



The intersection of sexual violence, alcohol and drugs at universities and colleges

A briefing note following UK Healthy Universities Network meeting in collaboration with Universities UK and the Office for Students, 22 July 2021

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This briefing note discusses issues relating to sexual harassment and sexual assault. If you are affected by any of the issues raised then there are services that can help:

- [Womens' Aid](#) has a live chat service for victim-survivors of domestic abuse.
- The [Samaritans](#) are open every day of the year. You can phone them for free on 116 123 or email jo@samaritans.org (response time: 24 hours).
- [Rape Crisis England and Wales](#) has a free live chat helpline service for women and girls who have experienced sexual violence.
- [Rape Crisis Scotland](#) has a free helpline which you can call on 08088 010302.
- [Men's Advice Line](#) is a helpline for male victims of domestic abuse. You can call their free helpline on 0808 8010327.

Introduction

We know that alcohol and drugs can be a key factor in sexual violence. Reports in recent years have highlighted the risks to students, documented incidents of sexual misconduct involving drugs and alcohol, and set out the steps universities and colleges can take to promote a safe, supportive environment. Progress has been made, but there is more still to do.

This briefing note shares learning from a meeting of the UK Healthy Universities Network on these issues, drawing on presentations and reflecting on themes that emerged during the session.¹ It is particularly timely as universities and colleges prepare to welcome a new cohort of students for the start of the academic year. Drinking alcohol and taking drugs are a common part of the freshers' experience for many students, many of whom will also be living away from home for the first time. It remains to be seen how the experience of the pandemic will affect their experience of starting their courses.

This note looks first at the available data on student alcohol and drug use, the interaction between alcohol, drugs and sex, and sexual misconduct. The second section summarises presentations from the meeting. Finally, there are a series of case studies on the practical steps universities and colleges are taking to address these issues. Annex A lists the resources referenced in the note and at the network meeting. A full list of speakers and contributors is at Annex B.

¹ See <https://healthyuniversities.ac.uk/events/uk-hun-july-2021/>.

This note does not represent guidance. Its purpose is to share learning and signpost further information. It is offered in the spirit of sharing practice that others may find useful and applicable in their own institutions and contexts.

Scoping the issue

Use of alcohol and drugs is relatively common among students in higher education. One quarter of students surveyed by the Higher Education Policy Institute (HEPI) said that they had taken illegal drugs in the past year.² 76 per cent of survey respondents in a 2018 National Union of Students (NUS) survey on student alcohol use said that there is an expectation for students to drink to get drunk.³

Moreover, Everyone's Invited, a website where victim-survivors of sexual violence can share their stories anonymously, contains frequent mentions of alcohol and drugs in the testimonies shared by survivors.⁴ The 2014 NUS report Hidden Marks found that one in 10 victim-survivors of serious sexual assault were given alcohol or drugs against their will before the attack.⁵

Sexual misconduct

There is a lack of national data around sex, relationships and sexual misconduct, but more evidence has come to light in the last few years about harassment and sexual misconduct in higher education. For example:

- Full-time students are more likely to experience sexual assault than those in any other occupational group.⁶
- In a study of over 5,500 students by Brook, a young people's sexual health and wellbeing charity, nearly 50 per cent of women said they had been touched inappropriately.⁷
- A survey of 4,500 students by Revolt Sexual Assault and the Student Room found that 62 per cent of students and recent graduates had experienced sexual violence.⁸

² See <https://www.hepi.ac.uk/2018/06/12/students-think-taking-illegal-drugs-causes-problems-users-well-society-want-universities-take-tougher-stance/>.

³ See <https://www.nusconnect.org.uk/resources/students-alcohol-national-survey>.

⁴ See <https://www.everyonesinvited.uk/read-testimonies-page-57>.

⁵ See <https://www.nusconnect.org.uk/resources/hidden-marks-a-study-of-women-students-experiences-of-harassment-stalking-violence-and-sexual-assault>.

⁶ See <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesvictimcharacteristicsenglandandwales/march2020>.

⁷ See <https://legacy.brook.org.uk/press-releases/sexual-violence-and-harassment-remains-rife-in-universities-according-to-ne>.

⁸ See <https://revoltsexualassault.com/research/>.

The interaction between sex, alcohol and drugs

A 2021 report by HEPI surveyed 1,000 students on sex, sexual health and relationships.⁹ The sample was weighted by gender, course, year and higher education provider type to represent the sector. The report found that:

- 87 per cent of students surveyed agreed that alcohol and drugs could lead to risky sexual behaviour.
- 65 per cent of sexually active students surveyed reported having had sex under the influence of alcohol and 58 reported having had sex with someone who had been drinking alcohol.
- 17 per cent of sexually active students surveyed reported having had sex while experiencing the effects of drugs and 16 per cent reported having had sex with someone who was experiencing the effects of drugs.

The HEPI survey also asked students about their confidence about consent. It found that:

- 91 per cent of students surveyed said they were confident about what constituted sexual consent.
- This confidence decreased when asked about sexual consent when one or more adults had consumed alcohol. 70 per cent of students said they were fairly or very confident, with the proportion of students describing themselves as 'very confident' halving from 59 per cent to 30 per cent.

This data cannot tell us how often sexual misconduct occurs when alcohol and drugs are involved. However, it does provide an insight into students' perceptions of sex and consent where alcohol and drugs are involved, as well as indicating that students are having sex under the influence of alcohol and drugs.

Consent and understanding myths around sexual violence

As highlighted by Rape Crisis Scotland, there is a common misconception that if someone is intoxicated it is 'their own fault' if they are the victim of sexual misconduct. This victim-blaming attitude shifts the burden of responsibility from the perpetrator onto the survivor. Interventions that lean towards victim-blaming narratives or messages should be avoided, and universities and colleges should bear this in mind, for example in considering communications around sexual misconduct, alcohol and drugs.

Alcohol and drugs are not the cause of sexual misconduct, but they are a tool that perpetrators use to take advantage of someone who is vulnerable, for example by giving someone substances or seeking out someone who has been impacted by them and is lacking capacity. A 2019 study by Brook found that 52 per cent of students know it is not possible to give consent when you are

⁹ See <https://www.hepi.ac.uk/2021/07/22/student-relationships-sex-and-sexual-health-survey-2/>.

drunk¹⁰. A survey of 4,000 people by the End Violence Against Women Coalition found that one in 10 people are not sure whether it is, or think it usually or definitely is not, rape if a man has sex with a woman who is very drunk or asleep.¹¹

Victim-blaming attitudes can make it difficult for survivors to talk to anyone about what happened to them or seek support, especially when alcohol or drugs have been involved.

This is reflected in survivor testimonies, such as this one from the 2014 Hidden Marks report:

‘The university never took these crimes seriously, and reports were never filed. There seemed to be a common belief that female students drink too much, and either deserve what happens to them or exaggerate because they feel bad in the morning.’¹²

Rape Crisis Scotland suggests that universities and colleges should consider the following to promote safety without victim blaming:

- Prevention
 - Invest in and promote comprehensive consent and healthy relationships education.
 - Ensure clear messaging about consent: checking that a person has capacity to consent is part of seeking their consent (to any kind of sexual activity).
 - Support and resource student-led campaigning and activism to challenge sexual violence.
 - Consider the impact of all interventions put in place, for example the possible message of victim-blaming sent to students by giving them rape alarms and drinks covers.
- Support
 - Believe students who say they have been victims of harassment or violence.
 - Ensure that there is clear, visible and accessible information about where survivors of sexual violence can access internal and external support.
 - Equip staff with knowledge about sexual violence and skills to provide a helpful response to disclosures of sexual and gender-based violence.
 - Ensure that accessible report and support systems are in place.

¹⁰ See <https://legacy.brook.org.uk/press-releases/sexual-violence-and-harassment-remains-rife-in-universities-according-to-ne>.

¹¹ See <https://www.endviolenceagainstwomen.org.uk/campaign/research-public-dont-understand-sexual-violence/>.

¹² See <https://www.nusconnect.org.uk/resources/hidden-marks-a-study-of-women-students-experiences-of-harassment-stalking-violence-and-sexual-assault>.

Researchers at the University of Ulster have undertaken research into unwanted sexual experiences among university students in Northern Ireland. This has included systematic reviews of defining and measuring sexual consent in higher education, the prevalence of unwanted sexual experiences and their impact on mental health of university students. They found that the emerging definitional themes of consent in the review were incapacitation, use of force, use of threats and lack of wantedness. They also carried out a survey of 1,071 students on sexual experiences and found that over half of respondents had experienced at least one unwanted sexual experience.

Case study: City, University of London

Academic staff at the Department of Sociology at City, University of London carried out a pilot study¹³ to determine the feasibility of researching harassment and sexual violence among students. This involved the development of a survey, which was funded by the QR-Strategic Priorities Fund and conducted by City, University of London with collaboration from the University of Surrey, De Montfort University, Universities UK and NatGen. The results of the pilot survey will be used to review the structure of the survey and consider upscaling to a larger project.

The project aimed to help providers address challenges in gathering data on student experiences of sexual harassment and violence, and to support the establishment of baselines that could be used to measure institutional progress. The number of respondents was small (162) but the survey provided interesting findings, including:

- The majority of experiences happened outside university campuses in public spaces and the night-time economy, where alcohol and drugs were more likely to be involved:
 - 29 per cent experienced sexual misconduct on public transport.
 - 58 per cent experienced sexual misconduct in the street or in public.
 - 63 per cent experienced sexual misconduct in a club, pub or other social space.
 - 25 per cent of experiences occurred on university premises, including halls of residences.
- A number of the survey respondents highlighted the complexities of knowing what to do as victim-survivors or witnesses, and concerns about criminalising themselves
- Survey respondents highlighted that they had to self-police or protect themselves particularly when going out.

¹³ See <https://www.universitiesuk.ac.uk/topics/equality-diversity-and-inclusion/violence-university-pilot-project-march>.

Whole provider approach

Taking a whole provider approach to the issue of sexual misconduct, alcohol and drugs means involving staff from across the provider and making a clear organisation-wide commitment, including leadership from senior management.

Many universities and colleges offer consent training to students, for example as part of induction activities. There is also a range of consent education resources available online, many created by providers and specialist organisations. Providers may wish to consider whether alcohol and drugs are covered as part of training resources that they provide to students.

Although consent training is a helpful intervention, it may be useful to consider it as a 'baseline' activity, as described in the case study from University of Wales Trinity Saint David below. It may be useful to consider consent training as one element of a wider strategy around sexual misconduct, alcohol and drugs, including ongoing communications to students beyond induction activities.

Case study: University of Wales Trinity Saint David

Staff at the University of Wales Trinity Saint David identified a need to engage more effectively with students in talking about sexual relationships. The university had previously collaborated with the students' union and provided bystander training, but recognised that a base level of understanding from students was needed to discuss sexual relationships and consent with students more openly. The majority of the university's students are over 25 years old and do not live on campus.

The university partnered with the charity Brook and worked with it to develop an online consent module, which is part of student induction.¹⁴ It is available in both Welsh and English. Alongside the consent module, the university and Brook have developed a series of webinars and seminars, with topics including pornography, positive sexual experiences and alcohol. All of the resources are inclusive of lesbian, gay, bisexual and transgender relationships and those involving other minority sexualities and sexual identities (LGBT+), or have separate content tailored for LGBT+ students.

The university has seen an increase in reporting and disclosure, via its complaints process and through students reaching out for mental health support. The university is committed to further developing its work with Brook.

As highlighted by Professor Steve West (vice-chancellor at the University of the West of England), lowering the risk of harm to students requires a whole provider approach. This involves creating a framework that supports students and gives them agency to make choices, recognising the

¹⁴ See <https://www.brook.org.uk/>.

interrelationship between rights, responsibilities and risk. To do this, Professor West suggests that interventions should be:

- based on evidence and research
- rooted in partnership
- timely
- appropriate
- proportionate
- visible
- active, and deliberate or intentional

Professor West also highlighted that there will be increased concern due to the pandemic, with some students anxious about returning to university or college and some who want to 'party'.

Case study: University of the West of England, Bristol

The University of the West of England (UWE) is developing a Campus Life Framework, which brings together wellbeing, student support, campus and community security as well as representatives from the faculties of the university. It operates for students living on and off campus. The focus is on risk and context rather than substance and consumption.

The aim of this work is to drive choice and agency, build a sense of community and put students at the heart of the strategy. As part of this, the university is embedding health and wellbeing into the curriculum early on, as a natural extension of what students are studying. In responding to the challenge of freshers' week partying, the intention is to frontload and target interventions to contain behaviour. The university is developing its **Tier 1** services, which are universally available to students. **Tier 2** includes focused interventions and professional services based at UWE, and **Tier 3** includes referral to specialist services for students who need it.

This tiered approach encourages early and active engagement with students before issues amplify, specifically working to create cohesive interventions to support transition.

The university also has an initiative called Speak Up, an online tool developed for students to get help if they have experienced something that makes them feel upset or uncomfortable. Students can choose to speak to a trained adviser who can discreetly investigate incidents, or they can report issues anonymously. The university has considered how this connects with its other policies, to ensure this is not a service provided in isolation from other interventions.

The framework forms part of an approach that works to reduce the level of risk, and potential associated harm, rather than waiting to respond when something goes wrong. This active framework enables the university to intervene early and intentionally before the problems escalate. In relation to drug and alcohol use, this includes recognition that problems often

arise from intoxication and regular consumption, and manifest not only for the individual student, but also for their friends and the wider community.

This approach to harm reduction has its main roots in a scientific public health model, and the university's policies and practices are being adjusted to minimise the extent to which users and those around them suffer in terms of health, social, legal and financial problems and the impact these may have on educational experiences.

When considering their policies on alcohol, drugs and sexual misconduct, research from Teesside University suggests that providers should ask themselves the following questions:

- Do you have a separate alcohol and drug policy?
- How does it link with other policies, such as the sexual misconduct policy?
- Do you have separate alcohol and drug policies for staff and for students?
- Do staff and students know about these policies?

This research also suggests that providers should consider establishing a steering group to drive alcohol and drug work across the provider. Membership of this steering group should be carefully considered, including student representation.

Case study: Leeds University Union

Sophia Hartley, welfare officer at Leeds University Union for 2020-21, worked with the Head of Student Support at the university to propose a reformed approach to tackling sexual violence at the University of Leeds. The proposal consisted of the following:

- increased financial resource for support services
- influential leadership
- preventative measures
- building trust with reporting
- building trust with supporting.

In particular, increased financial resource in this area underpins the approach, with the proposal asking for recruitment of senior staff with strategic vision to encourage a change of behaviours and culture in students, faculties and central services.

Culture change around sexual violence at the university has been accelerated by partnership work between students and staff. Design of interventions and the strategy has been informed by consultation with students, including black, Asian and minority ethnic students and LGBT+ students. The university will begin offering consent training from the start of the new

academic year. It has also found that bystander intervention training is effective for sports teams. Policies for staff, students and postgraduate research students have been developed.

Case study: University of Exeter

To support students with the return to campus, the University of Exeter has established a Transitions Group, which is linked closely to its Mental Health and Wellbeing Board, and a new Gender Safety Group which meets monthly. The university has been working closely with its students' unions, student societies and external partners to develop a coordinated response.

The workstreams of the Transitions Group are:

- registration and core processes
- academic transition
- equality, diversity and inclusion, safety and consent
- social, extracurricular and community, with a strong focus on wellbeing and mental health
- wellbeing and connection with a focus on student accommodation environments
- communications.

The university also has new policies on sexual misconduct and drugs and alcohol, as well as a new behavioural charter (Four 'E's: Engage, Explain, Encourage, Enforce). Actions for the Transitions Group include development of consent training and bystander intervention training, as well as the creation of a physical safety group, which includes working with partners from the night-time economy and a pilot night safety scheme.

Whole system collaborative working

Complementing the whole provider approach set out above, it is important that universities and colleges take a 'whole system' perspective and work in partnership with other organisations with expertise in this area. Among others, this includes:

- charities with expertise in sexual misconduct, e.g. Women's Aid, Rape Crisis Centres, SafeLives, Respect¹⁵

¹⁵ See <https://safelives.org.uk/>, <https://www.womensaid.org.uk/>, <https://rapecrisis.org.uk/get-help/find-a-rape-crisis-centre/>, <https://www.respect.uk.net/>.

- other universities and colleges in the local area
- police and the Crown Prosecution Service
- local counselling services
- local bars, nightclubs and licensing authorities
- drugs and alcohol services.

Case study: Queen Margaret University, Edinburgh

Queen Margaret University is working to foster a collaborative approach around gender-based violence working with partner agencies. The university works in a partnership called Fearless Edinburgh, which includes the other four higher education providers in Edinburgh, the police, Women's Aid, Rape Crisis, the NHS and the Victim Support Service. Working closely with the other providers in Edinburgh means that the providers can access joint training and other opportunities, as well as having a joint rape crisis point across the providers.

Including staff, a quarter of the population of Edinburgh is associated with a university or college, and working in partnership acknowledges students as part of the local community. The partnership has referral routes to Women's Aid, Rape Crisis, a violence against women network, drugs and alcohol services, an eating disorder clinic, local GP services and self-harm services.

The university has found that taking a multi-agency approach to gender-based violence has had a number of advantages (see below), but central to this is better outcomes for survivors, with 60 per cent of survivors reporting abuse stopping when a partnership approach was taken.

The university has found that fears about sharing sensitive information and data with partners can be a barrier to partnership working, and has established an information-sharing agreement with partners to combat this.

As highlighted by Dr Jessica Lindohf at Queen Margaret University, advantages of partnership working may include:

- acknowledging that university and college staff are not experts in this area and using expertise of specialist organisations and individuals
- joint training opportunities
- acknowledgement of students as part of the local community
- shared solutions, responsibility and accountability
- pooling resources

- better support for staff
- fewer conflicts of interest for organisations working with perpetrators and survivors
- greater choice of support for survivors.

Case study: Nottingham Trent University

At Nottingham Trent University consent workshops are compulsory for all first-year students. These incorporate discussion of alcohol use, and are practical and scenario-based, including common scenarios such as a male student buying a female student a drink. Students discuss consent in each scenario.

The university holds events during Alcohol Awareness Week, which takes place in November each year. One activity involves the use of 'beer goggles', which simulate being drunk. Students are asked to try and open a condom wrapper while wearing the 'beer goggles', and most are not able to. This leads to a discussion about whether students can consent to sexual activity while drunk.

The university is part of the Consent Coalition, a group in Nottingham that also includes the University of Nottingham, the police, the Crown Prosecution Service and other voluntary services. Alcohol and drug education is offered as part of this collaboration. Staff at the university also sit on key support working groups such as the City and County Alcohol and Drugs Intelligence Group, which allows staff to feed back to the university and student's union on wider issues going on in the area.

Students' union bar staff are trained in bystander intervention. City centre venues also have partnerships with the universities in Nottingham, which allows the university to ask that bar staff and stewards undertake training.

The university also has strong links with the NHS, including having wardens on campus and in accommodation, who can refer students for support. This support is offered with a person-focused approach, which stresses that coming forward for support will not affect a student's academic life, progress or reputation. The university also has wellbeing staff on duty at weekends.

The university has launched an A to Z of consent resource on social media, by giving facts on consent using each letter of the alphabet.¹⁶

Conclusion

The interaction between sexual violence and use of alcohol and drugs in higher education is complex. Addressing it will require open, sometimes difficult conversations at universities and

¹⁶ See <https://nottssvss.org.uk/consent-coalition/campaigns/az-consent/>.

colleges. We hope that this briefing note is a useful resource for starting and furthering those conversations.

Thank you to all the speakers and contributors at the UK Healthy University Network online meeting on 22 July 2021. The presentations and discussions at the meeting informed this briefing note. The presentations and a recording of the event can be found on the UK Healthy Universities Network website.¹⁷

¹⁷ See <https://healthyuniversities.ac.uk/events/uk-hun-july-2021/>.

Annex A: Resources

The Office for Students' statement of expectations provides a set of consistent recommendations to support providers to develop and implement effective systems, policies and processes to prevent and respond to incidents of harassment and sexual misconduct.

Reports and research

Dame Carol Black: Review of drugs: Evidence relating to drug use, supply and effects, including current trends and future risks (2020). Evidence commissioned by Dame Carol Black as part of the Review of Drugs.

Brook: Sexual violence and harassment in UK universities (2019). Email-distributed survey of 5,649 UK students on sexual violence and harassment.

Bogowicz, P, Ferguson, J, Gilvarry, E, Kamali, F, Kaner, E, and Newbury-Birch, D,: Alcohol and other substance use among medical and law students at a UK university: A cross sectional questionnaire survey (2018). Postgraduate Medical Journal.

End Violence Against Women: Research: Public don't understand sexual violence (2018). YouGov survey on public understanding of rape and the law on sexual violence.

Graham, Kathryn, Bernards, Sharon, Osgood, D Wayne, Abbey, Antonia, Parks, Michael, Flynn, Andrea, Dumas, Tara, Wells, Samantha: 'Blurred lines?' Sexual aggression and barroom culture (2014). This study uses objective observational research to quantitatively assess the gender of initiators and targets, the extent to which sexual aggression involves intentional aggression by the initiator, the nature of responses by targets, and the roles of third parties and intoxication.

Higher Education Policy Institute: Tackling sexual violence in universities (2021). This case study, written by Sophia Hartley, Welfare Officer at Leeds University Union, sets out the union's journey to change the culture around sexual violence at the University of Leeds.

Higher Education Policy Institute: Student relationships, sex and sexual health survey (2021). A survey of 1,000 students (weighted to represent the sector) about relationships, sex and sexual health.

Hirsch, Jennifer S, and Khan, Shamus: Sexual citizens: Sex, power and assault on campus (2020). Hirsch and Khan interviewed 150 undergraduate students about their sex lives.

Khan, R: Domestic abuse policy guidance for UK universities. Honour Abuse Research Matrix, University of Central Lancashire (2021).

Melkonian, AJ, and Ham, LS, Psychology of addictive behaviours: The effects of alcohol intoxication on young adult women's identification of risk for sexual assault – A systematic review (2018).

Newbury-Birch, D, Walshaw, D, Kamali, F: Drink and drugs: From medical students to doctors (2001). Drug and Alcohol Dependence. Drug and Alcohol Dependence

National Union of Students (NUS): Students and alcohol national survey (2018). Research into higher education students' relationship with alcohol 2017-18. 2,215 students were surveyed

through providers participating in the Alcohol Impact programme and through NUS' database of student cardholders.

NUS: Hidden marks: A study of women students' experiences of harassment, stalking, violence and sexual assault (2014). A report providing a snapshot of harassment and violence that a national sample of 2,058 women students have faced whilst in higher education.

NUS and Release: Taking the hit: Student drug use and how institutions respond (2018). NUS surveyed 2,810 students at UK providers on their experiences of and attitudes to drugs.

Office for National Statistics: Nature of sexual assault by rape or penetration, England and Wales: Year ending March 2020.

Revolt Sexual Assault and the Student Room: Sexual violence at university (2018). Survey of 4,491 students on students' experience of sexual violence. The survey was distributed via the organisers' websites and social media and promoted by providers and students' unions.

Universities UK: Violence at university pilot project (2021). City, University of London study investigating students' experiences of violence and victimisation while studying at UK universities.

Online resources

Information on UK alcohol unit guidance from Drink Aware.

The A-Z of Consent, a consent resource from the Consent Coalition and Nottinghamshire Sexual Violence Support Services.

Active Consent, a project by National University of Oreland Galway, which supports young people to have positive and confidence sexual health and wellbeing.

Video resources on sexual health and wellbeing by Dr Jane Meyrick, Senior Lecturer in Health Psychology at the University of the West of England.

Thames Valley Police video resource on consent, Tea and consent.

Western University video resource on consent, Cycling through consent.

Organisations

Best Bar None, an accreditation scheme supported by the Home Office and drinks industry that aims to improve standards in the evening and night-time economy.

Everyone's Invited, a space for survivors of sexual misconduct to share testimonies anonymously.

Galop, the UK'S LGBT+ anti-abuse charity, working with LBGT+ people who have experienced abuse and violence.

The Loop, an organisation that provides drug safety testing, welfare and harm reduction services at nightclubs, festivals and other leisure events.

Mankind, the national charity supporting male victims of domestic abuse.

Rape Crisis England and Wales and Rape Crisis Scotland, organisations that support the work of regional rape crisis centres and raise awareness of sexual violence and abuse.

Respect's Men's Advice Line, a helpline providing confidential support for men experiencing domestic abuse.

Womens' Aid, the national charity working to end domestic abuse against women and children.

Annex B: Speakers and contributors

The speakers and facilitators were:

- Sarah Bevan, Universities UK
- Beth Cooper, Office for Students
- Rhys Dart, University of Wales Trinity Saint David
- Emily Darwen, Office for Students
- Katrina Daoud, Nottingham Trent University
- Paul Dodsley, Nottingham Trent University
- Professor Mark Dooris, UK Healthy Universities Network and University of Central Lancashire
- Melanie Green, Office for Students
- Sophia Hartley, formerly Leeds University Union
- Estelle Kane, Office for Students
- Professor Janice Kay, University of Exeter
- Niamh Kerr, Rape Crisis Scotland
- Dr Susan Lagdon, University of Ulster
- Dr Jessica Lindohf, Queen Margaret University
- Michael Natzler, Higher Education Policy Institute
- Dr Carrie-Anne Myers, City, University of London
- Professor Dorothy Newbury-Birch, Teesside University
- Amy Norton, Office for Students
- Fiona Waye, Universities UK
- Professor Steve West, University of the West of England and President of Universities UK