Background

Since the National Union of Students (NUS) released the Hidden Marks report (2010) a growing body of UK evidence has documented the scale and impact of UK university students' experiences of Sexual Violence (SV). The NUS (2010) national online survey of 2,058 women students found that 68% had experienced sexual harassment and 7% experienced serious sexual assault. International research on the prevalence of SV among university students has shown varying prevalence rates due to inconsistencies in SV definitions, measurements and sampling frameworks. Steele et al's., (2023) recent meta-analysis showed SV prevalence of 17.5% for women students in higher education (HE), 7.8% for men, and 18.1% for transgender and gender diverse people. Steele et al's., (2021) earlier meta-analysis found that female university students experienced higher levels of SV severity compared to males. In response, the Office for Students (2020) established a statement of expectations for preventing and addressing sexual harassment and misconduct in HE, including primary prevention through effective bystander training for staff and students.

However, evaluations of UK bystander interventions remain limited (Gaffney et al 2023). The role of bystanders; individuals not directly involved as victims or perpetrators that have the capability to intervene and change the situation (Banyard et al., 2007), can be pivotal in the context of Domestic Abuse (DA) and SV. Banyard et al., (2020) identified two types of bystander interventions: reactive and proactive. Reactive behaviours relate to positive and negative actions that a bystander can take. Negative reactions include reinforcing victim blaming through making fun of the victim, inaction or ignoring negative behaviours. In contrast, proactive behaviours are not limited to a single incident or action, but encompass all supporting behaviours implemented before, during, or after an incident that create safe

environments for students, especially women. To achieve prosocial bystander behaviour Banyard (2011) argues that three stages need to be addressed through education. The individual needs to: (1) recognise a situation as problematic; (2) feel a responsibility to assist; and (3) know what to do and choose to act.

Multiple systemic reviews on the effectiveness of university bystander interventions concluded that, despite the heterogeneity in the types of intervention and study variables, SV interventions improve attitudes and understanding, increase bystander competence, and, most importantly, engender prosocial bystander behaviour (Villalonga-Aragón et al 2023). Importantly, Jouriles et al's., (2018) systemic review determined that effects diminished over time and longer interventions had greater effects on attitudes and beliefs.

As most programmes have been developed and evaluated within a US context (Miller et al., 2012, Fenton and Mott, 2018) it remains uncertain to what extent these findings can be transferred to other international university contexts, including the UK. In addition, most have exclusively focused on SV.

Gaffney et al.'s, 2023 review and identified The Intervention Initiative (TII), developed by Fenton and colleagues (2015), as a promising UK programme. TII developers subsequently evaluated the programme with first-year Law students at a university in Southwest England, reporting that student experiences were 'exceptionally good across all outcome measures' (Fenton and Mott, 2018, p.645). Students showed a significant decrease in rape and DA myth acceptance and denial, and a significant increase in bystander efficacy, intent and readiness to help. Prosocial bystander behaviour post-intervention also increased, with no 'backlash effect', as reported in previous bystander evaluations (Flood, 2006). In an earlier study Fenton and Mott (2015) found no significant difference in programme rating outcomes by gender.

To date, no studies explicitly address implementation issues (Gaffney et al 2023), although Aitken et al (2023) provide a descriptive account detailing tips for developing bystander training, including the need to be responsive to students from under-represented and marginalised groups. Fenton and Mott (2017) have also argued that cultural adaptation of bystander programmes may be required.

In response, our study was developed to understand what is required to implement TII within a diverse university context, identifying facilitators, barriers and any unintended consequences, rather than provide evidence of intervention effectiveness.

The Intervention Initiative

The 'Intervention Initiative' (TII) (Fenton et al., 2015), was recommended by UUK (2016) as a key prevention activity. The eight-hour manualised intervention, (http://www.uwe.ac.uk/interventioninitiative) contains a range of activities and methods, alongside detailing the core outcomes: learning to identify DA and SV, recognising warning signs, risk factors and the continuum of violence. Sessions 1-5 cover SV and DA knowledge, attitudes and beliefs, to enable recognition of the problems and embed responsibility to respond. These sessions seek to improve understanding of problematic behaviours, critical awareness of one's own gender inequitable attitudes, and empathy for victims, reflecting Banyard's (2011) first two stages. The remaining three sessions correspond to Banyard's final stage where participants learn bystander skills to intervene safely and effectively. Experiential skills training supports participants to plan and practice bystander interventions.

Methods

The aim of our study was to explore the feasibility (Bowen et al., 2009) of implementing TII in a north of England University setting with distinct characteristics. These include a high ratio of mature students, students from lower socio-economic backgrounds and ethnically diverse groups, requiring an intersectional approach to analysis (Christensen and Jensen 2012). The facilitators and barriers to TII set-up, implementation and delivery across three professional courses: (social work, sports coaching and medicine), were explored using a mixed method process evaluation (Moore et al., 2015). This methodology allowed a comparison of different cohorts and identification of unintentional outcomes of delivery. The cohorts were chosen for their distinct and diverse demographics. Social work students tended to be female and older; most sports coaching students were younger males; and the medicine cohort were mainly international students from a wide range of countries. Staff within these three schools were also committed, willing and able to deliver the intervention.

TII was embedded into the curriculum in one academic year. Ethical approval was obtained from the university ethics committee which addressed issues of confidentiality, informed consent, protection from harm, data protection and participants' rights. Students and tutors were informed of the study aims. Completion of evaluation measures was anonymous and voluntary; it was made clear that the evaluation had no bearing on any assessments. Methods included a standalone social norms questionnaire and pre and post intervention attitudinal surveys and a shortened version of the Illinois rape myth scale (Payne et al., 1999). The survey aimed to gain insight into range of issues including student attitudes, beliefs and knowledge of SV and DA, including rape myth acceptance and student knowledge and confidence of when and how to intervene in SV and/or DA incidents. Although survey questions did not ask about personal experiences of abuse, information about available support was provided. Facilitators were also available to offer immediate support. Students

attending the first and final TII sessions completed the surveys as indicated in **Table 1**. To maintain anonymity, student names or IDs were not collected, so individual change cannot be measured across time points. This represents a limitation to our survey methodology. Basic descriptive tests were undertaken using SPSS. Times 1 (pre-training) and 2 (post-training) were compared[1].

Following completion of the TII, students and facilitators were invited to attend separate semi-structured focus groups or interviews to discuss their experiences of TII and to explore if, and how, the intervention required modifications to reflect the needs of diverse student populations. Signed consent was obtained for focus groups, and students were provided with canteen vouchers in recognition of their time. Although interview questions focused on the intervention and did not ask about personal experiences of harassment or violence support was available if required. In total, 11 students (nine female, two male) and ten facilitators (seven female, three male) participated in interviews or focus groups. Further demographics and identifying details have been removed to preserve anonymity; both groups featured additional intersections including age, disability and ethnicity. Interviews and focus groups were recorded (with participant consent) and fully transcribed. A thematic analysis (Braun and Clarke, 2012) was used to develop and refine clusters of themes, both inductively and deductively, which were coded in NViVo software. A framework was developed and used to code further transcripts and across data sets, for example data was analysed for similarities and differences within themes, and within and across student cohorts to ensure different perspectives were represented. Therefore, the analysis framework was mindful of forms of oppression, structural inequalities, diversity and exclusion. Members of the research team reflected on the developing themes, including through reflexivity of their own standpoints,

[1] Supplementary Tables 1-4 show participant responses for each survey question.

generating both inductive and deductive coding, to ensure a robust analysis was undertaken. This enabled the evaluation aims to be rigorously explored in breadth and depth.

Results

Student profile

As already described, the three university cohorts differed by gender and age. Most social work students were female, sports coaching students were primarily male, with medicine having a more mixed gender balance. Social work and medicine students had a higher proportion of students over the age of 21 compared to sports coaching students (42 and 22% versus 4% at Time 2). A higher proportion of medicine students identified as from racialised or ethnically minoritised heritage compared to social work and sports coaching students (46% versus 16% at Time 2).

Insert Table 1 here.

Previous SV/DA Education and Knowledge

Across all cohorts, most students had received some education around sexual consent prior to TII. Nearly all (90%) of sports coaching, over three quarters (79%) of medicine and two-thirds (64%) of social work students, had received some teaching in this area. The disparity may reflect the older age profile of social work students, where teaching around sexual consent may have been less prevalent when they attended school. Only a small minority of students had previously received bystander training (8%-15%).

Pre-Intervention Set-Up

Students were informed of the programme content before the first session due to its nature and potential for (re)traumatisation. However, some focus group participants felt more detailed information should have been provided; this was particularly the case for one survivor who felt unprepared for the pre-training survey. Students appreciated the offer, stated before TII commenced, that they could leave or decide not to participate in discussions,

without giving a reason. In the planning stages it was agreed that a designated member of staff would be available in a nearby room for students who required support during, or immediately after, the sessions.

In the set-up stage there was some confusion as to the mandatory status of the training due to misinterpretation of the information prior to the course. Whilst some students stated they did not require the training, arguing it should therefore be optional, others disagreed:

> 'People are not taking it serious, because you saw that the number of students were decreasing. So, then they emailed us and they said that it's mandatory…we all mentioned that it was not taken seriously, but at the end it was really serious and really useful and helpful.' (Medicine student)

Delivery

TII was delivered to each subject cohort separately, with two facilitators leading each session. However, facilitators found delivery to large groups, especially in lecture theatres, inappropriate. Many found that the differing demands of managing group dynamics, as well as ensuring that students felt comfortable and safe, was often difficult to balance. This was especially challenging if a co-facilitator needed to leave the room to check on the wellbeing of a student and signpost them to support. Timing of delivery was viewed as critical. For example, delivery at the end of the day or week was viewed inappropriate by facilitators as students would be unable to easily access support out of work hours.

Prior to teaching, all facilitators attended a full day training session led by the TII developer. Nevertheless, facilitators reported a lack of confidence in their ability to deliver the sessions due to a lack of familiarity with the TII content, using materials they had not created, lack of flexibility due to the scripted content and lack of experience in delivering similar interventions. Facilitators who had not previously taught gender-based violence topics reported greater levels of apprehension due to the subject matter.

> ‘I was still quite reluctant to take it on board…just because of the material and our lack of expertise...drawing in the (other facilitators) …that really did help, then the outcome was beyond my expectations…I certainly didn’t feel on my own with the challenging…materials’. (Facilitator 8)

General Views of the Intervention Initiative

Overall, students felt that TII could have been shorter, and facilitator discussions confirmed that some materials felt repetitive. Although repetition was an intentional aspect of TII to reinforce key messages, this was generally viewed as a barrier to student engagement.

Nevertheless, facilitators considered TII materials to be ‘generally okay’, although the lack of diversity was highlighted by students in both the sessions and in interviews. There were also contextual differences in applying the materials and resources due to the student profile and university environment. For example, the university has a higher proportion of mature students, and students who live off campus compared to many other UK universities.

> ‘I get why the course is put on, but I don’t think it was relevant to me because I don’t live on campus, I’m a mature student. So, I didn’t really find that side of it beneficial.’ (Social Work student)

Some students were dismissive of materials where they used different terminology or cultural references which, rather than facilitate discussions, distracted students from the task.

> ‘The wording of the role plays…that language isn’t really used…it might have been a bit outdated or a bit dramatized… I think there needs to be a bit more realism.’ (Social Work student)

Many of TII materials and video clips focused on drinking alcohol at night, socialising on campus and aspects of ‘lad culture’ (Phipps and Young, 2015). Although these are known

risk factors (Jouriles et al., 2018) they did not necessarily apply to all students in this study who: tended to be older, lived off campus, were international students where social and cultural norms were different, and for students who did not drink alcohol due to religious beliefs. Many of these students did not see the relevance of some materials and felt that this marginalised their experiences, although facilitators found ways to overcome some of these issues:

> 'There was a phrase…something like, oh I'd rape that, (students said), "well we wouldn't say that". And I came up with several alternatives that pretty much said the same thing that I know that they will use. And it was like, oh yes, I hadn't thought of it like that.' (Facilitator 9)

Specific Session Feedback

Despite the above issues, many students found the video about the Bystander Effect (https://www.youtube.com/watch?v=OSsPfbup0ac) in the first session and the river scenario (adapted from Crapser and Stewart, 2014) helpful in understanding the bystander role. Similarly, in session two the videos depicting problematic 'Lad Culture' was seen as useful, especially by the male sports coaching cohort, who reported that they had witnessed similar behaviours and found it to be relatable (see https://www.youtube.com/watch?v=ZYhaodUPqSU; Oxford Good Lad video: https://www.youtube.com/watch?v=-05FF5NOkFU). In contrast, some female social work students described this session as 'sexist' and argued for a gender-neutral approach based on their concerns for men in the class:

> '…it seems very sexist...girls can be just as bad as boys, especially when they're in like a group…they can target men as well…that needs to be incorporated into it, so that the men on the sessions don't feel as targeted.' (Social Work student)

This led to a protracted debate that other students found frustrating and time consuming. Interestingly, few men voiced these concerns either in sessions, or in focus groups. Session three covered SV law and issues around consent. The cup of tea video (Tea Consent - YouTube) was considered valuable by students and facilitators.

Session four addressed DA and contained a great deal of information, including coercive control, honour-based violence and forced marriage. Students commented on the usefulness of the Hollyoaks video (a UK TV series), where coercively controlling behaviour in a young adult relationship was depicted, to generate discussion. However, social work students said they would have liked more sessions on DA and strategies to use when in practice, including DA services to contact.

Sessions five to eight introduced role plays (RPs). Facilitators agreed that information delivered previously was required to understand the RP task. Students chose to use the RP in different ways. For example, sports coaching students performed the RPs to the class, although they acknowledged the difficulty in using scripts that were seen as inconsistent with their own beliefs, language, or behaviour:

> 'I found the role plays really interesting but when you got the script… in my one, I had took on like the bad person…at some point she said… she deserved to get raped…it was quite hard to say because…everyone else in the class knows that you wouldn't say something like that'. (Sports Coaching student)

However, social work and medicine students were more reluctant to act out the scenarios and instead used them as case studies or in small groups. Facilitators recognised that RPs can be uncomfortable to perform and might require more preparation. Students in the focus groups where RPs had not been acted out commented that this had diminished their impact.

Nevertheless, many students reported that the case studies and RPs helped them to realise the importance of intervention:

> 'The case studies were really good because it gave you, everyone has this glamorised idea of what sexual assault is or what rape is or what domestic abuse is. So, it's very much like, oh it's to this extreme, but then when you gave the case studies out and you see that it's actually, it can be a lot less than what you think…it gave some people time to sit back and reflect and think…' (Medicine student)

Reflections on Impact

Survey results (see supplementary tables for raw data) provided some indication of the potential impact of TII although, as stated, our aim was not to measure TII effectiveness. The limitations of this aspect of the study, due to being unable to match pre and post survey responses, has been acknowledged. In this section we present the findings from the survey and focus groups/interviews across three specific areas: knowledge, attitudes, skills and confidence.

Knowledge

Social work students were less confident in their DA and SV knowledge compared to sports coaching and medicine students at baseline. Although social work students made the greatest gains in knowledge, they remained the least confident post-intervention. For example, post-training, more social work students remained 'unsure' or 'uncertain' in respect to their general knowledge of DA (baseline 51%/post-training 12%) and SV (64%/14%) compared to students from medicine (DA 35%/8%: SV; 32%/6%) and sports coaching (DA 42%/ 0%: SV 42%/0%).

Students' knowledge around DA and SV law was low at baseline across all three cohorts. Post TII, gains were made across all schools, however, this was more prevalent among social work students. For example, at baseline, all cohorts reported a lack of knowledge

surrounding DA law: social work students were the least confident with 80% reporting a lack of knowledge, followed by medicine (65%) and sports coaching (51%) students. Post-intervention, this reduced across all three cohorts to 22% for social work, 16% for medicine and 0% for sports coaching students.

Baseline knowledge of where to seek support within the university was low among social work (24%) and sports coaching students (29%) compared to medicine students (59%). Sports coaching students made the greatest gains post-intervention with 85% reporting feeling confident compared to just 58% of social work students.

Attitudes

Victim blaming attitudes based on responses to: 'If a woman is assaulted while drunk, she is at least a little bit responsible for letting things get out of control' were generally low across all three cohorts pre-training, particularly among the predominantly female social work cohort. Post-intervention, the proportion of students who agreed with this statement, or were neutral, had decreased amongst sports coaching (9%/4%) and medicine students (19%/ 9%) and remained consistent among social work students (6%). Attitudes that excuse sexual perpetration were more varied across the three cohorts at baseline with 68% of sports coaching, 50% of medicine and 29% of social work students either neutral or in agreement that 'if someone was drunk, they could unintentionally sexually assault another person'. Post-intervention, this proportion dropped among sports coaching (68%/27%) and medicine (50%/31%) students but remained similar to baseline levels for social work students (29%/24%.)

Baseline attitudes towards verbal sexual harassment in the form of 'sex jokes' among sports coaching students, was higher than in other cohorts with half (51%) of these students either in agreement or neutral that such jokes were intended to be funny and not harmful versus 3% social work and 33% medicine. However, post-TII, positive attitudes were more prevalent

among sports coaching students, with 92% disagreeing with this statement, followed by 84% medicine and 80% social work students.

Findings from the student focus groups and interviews indicated how some of these changes in knowledge and attitudes had been achieved; through better understanding of the facts, raising awareness around hidden topics and increasing knowledge about everyone's role in stopping DA/SV:

> '…I would just keep quiet (when seeing an incident), I wouldn't say anything, just because I didn't want to cause any trouble. But it's opened my eyes to see that it has its disadvantages because me not saying anything is like I'm condoning whatever action or behaviour is going on.' (Medicine student)

It was common for students to reflect that before the TII training they felt they had sufficient knowledge of the issues, and it was not until they received the training that they realised they had overestimated their knowledge:

> 'Yes, there's always something that you can learn, even when you think you know it all. Like you said, there's always something that you don't.' (Social Work student)

Facilitators confirmed that student's awareness, knowledge and attitudes had improved:

> '…the way that they interacted with…with the materials, with each other… the conversations that you could overhear as they were walking out of the room..., their awareness of any kind of danger, will be heightened…that's really encouraging'. (Facilitator 8)

Skills and Confidence

At baseline, sports coaching students were more likely to report feeling confident to deal with comments of a sexual nature (73%) than medicine (52%) and social work students (46%). Post-training, the proportion of students feeling confident to address sexual comments

increased across all cohorts, however a relatively high proportion of social work students remained unsure or unconfident in this respect (26%) compared to sports coaching students (4%), perhaps reflecting the gender divide.

In relation to confidence to address unwanted sexual touching aimed at themselves, again sports coaching students were more confident at baseline (80%) and post-training (92%) followed by medicine (62%/88%) and social work (70%/82%) students.

At baseline, a high proportion of students, across all three cohorts, agreed that they were more confident to support a friend experiencing DA or SV than themselves and this remained high following the training. Post TII confidence to support a friend experiencing DA increased across all three groups, rising from 68% to 96% for social work, 68% to 92% for sports coaching and from 73% to 88% for medicine students. A similar pattern was also found in relation to SV, rising from 66% to 72% for social work, 66% to 92% for sports coaching and 66% to 79% for medicine students.

In contrast, pre TII confidence to disclose their own victimisation to the university was relatively low across all three cohorts with 24% sports coaching, 26% of social work, and 46% medicine students reporting to be confident and, although this increased post training, it remained low among social work students with only half reporting confidence in this respect, compared to 69% medicine and 77% of sports coaching students.

Students in the focus groups and interviews also reported improved skills and confidence to intervene in situations, including recruiting others to assist. The case studies and RPs, despite the criticisms, provided opportunities for students to directly practice or reflect on the multiple and different ways they might respond as an active bystander and feel more prepared:

> '…But I think being exposed to so many different case studies and being exposed to different situations, you realise, well I wasn't actually prepared for that, maybe I'll be prepared now…it just makes you think and reflect on what you've done in the past and what you want to do in the future.' (Medicine student)

However, to implement these new skills, students confirmed they needed the knowledge gained over the previous weeks of the intervention.

> '…you don't have to be the one who takes control…helping someone could be going to go and find someone else who's better to help.…it doesn't make you feel bad because you know that even though you've not got involved, you've helped the situation by finding the right person.' (Sport coaching student)

Some students were able to provide examples of the direct impact of TII. The student below described intervening in a nightclub to help a stranger who she felt was in an abusive relationship.

> 'I wouldn't have intervened in a situation, just because it was a massive trigger (due to past DA)…he was shouting at her, and then he went to hit on the bar staff and she was on her own crying…I was just like...I need to go over, and I probably wouldn't have done that. But then once I'd intervened, he got really aggressive…the other girl that was with us, she was on the course as well, and from the bystander training the two of us decided to tell the bar staff.' (Medicine student)

Examples were also provided where students, although they were not present at the time of an incident, were able to offer appropriate support afterwards, based on their bystander learning and skills.

Barriers to Bystander Engagement

Four main barriers to bystander engagement were identified through the qualitative analysis: professionalisation; female perpetration, male victims and resistance.

Facilitators felt that some students did not understand the immediate relevance of TII. These students argued that interventions should be more tailored to their future professional roles rather than their current position as university students, minimising their immediate role as bystanders:

> 'The interventions were alright, but the problem is, going into social work, we're not going to be seeing it as it's happening. Whereas that seemed to be what it was more about…but it's more the stuff after we would deal with'. (Social Work student)

Some students were highly resistant to the statistics on SV/DA prevalence and, primarily female students, argued forcefully for a gender-neutral approach. These students were not questioning the levels of violence against women, only that the level of violence perpetrated by women against men was equivalent. There was a lack of engagement with the key research findings on perpetration and victimisation and a comprehensive resistance from some to reflect on their positions given the magnitude of the evidence.

> '…seems very sexist…girls can be just as bad as boys… needs to be incorporated into it, so that the men on the sessions don't feel as targeted.' (Sports Coaching student)

Throughout the intervention it was clearly stated that women could perpetrate DA and to a lesser extent SV. Nevertheless, post TII several complaints were received from female social work students regarding a perceived gender-bias that ignored the equally prevalent issue of female perpetration. One student stated they did not want to be taught by feminists. This was

a cause of concern for facilitators and left some feeling uncomfortable and disheartened, as one male facilitator illustrates:

> '…the resistance, frankly, was irritating because it was pretty basic stuff around gender and sexism and structural stuff really, which is a bit sort of excruciating...' (Facilitator 2)

Facilitators considered that it might be that these female students did not want to acknowledge their unequal position due to gender-based violence or acknowledge the impact that structural sexism still holds.

> 'It did tend to be the women who were really gender neutral, and whatever evidence you put forward to them made no difference, because it's a held believe that isn't evidenced and they could provide no evidence… they didn't want to place themselves in that vulnerable position'. (Facilitator 10)

Linked to this, some students argued that TII content did not recognise male victimisation. However, when male victims were included in the material this was generally not viewed as sufficient:

> 'One of the case studies…about a female partner controlling their male partner. And they did all discuss that and they did recognise it. But the next case study wasn't and then straightaway they said, well it's not fair, is it, because yet again, it's [female victim]…for some reason they can't leave it alone.' (Facilitator 2)

One student reflected on the disruption that these arguments, often based on rhetoric and unfounded opinions, caused for the sessions and the wider bystander message:

> 'We just had too much personal opinion to even look at…slides. It was like, oh, because by the time they'd finished arguing, we'd wasted half an hour listening to them.' (Social work student)

The need for more examples of male victims was also raised by female medical students but this was because the male students were not taking male victimisation seriously, rather than from a position of gender-neutrality. In contrast, the issue about gender-neutrality did not arise in the male sports coaching students. Facilitators in the sports coaching department and an independent observer (from another faculty) did not identify any 'gender bias' in the materials or their delivery. Male sports coaching students confirmed that any discomfort male students might feel was due to being personally perceived as a potential perpetrator:

> 'I guess it could make people, like men feel, like make sure they all feel that they want to actually come to the sessions more…It could possibly like make you think, oh why do I want to go to that because it's just going to be about men? I don't want to just hear that all the time.' (Sports Coaching student)

Facilitators emphasised this can be overcome through reinforcing that this is about empowering everyone, irrespective of their gender, to be active bystanders and therefore part of the solution. Facilitators also observed that some students failed to have a nuanced understanding of wider structural issues such as racism, which may impact on help-seeking,(Femi-Ajao et al 2020), that impeded learning:

> 'I ended up having to say, so can you think of any reason why a black person might not want to take a sexual assault to the police? One girl actually went, 'why wouldn't they?' in that tone. And I went, well because of institutional racism. And it looked like it was the first time they'd heard those words.' (Facilitator 7)

Discussion

Our study revealed a range of facilitators was well as barriers to TII implementation and delivery. At the implementation stage we decided to make TII compulsory to reduce self-selection (Fenton and Mott, 2018). The need for this decision was confirmed by interviews, where some participants initially believed that they did not require the training. However, the

compulsory status necessitated careful pre-intervention planning and communication with students, including acknowledging the sensitivity of some sessions, information on pre-training surveys, and crucially, giving clear permission and support to leave the sessions if required. and signposting the availability of different avenues of support. These wellbeing strategies were important to all students, but especially for survivors and are key to successful delivery.

Delivery in large groups was challenging and many felt smaller groups would enable a more conducive leaning environment, although this has resource implications. Both facilitators and students found the TII repetitive and, although this was intentional to reinforce key messages, it was felt that repetition could be reduced. Both Banyard et al., (2007) and Jouriles et al., (2018) showed greater effects for programmes with longer durations, although the effect diminished over time. Given these findings, reducing the bystander programme dose, by removing repetition, whilst including a 'booster' session in subsequent years, may support better long-term retention.

The lack of diversity in TII resources was noted by facilitators and students. In response, medicine students constructed their own role-play activities, which provided greater authenticity and made the content transferable to their life experiences. This is key when you consider that research demonstrates bystanders are more likely to intervene in situations when members of their own social or ethnic group are being victimised (Levine et al., 2020). Consequently, materials need to reflect the characteristics of the student cohort; thereby establishing a shared group membership (Katz and Moore 2013) reflecting Fenton's and Mott's (2017: 445) review. Fenton and Mott (2017: 445) argue that 'Every aspect of the intervention must be adapted using sociocultural relevant materials ensuring that it is salient and proximal to the lives of intended participants. This may be particularly challenging where materials are less obtainable, and educators must be prepared to develop their own materials'.

The use of accessible and relevant role play is clearly a useful feature of this programme as it gives students practice in a structured way, but it can be intimidating to act in this new way in front of staff and peers; as reflected in student and facilitator responses. Reading RPs in small, 'safe' groups provided a viable alternative, whilst providing an additional opportunity for small group discussion about the use of language and application to life experiences.

However, probably the most challenging barrier to implementation was the gender-neutral position of some female students, despite the highly gendered nature of SV. In some cases, this impeded the bystander learning stages as set out by Banyard (2011). Interestingly, this gender-neutral position differs from Fenton's and Mott's (2015) study where male and female student responses were similar with no participant's reporting these concerns.

It is however essential that the intervention reflects the dynamics and nature of DA and SV. Consequently, many TII examples focused on violence against women, primarily by male perpetrators, although scenarios including male sexual violence to other men, female violence against men and LGBQ+ and/or T scenarios were included. This is imperative given Steele et al's (2023) SV prevalence for this group of students and Donovan and Roberts' (2022) analysis of how research methodologies and policy have rendered LGBTQ+ university student SV experiences invisible. A balanced critique of feminism can be included in materials; indeed, this has been a central feature of debates around intersectionality and feminism (Crenshaw, 1989), but discussions around DA/SV need to be informed by the evidence and not by 'post-feminist' rhetoric. As Anderson (2014: 50) states:

> 'The claim made by antifeminists is that discrimination against women is largely in the past and feminism in the present day is unnecessary. In fact, according to this view, the real victims of gender discrimination today are boys and men'.

Additionally, students positioned themselves as future professionals, rather than students or possible victims of DA and SV. This positioning can increase engagement from some, but denies the immediate relevance of the bystander role, a cornerstone of TII, and may also be a mechanism for students to distance themselves from the reality of DA or SV in their own lives. There is a risk that the lens of professionalisation may act to distract from the central bystander messages that all of us, irrespective of our social or employment position, can be victims and can also be part of the solution as skilled bystanders.

Finally, some students reflected on the immediate impact of the intervention on their bystander behaviours. Examples provided by students of the safe application of their bystander skills confirmed previous findings that bystanders who intervene, to prevent or curtail violence or abuse, report that their actions make them feel positive, proud and empowered (Witte et al., 2017).

Despite these challenges, the surveys indicated that DA and SV knowledge, confidence and attitudes had improved. Disappointingly, negative attitudes that excuse sexual perpetration were still evident post training. It was surprising that social work students were the most resistant to TII, given much of the focus of this profession is on identifying and responding to abuse. Student confidence in reporting their own victimisation to the university also remained low post training, especially for female social work students, reinforcing the need for a whole system approach to combatting SV and DA within university settings.

In conclusion, this is the first study to explicitly address the implementation of a university bystander programme across different professional disciplines. As discussed, key issues requiring consideration include administrative and structural support including appropriate timetabling, class size and provision of support for survivors. Adapting of course materials, including RP activities (as well as overcoming discomfort in performing RP) and the

inclusion of appropriate terminology and cultural references, alongside reducing repetition and addressing counterproductive gender-neutral positions, were all evidenced. Overall, our findings are applicable to university settings nationally and internationally, identifying key strategies to ensure appropriate set-up, student inclusion, wellbeing and safety for bystander awareness. As one participant stated, 'you don't opt in or out of inequality, you live with it…my safety isn't an opt in issue.'

References

Aitken, D., Shamaz, H., Panchdhari, A., Afonso de Barros, S., Hodge, G., Finch, Z. & George, R. (2023) Twelve tips for developing active bystander intervention training for medical students, Medical Teacher, 45:8, 822-829, DOI: 10.1080/0142159X.2023.2207723

Anderson, K. J. (2014). *Modern misogyny: Anti-feminism in a post-feminist era*. Oxford University Press.

Banyard, V. L. (2011). Who will help prevent sexual violence: Creating an ecological model of bystander intervention. *Psychology of violence*, *1*(3), 216.

Banyard, V., Mitchell, K. J., Waterman, E. A., J. Rizzo, A., & Edwards, K. M. (2020). Context matters: Reactive and proactive bystander action to prevent sexual and dating violence in high schools. *Journal of School Violence*, *19*(4), 499-511.

Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology*, *35*(4), 463-481. DOI: 10.1002/jcop.20159

Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., Bakken, S., Kaplan, C. P., Squiers, L., Fabrizio, C., & Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine*, 36(5), 452–457.

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA Handbook of Research Methods in Psychology*, Vol. 2. (pp. 57–71). American Psychological Association.

Christensen, A-D, & Jensen, S. Q. (2012) Doing Intersectional Analysis: Methodological Implications for Qualitative Research, *NORA - Nordic Journal of Feminist and Gender Research*, 20:2, 109-125, DOI: 10.1080/08038740.2012.673505

Crapser, B. G., & Stewart, A. L. (2014). Men's Project: Sexual assault prevention program for college men program manual. Storrs, CT: University of Connecticut,pp.26-27.

Crenshaw, K. (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University

of Chicago Legal Forum: Vol. 1989 (1), Article 8. 139-166. 25th July http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Donovan, C., & Roberts, N. (2022). Violence and abuse, Universities and LGBTQ+ Students. Stopping gender-based violence in higher education: policy, practice, and partnerships. Abingdon: Routledge.Femi-Ajao O, Kendal S, & Lovell K (2020) A qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among women from ethnic minority populations in the UK. *Ethnicity and Health*. 25(5):732-746.

Fenton, R. A., & Mott, H. L. (2015). Strategy for addressing sexual and domestic violence in Universities: Prevention and response. 25th July http://www2.uwe.ac.uk/faculties/BBS/BUS/law/Law%20docs/bystander/Partners/Strategy_for_addressing_sexual_and_domestic_violence_on_universities.pdf

Fenton, R. A., & Mott, H. L. (2017). The bystander approach to violence prevention: Considerations for implementation in Europe. *Psychology of Violence, 7*(3), 450 –458

Fenton, R. A., & Mott, H. L. (2018). Evaluation of the intervention initiative: A bystander intervention program to prevent violence against women in universities. *Violence and Victims*, *33*(4), 645-662.

Fenton, R.A., Mott, H.L. and Rumney, P.N.S. (2015) (2nd Edition) The Intervention Initiative: Theoretical Rationale [online]. University of Exeter. 25th July http://law.exeter.ac.uk/media/universityofexeter/collegeofsocialsciencesandinternationalstudies/research/interventioninitiative/resources/Theoretical-rationale.pdf

Flood, M. (2006). Changing men: Best practice in sexual violence education. *Women Against Violence: an Australian Feminist Journal*, (18), 26-36.

Gaffney, H., Jolliffe, D. and White, H. (2023) Bystander Interventions to Prevent Sexual Assault Toolkit: technical report, Youth Endowment Fund. https://youthendowmentfund.org.uk/wp-content/uploads/2023/04/Bystander-Interventions-to-Prevent-Sexual-Assault_-Technical-Report_Apr-2023.pdf

Jouriles, E. N., Krauss, A., Vu, N. L., Banyard, V. L., & McDonald, R. (2018). Bystander programs addressing sexual violence on college campuses: A systematic review and meta-analysis of program outcomes and delivery methods. *Journal of American College Health*, *66*(6), 457-466.

Katz, J., & Moore, J. (2013). Bystander education training for campus sexual assault prevention: An initial meta-analysis. *Violence and Victims*, *28*(6), 1054-1067.

Levine, M., Philpot, R., & Kovalenko, A. G. (2020). Rethinking the bystander effect in violence reduction training programs. *Social Issues and Policy Review*, *14*(1), 273-296.

Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C. D., Anderson, H. A.,& Silverman, J. G. (2012). "Coaching boys into men": A cluster-randomized controlled trial of a dating violence prevention program. *Journal of Adolescent Health*, *51*(5), 431-438.

Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T., Wight, D., & Baird, J. (2015). Process evaluation of complex interventions: Medical Research Council guidance. *BMJ (Clinical research ed.)*, *350*, h1258.

National Union of Students. (2010). Hidden marks: A study of women students' experiences of harassment, stalking, violence and sexual assault. England, UK: Author.

Office for Students (2020) Office for Students statement of expectations for preventing and addressing harassment and sexual misconduct affecting students in higher education. https://www.officeforstudents.org.uk/media/d4ef58c0-db7c-4fc2-9fae-fcb94b38a7f3/ofs-statement-of-expectations-harassment-and-sexual-misconduct.pdf

Payne, D., Lonsway, K., Fitzgerald, L. (1999) Rape Myth Acceptance: Exploration of Its Structure and Its Measurement Using the Illinois Rape Myth Acceptance Scale, Journal of Research in Personality, Volume 33, Issue 1, 27-68.

Phipps, A., & Young, I. (2015). Neoliberalisation and 'lad cultures' in higher education. *Sociology*, *49*(2), 305-322.

Steele, B., Martin, M., Sciarra, A., Melendez-Torres, G. J., Degli Esposti, M., & Humphreys, D. K. (2023). The Prevalence of Sexual Assault Among Higher Education Students: A Systematic Review With Meta-Analyses. Trauma, Violence, & Abuse, 0(0). https://doi.org/10.1177/15248380231196119

Steele, B., Nye, E., Martin, M., Sciarra, A., Melendez-Torres, G. J., Degli Esposti, M., & Humphreys, D. K. (2021). Global prevalence and nature of sexual violence among higher education institution students: a systematic review and meta-analysis. The Lancet, 398, S16.

Universities, U. K. (2016). Changing the Culture: Report of the Universities UK Taskforce examining violence against women, harassment and hate crime affecting university students.

Villalonga-Aragón M, Martí-Vilar M, Merino-Soto C, Tantalean-Terrones L. (2023) A Scoping Review of Educational Interventions to Increase Prosociality against Gender-Based Violence in University Bystanders. Social Sciences. 2023; 12(7):406. https://doi.org/10.3390/socsci12070406

Witte, T. H., Casper, D. M., Hackman, C. L., & Mulla, M. M. (2017). Bystander interventions for sexual assault and dating violence on college campuses: Are we putting bystanders in harm's way? *Journal of American College Health*, *65*(3), 149-157.