

**Awareness and support: students' views about the prevention of sexual assault on UK
campuses**

TITLE PAGE

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Awareness and support: students' views about the prevention of sexual assault on UK campuses

ABSTRACT

Purpose: Sexual assault is prevalent on UK University campuses, and prevention efforts are being increased. However, at present there is limited evidence about UK students' attitudes towards sexual assault prevention and what they think should be done to effectively address the issue. The purpose of this study was to explore these views to provide a foundation for the development of a new intervention.

Methods: A cross sectional anonymous online survey was completed by 515 students (73% women; *M* age 21.56; 79% heterosexual; 82.9% White). There were quantitative questions about experiences of sexual assault, attitudes towards sexual consent and victim blaming. Qualitative data was collected regarding participants' views on what universities should do to target sexual assault.

Findings: In line with previous studies, we found evidence of commonplace and normalised sexual assault behaviours. Women had more positive attitudes towards explicit consent than men, and were less likely to blame victims of sexual assault who had been drinking. Consent behaviour was predicted by positive views towards consent and lower levels of blaming. Themes relating to 'awareness', 'attitudes', 'environment' and 'opposition' were identified in the qualitative data.

Practical implications: Findings highlight the importance of engaging with students to develop effective prevention measures. Students are likely to find university led prevention strategies acceptable, but this topic needs to be addressed in the context of the prevailing culture, which may provide an environment where certain behaviours are tolerated. New prevention programmes need to treat the issue as one that is relevant to all students and not just target

men as perpetrators and women as victims. Such strategies need to do more than treat this as an isolated issue, to which the solution is re-education about the meaning of consent.

Key words: sexual assault, sexual consent, students, attitudes, prevention,

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INTRODUCTION

Background

Sexual assault is prevalent on university campuses in the United Kingdom (NUS, 2011) and recent years have seen a drive towards understanding and preventing its occurrence. There are many studies reporting the attitudes and views of students from North America (for example (Humphreys, 2007; Jozkowski & Peterson, 2013; Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014; Muehlenhard, Humphreys, Jozkowski, & Peterson, 2016), but a relative lack of research on UK students, as well as a lack of evidence-based interventions. We first consider the legal definitions of sexual assault, and its prevalence on UK campuses. We then consider issues related to sexual consent, attitudes and culture, and current approaches to the prevention of sexual assault.

In the United Kingdom, rape and sexual assault are criminal offences under the Sexual Offences Act 2003. Sexual harassment is defined under the Equality Act 2010 as unwanted conduct which creates an intimidating, hostile, degrading, humiliating or offensive environment. Further to this, sexual violence is an umbrella term used to refer to different types of sexual assault, harassment and sexual offences although this is not a legal-term. Although the legal definitions indicate different consequences for assault and harassment, in this paper we use the term 'sexual assault' to refer to any non-consensual sexual activity from sexual penetration to sexual touching, including groping, in line with other researchers (Muehlenhard et al., 2016).

According to a nationwide survey by the National Union of Students (NUS), one in seven women has experienced serious physical or sexual assault whilst at university, and two thirds have experienced verbal or non-verbal harassment, including groping and unwanted sexual comments (NUS, 2011). In a survey of students in Manchester 8/10 women and 2/10 men

reported experiencing a sexual crime during their time at university (Egle Sorotos & Terasa, 2017). Another NUS study reported that women experienced molestation as part of a 'normal' night out (Phipps & Young, 2013).

Sexual assault and consent

Sexual assault is often defined as non-consensual sexual activity (Jozkowski, Sanders, Peterson, Dennis, & Reece, 2014; Koss et al., 2007). Thus, existing sexual assault prevention strategies primarily aim to educate students about consent. However, there is a challenge in conceptualising what is meant by sexual consent (Muehlenhard et al., 2016). Consent for sexual activity might be expressed explicitly or implicitly, and the way that it is expressed might change depending on the length of a relationship (Beres, 2014). In their review, Muehlenhard et al.,(2016) found that understanding of the concept of consent and the act of consenting varied and was effected by gender norms and situational expectations. While men report the use of more non-verbal cues for both giving and receiving consent, women rely more on verbal cues (Jozkowski, Peterson, et al., 2014). Prevention strategies may be ineffective if these differences are not taken into account, or if training focusses exclusively on verbal consent. Thus, it is important to explore attitudes towards sexual assault and consent to develop effective prevention strategies.

Attitudes and culture

Cultural attitudes may play a role in the prevalence of sexual assault at universities. 'Lad culture' describes attitudes articulated through activities such as sport and heavy alcohol consumption characterized by sexist and homophobic 'banter' (Phipps & Young, 2013). This normalisation of sexist language and behaviours may occur across the student body, not just in men. Thus, lad culture on campus could be an important influence on the perpetration and acceptability of sexual assault (Westmarland, 2015). Similarly, rape culture includes victim blaming and the promotion of sexual assault (Armstrong, Hamilton, & Sweeney, 2006). For

example two thirds of UK students have heard rape or sexual assault jokes on campus (Stanton, 2015).

Previous studies suggest alcohol is frequently involved in sexual assault on university campuses (e.g.(Cantor et al., 2015). Lad culture is typified by heavy drinking and has links to victim-blaming, which may influence the effectiveness of sexual assault prevention programmes (McMahon, 2010). Previous research from the US suggests that rape myths are accepted at a higher rate by men than women and there is a correlation between drinking and rape myth acceptance among men (Hayes, Abbott, & Cook, 2016). UK students tend to drink at harmful levels (Davoren, Demant, Shiely, & Perry, 2016) and so an exploration of attitudes towards the link between sexual assault and alcohol consumption is warranted.

Prevention

Universities UK (a body that represents UK Universities) recently recommended institutions prioritise tackling violence against women, harassment and hate crime, and set up a dedicated taskforce to address these issues (Universities UK, 2016). Many universities are currently taking action towards this goal and in 2017 the Higher Education Funding Council for England (HEFCE; now the Office for Students) funded 63 universities to undertake projects to address sexual assault on campuses (HEFCE, 2017).

Some current UK approaches to preventing sexual assault focus on educational workshops aimed at all students, targeted workshops (for example at men, or sports teams), and whole campus approaches, such as the 'I Heart Consent' campaign, and bystander interventions. Yet, there is a lack of peer reviewed evidence reporting the effectiveness of workshops to educate students about sexual consent. Thus, the premise that consent education reduces sexual assault is not substantiated. Further, such courses may not be targeting the students who are most at risk of committing assault. The NUS published findings from a pilot study reporting that 'I Heart Consent' improved attendees understanding of sexual consent (NUS, 2015), but there is no

evidence that this improved understanding leads to a reduction in assault. The study explained that 'I Heart Consent' involved a two-hour workshop where attendees defined the meaning of sexual consent, explored ideas around rape culture and victim blaming, and tackled myths. However, there was no systematic exploration of attitudes about rape, sexual consent, or perceptions of these issues undertaken prior to, or following the workshops. Further, there was no measurement of behaviour change/ intention to change behaviour.

While it is entirely understandable that universities have been keen to implement consent workshops in the face of such worrying figures about experiences of sexual assault, these types of courses have also received backlash. One prospective participant in such a course labelled them 'loathsome' and 'a smug, righteous, self-congratulatory intervention' (Lawlor, 2015). Student newspapers such as 'The Tab' feature numerous other critical pieces on consent workshops (Wright, 2016). Although there is no published UK research evidence describing such backlash, such incidents underscore the importance of developing preventive strategies that are firmly grounded in the experiences and values of students themselves. Furthermore, although no such review exists for consent workshops, a Cochrane review found that similar educational approaches were ineffective in preventing relationship or dating violence (Fellmeth, Heffernan, Nurse, Habibula, & Sethi, 2013).

Bystander interventions, which are popular in the US, may provide a valuable alternative by potentially avoiding backlash towards those aimed at men or sports teams, for example. Such interventions encourage students to gain confidence to intervene when they witness assault or harassment. A report commissioned for Public Health England highlighted the need for bystander interventions to be adapted to be socio-culturally relevant, and evaluated for both effectiveness and backlash before being implemented (Fenton, Mott, McCartan, & Rumney, 2016). Fenton and colleagues went on to adapt this approach and developed 'The Intervention Initiative' in collaboration with UK students (Fenton & Mott, 2017). At present, one small-scale evaluation of the programme in one university has shown promise in reducing rape myth

acceptance and increasing bystander efficacy, but as yet no impact on bystander behaviour (Fenton & Mott, in press). However, it may be that larger cohorts of students are required to influence campus culture. One promising aspect of this evaluation is that there was no evidence of backlash and the programme seemed acceptable to UK students (Fenton & Mott, in press).

Why are new preventive interventions required?

Despite positive responses from course attendees, there is a lack of UK evidence for the effectiveness of such strategies in terms of longer term attitude and behaviour change. Furthermore, despite important progress in this area, other than the NUS reports, UK evidence on the prevalence of and attitudes towards sexual assault in the student population is sparse. While there is a large body of feminist literature on violence against women, there is less focus on the experiences of the entire student body (Westmarland, 2015). Thus, there is more work to be done to build effective and evidence based programmes that appeal to a wide range of students and target the perpetration of assault as well as support victims.

When developing a new intervention, (in any domain) it is essential to work in conjunction with the end users in the target population in order to understand the issues and to develop acceptable and feasible interventions that meet their needs. In the domain of sexual assault, it has been argued that some previous (US based) research treats students as the object of study, ignoring student-driven prevention efforts (Krause, Miedema, Woofter, & Yount, 2017). Thus, it is vital that work is conducted to understand the issue from the target population and to involve students when new interventions are developed.

An effective behaviour change intervention also requires that the target behaviour to be changed is clearly defined (Michie, Atkins, & West, 2014). Yet, most discussions of consent fail to explicitly define its terms, and where it is defined, there is limited consensus (Beres, 2014). Historically, consent was broadly understood in terms of adhering to the stated rejection of another's sexual advances, whereas more recently, as seen in the above campaigns, consent is

seen as a proactive statement of willingness to participate in a sexual act. In addition to the need to formalise theoretical definitions of consent, is the requirement to understand consent from the perspective of young people (Beres, 2014).

In summary, given the relative lack of UK evidence on the topic, the level of ambiguity surrounding sexual consent, and a lack of evidence for assault prevention, it is imperative that new research data is collected to meaningfully inform new intervention strategies (Muehlenhard et al., 2016). While US evidence can point towards effective interventions that may be of use in UK universities, it is important to understand the prevailing culture in a UK context in order to prevent sexual assault, as a number of cultural variables, including gender norms and language, may effect results (Fenton & Mott, 2017). It is also important to include views from men (given that men are not solely the perpetrators of sexual assault and may also be victims themselves) and non-binary students who were not represented in some of the previous UK evidence from the NUS. At the outset, in addition to exploring their attitudes, we want to understand what students themselves think that universities should be doing to target these issues.

Aims:

The intention was that this piece of work would serve as a foundation for the development of intervention strategies to be co-created with student groups and evaluated for impact. Thus, the present exploratory study aimed to contribute to the evidence gap on this topic relating to UK students' 1) experiences of sexual assault, 2) attitudes towards sexual assault and consent and 3) thoughts on what should be done to tackle these issues.

METHOD

A cross sectional, anonymous online survey was delivered using Qualtrics survey software. The survey utilised a mixed methods approach employing quantitative questions about experiences

and attitudes, and a qualitative question to explore views about prevention. This approach was employed due to the exploratory nature of the study. We sought to gain quantitative data to compare women and men's experiences and attitudes, and to compare our findings to other studies, and qualitative data so as not to restrict the participant's answers regarding their views about prevention, given that there is little evidence in this field.

Participants and procedure

Student participants from across the United Kingdom were recruited opportunistically through student unions and snowball sampling. Two student unions agreed to publicise the study across their institutions via social media accounts. In other universities, individual lecturers promoted the survey to their students. Students who helped to develop the survey advertised the study to their contacts. Potential participants who clicked on the survey link were provided with some background information about the purpose of the study on a participant information sheet, which included a definition of sexual assault. After reading the information sheet they could then click through to complete the survey if they wished to, and were asked to provide their consent online. In total 515 university students from 25 universities completed the survey (63.5% of the 811 individuals who clicked on the link). There were 374 women, 127 men, and six non-binary participants. A further six participants ticked the option 'prefer not to say' and another 2 did not answer the question. The age range was 18 to 54 (95.6% aged 18-30; M age 21.56; $SD = 4.74$). Four hundred and six participants self-identified as heterosexual, 17 identified as homosexual, 55 as bisexual, five as asexual, four as pansexual and 21 participants did not answer this question. The sample was predominantly White (White British 66.6%; White Other 16.3%; Asian/Asian British 9.3%, Black/Black British 2.1%; Mixed 2.5%; other ethnicity 2.3%). The study procedures received ethical approval from XXX University (ref 161064).

Measures

The measures in this exploratory study were developed in collaboration with a group of students, to try to reflect what they viewed as the most important topics to address.

Experiences: To explore experiences of sexual assault we used seven items based on those used in the NUS Hidden Marks study (Koss et al., 2007; NUS, 2011) and the Revised Sexual Experiences Survey (Koss et al., 2007). Respondents were asked to indicate if they had ever experienced each of the seven items (from never - often on a four point Likert scale) and whether they had reported them to the police or to the university. The seven items were; sexual comments, cat calling, bottom groping, upper torso groping, forced sex or sexual act, sent sexual material, and receiving sexual material online without consent. An overall experiences of assault scale was created (7 items, $\alpha=.787$).

Attitudes towards sexual consent: Twelve items from The Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010) were included in the survey. Student consultants selected the 12 items based on their beliefs about consent. Items included statements such as '*I would have difficulty asking for consent because it would spoil the mood*', '*I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity*' and '*I believe that sexual intercourse is the only sexual activity that requires explicit verbal consent*'. Answer choices ranged from 'strongly disagree' to 'strongly agree' on a seven-point Likert scale.

Alcohol related victim blaming: Three items from the Rape Myths Acceptance Scale (McMahon & Farmer, 2011) were employed to determine the extent of victim blaming related to alcohol consumption. Respondents rated their agreement from 1 (strongly agree) to 5 (strongly disagree) and the items were combined to construct a 'blame' variable (3 items; $\alpha = .849$). The statements were '*if a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand*', '*if both people are drunk, it can't be rape*', and '*if a person commits a sexual assault while drunk, it is not fully their fault*'.

Views about sexual assault prevention: In this section, measures aimed to seek participants' views on the existing 'I Heart Consent' campaign. This particular campaign was selected as it had been implemented nationally and student consultants suggested it was more well-known than some locally run campaigns. Participants were presented with a picture from the campaign along with a description, and asked to identify if they had seen the campaign before. They were then asked to rate their agreement to six statements from strongly disagree (1) to strongly agree (7). The statements were '*this kind of campaign is needed at my university*', '*this campaign is likely to change attitudes towards sexual consent*', '*this type of campaign is likely to change people's behaviour*', '*this campaign might make people less likely to ask for consent before sex*' '*this type of campaign would not be taken seriously*' and '*the university is responsible for teaching students about what sexual consent is*'. The first five questions were grouped together for further analysis and were deemed internally reliable (5 items; $\alpha = .702$). The statement '*the university is responsible for teaching students about what sexual consent is*' was treated as a separate '*university responsibilities*' variable. Following this rating scale, there was an open-ended question to ask what universities and student unions could do to tackle sexual assault.

Consent behaviour: Respondents were asked to indicate how often they ensured that they had consent (verbal or non-verbal) from a partner before engaging in sexual activity on a five point scale from never – almost all of the time.

Demographic information including age, gender, sexual orientation, place of study and year of study were obtained at the end of the survey. The other scales were counterbalanced to control for order effects. None of the questions were compulsory. At the end of the survey participants were directed to a bespoke website with further information and sources of support specific to sexual assault

RESULTS

Analysis

In some of the subsequent quantitative analyses we explore the differences between responses from women and men, and due to low numbers, participants identifying as non-binary are not included, however, responses from all participants are included in other analyses. The quantitative data were analysed using descriptive statistics, Mann Whitney tests (due to unequal numbers of women and men) and regression analyses. Qualitative data were analysed using the thematic analysis principles set out by Braun and Clarke (2006).

Principle components analysis (PCA) was conducted with the 12 items from the sexual consent scale in order to determine if they could create reliable subscales for further analyses.

Examination of the scree plot and Eigenvalues indicated that a two-component solution was appropriate, which explained 47.9% of the variance. Finally, a Varimax rotation was applied to the components as we expected the factors to be independent (based on the subscales of the main sexual consent scale) and this rotation results in more interpretable clusters of factors because it maximises the dispersion of loadings within factors. Table 1 shows the items that were most highly loaded (at least 0.4) onto each of the components. Positive loadings indicate that someone who has an above average score on that component is likely to agree with that item while negative loadings suggest that such a person would be likely to disagree with that item.

[Insert Table 1]

Someone scoring highly component one was likely to believe that it is important to explicitly seek sexual consent regardless of the type of sexual encounter. We named this subscale 'explicit consent' (6 items; $\alpha = .779$). People who score highly on component two were likely to feel that the need for sexual consent reduces over time and as relationships become more committed or that sexual consent can be communicated non-verbally. We named this subscale

'implicit consent' (5 items; $\alpha = .649$). The item about sexual consent being discussed on campus was not loaded onto either factor.

RESULTS

Descriptive statistics and gender differences

Table 2 compared the proportion of women and men who experienced each of the seven situations related to sexual assault. Half of women and a third of men had been groped. A high proportion of the sample experienced sexual comments and catcalling. A third of the sample had been sent unsolicited explicit material online. Women were significantly more likely to experience four of the items on the sexual assault experiences scale than men. Twelve percent of women and 6% of men had experienced a forced sexual act.

Respondents had positive views about sexual consent in general, with women scoring significantly more highly on the explicit consent scale compared to men. Women were less likely to agree to the individual items about victim blaming than men (Table 3).

[Insert Table 2 & Table 3]

A total of 134 (26.0%) respondents had heard of the 'I Heart Consent' campaign while another 51 (9.9%) were unsure whether they had heard of the campaign or not. Of those who had heard of the campaign, 93 were women (24.9% of the women recruited) and 37 were men (29.1% of the men recruited). In general, participants rated this type of campaign more positively than negatively, with the mean just above the middle of the scale ($M=4.95$ $SD=0.92$), the same for views about whether universities are responsible for teaching students about consent ($M=4.44$; $SD=1.68$). Overall, 72.8% reported asking for consent almost all of the time before engaging in any sexual activity. Only 3.7% reported that they never asked for consent. There was no significant difference between men and women's response to these questions.

Regression analysis

A binary logistic regression was conducted with consent behaviour as the outcome variable (Table 5). Respondents were split into two groups, those who always or almost always asked for consent before a sexual encounter ($N= 375$) and those who sometimes, rarely or never asked for consent ($N=128$). The resulting model correctly classified 77.5% of cases $\chi^2 (6) = 66.58$, $p<.001$. Always/almost always asking for consent was associated with higher scores on explicit consent ($OR = 1.94$) and lower scores on implicit consent ($OR = .77$) and victim blaming ($OR=.80$).

[Insert Table 4]

Qualitative data

A total of 241 participants (165 women, 38 men, 7 non-binary or gender undisclosed) responded to the open question 'what should universities and student unions do to tackle sexual assault'. During the first phase of thematic analysis, the authors read all of the responses to familiarise themselves with the data. Initial codes were derived by Author 3 and then discussed with the Author 1 and 2. All authors agreed on a final set of 20 codes that could be applied to the data set. During the search for themes, codes were combined into common categories and discussed between all three authors. Finally, a set of four themes were defined, and these were checked to ensure they represented the data set as a whole. The four themes were: awareness, attitudes, environment, and opposition. Each theme is discussed below with supporting extracts from the data.

Awareness

The first theme was named 'awareness' and reflected the view that universities have a responsibility to tackle sexual assault. For example, universities could '*give out messages to all new students in Freshers' Week*' (Man, 23). Many respondents said this was important given the

prevalence of sexual assault, with a typical suggestion that there was a need for '*better awareness of the huge issue that exists. I don't think people realise that it is a real-world issue that happens to many people every day*' (Woman, 18). Respondents also said that talks and workshops about sexual consent should be compulsory to get the message through to all students as this participant highlighted:

Workshops should be used, however I know friends who do not consider it rape to have sex with someone too intoxicated to give consent and truly do not understand consent. The only way the message would get through is if they are compulsory for everyone (Woman, age 21).

Advertising campaigns were also suggested as an important means of raising awareness. There was a sense that it was important that campaigns were ongoing and '*not just lots of awareness for a couple of days and then nothing for months*' (Man, 18). Social media and posters around campuses were proposed as good places to display information.

You have a lot of advertisement around the uni for people struggling mentally to get help- maybe you could also put up advertisement for girls who maybe have had something happen to them, or if someone has been acting negatively around them etc (Woman, 21).

While it was not possible to identify any themes relating to the specific content or types of campaigns that would be preferred, it was apparent that the messaging of such campaigns needed careful consideration as indicated by these participants:

I think a more considered consent campaign is needed; I think "I <3 consent" is a little bit too cutesy. Consent isn't something you choose to like or not, it is mandatory and expected, and I think that could be better reflected in the wording (Woman, 23).

I feel that this sort of campaign [I heart consent] may be mocked, however it creates a talking point for what is a very serious issue that deep down people know is wrong (Woman, 20).

In summary, there was good support for universities' role in raising awareness of issues relating to sexual assault, however, other than making reference to workshops and campaigns, no clear strategies were identified.

Attitudes

The second theme identified within the data was about 'attitudes'. This theme encompassed descriptions of prevailing cultural norms and attitudes that were conducive to sexual assault. Two important aspects of this were alcohol culture and victim blaming. Alcohol plays a large role in the social activities of many students and this appeared to normalise the experience of sexual assault for some participants:

The idea that women are groped in clubs is very casually thought about in the student population. There isn't a large push for change, and it's normalised to be part of a night out and should be expected. So when you tell people it happened, nobody is particularly bothered about it (Non-binary, 20).

On the other hand, many participants were keen to stress that alcohol was used as an excuse or 'justify acting in a way which would otherwise be deemed as unacceptable' (Woman, 20). It could be that pressure on students is a contributory factor in some cases.

There is a pressure to drink and have sex at universities like nowhere else. Peer pressure is a considerable factor. It's certainly no excuse, but it does contribute poorly to the issue (Man, 23)

A further important attitudinal issue was related to victim blaming, where many of our participants strongly suggested there was a culture in which victims of sexual assault were somehow responsible if they had been drinking and they felt this needed to change. Victim blaming was also mentioned in terms of the clothing with many asserting that *'rape is wrong and never blame the victim no matter what they were or were not wearing. Consent is very important!'* (Woman, 23). Further responses were similar to the one below, which illustrates the double standard that women often face:

Maybe look into victim blaming, and why we tell women to not dress a certain type of way or to not do certain things... whereas we should also educate men to respect women's bodies (Woman, 22).

Overall there was a sense that the culture of heavy drinking was an important contributing factor, and that universities should do more to promote alternative alcohol-free events. Further to this there needs to be attitudinal change towards victims of sexual assault.

Environment

Two important aspects of the environmental context on campus were identified as important within the data: protective and supportive factors. Protective factors included having security guards at regular student club nights, security cameras on campus and increased lighting in certain places on and off campus. Participants also appeared to believe that having stricter penalties for those who committed sexual assault would be a protective factor in deterring the perpetrator. For example, universities should *'make it very blatantly known that sexual assault or anything of the sort will be met with severe consequences'* (Woman, 22) and *'be ruthless in regards to finding out if someone accused of rape or sexual assault is guilty, then firm in punishing them'* (Woman, 21). There was a very strong sense in the data that this was not always the case. Another important environmental factor was about the support offered to those who have been victims of assault. Many suggestions were made to improve services such as counselling and

support groups, as well as *'one to one talk services for people who feel upset/unsure about consent'* (Woman, 22). Support was also needed to enable victims to feel comfortable to report their assault.

I feel like a lot of males attack females because females often don't speak out so they think they can get away with it (but if females start speaking out more maybe males won't attack them as much). Not sure if there is much point in targeting the males - they know whats right and wrong (Woman, 18).

In summary the participants felt that the university environment needed to change to protect against sexual assault and impose sanctions against the perpetrators, while providing support for those who had been affected.

Opposition

The final theme identified in the data was about *'opposition'* to university-wide strategies for tackling sexual assault. In the strongest sense, this reflected the views of those participants who said *'It's not the uni's problem'* (Man, 19). Other participants mentioned that parents or schools should address these issues, rather than the university, for example:

I really think all of these issues come down to education (school and at home). For my age group there was very little or no education on sexual consent. When it is something so important I don't understand why it wasn't covered more (Man, 20).

Furthermore, the content of sexual assault prevention messages was critiqued, for example:

And the 'moral panic' surrounding 'sex beasts' 'sex pests' is reinforced by messages regarding consent: by the tacit implication that everyone should either be afraid of getting raped, or being labelled a rapist (Man, 30)

Additionally, participants felt that current approaches to sexual assault prevention were not inclusive, as they mainly position cis-gender heterosexual men as perpetrators and cis-gendered heterosexual women victims. This ignores issues faced groups in the lesbian, gay, bisexual and transgender (LGBT+) community as well as male sexual assault victims:

I think the general attitude in society probably assumes that these kinds of issues are just about male on female assaults/interactions. It is also the case, homo- and transsexuals and other minority groups, perhaps especially so in some of these groups like transgender, so maybe effort needs to be made as to not forget about these groups (Man, 23)

There are cases of men getting sexually assaulted and no one ever speaks on this ever, either, because men are expected to enjoy every sexual encounter they get (Woman, 19).

In summary, this theme shows that opposition to sexual assault prevention programmes on campus exists, and that developing more inclusive programmes is needed.

DISCUSSION

This study explored UK students' experiences of sexual assault, attitudes towards assault and sexual consent, and views about sexual assault prevention. Here, we triangulate our quantitative and qualitative data with the existing literature, before considering the implications for interventions.

Experiences

The prevalence of serious sexual assault was around one in eight women (12.3%) compared to NUS figures of one in seven (NUS, 2011). It is important to note that NUS figures include serious physical assault, which is not included in our survey; however, the figures can be seen as broadly comparable. Further to this, around one in 16 men (6.3%) report being subjected to a serious sexual assault.

Half of the women in the sample, and a third of men reported they had been groped on the bottom, and nearly a third of women and nearly a fifth of men reported being groped on the upper torso. Within the qualitative analysis this kind of behaviour also appeared to be common on nights out. Our findings support those of an NUS study suggesting molestation is part of a 'normal' night out for women (Phipps & Young, 2013). This was also a common experience for the men in our sample.

Attitudes

We identified two factors within the sexual consent items, which related to explicit and implicit consent. Previous research (Humphreys & Herold, 2007; Jozkowski, Peterson, et al., 2014) suggests that women preferred to have sexual consent explicitly clarified at the start of a sexual encounter whereas men are more likely to assume that sexual consent is implied. In this study, we only noted small gender differences: women scored more highly than men on the explicit consent factor. However, there was no difference between men and women on the implicit consent factor.

Higher scores on the explicit consent scale and lower scores on the implicit consent scales and the victim blaming scale were associated with 'almost always' asking for consent. This is despite survey clarifying that consent might be verbal or non-verbal. These findings highlight the link between attitudes towards consent and consent behaviours. In our survey the victim blaming questions were focussed on alcohol and alcohol was commonly mentioned by participants in the qualitative findings. Thus, prevention strategies could also focus upon the wider culture and incorporate reduced drinking as a related aim. However, students in the UK do tend to drink at hazardous levels, and this behaviour is often resistant to change (Davoren et al., 2016). This link needs to be explored further in a UK sample.

Prevailing attitudes that were identified in the second qualitative theme provide some evidence of the 'lad culture' described by Phipps and Young (2015). Heavy drinking and negative views

towards victims characterised this theme. It has been shown that victim blaming and rape myth acceptance are more prevalent in men (Grubb & Turner, 2012). Our findings concur in that women scored significantly lower than men on these items, however these differences were small: both men and women tended to disagree overall with statements attributing blame to victims of sexual assault, although women tended to disagree more strongly. Thus, it may be worthwhile for future interventions to focus on reinforcing the finding that women and men probably hold similar attitudes. This could help to reduce the issues identified in the qualitative analysis regarding men being the target of prevention efforts.

Prevention

Only around a quarter of the participants recruited for this study had heard of the NUS 'I Heart Consent' campaign. Views about this type of campaign tended towards being positive and no gender differences were observed. Our qualitative analysis identified important factors to consider when developing preventive strategies in this area. The first theme about awareness demonstrates that most students see universities as having an important role, whether this is via workshops or publicity campaigns. This suggests prevention efforts will be well received, but also that the content of campaigns needs to be carefully considered. Although compulsory workshops may not be well received by all students, some kind of universal campaign would avoid stigmatising certain groups (for example, just male sports teams) and capture those with less positive views towards consent. It is imperative to explore the content of such campaigns in more detail however. For example, Beres (2014) argues that workshops which suggest explicit consent is always needed incorrectly assume people do not know how to consent and need to be taught, and this can lead to a rejection of the message. It was also interesting to note the way that participants framed publicity and awareness campaigns as something that should be ongoing and not set aside for a short workshop during a specific campaign period. The subtleties of the topic also led Beres to suggest that short one off sessions are not adequate for discussing the complexity of communicating consent (Beres, 2014).

A further theme identified within the qualitative analysis described how the environment could protect against sexual assault as well as be more supportive towards victims. Harsher penalties for perpetrators were called for by the participants for example, alongside increased specialist services. Previous researchers have suggested that the recent marketization of the UK Higher Education sector has been detrimental in this aspect (Phipps & Young, 2013). Such corporatisation is in line with traditionally masculine values of individualism and competition, which both bolsters lad culture while at the same time reducing funding for support services such as counselling for victims (Phipps & Young, 2013; Phipps & Young, 2015). Funding for appropriate support services is clearly needed given the mounting evidence of sexual assaults at UK institutions, and the need for effective and scalable prevention strategies has never been greater. However, the challenge will be to achieve these aims within restricted budgetary conditions.

Finally, it is important to consider the theme of 'opposition' to prevention efforts. It is inevitable that some will feel that the university has no place in intervening. The discussion of a 'moral panic' about the issue raises some interesting points, for example. We are currently witnessing a considerable change in views about the acceptability of sexual assault across the sphere from politics to the world of film, and many women are speaking out about their experiences using the #MeToo hashtag on social media. Those who wish to denigrate this message may fail to fully comprehend the extent of the issue, or they may lack an understanding of what sexual assault entails. Further consideration is also required to ensure prevention efforts are inclusive of all students. Our survey failed to recruit a diverse sample, and so we must redouble our own efforts to amplify the voices of unrepresented groups.

Implications

At the university level, our findings suggest that students generally approve of any efforts that are made to raise awareness of these issues. These findings can be used by university policy

makers to provide context and support for the work being undertaken. They may be used more broadly to add to the discussion of sexual assault in wider society in particular to consider how victim blaming may impact on consent behaviour.

Our findings support the universally targeted bystander training approaches being targeted at some UK institutions (Fenton, Mott, & Rumney, 2015) as one approach which does not solely target men as perpetrators. However, our findings also call for the exploration of new strategies that embed sexual assault prevention within the wider university environment. Such strategies need to do more than treat this as an isolated issue, to which the solution is re-education about the meaning of consent during small time frames (possibly only to students who self-select to attend).

Further work is also needed to understand the link between drinking culture and lad culture and how sexual assault can be targeted in such an environment. For example, more work could be conducted to explore how widespread 'lad culture' really is, and just how influential it might be in different contexts. One pertinent issue will be how to engage those students who do not see sexual assault prevention as a relevant issue. Furthermore, it is apparent that we need to understand what features of current sexual assault prevention programmes are actually effective. To determine these things we need more robust evaluations, and we need to move away from relying on post workshop feedback to judge the success of a programme, and towards measuring sexual assault behaviour and reporting on campus. It is also important to encourage those working in the field of sexual assault prevention to base their programmes on theory and evidence. Particularly because of the lack of UK evidence, further work is needed to understand which theories best explain and predict sexual assault in this context, and which might be the most appropriate basis for interventions.

Limitations

While considering the implications of these findings we must also acknowledge the limitations. The respondents are primarily women, heterosexual and white. Furthermore, self-selection bias means that we potentially recruited those with more favourable views about the need to target sexual assault at university. This is a similar limitation to that which we highlighted as an issue with voluntary sexual consent classes. In addition, such issues may be more meaningfully explored using more in-depth qualitative methods, such as interviews or focus groups. We must also acknowledge limitations with our measures. We did not use the full Rape Myths Acceptance Scale, or the full Sexual Consent Scale. Items were selected by our student user group. Within the PCA, the variance explained by the two factors is only 47.9% and the alpha for the subscale about 'indirect consent and relaxed norms' is quite low. Our consent behaviour item included 'always' and 'almost always' in the same category, based on piloting with students. While this category is likely to capture those who are regularly seeking consent, we recommend they are separated in further studies. We also failed to capture those who were not sexually active within this survey, thus 'never' asking for consent could imply non-participation in sexual activity.

Conclusion

For effective interventions in any behavioural domain, it is essential to work in conjunction with the end users in the target population in order to understand the issues and to develop interventions that meet their needs. As outlined in the introduction, some previous research has treated students as the object of study, rather than as collaborators (Krause et al., 2017). Here, we involved students in constructing our questionnaire, and used open questions to probe what they think should be done about this issue. The findings provide a foundation for understanding attitudes towards sexual assault and prevention programmes in UK students. In line with previous studies, we found evidence of commonplace and normalised sexual assault behaviours. Drinking culture and lad culture may provide an environment where such behaviours are tolerated. New sexual assault prevention programmes need to treat the issue as

one that is relevant to all students and not just target men as perpetrators and women as victims. Although some aspects of the environment may contribute to sexual assault, our findings suggest that students would find university led prevention programmes acceptable. These strategies do more than treat this as an isolated issue, to which the solution is re-education about the meaning of consent and time-limited awareness campaigns. It is imperative that the lack of representativeness within our own study and the existing literature is addressed to explore these findings further and contribute to the development of theory and evidence-based interventions.

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TABLES

Table 1. Summary of exploratory PCA on items from the sexual consent scale (loadings of less than .4 have been suppressed)

Component	Item	Loading
1	I feel confident that I could ask for consent the next time I have sex	.835
Positive attitudes towards consent	I believe that asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise	.835
	I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity	.742
	I would have difficulty asking for consent because it would spoil the mood	-.639
	I believe that sexual intercourse is the only sexual activity that requires explicit verbal consent	-.492
2	It is easy to accurately read my current (or most recent) partner's nonverbal signals indicating consent or non-consent to sexual activity	.731
Indirect consent and relaxed norms	I believe that the need for asking for sexual consent decreases as the length of an intimate relationship increases	.720
	Typically I communicate sexual consent to my partner using nonverbal signals and body language	.694
	I think that obtaining sexual consent is more necessary in a casual sexual encounter than in a relationship	.685
	I believe it is enough to ask for consent at the beginning of a sexual encounter	.565
	Not asking for sexual consent some of the time is okay	.532

Note: The item 'I have heard sexual consent issues being discussed by other students on campus' did not load on either factor

Table 2. Experiences compared between men and women in the sample and Mann Whitney tests comparing their occurrence on the scale from never-often.

Experience N (%)	Women		Men		Mann-Whitney	
	Yes	No	Yes	No	U	Sig
Someone making comments with a sexual undertone that made you feel uncomfortable	260 (69.5)	114 (30.5)	50 (39.4)	77 (60.6)	14848.50	$p < .001$
Someone wolf whistling, catcalling or making noises with sexual overtones	271 (72.5)	103 (27.5)	29 (22.8)	98 (77.2)	10236.50	$p < .001$
Someone groping, pinching or smacking your bottom when you did not agree to them doing so	186 (49.7)	188 (50.3)	43 (33.9)	84 (66.1)	18446	$p < .001$
Someone groping, pinching or touching your breasts/ upper torso when you did not agree to them doing so	108 (28.9)	266 (71.1)	19 (15)	108 (85)	19571	$p < .001$
Has anyone ever forced you to have sex or to perform a sexual act when you did not want to?	46 (12.3)	328 (87.7)	8 (6.3)	119 (93.7)	21591	$p = .026$
Has someone sent you sexual or obscene material such as pictures, jokes, or stories in the mail or over the Internet, when you had not agreed to look at them?	112 (29.9)	262 (70.1)	37 (29.1)	90 (70.9)	22966.50	$p = .842$
Has someone posted photos or videos online of you when you were undressing, were nude, or were having sex, without your consent?	8 (2.1)	366 (97.9)	7 (5.5)	120 (94.5)	22700	$p = .120$

Note: Adjusting for multiple comparisons, the first four experiences are significantly different between men and women ($p < .007$)

Table 3. Women and men's views on situations relating to victim blaming and sexual consent factors

Statement or scale	Women		Men		Mann Whitney U	sig
	Mean	SD	Mean	SD		
If a girl is raped while drunk, she is at least somewhat responsible	1.54	1.11	1.94	1.31	19217.50	$p < .001$
If both people are drunk, it cannot be rape	1.50	1.04	2.03	1.29	17499	$p < .001$
If a person commits a sexual assault while drunk, it is not fully their fault	1.53	1.08	1.95	1.24	18162	$p < .001$
Positive attitudes towards consent	6.09	0.92	5.71	1.13	18786.50	$p = .001$
Indirect consent and relaxed norms	4.19	1.22	4.27	1.15	22361	$p = .773$

Note: Adjusting for multiple comparisons, the first four experiences are significantly different

between men and women ($p < .01$)

Table 4: Binary logistic regression model predicting consent behaviour from main study measures

	β	Wald (df 1)	p	Odds ratio (95% CI)
Experiences	-.38	2.53	.112	.69 (.43-1.09)
Explicit consent	.66	30.02	.000	1.94 (1.53 -2.51)
Implicit consent	-.26	5.85	.016	.77 (.62-.95)
Victim blaming	-.22	4.12	.042	.80 (.65-.99)
University responsibility	-.03	.15	.696	.97 (.85-1.12)
Gender: Women	.16	.33	.566	1.18 (.67-2.06)
Constant	-.72	.36	.549	.625

Note: reference category for gender = men