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UK prevalence of university student and staff experiences of sexual violence and domestic violence and abuse: a systematic review from 2002 to 2022

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ABSTRACT

Research documenting the prevalence and impact of UK university students' experiences of gender-based violence (GBV) has significantly developed over the past decade, yet there has been no systematic synthesis of this evidence. This systematic review aimed to synthesise findings relating to the prevalence and impacts of GBV among staff and students in UK universities, with a focus on sexual violence (SV) and domestic violence and abuse (DVA). The search strategies involved a variety of approaches to identify both published and unpublished research, including systematic searches of electronic databases and direct contact with experts. A total of twenty-five studies focusing on SV and eight studies focusing on DVA were identified. Despite inconsistent research design, sampling frameworks, definitions and measures, and limited studies on staff experiences, review findings suggest that SV is a major issue for university students, impacting on well-being, personal relationships and academic performance. In contrast, few DVA studies were identified, many shared a range of methodological limitations, drawing on majority female samples and focusing mainly on perpetration. Validated measurement tools, consistency in study designs and sampling frameworks, which include minority student and staff populations, would strengthen current understandings of SV and DVA within UK universities.

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KEYWORDS

UK universities; students; staff; sexual violence; domestic violence and abuse

Introduction

Gender-based violence (GBV), defined as acts of violence and abuse that disproportionately affects women and is rooted in systematic power differences and inequalities between men and women (Hester and Lilley 2014), is a global public health concern (WHO 2013) and a pervasive problem for global higher education (Fisher, Cullen, and Turner 2000). Research has consistently shown that there are high levels of sexual violence (SV) among university

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students (Bondestam and Lundqvist 2020; Fedina, Holmes, and Backes 2018), where SV is defined as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances’ (WHO 2014, 84). The impacts of SV are well established and can include mental health consequences, such as depression, post-traumatic disorder and suicidal ideation (Kaltman et al. 2005; Kammer-Kerwick et al. 2021; Ullman 2004), and physical consequences, including gynaecological symptoms, chronic diseases, and gastrointestinal and reproductive symptoms (Golding 1994). Moreover, students who have been subjected to SV may be at greater risk of lower academic performance (Banyard et al. 2020) and revictimisation (Decker and Littleton 2018).

Since the National Union of Students (NUS) released their seminal *Hidden Marks* report in 2010, there has been a growing body of evidence documenting the prevalence and impact of UK university students’ experiences of SV. The NUS surveyed 2058 UK female students finding that 68% were subjected to sexual harassment and 7% experienced serious sexual assault. One-quarter of those victimised reported their academic studies were affected. Later work surveyed women and men attending a specific university, such as the Cambridge University Students’ Union (2014) study which found comparable sexual harassment prevalences of 77%. These studies in combination with high profile media accounts led to several initiatives to prevent and combat SV. The Universities UK (UUK) Taskforce (2016) scoped the limited knowledge base and university responses, making recommendations on how universities should approach SV victimisation and perpetration among students. The Higher Education Funding Council of England funded more than 60 projects developing and implementing prevention and intervention initiatives in UK universities. All of this led to important work to create safer spaces for university students (UUK 2018). However, that work focused on student experiences omitting explorations of university staff experiences of SV, perhaps due to the dearth of evidence.

Bagilhole and Woodward (1995) conducted one of the earliest studies on UK university staff, interviewing women about their experiences of sexual harassment perpetrated by staff and students. Verbal comments and touching were the most common forms of sexual harassment reported. Later work explored the influence of ‘lad culture’ on the teaching learning environment. Lad culture was characterised by male students talking throughout lectures, arriving late, and being rude and disrespectful to lecturers (Jackson, Dempster, and Pollard 2015). For example, one student described a female lecturer as a ‘MILF’ or a ‘Mother I’d Like to Fuck’ on an anonymous student evaluation form (Jackson and Sundaram 2018, 446). University staff are subjected to sexual harassment not just from students but from colleagues as well (McCarry and Jones 2022). Sexual victimisation negatively impacted on their mental wellbeing and professional lives (Johnson, Widnall, and Benya 2018), which subsequently affected their ability to perform some of their main job roles, including, but not limited to, teaching and research activities. Considering this association, it is important to review studies on staff experiences and impacts alongside those of students.

The focus of research on UK university students and staff has largely been on the experiences of SV victimisation, effectively rendering invisible the multiple forms of violence in women’s lives and the associated consequences. We use GBV as a framework to recognise the continuum of violent behaviours in the lives of female university staff and students and underpinning these interconnections is the common characteristic that they are manifestations of men’s collective power and control (Kelly 1988). Domestic violence

and abuse (DVA) is a form of violence in the continuum that can be understood as (predominantly) men restricting women's individual liberties, such as what to wear or eat, through the perpetration of a range of coercive and controlling tactics (Stark 2009). The latest Crime Survey for England and Wales (O.N.S. 2022) showed that 6.9% of women and 3% of men aged over 16 experienced DVA, equating to an estimated 1.7 million women and 699,000 men. The Crime Survey for England and Wales also suggests that UK university students maybe at greater risk of DVA victimisation (O.N.S. 2022), with findings showing that the highest prevalence in the past 12 months was for women aged between 16 and 24. Most students fall into this age range (HESA 2022).

To date, there has been no systematic synthesis of UK studies of prevalence and impacts of SV and DVA among university students and staff, although previous systematic reviews have been undertaken in other countries, for example US university campus sexual assaults on students (Fedina, Holmes, and Backes 2018). The aim of the current study was to bridge this gap by conducting a systematic review of existing UK studies. It was intended that the results would identify emerging and significant aspects of GBV in UK universities, with a particular focus on SV and DVA. We sought to answer the following research questions: (1) What is the estimated prevalence of SV and DVA in UK university students and staff? (2) What is the context (perpetrator gender, location, alcohol/drug use) of SV and DVA? (3) What are the reported impacts of being subjected to SV and DVA? It should be noted that this paper focuses on studies with quantitative findings. This paper will inform an additional publication in which we will present the studies with qualitative findings.

Methods

The methods were informed by the PRISMA-P protocol for systematic reviews (Moher et al. 2015). We utilised a variety of search strategies as we wanted to access relevant published and unpublished research. Systematic searches were conducted on 4 electronic databases: International Bibliography of the Social Sciences (IBSS), PsychInfo, Embase and Web of Knowledge. In order to incorporate literature relating to SV and DVA, we conducted two separate searches of each of these databases, using the following search terms for SV: sexual violence or sexual assault or sexual harassment and for DVA: domestic violence or domestic abuse or intimate partner violence or dating violence. For each search, the search terms were combined with university students or university staff and terms for the country (i.e. England or Wales or Ireland or Scotland or United Kingdom) with only language English selected. There were date restrictions of January 2002 through March 2022 for each search. The results from the first and second searches of the electronic databases were transferred to EndNote and combined before removing duplicates and screening.

Our search terms were developed for the UK context and informed by the UK Hidden Marks report (NUS 2010) which used the following terms for sexual abuse: sexual harassment; sexual violence; and sexual assault. We recognise that other systematic reviews have used fewer terms, for example, Bondestam and Lundqvist (2020) used the term sexual harassment only, retrieving over 5000 documents. For the UK context, this term in isolation was too narrow and not representative of how these experiences are described in the UK. Similarly, we used a broad range of search terms informed by the wider UK DVA literature.

To be inclusive of grey literature and unpublished studies, we distributed a survey via JiscMail to UK networks of experts and stakeholders and we directly contacted relevant

university support providers, experts and study authors to identify any studies that might have been missed by the electronic database searches.

Studies were eligible if they: provided biographical information of research participants; reported methods used; reported prevalence and/or impact findings of SV and/or DVA among UK university students and/or staff. Study methods could be quantitative, qualitative or mixed-methods. If quantitative survey methods were used, survey questions had to be included and/or referenced. Abstracts and conference proceedings were only considered if sufficient detail of method and results were available.

Study selection occurred through two stages. First, screening by title and abstract was conducted in Rayyan (www.rayyan.ai/) using the inclusion and exclusion criteria by one reviewer (CJ or NF) with at least 20% ($n = 4036$) of the papers screened by both reviewers with an agreement rate of 99% using criteria specified prior to screening. To ensure consistency of screening decisions, the researchers developed a robust 6-point screening decision tool to use during screening of both title and abstract and later full text. This included: 1. English Language (Yes: Include, No: Exclude); 2. Publication type: formal academic studies or published grey literature (Yes: Include, No: Exclude); 3. Publication date: January 2002–March 2022 (Yes: Include, No: Exclude); 4. Population: is the study on SV and DVA among UK university students and/or staff? (Yes: Include, No: Exclude); 5. Study methods: Does the study provide biographical information of research participants? (Yes: Include, No: Exclude); 6. Quantitative: Does the article include all Survey Questions used in survey? (Yes: Include, No: Exclude). Points 1–4 were used to guide title and abstract screening; points 1–6 were used to guide full-text screening. If location of study (point 4) was not clear from title and abstract screening, the reference was flagged as ‘maybe’ in Rayyan and screened for location at full-text stage. Screening of the remaining papers by title and abstract ($n = 16,142$) was subsequently completed independently by both reviewers each screening 8071 papers.

Full-text articles included at the title and abstract stage were retrieved. These were then screened by CJ or NF using the inclusions/exclusion criteria. A second reviewer checked a random 10% sample of decisions (CJ or NF). Any discrepancies were discussed between reviewers (CJ and NF) and the third author (CB). Studies included in the final review underwent forward and reverse citation checking.

Data were extracted by CJ or NF only from studies with quantitative findings (studies with only qualitative findings will be reported in an additional publication) using a data extraction form designed by the authors which was pre-piloted. Data was extracted relevant to the research questions that included: study design, sample size, response rate, sample characteristics, SV and DVA measurement scales used, prevalence, context and impacts.

Included studies were evaluated using the Appraisal tool for Cross-Sectional Studies (AXIS; Downes et al. 2016), which focuses on assessing the quality of design and reporting and risk of biases. For each of the twenty questions, a score of one was assigned if answered ‘yes’. A higher score indicated a higher quality.

Findings

Articles and reports identified for the review

Searching electronic databases yielded a total of 27,754 records (12,116 for the SV search and 15,638 for the DVA search). After duplicates were removed ($n = 7576$), the titles and

abstracts of 20,178 records were assessed, with reviewers excluding 20,084 records which did not meet the screening criteria identified during the title and abstract screening stage. After full-text screening of 94 records, 35 studies were included (Figure 1). Handsearching (i.e. survey distributed to UK experts and direct contact with experts) revealed a further 25 records, 9 of which were included following the screening. After duplicates were removed ($n = 7$) the total number of records identified was 37 (Figure 2).

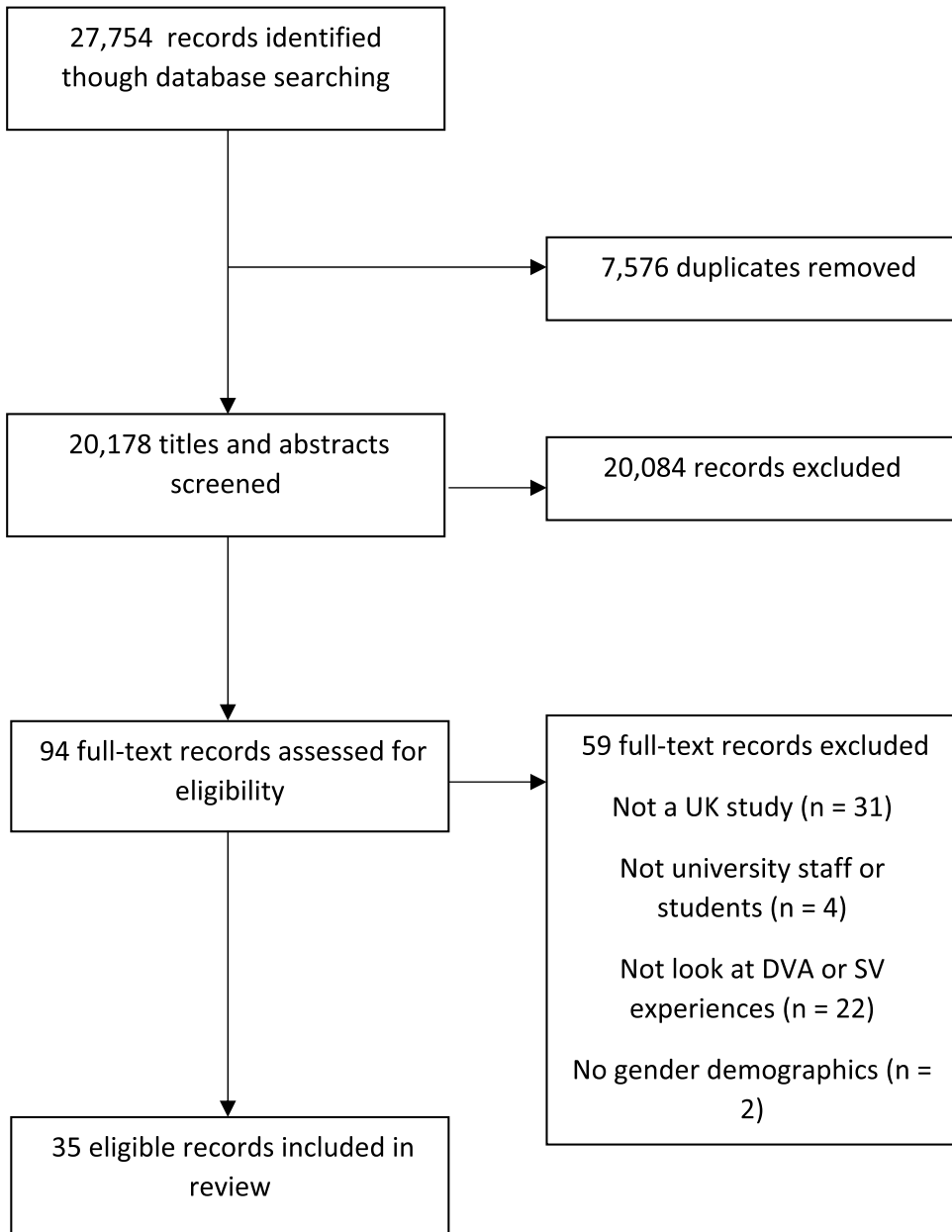


Figure 1. Flowchart of electronic searches and screening.

There were 10 studies with only qualitative findings; a synthesis of these studies will be published elsewhere. One quantitative study that could not be quality assessed was excluded, giving a total of 26 quantitative studies. Forward and reverse citation tracking of the 26 quantitative studies yielded an additional seven studies. There were 33 quantitative studies included in the final review. Twenty-five studies focused on SV and eight focused on DVA. Quality assessment is discussed below followed by a narrative synthesis of SV studies and then DVA studies.

Quality assessment

The quality assessment of the included studies is summarised as AXIS scores in Table S1 and Table S2 in the supplemental material. The overall quality of the sexual violence studies was twelve, with scores ranging between seven and fifteen. Of the DVA studies, the overall quality was 13 and scores ranged between eleven and fifteen.

Sexual violence (SV) studies

Characteristics

Of the 25 SV studies, twenty examined victimisation only, two looked at perpetration only, and three both victimisation and perpetration.

Sampling strategies largely consisted of convenience sampling ($n = 20$) in which students and staff were recruited through posters, social media, links sent to email address and face-to-face. Four studies used complete sampling to recruit students and one used probability sampling. Twelve studies recruited from one university only, others recruited from multiple universities ($n = 11$), and two recruited students who were registered on online platforms (i.e. Prolifica, Dig-In). Response rates were not reported in 14 studies. When reported, rates ranged from 3% (McCarry, Jones, and Kossurok 2021) to 64% (Camp, Sherlock-Smith, and Davies 2018) and were more than 80% in two studies recruiting face-to-face (Hill and Crofts 2021; O'Brien et al. 2018).

Twenty-three studies focused on students only, one focused on staff only (McCarry and Jones 2022) and one on students and staff (McCarry, Jones, and Kossurok 2021). Of studies examining students, sample size varied greatly from 129 to over 7000. The majority of the SV studies sampled undergraduate women ($n = 23$), with two studies sampling men only (Hales and Gannon 2022 – Study 1 and Study 2). Nineteen studies sampled both women and men. Women made up the highest proportion of respondents in most of the mixed-gender studies, except for one (O'Brien et al. 2018). Sixteen studies reported the ethnic identity of samples, twelve reported the sexual identity and eight disability, indicating that most samples were White, heterosexual and not disabled.

Of the studies examining staff, sample sizes ranged from 603 to over 1100. The samples were comprised of approximately two-thirds women and the vast majority of the samples identified as White and heterosexual.

Findings

The prevalence of SV among students attending university varied significantly, in part due to the wide range of tools used to measure sexual violence. Out of the 25 studies, the Sexual Experiences Survey (Koss et al. 2007) was utilised the most ($n = 7$) followed

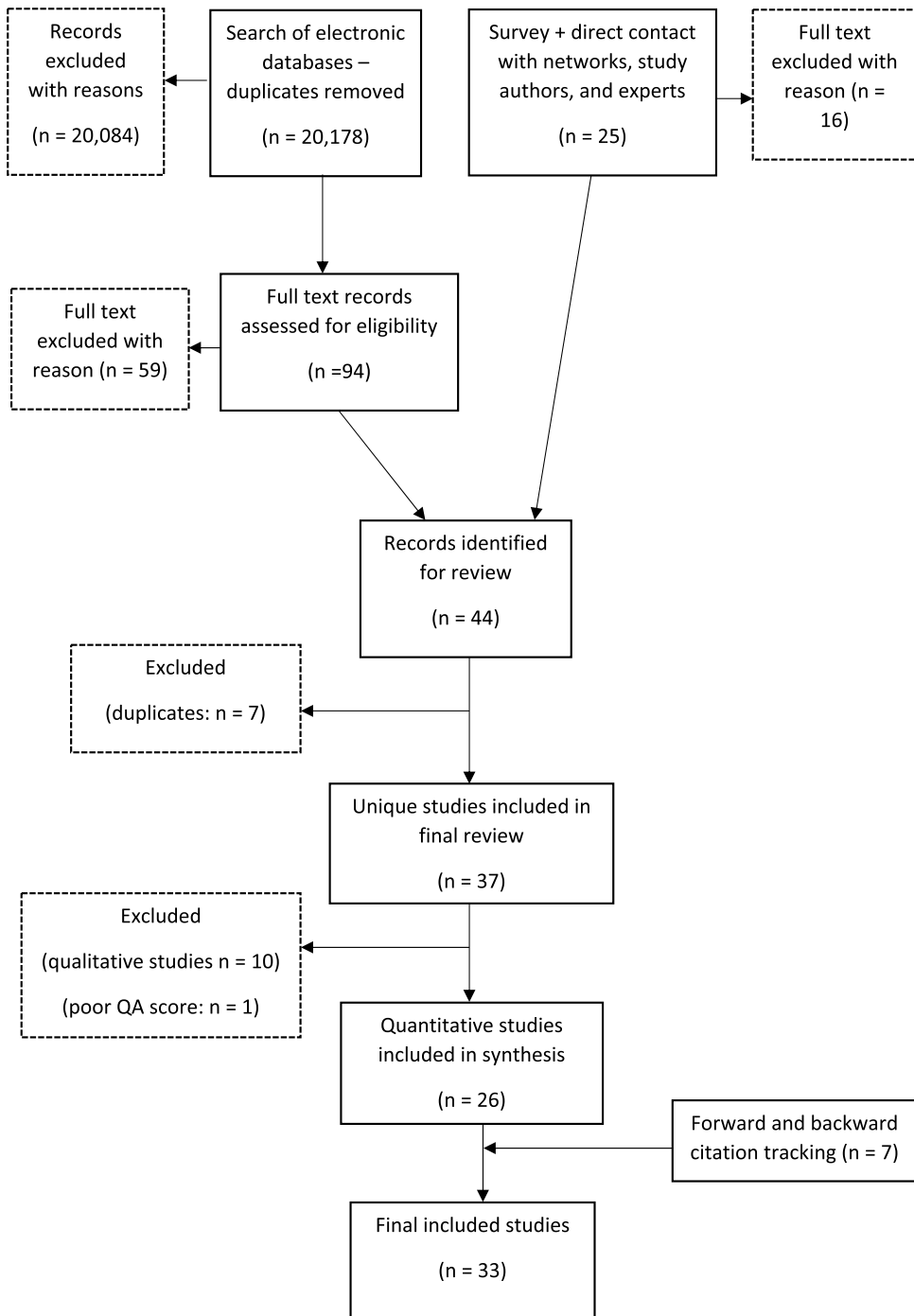


Figure 2. Flowchart of identifying studies for the review.

by the NUS Hidden Marks Survey (2010) ($n = 3$). The remaining 15 studies measured SV with different tools. This variety of tools made it difficult to synthesise results across studies. However, studies that measured similar forms of SV over the same time frame

were more easily compared and are presented. Where relevant, outliers within ranges are noted. Studies that used measures that were not comparable to others are excluded from ranges and discussed later.

Among studies measuring sexual harassment victimisation while at university, prevalence findings ranged from 31% to 77% of all students (Cambridge University Students' Union 2014; EUSA 2014; Hill and Crofts 2021). A notable outlier was EUSA (2014) which asked students directly if they had been subjected to sexual harassment. This technique of eliciting data tends to result in a lower prevalence (Fisher, Cullen, and Turner 2000). Prevalence findings for women ranged from 51% (Atkinson 2020; Stenning, Mitra-Kahn, and Gunby 2012 – Study 1) to 69% (Stenning, Mitra-Kahn, and Gunby 2012 – Study 2). Despite asking about experiences over a different time frame, the prevalence range of studies measuring sexual harassment in the previous 12 months was similar to studies measuring sexual harassment while at university, with findings ranging from 50% (Steele et al. 2021) to 68% (McCarry, Jones, and Kossurok 2021) of all students. One study measured lifetime experiences of sexual harassment of all students (79%; McCarry, Jones, and Kossurok 2021), three measured lifetime experiences of women, with the prevalence ranging from 80% (Stenning, Mitra-Kahn, and Gunby 2012 – Study 1) to 88% (McCarry, Jones, and Kossurok 2021) and one study assessed men's lifetime experiences of sexual harassment (56%; McCarry, Jones, and Kossurok 2021). Finally, two studies (McCarry and Jones 2022; McCarry, Jones, and Kossurok 2021) reported the prevalence of staff experiences of sexual harassment. In the previous 12 months, the prevalence ranged from 26% to 34% of all staff, from 33% to 39% of women, and from 11% to 22% of men. The prevalence of lifetime experiences was 80% of all staff, 91% of women and 56% of men (McCarry, Jones, and Kossurok 2021).

Six studies measured non-consensual sharing of sexually explicit media, each of which provided prevalence on victimisation of different forms of sexually explicit media (i.e. messages, images and videos). Among studies measuring messages, prevalence findings ranged from 14% (Queen's Student Union 2016) to 21% (Walker et al. 2021), with most studies having greater numbers of female respondents. It should be noted that the former study looked at experiences while at university and the latter over the lifetime. One study (NUS 2018) examined staff to student sexual misconduct finding that less than 4% of gay, queer and bisexual women, more than 4% of women postgraduates, approximately 2% of gay, queer and bisexual men and 2% of men postgraduates were sent sexually explicit messages. The prevalence of findings among studies measuring sexually explicit images ranged from 2% (NUS 2010; Phipps and Smith 2012) to 13% (Walker et al. 2021). A notable outlier was the study by NUS (2010) and Phipps and Smith (2012) that surveyed a national sample of women asking if naked or semi-naked images of them had been shared without their consent whereas the Queen's Students' Union (2016) and Walker et al. (2021) surveyed all students, asking if they had received sexually explicit images. One study (Walker et al. 2021) examined the prevalence of receiving sexual videos without consent, finding a prevalence of 4%. This study also examined perpetration or sharing of sexually explicit media without consent, with their results showing 25% shared messages, 16% shared pictures and 4% shared videos.

Among studies measuring unwanted sexual contact, defined as non-consensual touching of a sexual nature (e.g. kissing, fondling, petting, groping) but excluding vaginal, oral and anal completed or attempted intercourse ($n = 10$), prevalence ranged from 16%

(NUS 2010; Phipps and Smith 2012) to 41% (Atkinson 2020) of women students. Other studies examined specific behaviours, with prevalence of being subjected to groping ranging from 46% (Cambridge University Students' Union 2014) to 77% (EUSA 2014) of all students, 6% (Roberts, Donovan, and Durey 2022) to 34% (Camp, Sherlock-Smith, and Davies 2018) of men, and 23% (Roberts, Donovan, and Durey 2022) to 50% (Camp, Sherlock-Smith, and Davies 2018) of women. One study (McCarry, Jones, and Kossurok 2021) assessing staff experiences found 4.6% of all staff, 4.7% of women and 3.5% of men were groped in the previous year and 48% of all staff, 60% of women, and 21% of men were groped during their lifetimes. The same study reported lifetime experiences of students, with 49% of all students, 59% of women and 26% of men was subjected to groping. Two studies (Queen's Students' Union 2016; Roberts, Donovan, and Durey 2022) measured specific forms of unwanted sexual contact including kissing, touching of private areas, and molesting.

One time frame was utilised to assess attempted rape and three were used to assess rape victimisation of students. Among studies measuring attempted rape, defined as attempted vaginal, oral or anal intercourse without consent, prevalence findings for the time frame while at university ranged from 7% (Cambridge University Students' Union 2014) to 8% (Queen's Students' Union 2016) of all students and from 2% (NUS 2010; Phipps and Smith 2012) to 8% (Atkinson 2020) of women. Studies measuring rape while attending university, with rape defined as completed vaginal, oral or anal intercourse without consent, identified prevalence rates for all students between 3% (Cambridge University Students' Union 2014) to 6% (Queen's Students' Union 2016) and a rate of 2% for women (NUS 2010; Phipps and Smith 2012). One study looked at the prevalence of student and staff experiences of rape (McCarry, Jones, and Kossurok 2021). Seven percent of students (9% women, 3% men) were subjected to this in the previous 12 months and 19% of students (25% women, 5% men) were raped during their lifetime. The prevalence of staff experiences in the previous 12 months was lower than students (0.8% of all staff, 0.1% of women and 1.6% of men), as was the prevalence during their lifetime (14% of all staff, 19% of women, 3% of men).

Studies measuring incapacitated rape ($n = 3$), as defined by completed vaginal, oral or anal intercourse while intoxicated (Fedina, Holmes, and Backes 2018), assessed experiences over three different time frames. One study found 33% of students experienced this during their lifetime (Gunby et al. 2012), others found 3.7% of all students (Holloway and Bennett 2018), 2.3% to 5.7% of women (Holloway and Bennett 2018; Neville et al. 2014) and 1.3% to 2.5% of men (Holloway and Bennett 2018; Neville et al. 2014) experienced this since entering university. One study (Holloway and Bennett 2018) found 1.3% of all students, 1.9% of women and 0.6% of men were subjected to incapacitated rape in the current academic year.

Several studies ($n = 8$) measured broad definitions of SV, in which they typically provided findings on multiple forms of sexual victimisation and labelled them as sexual harassment or assault, criminal sexual offences, unwanted sexual behaviour, and sexual violence. These studies presented composite prevalence findings ranging from 1% (Barbarett et al. 2003) to 56% (Brooks 2019) of all students, 11% (Stenning, Mitra-Kahn, and Gunby 2012 – Study 1) to 43% (McCarry, Jones, and Kossurok 2021) of women and 22% (Neville et al. 2014) to 24% (McCarry, Jones, and Kossurok 2021) of men. A lower prevalence found by Barbaret et al. (2003) could be explained by reporting the prevalence

of incidents that were consistent with criminal sexual offences. Lifetime prevalence was higher with findings showing that 66% of all students, 29% (Stenning, Mitra-Kahn, and Gunby 2012 – Study 1) to 75% (McCarry, Jones, and Kossurok 2021) of women, and 42% (McCarry, Jones, and Kossurok 2021) of men experienced SV. One study reported a composite prevalence of staff experiences of SV (McCarry, Jones, and Kossurok 2021), with 12% experiencing this in the previous 12 months and 62% during their lifetime.

Finally, three studies provided findings on perpetration of SV, all of which used a version of the Sexual Experiences Survey (Koss et al. 2007). One study (Steele et al. 2021) surveyed women and men students, finding that 1% reported perpetrating SV. Two studies that surveyed only men found a higher prevalence of 10% (Hales and Gannon 2022 – Study 2) and 13% (Hales and Gannon 2022 – Study 1). An additional study (O'Brien et al. 2018) measured the prevalence of perpetrating unwanted sexual advances, finding 10% of women and 17% of men reporting perpetrating this form of SV.

Context and impact of SV

Several studies reported on the context in which students experienced SV, more specifically the gender of the perpetrator, location of victimisation experiences, and alcohol and drug use. No studies reported on the context of victimisation or perpetrator gender for staff. Five studies reported the perpetrator's gender, with four accounting for both male and female victims. In two studies (Hales and Gannon 2022 – Study 1 and Study 2), where all perpetrators were male, 82% to 87% of victims were female. When the victim was a woman, the reported rates of men perpetrating ranged from 81% (NUS 2018) to 100% (Atkinson 2020) and when the victim was a man, men comprised from 54% (Cambridge University Students' Union 2014) to 60% (NUS 2018) of perpetrators.

Three studies (Atkinson 2020; Cambridge University Students' Union 2014; EUSA 2014) provided information on the location of victimisation, with their findings showing that from 36% (EUSA 2014) to 58% (Atkinson 2020) of experiences were in a local venue, such as a pub or club. Other prevalent locations reported by one study (EUSA 2014) included: in the street (30%), online (28%); university building or venue (19%); and other areas of the university (10%).

Three studies reported on the alcohol and drug use of both the perpetrators and the victim (Cambridge University Students' Union 2014; Stenning, Mitra-Kahn, and Gunby 2012 – Study 1 and Study 2). Two studies (Stenning, Mitra-Kahn, and Gunby 2012 – Study 1 and Study 2) that surveyed women students found that from 47% to 49% believed the perpetrator was under the influence of alcohol and/or recreational drugs and from 37% to 40% reported they were under the influence. One study (Cambridge University Students' Union 2014) reported the form of SV experienced when the perpetrator had been drinking alcohol, with the majority of victims reporting attempted assault by penetration (81%), sexual assault (78%) and assault by penetration (65%).

Six studies gave details of the impact on SV victimisation on students (Cambridge University Students' Union 2014; NUS 2010; NUS 2018; Queen's Students' Union 2016; Stenning, Mitra-Kahn, and Gunby 2012 – Study 1 and Study 2); no studies reported impact on staff. The kinds of impact measured were mental health, personal relationships, academic studies, and physical wellbeing. The prevalence of mental health impacts ranged from 47% (Queen's Students' Union 2016) to 85% (Cambridge University Students' Union 2014) and 22% (Stenning, Mitra-Kahn, and Gunby 2012 – Study 1) to 27% (Stenning, Mitra-Kahn,

and Gunby 2012 – Study 2) of women students reported thoughts of suicide and/or self-harm. Two studies (Cambridge University Students' Union 2014; NUS 2010) found from 63% to 78% of victims' personal relationships were affected. All six studies measured the overall impact on academic studies, with prevalence findings ranging from 25% (NUS 2010) to 90% (Stenning, Mitra-Kahn, and Gunby 2012 – Study 2); two studies (NUS 2018; Queen's Students' Union 2016) assessed the specific impact of missing class and reported that 38% to 49% of all students, approximately 10% of women and 3% of men were impacted in this way. Two studies (Stenning, Mitra-Kahn, and Gunby 2012 – Study 1 and Study 2) measured the number of women who reported misusing alcohol and/or drugs after being subjected to SV – the prevalence ranged from 11% to 15%.

Domestic violence and abuse (DVA) studies

Characteristics

All eight DVA studies used looked at perpetration. Three also included victimisation in their studies (Bates, Graham-Kevan, and Archer 2014; Graham-Kevan and Archer 2009; Thornton, Graham-Kevan, and Archer 2012). The sampling strategy for all DVA studies was convenience sampling, in which staff and students were recruited via email, online, face-to-face in lectures, and a local research participation scheme. Seven recruited from one university and one from multiple universities. However, only two studies reported a response rate, with one reporting a rate of 75.3% of those who clicked an online link to a survey (Thornton, Graham-Kevan, and Archer 2012) and the other reporting a rate of 75.1% of staff and students recruited on a British university campus (Thornton, Graham-Kevan, and Archer 2016). Most studies contained small sample sizes ($n = 5, \leq 500$), with samples ranging from 92 to over 1,100.

Six studies collected data from students only and two from students and staff. For 7 of the 8 DVA studies, the samples were similar, as the majority were comprised of heterosexual women. In the study by Thornton, Graham-Kevan, and Archer (2016), approximately half were women and half were men. Three studies described the ethnic identity of their study and four reported the sexual orientation. None included information about the proportion of the sample who reported a disability. Taken together, student samples could be characterised as White, heterosexual women. Two DVA studies looked at staff and students, with sample sizes over 1000. The sample in one study (Graham-Kevan and Archer 2005) was comprised of heterosexual women and in the other study (Graham-Kevan and Archer 2009), the sample consisted of 70% women. Overall, as most studies had small sample sizes, failed to report non-response rates and lacked diversity in the sampling frames, findings should be treated with extreme caution.

Findings

Five studies reported on the incidence of DVA perpetrated or experienced within their sample populations. The findings were fairly consistent, which could be attributed to similar samples and 3 of the 5 studies using the Revised Conflict Tactics Scales (Straus et al. 1996). Of the remaining two studies, one used questions from Campbell and Muncer (2008) and the other used the Non-violent and Violent Offending Behaviour Scale (Thornton, Graham-Kevan, and Archer 2010). Prevalence findings are summarised according to the type of DVA.

Five studies provided findings on female students' perpetration, with 4 reporting on women's use of physical DVA towards male intimate partners and findings ranging from 30% (Cross and Campbell 2012) to 40% (Brzozowski et al. 2021 – Study 2). One study that reported women's perpetration of any form of DVA found that 58% of students were violent and abusive to male partners (Thornton, Graham-Kevan, and Archer 2012). Another study (Graham-Kevan and Archer 2005) combined students and staff, reporting that 36% of women students and staff used physical violence. Only one study included in this review assessed male students (Cross and Campbell 2012), finding that 15% reported using physical violence towards a female intimate partner. Moreover, only one study (Thornton, Graham-Kevan, and Archer 2012) assessed the prevalence of victimisation, finding that 68% of male students experienced DVA.

The remaining three studies measured the frequency of DVA acts perpetrated and experienced. Two included physical violence perpetration (Bates, Graham-Kevan, and Archer 2014; Thornton, Graham-Kevan, and Archer 2016), two assessed coercive control perpetration (Bates, Graham-Kevan, and Archer 2014; Graham-Kevan and Archer 2009) and two assessed victimisation (Bates, Graham-Kevan, and Archer 2014; Graham-Kevan and Archer 2009). Findings on physical violence perpetration were consistent, showing that women students were physically violent towards male intimate partners more often than male students were toward female intimate partners. Findings on coercive control were nuanced, with one study (Bates, Graham-Kevan, and Archer 2014) reporting that women students perpetrated any kind of coercive act more frequently than men did. In the study by Graham-Kevan and Archer (2009) different forms of coercive control were assessed among staff and students; the findings indicated that women and men used acts of intimidation, emotional control and coercion at a similar frequency while men perpetrated acts of economic control and isolation more frequently than women did. Of the studies assessing DVA victimisation, female and male staff and students reported that their heterosexual partners perpetrated coercive acts more generally and acts of intimidation, emotional control and isolation more specifically at similar frequencies. Male staff and students reported that their female partners used economic control against them more frequently than female staff and students reported their male partners did (Graham-Kevan and Archer 2009).

Context and impact of DVA

The studies included in this review assessed only one aspect of the context in which students and staff experienced DVA – the gender of the perpetrator. As the samples of the majority of studies were comprised of heterosexual women and looked at perpetration, the 8 studies in this review suggest that perpetrators consist mostly of women. None of the studies measured the impact of DVA. See DVA summary below for limitations of these studies and why this conclusion should be taken with extreme caution.

Discussion

Summary of SV findings

Considerable variation was found in SV victimisation prevalence rates for the included studies, reflecting previous systemic reviews (Fedina, Holmes, and Backes 2018). This

was due to a range of factors including research design, sampling frameworks and characteristics, the measures used to determine SV victimisation and inconsistencies in SV definitions and constructs.

All studies used cross-sectional designs with the majority ($n = 20$) examining student victimisation. Only a minority of studies also addressed SV perpetration ($n = 5$). Consequently, the included studies were able to provide a broad overview of university students experience of SV victimisation but very limited insights into perpetration. In addition, only two studies examined university staff experiences. This not only limits our understanding of SV for those working in universities but inhibits a recognition of the wider instructional cultures which may underpin SV within these educational contexts.

Most included studies used convenience sampling with recruitment primarily through posters, social media or emails. Response rates were only reported in just under half of included studies with wide variations (3.3% to 83%) depending on the methods used. Just under half of studies recruited students from a single university. Sampling numbers also varied considerably from just over 100 to 7000. However, although the latter study (Holloway and Bennett 2018) surveyed all students across eight universities in Wales, only a 7.8% response rate was achieved. No studies achieved a representative sample. Overall, taking into consideration all these limitations, we need to be cautious in any conclusion we reach regarding SV prevalence rates.

What was consistent across both student and staff samples was participant characteristics with the majority being female, white, heterosexual and not disabled. Due to these sampling inconsistencies and limitations, especially the lack of a robust representative sampling strategy and the near exclusion of minority students who may be at greater risk of SV victimisation including some black and minority (Office for National Statistics 2021), LGBTQ+ (Ford and Soto-Marquez 2016) and disabled (Mailhot Amborski et al. 2022) groups, we need to be cautious in making any generalisations from the research included.

The studies used a wide range of behavioural measures, with the Sexual Experience Survey being the most often utilised tool. However, over half of the studies used a variety of measures making comparisons challenging. It was noticeable that studies which used a definitional rather than a behavioural SV measure, recorded the lowest prevalence rate. For example, a study which used a criminal definition of sexual offences (Barbaree et al. 2003) reported a 1% prevalence rate. These findings support previous studies which show that respondents are often reluctant to identify their experiences in this way or fail to recognise their experiences as constituting harassment or sexual violence (Barter 2014; Fisher, Cullen, and Turner 2000). Due to this limitation some US-based research provides additional information, for example explanations of what constitutes 'unwanted' sexual contact' (Banyard et al. 2007, 57–58). As Fedina, Holmes, and Backes (2018) state providing respondents with specific examples of possible behaviours or responses (for example you said you didn't want to, you cried) to unwanted sexual contact can help with recall and provide more accurate estimates of SV. It is however important to note that the lack of a response, physical or verbal, does not necessarily imply consent as the 'freeze' reaction or tonic immobility may inhibit resistance (Tiller and Baker 2014).

Studies included a wide range of sexual victimisation with most ($n = 21$) measuring different forms of SV separately (e.g. unwanted sexual contact, attempted rape, rape,

incapacitated rape). Some studies ($n = 13$) also included specific SV behavioural breakdowns. For example, EUSA (2014) reported an overall sexual harassment prevalence rate of 31% which was broken down as: 88% unwanted sexual comments; 80% wolf whistling/cat calling; 77% unwanted touching/groping; 57% personal questions about sex/body; 28% comments about sex related to race/disability/sexuality; 19.5% exposing body; 16% trying to remove clothes. It is noticeable here that the researchers also sought to recognise the importance of intersectionality by asking about specific comments aimed at students with protected characteristics.

Several studies only reported a composite measure of SV ($n = 8$) incorporating multiple forms of abusive behaviour. This however may mask the gender dynamics present in SV as well as limiting our understanding of factors which might make some groups more at risk of certain forms of SV compared to others and hinder nuanced prevention responses.

Overall, the most common form of SV victimisation reported was sexual harassment ($n = 16$) including behavioural measures such as 'Someone had made sexual comments that made them feel uncomfortable' (Roberts, Donovan, and Durey 2022, 293), followed by unwanted sexual contact ($n = 10$), defined as non-consensual touching of a sexual nature (but excluding vaginal, oral and anal completed or attempted intercourse), rape ($n = 7$), non-consensual sharing of sexually explicit media ($n = 6$), attempted rape ($n = 4$) and three studies measured incapacitated rape.

All included studies had to contain findings on university SV or DVA among UK students and/or staff since entering university or in the past academic year. It is interesting to note that, except for sexual harassment studies, measuring SV across different timeframes, from past 12 months, while at university to lifetime found differential rates with past year being the least frequent to lifetime prevalence being the highest. However, for female students' sexual harassment victimisation for the past year and while at university were similar across a range of studies. This may reflect how common and persistent experiences of sexual harassment are for female university students. Fedina, Holmes, and Backes (2018) review included longitudinal studies with follow-up periods ranging from several months to several years. They argue that the differences in data collection time points explained some of the variation they found, which ranged from 6.68% to 36.3%. To date no UK longitudinal research has been undertaken to measure SV in UK university samples.

All three perpetration studies used the Sexual Experience Survey. Rates varied, however two linked studies with male only samples identified similar prevalence rates of around one in ten men reporting perpetrating SV (Hales and Gannon 2022). For example, Hales and Gannon (2022 – Study 2) found that 10% ($n = 30$) self-reported having perpetrated 145 sexually aggressive acts over the past 24 months, consisting of 37.9% sexual coercion; 35.9% rape/attempted rape and 26.2% unwanted sexual contact. This indicates that SV perpetrators are committing multiple, patterned and very severe SV acts.

Studies reporting on the context of SV identified the gender of the perpetrator; overwhelmingly male for both female and male victims. The most common locations for SV victimisation were local venue, most often a pub or club. Linked to this, three studies identified that the perpetrator was under the influence of alcohol or drugs at the time of the SV incident, with one study (S6) reporting the perpetration of extremely

high rates of very severe SV. This reinforces the need to ensure that safety protocols are in place, such as bystander training for students and university staff, as well as for local venue staff, including the ‘ask for Angela’ codeword to identify when individuals are in danger or are in an uncomfortable situation. Related to this US research has shown there are specific risk periods, known as temporal red zones, for sexual victimisation, generally in the fraternity and sorority pledging season (Flack et al. 2008). However, this does not transfer to the UK university context, which generally does not have such systems and where many students do not live on campus. The UK university ‘freshers week’, may represent an equivalent red zone, where new students arrive and attend social gatherings, often involving a social expectation of alcohol consumption, for a period before lectures start. To date UK research has not identified temporal risk periods.

Lastly the impact of SV on student emotional and physical wellbeing, personal relationships, and academic performance was clearly identified across six studies, reinforcing the seriousness of the issue in both the short and longer term, reflecting previous findings (Banyard et al. 2020).

Summary of DVA findings

Only a very limited number of DVA studies were identified ($n = 8$). All studies used a cross-sectional design and convenience sampling. In contrast to SV nearly all looked at perpetration, only two included victimisation. Nonresponse rates were only reported in three studies and most reported small sample sizes (≤ 500), making any generalisations unreliable. The majority of samples were female, heterosexual and white. Three studies had exclusively female respondents and three had predominately female samples (from 70% to 91%), despite previous robust research which shows that DVA victimisation is a highly gendered issue which mainly, although not exclusively, affects women (WHO 2021). Two studies reported on staff experiences. Almost all studies were conducted in a single institution. Half of the studies reported on the prevalence of female perpetrated physical DVA ($n = 4$) with perpetration rates being between 30% and 40%. Where both male and female perpetration rates were included one study (Graham-Kevan and Archer 2009) reported similar rates of perpetration and victimisation by gender and another (Thornton, Graham-Kevan, and Archer 2012) a slightly higher rate for females. However, as already emphasised, we need to be extremely cautious in our interpretations of these findings.

Three studies addressed frequency, with two studies indicating that female perpetrators used physical DVA more frequently than male perpetrators. However, interestingly women’s fear of partner was significantly associated with the use of minor physical violence (for example, Graham-Kevan and Archer 2005). Five studies used the Conflict Tactic Scale (CTS: Straus et al. 1996). The CTS although validated and widely applied has been highly criticised (see Kimmel 2002; Hester et al. 2017) as a DVA measurement tool as, although it counts the number of acts of violence, it does not provide information about the context in which these acts occur, including initiation, intention, history, or patterns of violence (Kimmel 2002; Hester et al 2017). For example, it provides no differentiation between a push and severe physical violence leading to hospitalisation, violence used in self-defence against an abusive partner and precludes impact on a wider range of potentially abusive behaviours (Hester et al 2017). None of the DVA studies measured

any form of sexual DVA and only a limited number included coercive control and verbal forms of abuse due to the emphasis on incident-based measures of physical DVA. Although stalking, both in person and online, is predominantly undertaken by current or ex-partners (Logan 2020), this form of abuse was not included in any of the studies. Except for the gender of the perpetrator, which was found to be predominantly female, none of the studies included any wider context or impact. Overall, five of the studies were undertaken by a small number of researchers who share a common research focus on women's perpetration of abuse, and specifically DVA. Overall, the limited number of studies, mostly undertaken within a single university setting, small sample sizes, a general lack of reported non-responses and the predominant focus on women's DVA perpetration means that it was not possible to adequately answer our research questions (2–4). Taking account of all these limitations it is clear we need to show extreme caution in interpreting these findings and refrain from making any generalisations to wider student or staff populations.

Study limitations

There are two potential methodological limitations that should be noted. First, the number of studies identified from searching electronic databases may seem to be large. There is always a balance or trade-off between breadth and precision. We were informed by Sampson et al.'s (2011) reflection that the researcher needs to consider if the precision was low because of their search style, or was unavoidable based on the subject matter and its indexing. We would argue that our relatively high level of retrieved articles was unavoidable given the subject matter as described above transcends disciplinary boundaries and the broad approach to capture as many relevant studies as possible. We also note that similar systematic reviews of GBV have retrieved comparable results of over 20,000 (e.g. Calcia et al. 2021) and therefore ours does not constitute an outlier (Edinger and Cohen 2013).

Second, large-scale reviews require considerable management, as outlined by Betrán et al. (2005) where 64,586 records were retrieved and 2443 were included. Before we searched for studies, we put in place organised processes to identify eligible studies efficiently while also minimising potential bias (Polanin et al. 2019), one of which was clear and detailed inclusion and exclusion criteria (McDonagh et al. 2013). We also ensured that sufficient time was allocated and reviewing occurred in 'bursts' accompanied by rest periods as outlined by Croft, Vassallo, and Rowe (1999).

The findings in this study are limited to white, heterosexual, non-disabled student samples. Furthermore, as research and sampling designs were not representative, no generalisations can be made. It is of note that most of the DVA studies did not recognise that DVA can occur in a range of forms other than physical incidents and studies predominantly focused on female DVA perpetration. A lack of longitudinal studies limits understandings of longer-term impact and revictimisation.

Conclusion

Despite variations in SV rates and limitations identified in study design, methodology, and sampling frameworks, findings on SV victimisation seem to show that SV is a major issue for UK university students, primarily perpetrated by males. However, we

also need to understand the SV experiences of university staff if we are to recognise the wider underpinning institutional and cultural contexts which both reinforce and reflect structural inequalities more broadly within individual university settings (Banyard, Plante, and Moynihan 2004). Our review clearly indicates that SV is a significant issue for UK universities, as it is globally, impacting on students emotional and physical well-being, and academic achievement. Our review found few UK studies on DVA in university settings. For the studies we did locate a range of significant limitations means that any findings need to be interpreted with extreme caution. Overall, we were unable to adequately answer our stated research questions regarding the estimated prevalence, context and impact of DVA in UK university settings.

Implications

Current understandings of the extent, prevalence, characteristics and impact of SV and DVA in UK universities would be strengthened through the development of validated quantitative tools to include measures on perpetration, incidents, prevalence, context and impact. Sampling and recruitment techniques should be tested for effectiveness and consistency and need to include university staff and minority students. Longitudinal studies would enable understandings of how SV and DVA affects staff and students' experiences over time. Universities should ensure that efficient safety protocols are in place, including bystander training for all students and staff. Alongside mandatory training, a whole-system response would include clear and accessible systems for student reporting, sufficient university support policies, and wider engagement with external agencies including policing, DVA and SV services.

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