in getting involved in being trained.

Notwithstanding relatively low levels of engagement with formal training by survey participants, there were clear differences North and South in exposure levels. For instance, 45% of ROI respondents discussed consent or SVH in staff training, compared with 22% of NI respondents. These findings suggest the need to enhance exposure to training in both jurisdictions, while also promoting sharing of existing strategies that have led to progress in areas such as staff discussion and transmission of clear information through brief messaging or posters.

Less than half of the staff members considered that their HEI proactively addressed SVH-related issues, while just over one third agreed that staff policies and procedures were effective or that senior management were visible in addressing SVH. ROI participants were somewhat more likely to agree that senior management were visible and that their HEI was proactive in addressing SVH. These North South-specific trends are reflective of several findings that could be tied to the impact of the DFHERIS / HEA 'Consent Framework' that has inspired sustained action among HEIs in ROI since its launch in 2019.

Staff members used the 'neutral' or 'I don't know' options on survey questions to indicate where they lacked information or a strong opinion. There was greatest uncertainty of this kind in ratings of the effectiveness of staff and student policies and procedures, where a majority of staff members held a neutral opinion or did not know. This suggests the need to highlight how policies can have a positive impact, for instance by disseminating information on how the policies have been implemented or making clearer connections to tangible expressions of institutional commitment such as training, outreach, and awareness raising.

HE STAFF CONFIDENCE AND CAPACITY TO SUPPORT STAFF AND STUDENTS EXPERIENCING SVH

The survey findings on whether respondents regarded sexual violence and harassment as a problem provide a useful baseline for considering whether staff are aware of these issues. One third of the respondents agreed that SVH was a problem among students, while 15% disagreed. Far fewer staff members (14%) agreed that it was a problem among staff, compared with nearly half (46%) who disagreed that it was a problem. In both instances, many staff (40-51%) were neutral or did not know SVH was a problem. This suggests a need for greater awareness raising surrounding the issue of SVH, particularly as it may apply to staff experiences.

Although they had reported limited exposure to relevant forms of training, a large majority of the participants (61-67%) nevertheless agreed that they could already assist students and fellow staff by making effective responses to intervene as a bystander or in responding to a disclosure of SVH. Building further on this finding, nearly two-thirds of the survey respondents (65%) agreed that they felt a responsibility to engage on the issue of SVH in their institution.

Even higher numbers indicated their willingness to take part in training on bystander intervention, disclosure skills, and consent (81-84%), to support (80%), or lead out on providing such training (65%). While it would be important to explore further what staff mean by having a current level of preparedness to respond, the high level of willingness to get involved with training is an important resource of goodwill and a signal that capacity building in this area is a feasible goal.

The qualitative responses raised a further point in describing training and preparation within the institution. Unit and departmental leaders were identified in these comments as having little education or training on SVH, with further critical comments made about access to specialist, trained staff in HR who had the preparation needed to manage a trauma-informed complaints and investigation process.

With regard to confidence about personal safety in HEI-related environments, the most positive findings were that 90% of respondents felt safe when alone in work buildings during normal hours of business and 86% felt safe when using online platforms linked to their HEI. Perceptions of personal safety become less positive when the respondents considered scenarios such as working out of normal hours (61%), being alone outside in a campus setting such as a car park (61%), or when travelling for work (61%).

Qualitative comments left by staff members highlighted the experience of those staff members who did not feel safe, in their HE workplace or in the surrounding community. Women in particular remarked on feeling exposed to risk, particularly in an academic conference environment, while several men commented to acknowledge their sense of privilege with respect to feeling physically safe from harm.

STAFF PERCEPTIONS OF THEIR OWN INSTITUTION'S APPROACH TO TACKLING SVH

Less than half of the staff respondents agreed that they would know how to report an incident of SVH in their institution, while over a third did not know how to make a report. The remaining one fifth of staff chose the 'neutral' or 'I don't know' options. Staff preparedness disimproved further when survey participants indicated whether they knew what support was available when a report was made. Just over one third of staff agreed that they knew what support could be accessed. There was some evidence of a North South distinction in responses to these items. One third of NI participants agreed they knew what support was available if they made a report of SVH, compared with half of the ROI participants.

An additional sense of urgency arises from considering how staff members viewed the response options available to them. In appraising the institutional systems for making a report, only 29-37% of staff agreed there were easy-to-use systems for staff to report incidents of SVH that have occurred to colleagues or students, or that there are clear lines of institutional responsibility for dealing with reports of SVH. The ROI participants

had lower agreement levels than their NI peers on this set of items, reversing the trend apparent on most other survey items related to knowledge, reporting, and engagement.

The qualitative responses made by staff highlighted three main perspectives on the institutional response to SVH. For some, significant progress had been made in the HE sector, reflected in commentary on policies, training, and student engagement. Others saw progress against in the context of movement from a low baseline in the past, where SVH was more acceptable. The final group of responses indicated that things had not changed. For these participants, powerful men were still protected by the institution, neither students nor staff had access to redress for SVH, and there was concern about the career impact that making a complaint could have. These participants wrote about the continuing nature of casual, everyday sexist harassment, which extended to disrespect for LGBT+ staff members.

The greatest level of endorsement of institutional responses to reporting in the survey responses came in reviewing the level of staff agreement that supports such as counselling would be provided to support the person who made a report. Seven out of ten staff members considered it likely that this form of support would be provided by the HEI. Six out of ten staff felt it was likely that the HEI would try to create an environment where SVH would be recognised as a problem.

There was greater ambivalence when evaluating the likelihood that the institution would allow the person to have an active role in how the report was handled, in accommodating their needs, and in creating an environment where SVH was safe to discuss. Between 48-57% indicated that the institution would be likely to put in place such support to making a report (16-19% considered it unlikely, while 28-34% chose the 'neutral' or 'I don't know' responses).

Further to this concerning finding, some participants agreed that the institution would be likely to make negative responses reflective of resistance to reports, blocking fair processes, and discrediting complaints. Between a quarter and a third of survey participants thought it likely the institution would engage in reactions such as suggesting a report would affect institutional

reputation, creating an environment whereby the person would feel devalued, or even that it would be difficult for the person to remain at the institution. These quantitative responses resonated with the personal accounts, observations and perceptions made in the qualitative survey responses.

Turning to perceptions of fellow staff members and their reactions to the event of a complaint of SVH being made, between 51-62% of the survey respondents disagreed with the idea that other staff would find it difficult to lend support, that the person who reported SVH would be seen as a troublemaker, or that the offender would retaliate against the complainant. This is not a ringing endorsement of staff perceiving a culture free of concern, fear, or intimidation. Between 13-22% of participants agreed that these events could happen, leaving 25-29% of participants who opted for the 'neutral' or 'I don't know' responses. Moreover, examples provided in the qualitative responses suggested concerns over retaliation and being blocked in making complaints.

With respect to distinctions between ROI and NI respondents on these two sets of items, again if anything NI participants had more optimistic expectations for the support of their institution and peers. For example, 59% of NI respondents agreed that the HEI would accommodate the complainant's needs, compared with 53% of respondents in ROI. However, this distinction was not apparent on responses to items that addressed negative institutional responses. A total of 28% of respondents in NI said it was likely that their institution would create an environment where it was difficult for the person to stay, as did 22% of respondents in ROI.

THE STAFF EXPERIENCES OF SEXUAL VIOLENCE AND HARASSMENT

The COSHARE survey form was distinctive as it asked about the staff members' experiences of sexual violence and harassment across both personal and professional settings, over the past five years and in the past 12 months. Participants had the choice to opt out of this section of the survey, with between 332-364 participants choosing to engage with questions on harassment and violence. In reporting on these figures, the survey findings do not distinguish between participants from North and South.

Alongside the occurrence of SVH, the survey also assessed the association between SVH and the occurrence of mental health and occupational challenges. Considering the features of SVH across the full range of the person's experience and the impact that SVH has on individuals represent important contributions to assessing SVH from a person-centred approach. Along with having cognisance of sexual violence or harassment that happens in work-related settings, it is important for HEIs to acknowledge that some staff come to work impacted by personal experiences that have taken place outside work. Enhanced recognition of the impact of SVH brings a greater focus to considering the availability of specialised workplace-related mental health and wellbeing supports.

Nearly half (66%) of the participants indicated that some form of SVH had occurred to them over the past five years, including 43% who said this had happened over the past 12 months. A total of 64% of the staff members had experienced some form of harassment in the past five years, while 26% had been subject to some form of sexual violence.

In addition to the quantitative depiction of SVH, the qualitative findings provided context and detail on the experiences of participants and what they had observed. These comments normally described experiences that had taken place in connection with the HE sector rather than in their personal lives. The qualitative comments portrayed incidents where more senior members of staff, typically men, had harassed or sexually assaulted staff or students, who were generally women.

Of particular concern were the references to everyday, sexist harassment. Both men and women described examples of being subject to gender-based sexist and sexualised comments, often commenting that these were so 'low level' that it did not seem feasible to make a complaint about them. Indeed, in these comments participants sometimes explicitly indicated that these were not examples of harassment, whereas the descriptions did seem to fit the definitions of harassment included in survey questions.

The positioning of participants in the qualitative comments with regard to SVH was of interest. The open-ended comments ranged from participants who indicated that they had been victimised themselves, to those who were advocates and supporters of others who were victims. These comments described how SVH was usually gender-based, could range from rape to ongoing sexist harassment, and occurred in a context where victims and advocates felt powerless to respond within the institutional complaints system. For other participants, SVH was not at all familiar to them – they had not seen or heard about violence or harassment in their work life. A small number of respondents actively rejected the idea of SVH being relevant to Higher Education – either because it was not happening or as it should only be seen as a civil matter for the police to deal with. It is clearly important that, in taking a socio-ecological approach to change, plans for education and skills enhancement in the HE sector should be cognisant of this range of perspectives and needs.

SEXUAL HARASSMENT

While many of the survey respondents had experienced more than one form of violence and harassment, the most common individual cause was sexist hostility, followed by sexualised comments, unwanted sexual attention, and electronic or visual sexual harassment. These illustrative examples underscore the extent and range of the experiences cited in the past five years:

- 32% of staff had experienced offensive sexist remarks
- 29% had been exposed to repeated sexual stories or jokes
- 11% had been exposed to offensive sexist or suggestive materials (e.g., pornography)
- 24% experienced sexualised comments referencing their gender identity
- 19% had been exposed to unwelcome attempts to draw them into a discussion of sexual matters
- 26% had been stared or leered at
- 15% had unwanted attempts to establish a romantic sexual relationship with them

The innovative approach of asking participants to indicate whether these incidents occurred in their personal or professional lives, or in both domains, enabled a clearer understanding of the overlap and distinctions between these settings. A striking finding was that, for most participants who were affected, harassment was experienced in both personal and professional contexts.

The participants were also given the option to describe the most distressing incident of harassment that they had experienced. The incidents cited tended to reflect the most common forms of harassment that had been experienced – with gender-based harassment, unwanted attempts to establish a relationship, staring or leering, and offensive sexist remarks cited most often by participants who provided this information.

Nearly three quarters of the participants who provided information on their most distressing experience described the offender as a man, with the remainder split between a woman offender and a situation where both a man and a woman were involved.

The most common reactions selected by participants when describing the emotional responses they had to the most distressing experience were annoyance, anger, shock, disgust, sadness, fear, and shame.

Nearly two thirds of participants who provided follow up information on their most distressing harassment experience indicated that the offender was previously known to them. The majority of these instances involved a person from their own HEI or from another HEI, and took place on campus, in offices, meeting rooms or break rooms. Thus, in responding to the harassment follow-up questions, the participants predominantly shared information on work-related incidents.

Nearly three quarters of the participants who described the incident indicated that they had disclosed to at least one other person what had happened to them. The options most frequently chosen were another staff member, friend, partner, or family member. Their line manager was the fifth most popular choice. Professional help such as counselling or medical services was seldom mentioned by the respondents.

For those participants who had not disclosed the most distressing incident to someone else, the most common reasons provided were that it was not serious enough to report, that the person wanted to put it behind them, that they handled it themselves, were uncomfortable talking about it, or were worried about potential impact on their career. Just five per cent had contacted the staff wellbeing service at their institution for support.

SEXUAL VIOLENCE

Almost a quarter of staff participants who chose to answer this section of the survey answered that, over the past five years, in their personal or professional lives they had been touched in a way that made them feel uncomfortable. Additionally, 16% reported unwanted attempts of stroking or kissing, while 10% reported being made to touch, stroke or kiss someone when they did not want to do so. A total of 6% of the participants who responded to these items reported that someone tried to have sex with them, while 5% reported that someone tried to make them receive oral, anal or vaginal sex. Five per cent indicated that they have had oral, anal or vaginal sex without consent in the last 5 years. In addition, 4% reported that someone made them have oral, anal or vaginal sex.

For just over half of respondents who experienced sexual violence, these experiences took place solely in their personal lives, while for the others these incidents occurred in their professional lives, or across both personal and professional domains. When describing the emotional reactions that they had to what had happened to them, the most frequently cited emotions were disgust, annoyance, shock, embarrassment, anger, fear and shame.

In describing the incident of sexual violence that was most distressing, touching in a way that made the person uncomfortable was identified most frequently. As this was the form of SV experience described most frequently by respondents, it would be expected that this form of violence would be cited as the most distressing one. Three quarters of participants who gave follow up information on the most distressing incident of sexual violence indicated that they knew the person. This included one fifth of this group of participants who said that the person was a HE colleague. Taken together with the finding that most of the events of sexual violence took place on campus, the survey evidences that sexual violence has been taking place on campus, perpetrated by colleagues.

Nearly two thirds of the participants who completed the follow up items indicated that they had disclosed to another person what had happened. Typically, this entailed speaking with a friend or current or previous romantic partner, followed by speaking with family members or

another staff member. Very few spoke with a line manager and only 3% of the respondents who answered this portion of the survey used the HEI staff wellbeing services following their experience of SV.

When asked why they did not report their experience, the most reported reasons included being worried how their HEI would react, not wanting the person to find out that they had reported or, concerns that the perpetrator would retaliate. Some also indicated that the incident happened in their personal life, and they were not sure their HEI could help.

MENTAL HEALTH AND WELLBEING

The COSHARE survey asked about mental health and wellbeing in three ways, through a six-item measure of psychological distress (Kessler-6, Kessler et al., 2002), a four-item measure of depression (Patient Health Questionnaire-4, Kroenke et al., 2009), and a measure of the effect that SVH had on their lives (Anyadike-Danes, 2023). Each of these indicators provides evidence of SVH having a measurable impact on the mental health and wellbeing of the staff members affected.

Large proportions of staff members who had experienced SVH over the past five years indicated a continuing impact on significant life domains reflective of social functioning. Over half of the staff (53%) who completed this section of the survey experienced a negative change in their relationships with other people (i.e., that there had been a negative change that occurred a little, some, most, or all of the time). Responding in the same format, nearly half (45%) of the participants who responded to this section had their ability to socialise impacted, and over a third (38%) felt their ability to carry out everyday activities was impaired. With regard to the work environment specifically, nearly half (45%) said their work had been negatively affected.

The next two measures of mental health of people were responded to by any of the survey participants who wished to do so. Responses to the Kessler-6 measure demonstrated that psychological distress was commonly experienced by the participant group as a whole in the immediate period leading up to the survey.

The percentage of participants who said they experienced a symptom at least 'a little' through to 'all of the time' ranged from 30% to 68%. When the responses of staff who had experienced SVH were looked at specifically, the likelihood of reporting psychological distress increased further, from 34-73%, representing a significantly higher risk of distress among this group.

Turning to the four-item PHQ-4 measure of anxiety and depression, there was further evidence of widespread mental health burden among the participant group as a whole. Depending on the item, between 40% and 62% of all staff members who responded to this part of the survey had experienced a symptom of depression or anxiety for several days over the past week. For the participants with previous experience of SVH, this rose to a range between 47-72%.

The final section on wellbeing invited all survey participants to indicate whether their feelings or state of mind were having an impact on their work experience and intentions at the moment. Overall, a number of participants who responded to this section of the survey conveyed dissatisfaction with their current job role. For instance, 46% felt disengaged from their colleagues and 57% had been experiencing reduced work productivity, while 37% had considered leaving the academic sector. There was evidence that staff members who had experienced SVH had elevated responses on several of these issues. For instance, 43% considered leaving the sector compared with 26% of participants who had not experienced SVH, while 62% felt disengaged from their colleagues compared with 53% of participants who had not experienced SVH.

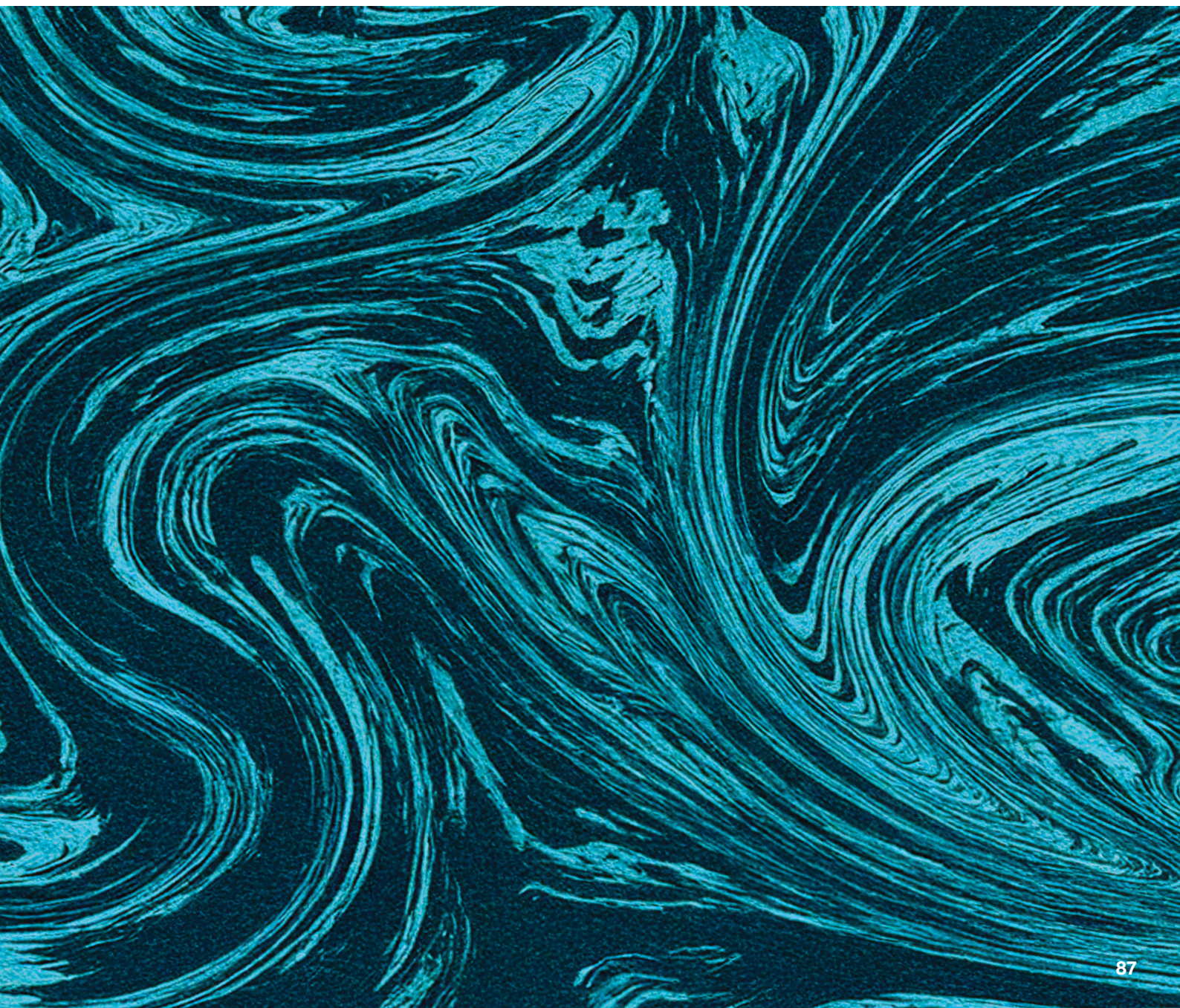
The findings on mental health and wellbeing demonstrate that, for the whole group of survey participants, there are concerning levels of nervousness, worrying, low mood, and hopelessness. Considered in occupational terms, there were relatively high levels of job satisfaction and disengagement apparent as well. At the very least, this suggests the need for a concerted effort to raise awareness of the supports that are available to staff. Moreover, staff members who described experiencing SVH emerged as a group with a raised level of mental health distress and occupational impact. This suggests the need for having greater access to specialised supports for mental health that are trauma-informed and adapted to post-SVH survivorship care and support.

COSHARE SURVEY LIMITATIONS

Several limitations should be borne in mind when considering the COSHARE survey findings. Thus, there is limited scope for generalisability considering the self-selected nature of the sample. We used innovative methods such as short videos, promotion via social media, and engagement with a range of networks that support hard to reach staff groups to engage potential participants, but many members of the Higher Education community in ROI and NI may have been unaware that the survey was taking place.

The sample size limits the scope for sub-group analysis on known risk factors for SVH such as gender, sexual orientation, and disability status. There is also limited scope for conducting

intersectional analyses to example how factors such as gender might intersect with ethnicity or sexual orientation. Furthermore the sample size makes it premature to draw strong comparisons between North and South staff participants. In addition, the survey took place in a different context in each jurisdiction. This is the first survey of its kind that has taken place in NI, whereas a national staff survey took place in ROI and some institutions took part in the UniSAFE survey in 2022. Finally, as an exploratory phase of examining the staff experience, the survey itself was quite lengthy. This could have been off putting and overly onerous for some participants, perhaps for those affected by SVH in particular.



RECOMMENDATIONS

National Policy in Northern Ireland

To develop a sectoral strategy on consent, sexual violence and harassment for Higher Education in Northern Ireland.

- This should address the needs of both students and staff members, and include a government-backed commitment for each Higher Education institution to develop a policy and action plan aligned with the sectoral strategy.

National Policy in the Republic of Ireland

To incorporate the COSHARE findings in the planned updating of the 'Safe, Respectful, and Positive: Ending Sexual Violence and Harassment in Irish Higher Education Institutions' sectoral framework by the Higher Education Authority and DFHERIS.

- Based on the findings, the updated framework should include a greater focus on institutional responses to the needs of HEI staff members themselves, along with further delineating, and supporting, the role that staff can play in prevention and response.

Shared Policy Priorities

The development of sectoral and institutional policy on consent, sexual violence and harassment should be guided by a campus culture change approach, such as the GenderSAFE 7P framework that comprises policy, prevalence, prevention, protection, prosecution and internal disciplinary measures, provision of services, and partnerships. Policies and procedures should be reviewed with respect to the degree to which they:

- Are trauma-informed, evidence-based, and accountable.
- Adopt a values-based ethos of respect that incorporates prevention and consent promotion.
- Achieve attitude and behaviour change, building institutional capacity through awareness raising, education, and skills training.
- Implement transparent reporting and disciplinary processes.
- Offer specialised supports to victim-survivors, including staff members as well as students.

Priorities for Action

Attention is drawn to priorities for initiatives and actions that arise from the survey findings. These relate to enhanced knowledge and dissemination of consent / SVH policies and procedures, enhanced staff training and capacity building, trauma-informed supports, and the mental health and wellbeing implications of SVH:

- Awareness raising on consent, sexual violence and harassment that meets the needs of different audiences, including staff who have not experienced SVH.
- Communication and dissemination to enhance staff knowledge and understanding of policies and procedures.
- Training geared towards the SVH-related competencies and responsibilities of particular job roles in Higher Education, from signposting to involvement in investigation processes.
- Promotion of specialist support staff roles on consent / SVH within universities, which can work outwardly with statutory and voluntary services as well as inwardly to meet the needs of the HEI community.
- Given the association between SVH and mental health distress, alongside low rates of take up of wellbeing support, there should be a focus on reviewing how to provide impactful mental health supports for staff members.

A North South Approach to Networking and Partnership on Consent, Sexual Violence and Harassment

The survey findings demonstrate common issues, resources, and development needs across Higher Education institutions both North and South. promote collaborations, and the opportunity to share learning.

- Networking arrangements should be supported as a means to share good practice in HE and, at governmental, institutional, and community levels, achieve enhanced engagement and collaboration.
- All-island survey implementation should be used to support the identification of key priorities, challenges, and opportunities across both jurisdictions.

All-Island Surveys and Data Collection

Continue to develop the feasibility of deploying a shared survey instrument across North and South, with closely linked processes of survey design, analysis, and reporting. Particular priorities include:

- Adopting feedback offered by participants on the COSHARE survey content to enhance an all-island approach to surveys and data collection.
- With input from stakeholders, develop a shorter institutional survey format that can be inform monitoring and evaluation.
- Build on the all-island staff survey to conduct a similar survey of students in Higher Education.

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