Public Health Research

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H Luz McNaughton Reyes,[9] Diana Elbourne,[3]
Helen Sweeting,[10] Kate Hunt,[11] Ruth Ponsford,[1]
Rona Campbell[2] and Chris Bonell[1]*

[1]Department of Public Health, Society and Environments, London School of Hygiene & Tropical Medicine, London, UK
[2]Bristol Medical School, University of Bristol, Bristol, UK
[3]Department of Medical Statistics, London School of Hygiene & Tropical Medicine, London, UK
[4]Department of Applied Health Research, University College London, London, UK
[5]School of Social Work, Care and Community, University of Central Lancashire, Preston, UK
[6]School of Social Sciences, Cardiff University, Cardiff, UK
[7]College of Medicine and Health, University of Exeter, Exeter, UK
[8]NORC, University of Chicago, Chicago, IL, USA
[9]Department of Health Behavior, University of North Carolina, Chapel Hill, NC, USA
[10]Medical Research Council/Chief Scientist Office Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK
[11]Institute for Social Marketing, University of Stirling, Stirling, UK

*Corresponding author

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Public Health Research

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This report

Abstract

A school intervention for 13- to 15-year-olds to prevent dating and relationship violence: the Project Respect pilot cluster RCT

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[1]Department of Public Health, Society and Environments, London School of Hygiene & Tropical Medicine, London, UK
[2]Bristol Medical School, University of Bristol, Bristol, UK
[3]Department of Medical Statistics, London School of Hygiene & Tropical Medicine, London, UK
[4]Department of Applied Health Research, University College London, London, UK
[5]School of Social Work, Care and Community, University of Central Lancashire, Preston, UK
[6]School of Social Sciences, Cardiff University, Cardiff, UK
[7]College of Medicine and Health, University of Exeter, Exeter, UK
[8]NORC, University of Chicago, Chicago, IL, USA
[9]Department of Health Behavior, University of North Carolina, Chapel Hill, NC, USA
[10]Medical Research Council/Chief Scientist Office Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK
[11]Institute for Social Marketing, University of Stirling, Stirling, UK

*Corresponding author chris.bonell@lshtm.ac.uk

Background: 'Dating and relationship violence' is intimate partner violence during adolescence. Among dating adolescents in England, 66–75% of girls and 32–50% of boys report victimisation. Multicomponent school-based interventions might reduce dating and relationship violence. We optimised and piloted Project Respect, a new intervention in secondary schools in England, and study methods, to assess the value of a Phase III randomised controlled trial.

Objectives: To optimise Project Respect and to then conduct a pilot randomised controlled trial in southern England, addressing whether or not progression to a Phase III trial is justified in terms of prespecified criteria. To assess which of two dating and relationship violence scales is optimal, to assess response rates and to consider any necessary refinements.

Design: Optimisation activities aimed at intervention development and a pilot randomised controlled trial.

Setting: Optimisation in four secondary schools across southern England, varying by region and local deprivation. A pilot cluster randomised controlled trial in six other such schools (four intervention schools and two control schools), varying by region, attainment and local deprivation.

Participants: School students in years 8–10 at baseline and staff.

Interventions: Schools were randomised to the intervention or control arm in a 2 : 1 ratio; intervention comprised staff training, mapping 'hotspots' in school for dating and relationship violence, modifying staff patrols, school policy review, informing parents and carers, an application supporting student help-seeking, and a classroom curriculum for students in years 9 and 10 (including student-led campaigns).

Main outcome measures: Prespecified criteria for progression to Phase III of the trial, concerning acceptability, feasibility, fidelity and response rates. Primary health outcomes were assessed using the Safe Dates and short Conflicts in Adolescent Dating Relationships Inventory measures collected and analysed by individuals who were masked to allocation. Feasibility of economic analysis was assessed.

Data sources: Baseline and follow-up student and staff surveys, interviews, observations and logbooks.

Results: The intervention was optimised and approved by the Study Steering Committee. The student response rates in intervention and control groups were 1057 (84.8%) and 369 (76.6%) at baseline, and 1177 (76.8%) and 352 (83.4%) at follow-up, respectively. Safe Dates and the short Conflicts in Adolescent Dating Relationships Inventory had high levels of completion and reliability. At follow-up, prevalence of past-year dating and relationship violence victimisation was around 35% (Safe Dates scale and short Conflicts in Adolescent Dating Relationships Inventory). Staff response rates were very low. Training occurred in all four schools, with suboptimal fidelity. The curriculum was delivered with optimal fidelity in three schools. Other components were delivered inconsistently. Dating and relationship violence was addressed in control schools via violence prevention and responses, but not systematically. Intervention acceptability among students and staff was mixed. An economic evaluation would be feasible.

Limitations: One school did not undertake baseline surveys. Staff survey response rates were low and completion of the logbook was patchy.

Conclusions: Our findings suggest that progression to a Phase III trial of this intervention is not indicated because of limited fidelity and acceptability.

Future work: High prevalence of dating and relationship violence highlights the ongoing need for effective intervention. Potential intervention refinements would include more external support for schools and enhanced curriculum materials. Any future randomised controlled trials could consider having a longer lead-in from randomisation to intervention commencement, using the short Conflicts in Adolescent Dating Relationships Inventory as the primary outcome and not relying on staff surveys.

Trial registration: Current Controlled Trials ISRCTN65324176.

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Supplementary material can be found on the NIHR Journals Library report page (https://doi.org/10.3310/phr08050).

Supplementary material has been provided by the authors to support the report and any files provided at submission will have been seen by peer reviewers, but not extensively reviewed. Any supplementary material provided at a later stage in the process may not have been peer reviewed.

List of abbreviations

ALPHA	Advice Leading to Public Health Action
app	application
CADRI	Conflicts in Adolescent Dating Relationships Inventory
CADRI-s	short Conflicts in Adolescent Dating Relationships Inventory
CASI	computer-assisted self-interviewing
CHU9D	Child Health Utility-9D
CI	confidence interval
CTU	clinical trials unit
DRV	dating and relationship violence
GCSE	General Certificate of Secondary Education
ICC	intracluster correlation coefficient
IDACI	Income Deprivation Affecting Children Index
IQR	interquartile range
LSHTM	London School of Hygiene & Tropical Medicine
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NSPCC	National Society for the Prevention of Cruelty to Children
Ofsted	Office for Standards in Education, Children's Services and Skills
OR	odds ratio
PedsQL	Paediatric Quality of Life Inventory
PPI	patient and public involvement
PSHE	personal, social, health and economic
QALY	quality-adjusted life-year
RCSL	Rape Crisis South London
RCT	randomised controlled trial
RMSEA	root-mean-square error of approximation
RSE	relationships and sex education
SAE	serious adverse event
SD	standard deviation
SDQ	Strengths and Difficulties Questionnaire
SE	standard error
SES	socioeconomic status
SF-6D	Short Form questionnaire-6 Dimensions
SF-12	Short Form questionnaire-12 items
SIG	Study Investigators Group
SLT	senior leadership team
SSC	Study Steering Committee
STASH	STIs and Sexual Health
STI	sexually transmitted infection
SUSAR	suspected unexpected serious adverse reaction
SWEMWBS	short Warwick–Edinburgh Mental Well-being Scale
TLI	Tucker–Lewis Index

Plain English summary

Dating violence is abuse of an intimate partner during adolescence. Among dating adolescents in England, around 70% of girls and 40% of boys experience this. Programmes in schools are a promising approach to preventing this. We developed and piloted one such programme, Project Respect, and piloted methods for studying it in secondary schools in England. We assessed the value of conducting a larger study that could examine the impact of the programme. We were guided by pre-set criteria, including how well the programme was delivered and its acceptability to staff and students. We worked with four schools to finalise programme content, then piloted it with students aged 13–15 years in four other schools. Two additional schools continued with their usual practice, acting as comparisons. Project Respect involved staff training, mapping of 'hotspots' in school for dating violence, changing staff patrols of the school site, school policy review, information for parents, an application supporting student help-seeking and lessons. We surveyed students and staff in all six schools before and after the programme, conducted interviews and asked staff delivering the programme to complete logbooks. We assessed intervention costs. Around one-third of students reported dating violence in the past year. Training occurred in all four schools, but did not address all topics. Lessons were delivered well in three of the four schools. Other components were delivered inconsistently. Acceptability among students and staff was mixed, with staff reporting that lesson materials were insufficiently flexible. Comparison schools also addressed dating violence, but not in a co-ordinated way. Our findings of inconsistent delivery and limited acceptability suggest that there should not be a larger study of this intervention yet. The programme could be refined by providing more support to enhance delivery by schools and enhancing curriculum materials. Future studies should have a longer lead-in before delivery begins.

Scientific summary

Background and rationale

Dating and relationship violence – intimate partner violence during adolescence – encompasses threats, emotional abuse, controlling behaviours, physical violence, and coerced, non-consensual or abusive sexual activities. Among dating adolescents in England aged 14–17 years, 66–75% of girls and 32–50% of boys report victimisation. Those who have experienced dating and relationship violence are more likely to report substance misuse and teenage pregnancy, and to be involved in partner violence as adults. Emerging evidence suggests that school-based interventions might reduce dating and relationship violence. Project Respect is a new intervention in secondary schools in England, informed by learning from two effective US interventions. We finalised the development of, and piloted, this intervention using a pilot cluster randomised controlled trial to assess the value of conducting a Phase III randomised controlled trial.

Aims

- With stakeholders, to elaborate and optimise Project Respect, informed by existing research.
- To conduct a pilot randomised controlled trial (four intervention schools and two control schools) in southern England.

Research questions

- Is progression to a Phase III randomised controlled trial justified in terms of prespecified criteria? These criteria are as follows: randomisation occurs, and four or more schools (out of six) accept randomisation and continue in the study; the intervention is implemented with fidelity in at least three of the four intervention schools; the process evaluation indicates that the intervention is acceptable to $\geq 70\%$ of year 9 and 10 students, and staff involved in implementation; computer-assisted self-interviewing surveys of students are acceptable and achieve response rates of at least 80% in four or more schools; and methods for economic evaluation in a Phase III randomised controlled trial are feasible.
- Which of two existing scales – the Safe Dates and the short Conflicts in Adolescent Dating Relationship Inventory – is optimal for assessing dating and relationship violence victimisation and perpetration as primary outcomes in a Phase III randomised controlled trial, judged in terms of completion, interitem reliability and fit?
- What are likely response rates in a Phase III randomised controlled trial?
- Do the estimates of prevalence and intracluster correlation coefficient of dating and relationship violence derived from the literature look similar to those found in the UK, so that they may inform a sample-size calculation for a Phase III randomised controlled trial?
- Are secondary outcome and covariate measures reliable, and what refinements are suggested?
- What refinements to the intervention are suggested by the process evaluation?
- What do qualitative data suggest about how contextual factors might influence implementation, receipt or mechanisms of action?
- Do qualitative data suggest any potential harms and how might these be reduced?
- What sexual health- and violence-related activities occur in and around control schools?

Methods

Project Respect's components and theory of change were developed prior to the study. The study comprised optimisation (March–July 2017) and pilot randomised controlled trial phases (June 2017–November 2018).

During optimisation, the research team collaborated with the National Society for the Prevention of Cruelty to Children, the intervention provider, to finalise development of the intervention (including drafting and refining intervention materials, informed by a review of existing evidence and consultation with students and staff in four secondary schools), and consulted with the Advice Leading to Public Health Action young researchers group. Consultation involved two successive meetings with the school collaborating on optimisation, and one meeting with the Advice Leading to Public Health Action young researchers group, seeking their views on our plans and draft materials. Optimisation schools varied by region (south-east and south-west of England) and local deprivation. For each school optimisation session, we aimed to include 12 students varying by sex and age and three or more staff varying by role. We audio-recorded and took notes on sessions, and summarised findings by topic. Findings informed refinements of intervention materials for the pilot randomised controlled trial. During this phase, we also pilot tested our survey methods in one school, and we subjected key survey measures to cognitive testing in another with 15 students varying by sex, age and academic ability.

We then conducted a pilot randomised controlled trial (four intervention schools and two control schools), with an integral process evaluation and an economic evaluation feasibility study. The pilot randomised controlled trial focused on feasibility and no power calculation was performed. State secondary schools in southern England, excluding pupil referral units and special schools, were sent recruitment e-mails. We selected three schools in the south-east of England and three in the south-west of England, varying by local deprivation and school value-added attainment.

Baseline student and staff surveys were conducted in June–July 2017: the former in classrooms using computer-assisted self-interviewing on electronic tablets with students in years 8 and 9 (aged 12–14 years) and the latter via a staff web survey. Schools were then randomly allocated to the intervention or control arm in a 2 : 1 ratio by a clinical trials unit, stratified by region. We resurveyed students and staff at approximately 15 months (September–November 2018), as students began years 10 and 11 (aged 14–16 years).

The intervention targeted students in years 9 and 10 (aged 13–15 years), comprising training for key school staff by National Society for the Prevention of Cruelty to Children to enable them to implement the intervention; training by these key staff of other school staff in safeguarding to prevent, recognise and respond to gender-based harassment and dating and relationship violence; staff and student mapping of 'hotspots' for dating and relationship violence, and modification of staff patrols to target these; information for parents on the intervention, and advice on preventing and responding to dating and relationship violence; making available to students the Circle of 6 (version 2.0.5, Tech for Good, New York, NY, USA) application, which helps them contact support if threatened by or experiencing dating and relationship violence; and a teacher-delivered classroom curriculum for year 9 and 10 students that included student-led campaigns. The intervention was informed by the theory of planned behaviour and the social development model. It aimed to reduce dating and relationship violence by doing the following: challenging attitudes and perceived norms concerning gender stereotypes and dating and relationship violence; supporting the development of skills and control over behaviour; and increasing student bonding to school and acceptance of school behavioural norms. Schools that were randomly allocated to the control arm continued with usual provision.

We assessed completion rates, reliability and validity of two candidate measures of the primary outcome of binary dating and relationship violence in a Phase III randomised controlled trial: the Safe Dates and short Conflicts in Adolescent Dating Relationships Inventory measures of dating and

relationship violence victimisation and perpetration. The Safe Dates baseline measure assessed ever-occurring dating and relationship violence, and the short Conflicts in Adolescent Dating Relationships Inventory measure and Safe Dates follow-up measure assessed past-year dating and relationship violence.

We assessed secondary outcomes, including dating and relationship violence frequency, mental well-being, quality of life, sexual harassment, psychological functioning and sexual debut, as well as economic outcomes (Child Health Utility-9D for students and Short Form questionnaire-12 items for staff) and potential mediators (social norms and gender stereotyping, awareness of services, help-seeking, communication, anger management, dating violence knowledge and downloading of the Circle of 6 application). We also piloted trial analyses. Data collectors and analysts were masked to allocation.

Our process evaluation assessed intervention implementation and potential mechanisms, and control provision, drawing on data from audio-recordings of training, staff logbooks, lesson observations, surveys and interviews with four staff, eight students and two parents per intervention school, and two staff and four students per control school. Qualitative data were analysed using thematic content analysis. Fidelity was assessed against prespecified metrics. The economic analyses aimed to estimate the costs of delivering the intervention; collect data on use of services and health-related quality of life, and examine response rates and data quality; and make recommendations on the design of a future economic evaluation conducted alongside a Phase III randomised controlled trial.

The research was approved by the London School of Hygiene & Tropical Medicine and National Society for the Prevention of Cruelty to Children ethics committees. Students and adults gave informed assent or consent to participate. Parents and carers were informed of data collection and could withdraw their child(ren) if they wished.

We also undertook two public involvement meetings, one with Rape Crisis South London staff and clients, and one with a group of policy-makers and practitioners.

Results

The intervention was optimised to the satisfaction of the intervention and research teams, and the Study Steering Committee. Survey pilots were successful and cognitive testing of measures suggested that items were generally well understood, but informed some rewording.

In the pilot randomised controlled trial, student response rates in intervention and control groups were 1057 (84.8%) and 369 (76.6%) at baseline, respectively. Classroom-based computer-assisted self-interviewing surveys were acceptable to students and key to survey approval in two schools, but posed logistical challenges. For both the Safe Dates and the short Conflicts in Adolescent Dating Relationships Inventory dating and relationship violence measures, completion rates were around 99% and Cronbach's and ordinal alphas were around 0.9. At baseline, dating and relationship violence victimisation and perpetration prevalence were both around 50% (ever occurring: Safe Dates) and around 30% (past year: short Conflicts in Adolescent Dating Relationships Inventory). Cronbach's and ordinal alphas for secondary outcome measures were > 0.7. Alphas for mediator measures were < 0.7. The staff baseline survey response rate was very low (7.5%).

Randomisation occurred and all six schools accepted their group allocation and continued in the study.

The National Society for the Prevention of Cruelty to Children delivered training in all four schools to staff leading the intervention, but with fidelity < 100%. Three schools delivered training to staff: two with fidelity > 75% and one with fidelity < 75%. School policy review occurred in two schools. Hotspot mapping was undertaken by staff in all schools and by students in three. No schools modified how staff patrolled the school. The curriculum was delivered with fidelity > 75% in three schools and < 75% in

one. All schools made information about dating and relationship violence available to parents and carers, and informed students of the Circle of 6 application.

Staff interviews suggested that key influences on implementation were the capacity of school management and the overall stability of the school. Delivery was impeded in schools in which management was addressing challenges, such as budgetary problems or poor examination or inspection results. Staff suggested that implementation could be undermined when commitment to delivery was not shared beyond one or two staff members. Some staff suggested that the goals of the training needed to be clearer so that schools could field the most appropriate staff. Staff thought that there should be more emphasis in the training on delivering the curriculum. When a school was part of an academy chain, this was a barrier to school policy review because policies were determined at the chain level. Those interviewed were often only vaguely aware of the written intervention materials intended for parents and carers. Staff and students liked the Circle of 6 application, but schools varied in whether or not they allocated time for downloading it. The curriculum attracted mixed views. Students liked the lessons, but thought that some elements might be uncomfortable for students who had experienced abuse. Some staff saw the large number of lessons as detracting from the curriculum's workability. There were suggestions that lessons should be designed to be taught in a variety of formats, ranging from hour-long lessons to short tutor-led group sessions; slides should have more images and fewer words; lesson plans should be easier to read; lesson plans should include suggestions for adapting lessons for students with different needs or abilities; discussion activities should be better directed (e.g. through suggested group activities); and there should be greater attention to student diversity throughout curriculum materials. Few students recalled engagement with student-led campaigns. Some evidence suggested some aspects of the intervention might be harmful, for example via unclear messages about seeking consent.

According to staff, control schools had written policies addressing bullying and sexual harassment that did not refer explicitly to dating and relationship violence. These schools responded to incidents of sexual harassment, dating and relationship violence or homophobic abuse via the safeguarding officer, and involved the police when necessary. Violence prevention was covered in lessons, assemblies and events run as part of antibullying weeks. This provision generally did not focus specifically on dating and relationship violence. The control school staff reported that relationship and sex education lessons encompassed topics relating to dating and relationship violence prevention, but could not quantify this. These staff also referred to various forms of student-led action against bullying and challenging sexism.

In routine annual reporting, the mean number of serious adverse events and suspected unexpected adverse reactions per school was six among intervention schools and three among control schools (data missing from one intervention school not reporting on this in the second year of the pilot). None was plausibly linked to Project Respect.

The response rates for students in the intervention and control group were, respectively, 1177 (76.8%) and 352 (83.4%) at follow-up. The staff follow-up response rate was 6.5%, similarly low to that at baseline, despite the addition of a paper survey option. At follow-up, the overall prevalence of past-year dating and relationship violence victimisation was around 35% (Safe Dates and short Conflicts in Adolescent Dating Relationships Inventory measures). Among year 9 and 10 intervention students who reported that their school had been taking steps to reduce dating and relationship violence, almost 90% supported this work. However, students in intervention schools were less likely than students in control schools to report that the school had been taking such steps. Of the approximately 37% of students in intervention schools reporting that in the past year they had been learning about respectful relationships, just under 60% reported that these lessons were good. Owing to the low staff follow-up survey response rate, we assessed acceptability to intervention school staff using qualitative interviews, finding that the intervention was acceptable to 10 (59%) staff.

We piloted intention-to-treat analyses of primary and secondary outcomes.

The economic study determined that it would be feasible to calculate the costs of intervention components. Usable survey data on use of health services and contact with police were available for almost all respondents at baseline and follow-up. It was possible to compute utility scores using Child Health Utility-9D for almost all participants at baseline and follow-up. Cost-effectiveness analyses on the primary and secondary trial outcomes could be conducted alongside a cost–utility analysis. Long-term modelling of costs and outcomes beyond the end of the trial would be challenging because of the lack of data.

Consultation with Rape Crisis South London suggested the need for greater clarity in lesson materials about perpetrators' sole responsibility for abuse and sensitivity to the experiences of those who have survived abuse. Consultation with policy and practitioner stakeholders suggested ways to increase school buy-in.

Conclusions

Our findings suggest that progression to a Phase III trial of this intervention is not indicated because of limited fidelity (e.g. training, policy review, staff patrols) and acceptability. A refined intervention could ensure stronger school buy-in; ensure that training components have clearly defined audiences and objectives; have a longer timetable for policy review; guide schools to identify staff to lead the intervention, including the curriculum; ensure that curriculum materials allow adaptability and support discussion; ensure that student-focused components are inclusive, accessible, clear about perpetrators' sole responsibility for abuse and sensitive to the experiences of those who have survived abuse; allow time for students to download the Circle of 6 application; ensure that schools have comprehensive systems to send materials to parents and carers; and include a defined package of external support.

Any future randomised controlled trials could consider having a longer lead-in from randomisation to intervention commencement, using the short Conflicts in Adolescent Dating Relationships Inventory as the primary outcome and not relying on staff surveys. Any future trial should examine innovative ways to link individuals' baseline and follow-up student surveys, while maintaining anonymity. If administering surveys using electronic tablets, careful planning and staffing is needed to mitigate logistical challenges. Staff surveys appear unfeasible and other methods are required to assess staff experiences and views.

Trial registration

This trial is registered as ISRCTN65324176.

Funding

Chapter 1 Background

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Description of the problem

Dating and relationship violence (DRV), also known as teen dating violence, refers to intimate partner violence during adolescence.[2,3] This encompasses threats, emotional abuse, controlling behaviours, physical violence, and coerced, non-consensual or abusive sexual activities perpetrated by current or former, casual or steady partners.[4] Psychological DRV tends to be the most frequently reported, followed by physical then sexual DRV, and multiple DRV types often co-occur.[5] Those experiencing DRV typically report experiencing it both online and offline.[6] Globally, 10–50% of women report intimate partner violence at some point in their lives,[7] with the prevalence being highest among girls in adolescence.[8–11]

Intimate partner violence is influenced by factors at the individual, relationship, community and broader society levels, with beliefs, attitudes and social norms that contribute to intimate partner violence forming and operating across multiple levels.[12,13] Most young people perceive few peer sanctions against DRV, and norms accepting of gender-based violence and harassment strongly correlate with DRV perpetration and victimisation.[10,11,14–16] Young people who experience DRV are more likely to perpetrate or experience relationship violence as adults.[12,17] Early experience of DRV is also associated with subsequent adverse outcomes, such as substance misuse and antisocial behaviour,[18–21] sexually transmitted infections (STIs) and teenage pregnancy,[22] eating disorders,[21] suicidal behaviours and mental health problems,[21,23] physical injuries,[24] and low educational attainment.[23] Compared with boys, girls who experience DRV are more likely to report fear and injuries and a greater number of injuries from this type of violence.[25,26] During pregnancy, DRV correlates with poorer maternal and neonatal health outcomes.[22,27] In 2008, it was estimated that domestic violence cost the NHS £1.73B per year, with total costs to England and Wales of £15.73B per year.[28]

Description of the intervention

The Project Respect intervention is a new intervention informed by learning from two existing interventions: Safe Dates[29] and Shifting Boundaries.[30] Recent Cochrane[31] and Campbell[32] reviews of DRV prevention for young people – focusing on education- and skills-based interventions,[31] and school-based interventions[32] – have meta-analysed effects, respectively finding overall effects on knowledge, and on knowledge and attitude, but not on behaviour.[31,32] However, more promising results for behaviour are reported from randomised controlled trials (RCTs) of the Safe Dates and Shifting Boundaries interventions.[29,30] These were included in the Campbell review,[32] but excluded from the Cochrane review.[31] Exclusion of Safe Dates and Shifting Boundaries from the Cochrane review[31] was, respectively, because of incomplete reporting and recent publication. The authors of the Cochrane review[31] noted that non-inclusion of Safe Dates was a major limitation of their review. These interventions were also identified in a broader review[33] of interventions to prevent sexual violence perpetration as the only effective such interventions for young people.

The Safe Dates curriculum was delivered over 10 sessions to 8th and 9th grade male and female students (aged 13–15 years) in North Carolina, USA, and focused on the consequences of DRV,

gender roles, conflict management skills, and student participation in drama and poster activities. A school cluster RCT[20,29] reported significant effects on reduced perpetration and victimisation (b = −0.36; p = 0.02) of moderate physical DRV (b = −0.49; p = 0.01), and reduced perpetration of sexual DRV (b = −0.05; p = 0.04) over a 4-year follow-up period. The duration of these effects suggests that these might be real behavioural rather than merely social desirability effects on reporting. The intervention was equally effective for males and females.[34]

A four-arm school cluster RCT of the Shifting Boundaries interventions allocated schools to receive a curriculum intervention, a school environment intervention, combined intervention or neither intervention.[30] The curriculum comprised six sessions for students, regardless of gender, on the consequences of DRV, the social construction of gender roles and what constitutes healthy relationships. The environment intervention included higher levels of staff presence in hotspots for gender-based harassment mapped by students, posters and increased sanctions for perpetrators. The environment and the combined interventions were effective in reducing sexual violence victimisation at 6 months' follow-up [respectively, odds ratio (OR) 0.662, p = 0.028, and OR 0.68, p = 0.025]. There were also reductions in sexual violence perpetration in the environment-only and combined intervention (respectively, OR 0.527, p = 0.002, and OR 0.524, p = 0.001). No such effects were reported for the curriculum-only intervention. Results show similar benefits for both sexes and for those with and without a history of DRV.[35] The Cochrane review[31] recommended that further research on multicomponent interventions in schools is a priority. The Campbell review[32] recommended that future interventions more explicitly address skills and the role of peer norms in preventing DRV. Recent National Institute for Health and Care Excellence (NICE) guidance on domestic violence has also highlighted the lack of current evidence for interventions preventing adolescent DRV.[36]

Rationale for the current study

There is a pressing need to prevent DRV in the UK. Recent surveys of young people in England suggest that, among those with relationship experience, victimisation prevalence is 66–75% for young women and 32–50% for young men aged 14–17 years,[6,25] with no consistent relationship between ethnicity or socioeconomic status (SES).[25,37] Universal, primary prevention of DRV among young women and men is required, as these behaviours are widespread and under-reported in both groups, rendering targeting challenging,[38] and because it can harness peer influence to promote norms protective against DRV.[39]

Prevention during early adolescence is important, as the time when dating behaviours begin, behavioural norms become established and DRV starts to manifest.[40,41] Schools are a key site to achieve this, as they are settings in which young people are socialised into gender norms and in which significant amounts of gender-based harassment and DRV go unchallenged.[42,43] As important sites of gender socialisation, schools have the potential to promote gender-equitable attitudes or reinforce stereotypical gender norms,[44] and effective school-based interventions, if implemented widely, can achieve widespread reach among young people.[45]

Multicomponent interventions, for example addressing school curricula, policies and environments, are required,[46] as DRV arises not only from individual-level deficits in communication and anger management skills,[47] but also from sexist gender norms and pervasive gender-based harassment.[24,38,48,49] There is thus a pressing need for a UK RCT of a universal multicomponent, school-based prevention intervention targeting early adolescents informed by existing evidence.

Project Respect is a UK intervention addressing similar topics to those targeted by the effective curriculum used in the Safe Dates study and also addressing the school environment in a manner similar to the Shifting Boundaries intervention. A UK-specific intervention is needed because direct replication of an intervention from the USA is unlikely to be effective in the UK, given cultural differences.[50] Informed by learning from the Safe Dates and Shifting Boundaries projects, but not

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aiming to replicate these studies, we developed the logic model, theory of change and brief specification of intervention components for Project Respect prior to this study. In the project, we began by collaboratively finalising the development of the intervention and producing the manual, curriculum and other intervention materials. This occurred via review of research evidence and other materials; production of draft materials led by the National Society for the Prevention of Cruelty to Children (NSPCC); consultation by researchers with two secondary schools and other stakeholders to inform contents of the materials and obtain feedback on draft materials; and refinement of materials by the NSPCC. We then subjected Project Respect to a pilot cluster RCT to assess feasibility and acceptability to inform whether or not progression to a Phase III RCT would be justified. This was the first UK RCT of an intervention to prevent DRV among young people.

As with similar previous studies,[29,30] Project Respect is a universal intervention for girls and boys aged 13–15 years (years 9 and 10 in UK schools). This age group is appropriate because this is the time when most dating behaviours begin, behavioural norms become established and DRV starts to manifest.[40,41] Addressing sexist gender norms is a key element of the intervention, which requires delivery to young men and women together. Implementing health lessons in English schools is challenging because of busy school timetables and the lack of specialist teachers.[51] Consultation conducted to inform the development of the research funding proposal suggested that provision to year 11 students would not be feasible because of General Certificate of Secondary Education (GCSE) examination preparation.

Project Respect comprises training for key school staff to enable them to plan and deliver the intervention, review school rules and policies to help prevent and respond to gender-based harassment and DRV, and increase staff presence in 'hotspots' for these behaviours. Project Respect also enables training by these key staff of other school staff in safeguarding to prevent, recognise and respond to gender-based harassment and DRV. Written information is supplied to parents on the intervention and advice on preventing and responding to DRV. The Circle of 6 application (app) (version 2.0.5, Tech for Good, New York, NY, USA) is made available to students, which helps individuals contact support if threatened by/experiencing DRV. The intervention also involves a classroom curriculum delivered by teachers to students aged 13–15 years, including student-led campaigns.

In the pilot RCT, the intervention ran for only 1 year, targeting year 9 and 10 students, so that we could assess intervention feasibility and acceptability rather than assess effectiveness. There is no clear evidence that DRV among UK adolescents is associated with individual SES or school-level deprivation.[25,52] Evaluating Project Respect in a sample of schools over-representing those in deprived areas would therefore have unnecessarily undermined the generalisability of our findings.

Study aims and objectives

Aims

- With stakeholders, to elaborate and optimise Project Respect, informed by existing research.
- To conduct a pilot RCT (four intervention schools and two control schools) in southern England.

Objectives

- To elaborate and optimise Project Respect and produce intervention materials in collaboration with the NSPCC, four secondary schools, youth and policy stakeholders, and the originators of effective US programmes informing our intervention.
- To adapt and cognitively test the Safe Dates and short Conflicts in Adolescent Dating Relationships Inventory (CADRI-s) scales prior to piloting.

- To recruit six schools, undertake a baseline computer-assisted self-interviewing (CASI) survey of two cohorts of students at the ends of year 8 and 9, respectively, plus an online staff survey, and to randomise four schools to receive the intervention and two schools to act as usual treatment controls.
- To ensure that Project Respect is implemented for students in years 9 and 10 and conduct process evaluation, plus follow-up student CASI and staff online surveys 16 months post baseline.
- To address the above research questions to inform progression to a Phase III RCT.

Study research questions

- Is progression to a Phase III RCT justified in terms of prespecified criteria? (Randomisation occurs, and four or more schools out of six accept randomisation and continue in the study; the intervention is implemented with fidelity in at least three of the four intervention schools; the process evaluation indicates that the intervention is acceptable to $\geq$ 70% of year 9 and 10 students and staff involved in implementation; CASI surveys of students are acceptable and achieve response rates of at least 80% in four or more schools; and methods for economic evaluation in a Phase III RCT are feasible.)
- Which of the two existing scales, the Safe Dates and the CADRI-s, is optimal for assessing DRV victimisation and perpetration as primary outcomes in a Phase III RCT, judged in terms of completion, interitem reliability and fit?
- What are likely response rates in a Phase III RCT?
- Do the estimates of prevalence and intracluster correlation coefficient (ICC) of DRV derived from the literature look similar to those found in the UK, so that they may inform a sample size calculation for a Phase III RCT?
- Are secondary outcome and covariate measures reliable and what refinements are suggested?
- What refinements to the intervention are suggested by the process evaluation?
- What do qualitative data suggest about how contextual factors might influence implementation, receipt or mechanisms of action?
- Do qualitative data suggest any potential harms and how might these be reduced?
- What sexual health- and violence-related activities occur in and around control schools?

Chapter 2 Methods

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Optimisation

The optimisation (i.e. finalisation of intervention development) and the pilot RCT were guided by a protocol, which was registered online on the ISRCTN registry (reference ISRCTN65324176).[1,53] Refinements made to this protocol (see *Appendix 1*) were agreed with the Study Steering Committee (SSC) (see *Report Supplementary Material 1*). The core components of the intervention and the underlying theory of change (*Figure 1*) were determined before the study, informed by existing research, including the Safe Dates and Shifting Boundaries interventions, existing systematic reviews and other DRV literature. Further work was undertaken from March to September 2017, to elaborate the intervention methods and produce materials (i.e. manual, staff training materials, student curriculum slides and lesson plans), ensuring their appropriateness for use in the UK. This process was led by the investigators and the NSPCC, who worked in close collaboration, and included the participation of students and staff from four secondary schools (which were different from those involved in the pilot RCT), as well as the Advice Leading to Public Health Action (ALPHA) young researchers group, based in the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer) Centre, Cardiff University,
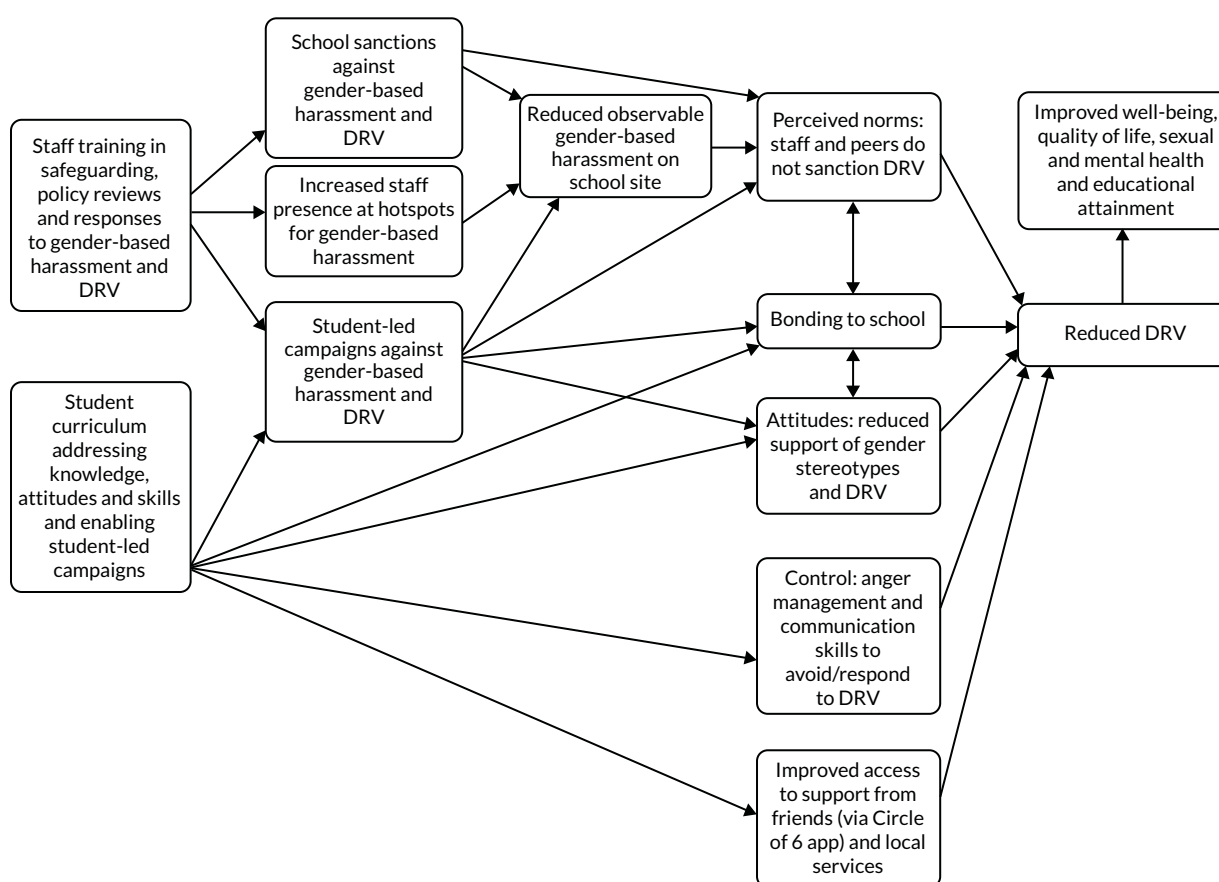
FIGURE 1 Theory of change.

and policy stakeholders. Planned optimisation followed a systematic process outlined in our protocol, involving review by researchers and the NSPCC of existing systematic reviews and evaluation reports; elaboration of Project Respect methods and production of draft materials by NSPCC staff and the research team; consultation with stakeholders on these via two facilitated workshops and web-based consultation; and refinement of these based on feedback. This process occurred but with use of face-to-face rather than web-based consultation (see *Chapter 8, Deviations from protocol*). In this section we describe the methods used for optimisation of intervention materials and the optimisation sessions with schools. In *Chapter 7* we report on the consultation with policy stakeholders. The full report on the ALPHA young researchers group consultation is included in *Report Supplementary Material 2*.

Review of existing literature and materials

The research team reviewed existing systematic reviews, Safe Dates and Shifting Boundaries evaluation reports, and literature on school-based interventions, to identify best practices and inform the intervention design and materials. The NSPCC reviewed Safe Dates and Shifting Boundaries programme materials, as well as materials from other interventions and resource packages, to inform drafting of intervention materials with research team input.

Production of draft materials

The NSPCC led the drafting of intervention materials. These were reviewed by the research team and then redrafted. The redrafted versions were used during optimisation sessions with schools and in a session with the ALPHA young researchers group.

Optimisation sessions with schools

Recruitment

Four secondary schools participated in optimisation sessions: two from the south-east of England and two from the south-west of England. These schools were recruited from the list of schools that had responded to e-mails sent to recruit schools to the pilot RCT (see *Pilot randomised controlled trial*), but that could not participate in the pilot phase. These schools were purposively sampled to vary by region (south-east and south-west of England) and deprivation, as measured by the Income Deprivation Affecting Children Index (IDACI). The head teacher of each optimisation school signed a consent form. The primary contact at each school was asked to invite eligible staff and students to participate. For each session, we aimed to include 12 students (three female and three male from each of years 9 and 10) and three or more members of school staff, prioritising participation in the following order: (1) safeguarding lead, (2) personal, social, health and economic (PSHE) co-ordinator or deliverers, (3) senior leadership team (SLT) member, (4) subject teachers and (5) non-teaching staff.

The aim of the first wave of optimisation sessions was to inform the content and format of the intervention, including teacher training, the intervention manual, the curriculum and lesson plans. The aims of the second wave of optimisation sessions were to gather feedback on the planned intervention and draft intervention materials, to identify factors that might affect implementation, to learn about the terminology young people use to describe sexual and romantic relationships and abusive behaviours, and to explore the role of social media in these two phenomena. When feasible, individuals who had taken part in the first wave of optimisation sessions, and were therefore familiar with the programme, also participated in the second wave.

Data collection

For each wave of optimisation sessions, we aimed to conduct one session in each of the four participating schools. Each optimisation session involved an introductory slide presentation, followed by focus group discussions with staff and students, using a semistructured guide (see *Report Supplementary Material 3*). In the first wave, the slide presentation defined DRV and gender-based harassment, and discussed their prevalence in the UK; briefly outlined the Project Respect theory of change; and outlined the components of the intervention and the topics planned for the curriculum lessons. The facilitator raised questions from the guide and facilitated whole-group discussion in the course of the presentation. Staff and students were

then separated for smaller group discussions. Informed by the first session, in which students were more forthcoming in student-only discussion groups and younger students were reluctant to share their views, in subsequent sessions we shortened the slide presentation to spend more time in smaller group discussions and held separate discussion groups for students in years 9 and 10. The research team took notes based on their observations of the sessions.

In the second wave, staff and student discussions were audio-recorded. A brief overview of the intervention was provided, and DRV and sexual bullying were defined before participants were separated into discussion groups for staff, year 9 and year 10 students.

Data analysis
Data from researcher notes and session transcripts were reviewed and summarised by topic after each optimisation session, guided by the topics in the discussion guides. Findings from each region were reviewed and synthesised to identify areas of consensus and disagreement.

Refinement of materials
The research team and the NSPCC intervention lead reviewed findings from each optimisation session to inform the initial draft of intervention materials (wave 1) and the refine the planned intervention (wave 2).

Pre-pilot survey

We conducted an initial pilot test of the CASI student baseline survey in one school that had participated in the optimisation sessions. This aimed to identify any technical issues with the electronic tablets, any difficulties students might have understanding survey items and any unforeseen logistical issues.

Recruitment
The participating school selected one year 9 form group to participate in the survey. All students in the participating form group were eligible to participate. We provided information sheets to the school to send home with students for their parents or carers to review (see *Report Supplementary Material 4*). The information sheet included the study manager's contact information for parents and carers wishing to opt their child out of participation, and indicated that parents and carers could contact the school directly for this purpose. On the day of the survey, the fieldworker described the CASI pre pilot, answered student questions and administered informed assent.

Data collection
Two fieldworkers administered surveys for the CASI pre pilot using electronic tablets during one class period. Each tablet was preloaded with a survey linked to a unique enrolment identification number. At the time of the CASI pre pilot, the pilot RCT was intended to involve a longitudinal cohort of students and so fieldworkers piloted the process for assigning unique student identifiers to link baseline and follow-up data at the level of the individual student. Fieldworkers followed the CASI pre-pilot standard operating procedure (see *Report Supplementary Material 5*) to administer the survey and then returned to the university where survey data were uploaded via Wi-Fi to the servers of the partner company that developed the survey software. Once it was confirmed to be complete, the uploaded data set was transferred to the clinical trials unit (CTU) of the London School of Hygiene & Tropical Medicine (LSHTM) for data management and analysis. Fieldworkers took notes on student behaviour, students' questions, and logistical and technical issues encountered.

Data analysis
We reviewed fieldnotes from the CASI pre pilot to identify any problems with the survey or with the CASI survey methods.

Refinement of survey methods
The CASI survey methods and survey items were refined based on findings from the CASI pre pilot.

Cognitive testing

We adapted the Safe Dates and CADRI-s measures prior to cognitive testing to render them appropriate for the context of England. Adaptations to the Safe Dates measure included adding a survey item about dating history to route respondents; replacing the 'very often' with 'often' in the psychological abuse victimisation and perpetration subscales; and minor changes to item wording (e.g. changed 'bit me' to 'bit me hard'). Adaptions to the CADRI-s measure included adapting the question preceding the measure to simplify wording, specifying whether or not the participant has had a girlfriend and/or boyfriend, and route participants to relevant questions based on relationship history in the past 12 months. Adaptations also included altering the instructions so as not to limit responses to one specific partner, not to restrict responses to something that happened during a conflict or argument, to clarify our interest in both online and offline behaviour, reordering items so that all items on DRV victimisation are asked together (and then all items on DRV perpetration), replacing 'my partner' with 'they' (victimisation items) or 'them' (perpetration items), removing 'not applicable' as a response option (not needed owing to survey routing), and adding two items from the original Conflicts in Adolescent Dating Relationships Inventory scale to assess experience of controlling behaviours.

We then subjected these measures to cognitive testing to inform further refinements (see *Appendix 2*). Cognitive interviewing is a method to assess survey questions in terms of how they are understood and responded to by participants. The testing also included selected items on social norms and one on attitudes relating to gender and DRV. This was to enable inclusion of these measures in student surveys so that they could be examined for reliability as potential mediators. One tested item on stereotypical gender-related attitudes among adolescents was based on an existing scale developed by Sotiriou *et al.*,[54] which was adapted before cognitive testing to clarify its wording. Two items measuring injunctive norms (i.e. beliefs about what others think should be done) related to gender were newly developed based on the Attitudes Towards Women Scale developed by Sotirou *et al.*[54] One item measuring injunctive norms supportive of DRV was newly developed based on the DRV Prescribed Norms Scale used in the Safe Dates study.[24] Two items measuring descriptive norms (beliefs about what others do) related to DRV were adapted from an existing measure,[55] to simplify response options and assess descriptive norms about girls separately from those about boys.

Recruitment
We planned to conduct cognitive interviews in one of the optimisation schools. As none could accommodate this, we recruited a replacement school not yet involved in the study (this school later also became a replacement for a school that withdrew from the pilot RCT).

We asked the school to select 16 students (eight girls, eight boys) of varying academic ability from years 8–10, including at least two girls and two boys from each year group. We recommended that young people who had experienced DRV should not participate because of the sensitive nature of the DRV items, but explained that we would not exclude any students on this basis if they wished to participate.

Data collection
Cognitive interviews tested the following:

- Routing items about relationship history (one CADRI-s routing question for girls and one for boys; one Safe Dates routing question).
- Adapted Safe Dates (62 items) and CADRI-s (28 items) DRV measures. For each scale, half of the items measure victimisation and half measure perpetration.

- Survey instructions explaining when a report of DRV would require a safeguarding notification to the school.
- Stereotypical gender-related attitudes (one item).
- Stereotypical gender-related norms (two items).
- DRV descriptive norms (two items).
- Injunctive norms supportive of DRV (one item).

Following a brief self-complete paper questionnaire on sociodemographic characteristics, students were given a warm-up exercise to practice 'thinking aloud',[56] a cognitive interviewing method in which participants describe their thought processes as they respond to survey items.[57] We then used a combined think-aloud and probing[58] approach to test items on relationship history, personal attitudes and social norms, to assess comprehension (understandability) and recall, judgement and response (answerability) for each item.[59] We used show cards to display the items as they would appear on a survey.

Students self-completed the adapted Safe Dates and CADRI-s scales on paper, noting any words or items they found confusing or unclear. The interviewer then verbally probed to explore any issues with the scales overall, before probing in more depth about five specific items. Items explored using probing were drawn from both adapted scales, selected to assess terms we expected might not have the intended meaning for adolescents in England (and to represent five DRV categories: online perpetration,[6] physical/ sexual perpetration, psychological perpetration, physical/sexual victimisation and psychological victimisation). Probes also explored participants' comfort responding to these items and their views on the likelihood that girls (for girls) and boys (for boys) would answer DRV items truthfully.

Each interview was scheduled for one class period and the interviewer took detailed notes on participants' responses to each interview question.

Data analysis
Responses to each cognitive interview question were first summarised by year group and then for the full sample. We highlighted issues identified with understandability or answerability of the tested items and noted when the items appeared to work as intended.

Refinement of survey measures
Survey measures were refined based on findings from the cognitive interviews prior to conducting baseline surveys.

Pilot randomised controlled trial

We then conducted a pilot RCT (four intervention schools and two control schools, different from those involved in intervention optimisation), with an integral process evaluation and economic evaluation feasibility study. In this phase, the research and intervention teams were separately managed to ensure that the evaluation was independent and did not distort intervention delivery.

Study population
State secondary schools (including free schools and academies) in southern England were eligible to participate. Private schools, pupil referral units or schools for those with learning disabilities were excluded. Students nearing the end of years 8 and 9 at baseline survey were eligible to participate. No students in participating schools were excluded from our study. Those with mild learning difficulties or poor English were supported to complete the questionnaire by fieldworkers.

Sample size
The pilot RCT focused on feasibility and no power calculation for this was performed. Four schools implementing the intervention in the pilot trial balances the need to assess implementation in a

diversity of schools, while ensuring that the pilot is small enough to be appropriate as a preliminary to a larger Phase III RCT. The analytic sample for outcome assessment in the pilot was to be a minimum of 1800 students in years 8 and 9 (aged 12/13 years and 13/14 years) at baseline, with follow-up at 16 months. Data on fidelity and acceptability were intended to provide site-specific descriptive estimates, rather than to be generalisable to a broader group of schools.

Inclusion/exclusion criteria
All students in years 8 and 9 during baseline surveys, in years 9 and 10 during the school year when the intervention was piloted and the process evaluation occurred, and in years 10 and 11 during follow-up surveys, were eligible to participate in research within the pilot RCT. All students in the appropriate year groups were eligible to participate in student surveys, with the exception of students with severe cognitive limitations that would prevent them from understanding what they were being asked to do and assenting to participate, and students who would be unable to participate in the survey in English without the support of a language interpreter.

Recruitment
Three schools in the south-east of England and three in the south-west of England were recruited for the pilot RCT phase. These were purposively sampled to ensure variation by deprivation and school-level value-added academic attainment as indicators of school capacity to deliver Project Respect. School recruitment proceeded via e-mails and telephone calls to schools. Response rates were recorded, as were any stated reasons for non-participation.

Randomisation

In the pilot RCT, after baseline CASI surveys with students in years 8 and 9, schools were randomly allocated to the intervention or control arm in a 2 : 1 ratio remotely by LSHTM CTU, stratified by region. The original plan was to stratify by value-added academic attainment in the pilot trial, but the investigators concluded that it would be more appropriate to stratify by region. Unlike a Phase III RCT, in which stratification is used to increase the probability that intervention and control arms are similar at baseline, in a pilot trial, in which the main focus is on examining feasibility, the purpose of stratification is to ensure that there is sufficient diversity on the factor used to stratify in the intervention arm and in the control arm, so that the extent to which that factor affects feasibility can be assessed. Initial consultation with schools suggested that although there was a considerable demand for an intervention addressing DRV in London and the south-east region (and a demand that was no different among schools with high and schools with low value-added attainment), the demand appeared to be less strong in Bristol and the south-west region. The investigators therefore concluded that it would be more important to explore the feasibility of intervention in a diversity of schools with regard to region. The 2 : 1 allocation in the pilot enabled our piloting of randomisation, while ensuring sufficient diversity among four schools for piloting the intervention. Were there to be a Phase III RCT, schools would be allocated to the intervention or control arm in a 1 : 1 ratio, stratified by sex of intake and school value-added attainment as key predictors, respectively, of DRV victimisation/perpetration and school capacity to implement Project Respect. Sequence allocation was generated by LSHTM CTU using Stata® ralloc command (version 16, StataCorp LP, College Station, TX, USA), and was concealed from schools and the wider evaluation and intervention teams. Allocation was communicated to the research team who then communicated it to schools and the intervention team. Schools, the intervention team, and process and economic evaluators could not be masked to allocation status. However, fieldwork staff were masked to allocation, as were the outcome research team lead and staff who entered and analysed data.

Intervention
Although the intervention was designed to be delivered in a Phase III RCT over 2 academic years (targeting students progressing from year 9 to year 10), in this pilot RCT the intervention was implemented only for the 2017/18 school year to students in years 9 and 10 (aged 13–15 years).

One year of implementation was judged sufficient to assess feasibility and acceptability to address our research questions.

Intervention components

Project Respect is a manualised, multicomponent, school-based, universal prevention intervention, the implementation of which was led by the NSPCC. Intervention materials are not currently publicly available, as prior to any Phase III RCT their effectiveness cannot be assumed. The intervention addresses DRV perpetrated by both girls and boys in heterosexual or same-sex relationships. It comprises the following components: (1) training by the NSPCC; for SLT (when appropriate) to include governors and other key staff (pastoral support, PSHE curriculum deliverers) to enable them to plan and deliver the intervention in their schools, review school rules and policies to help prevent and respond to gender-based harassment and DRV, and increase staff presence in 'hotspots' for these behaviours; (2) training by these trained school staff of all other school staff in safeguarding to prevent, recognise and respond to gender-based harassment and DRV; (3) written information for parents on the intervention and advice on preventing and responding to DRV; (4) making available to students the Circle of 6 app, which helps individuals contact support if threatened by or experiencing DRV, but disguised as a games app; and (5) classroom curriculum delivered by teachers to students aged 13–15 years, including student-led campaigns.

The NSPCC trained school staff and further supported intervention delivery by offering ongoing support, as needed, to intervention schools. School policies and rules were to be rewritten to ensure that these aimed to prevent and respond to DRV. Hotspots for DRV and gender-based harassment on the school site were to be patrolled by staff to prevent and respond to incidents. Appropriate responses included suitable sanctions for perpetration, support for victims and referral of victims or perpetrators to specialist services, when necessary.

Circle of 6 is a freely downloadable app [URL: www.circleof6app.com (accessed 15 January 2020)] that allows individuals to identify up to six people whom they know well. If the individual finds themselves in a potentially risky interaction with a dating partner or other person, they can then contact these people to be picked up or to call them to provide an 'interruption' in the risky interaction.

The Project Respect curriculum comprises six 1-hour sessions in year 9 and two 2-hour booster sessions in year 10, to ensure that it can be implemented in busy school timetables in tutorial, PSHE or other sessions. Lessons focus on (1) defining healthy relationships and interpersonal boundaries; (2) challenging gender norms and mapping 'hotspots' for harassment and violence on the school site; (3) empowering students to run campaigns challenging gender-based harassment and DRV in and beyond their schools (e.g. posters, social media, stalls); (4) communication and anger management skills relating to relationships and intervening as bystanders; (5) accessing local services relating to DRV; and (6) reviewing local campaigns. Learning activities include information provision, whole class discussions, video vignettes to help students identify abusive relationships, quizzes, role plays and exercises, like measuring personal space, and co-operative planning and review of local campaigns. Schools randomly allocated to the intervention were asked to implement Project Respect in addition to continuing with their usual provision.

As originally conceptualised, the student curriculum and all-staff training elements of the intervention were to be delivered by a specialist visiting the participating schools. However, there were concerns that this mode of delivery would be so costly that it would severely impede any future scale-up. We therefore moved to a school-delivered model, in which the NSPCC would provide in-depth training to a core group of school staff who would then deliver the all-staff training and oversee teacher delivery of the student curriculum. It was felt that this approach would increase schools' capacity and make for a more sustainable programme. Furthermore, using school staff to deliver the intervention would bring Project Respect more in line with the Safe Dates and Shifting Boundaries interventions, both of which had teachers deliver the curriculum. See *Appendix 3* for a description of the intervention according to the template for intervention description and replication (TIDieR).[60]

Theory of change

Project Respect is underpinned by the theory of planned behaviour[61] and the social development model,[62] supported by reviews that suggest that interventions should challenge attitudes and perceived norms concerning gender stereotypes and violence, as well as support the development of skills and control over behaviour (see *Figure 1*).[46] Informed by the theory of planned behaviour, Project Respect aims to reduce DRV by challenging student attitudes and perceived social norms about gender, appropriate behaviour in relationships and violence, and promoting student sense of control over their own behaviour. A key element of the theory of change is that attitudes and norms will be challenged not only via the student curriculum, but also via school environmental actions, to reduce gender-based harassment observable on the school site and increase school sanctions against gender-based harassment and DRV. Sense of control over behaviour is promoted via the student curriculum promoting communication and anger management skills. Informed by the social development model, Project Respect enables student participation in curriculum lessons and leadership of campaigns to maximise learning and increase student bonding to school, and acceptance of school, behavioural norms. The curriculum also aims to reduce DRV by ensuring that those exposed to risk can seek early support via promoting awareness of the Circle of 6 app and local services.

Provider

The research team collaborated with the NSPCC in leading the elaboration and optimisation of the intervention, and the production of materials. In the delivery phase within the pilot RCT, the NSPCC worked independently from the research team to train schools' SLTs and other key staff in safeguarding to prevent, recognise and respond to gender-based harassment and DRV; to enable them to lead the intervention in their schools; to review school rules and policies to help prevent and respond to gender-based harassment and DRV, and increase staff presence in 'hotspots' for these behaviours. School staff were then to implement the school environment and curriculum components, cascading training in safeguarding to all staff. Intervention delivery was funded by the NSPCC.

Control condition

The comparator consisted of schools allocated to the control group, not implementing Project Respect but continuing with existing gender, violence or sexual health-related provision. At the request of the NSPCC Ethics Committee, we undertook a number of additional activities across intervention and control schools, described in *Confidentiality and safeguarding*. Although these activities meant that provision in control schools differed slightly from treatment as usual, this was deemed to be essential to fulfilling our duty of care to trial participants. The nature of the comparator was assessed by examining provision in and around comparator schools. Retention of control schools was maximised via £500 payment and feedback of survey data.

Outcome and mediator measures

For survey items constituting all outcome and mediator measures and scoring for each measure, see *Appendix 4*.

Primary outcomes

In the pilot RCT, the primary outcome was whether or not progression to a Phase III RCT was justified in terms of the prespecified criteria listed earlier (see *Chapter 1*, *Study research questions*). The pilot RCT also aimed to determine which of two existing DRV scales should be used as primary outcomes measuring DRV victimisation and perpetration in any future Phase III trial.

In a Phase III RCT, primary and secondary outcomes would be assessed via self-reports at 28 months (students aged 15–16 years). The twin primary outcomes would be binary measures of DRV victimisation and perpetration, measured using self-reports rather than via routine data, because most episodes of DRV will not result in notifications to the school, police or NHS,[31] and the intervention is likely to increase rates of such notifications with the risk of ascertainment bias. Although the intervention may also result in increased self-reports, this reporting bias was minimised by use of validated and reliable

measures comprising items focused on specific behaviours. At the outset of the study, we were uncertain whether the Safe Dates or CADRI-s measure was the optimal scale to assess DRV victimisation and perpetration as primary outcomes, so we adapted and piloted these measures in the pilot RCT to determine which was most suitable.

The Safe Dates measure of DRV is based on self-reported perpetration and victimisation of psychological abuse and of physical and sexual violence in the previous year. It covers all of the aspects of DRV discussed in *Chapter 1, Description of the problem*. Participants are asked 'How often has anyone that you have ever been on a date with done the following things to you?' Response options range from 0 to 3, indicating frequency. Items are summed and then recoded 0–3, indicating overall frequency of abuse. Psychological abuse is assessed in terms of 14 acts (Cronbach's alpha = 0.91 for victimisation and 0.89 for perpetration).[29,34] Physical and sexual violence are assessed in terms of 18 acts (six of which indicate serious physical violence and two of which indicate forced sexual acts). Cronbach's alphas for perpetration of moderate physical violence = 0.92, for severe physical violence Cronbach's alpha = 0.89 and for sexual violence Cronbach's alpha = 0.86. For victimisation, Cronbach's alphas are 0.90, 0.86 and 0.74, respectively.[34] The Safe Dates measure is one of the most commonly used in research on adolescent dating violence[63] and correlates with poor mental health and various health risk behaviours.[24,64,65] Reliability has been examined in multiple studies of adolescents, but not to date in the UK. We added introductory text clarifying our interest in online and offline behaviours. As an indicative primary outcome, we focused on binary measures of DRV perpetration and victimisation, whereas secondary outcomes examined frequency.

The full Conflicts in Adolescent Dating Relationships Inventory (CADRI) measure comprises 92 items assessing DRV victimisation and perpetration over the past 2 months. Subscales cover emotional abuse, relational abuse, controlling behaviours, physical violence and non-consensual sexual activities. Items are rated on a four-point scale according to frequency, allowing generation of a binary measure of prevalence or a quantitative measure of frequency created from the summed score, divided by the number of items. Research has found that DRV, as measured via the 'CADRI' scale, is correlated during adolescence with early sexual debut, unsafe sex, violence and suicidal ideation.[66] The CADRI instrument has been used in research with young people in the USA, Canada[67,68] and Spain,[69] although not the UK. However, the use of this measure in trials is problematic because of its length. A 10-item version of the CADRI measure has been developed and piloted among school-based samples of 9–12th grade students and at-risk samples in Canada. The new measure has been found to be slightly less sensitive than the full questionnaire, but is deemed to have good reliability, fit and convergent validity with the full measure (in other words that it is measuring the same underlying construct).[69] We further assessed this short version. We modified the scale by adding text clarifying to participants our interest in online and offline behaviours, and added two items from the original CADRI to assess experience of controlling behaviours (see *Appendix 4*). The developers of the Safe Dates and CADRI permitted our use and modification of these measures. We used the pilot RCT to refine the two existing measures, cognitively testing these to inform further refinements and then piloting the measures, assessing completion rates, interitem reliability (using Cronbach's and ordinal alphas) and goodness of fit (using confirmatory factor analysis) at baseline, to determine which one should be used to measure DRV victimisation and perpetration in any future Phase III RCT.

In the case of both the Safe Dates and CADRI-s measures, we asked about violent or coerced sex at follow-up but not at baseline, at the request of the NSPCC Ethics Committee. The Safe Dates measure assessed ever-occurring DRV at baseline and past-year DRV at follow-up, as measured in the Safe Dates trial.[26,70] The CADRI-s measure and the Safe Dates follow-up measure assessed past-year DRV. As completion rates, reliability and goodness of fit were assessed at baseline, these analyses excluded sexual DRV items.

Secondary outcomes

Informed by our theory of change, we examined the following as indicative secondary outcomes for use in any future Phase III RCT:

- DRV frequency of victimisation and perpetration (using the above measures).
- Short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS), a seven-item scale designed to capture a broad concept of positive emotional well-being, including psychological functioning, cognitive evaluative dimensions and affective emotional aspects.[71] Items are rated on a five-point scale: (1) none of the time, (2) rarely, (3) some of the time, (4) often and (5) all of the time. The responses are scored and aggregated to form a well-being index, with higher scores representing greater well-being.[71]
- Paediatric Quality of Life Inventory (PedsQL) version 4.0, used to assess overall quality of life. The PedsQL[72] has been shown to be a reliable and valid measure of quality of life in normative adolescent populations. It consists of 23 items, representing five functional domains (physical, emotional, social, school and well-being), and yields a total score, two summary scores for physical health and psychosocial health, and three subscale scores for 'emotional', 'social' and 'school' functioning.
- Sexual harassment, a new two-item measure asking about the frequency of experiencing sexual harassment, based on a widely accepted definition.[73]
- Strengths and Difficulties Questionnaire (SDQ), a brief screening instrument for measuring psychological functioning in children and adolescents. It is validated in national UK samples.[74]
- Self-reported sexual health. We examined pregnancy and unintended pregnancy (initiation of pregnancy for boys), and STIs, sexual debut, partner numbers and use of contraception at first and last sex, using measures from previous RCTs.[75,76] These outcomes were measured at follow-up but not at baseline, at the request of the NSPCC Ethics Committee.
- Self-reported use of primary care, accident and emergency, and other services. We examined this in the past 12 months using an existing single item.[77]
- Self-reported contact with police. We examined this in the past 12 months using an existing single item.[77]
- School attendance and educational attainment. We examined attendance via routine school-level data on half-days absent. We intended to assess educational attainment via GCSE performance for the year groups in question, but this was not possible because the cohort of students did not take their GCSEs in the period in which the study was conducted.

Potential mediators and moderators

Informed by our theory of change, we examined the following potential mediators:

- Social norms and gender stereotyping. We used a modified version of a multi-item subscale developed by Foshee *et al.*,[24] measuring acceptance of 'prescribed norms' and accepting dating violence under certain circumstances (attitudes accepting of DRV), using a four-point Likert scale, and adapted these items to measure beliefs about others' attitudes towards DRV (injunctive norms supportive of DRV). Items are averaged to create a composite score.[24] We used a modified version of items used by Cook-Craig *et al.*[55] to measure DRV descriptive norms (how common respondents believe the behaviour is). We measured gender stereotyping (stereotypical gender-related attitudes), using a modified version of the 16-item Attitudes Towards Women Scale, which has high levels of reliability and uses a four-point Likert scale. We adapted these items to measure beliefs about others' attitudes towards these stereotypes (stereotypical gender-related norms).[54]
- Self-reported awareness of services and help-seeking for victims and perpetrators were assessed by existing single-item self-report measures.[24]
- Communication and anger management were to be assessed by the Modified Sexual Communication Survey and SDQ, respectively. The Modified Sexual Communication Survey measures open sexual communication with a current or potential partner.[78] The modified scale includes 21 items measured on an eight-point Likert scale, examining frequency. The scale has excellent reliability.[79,80] However, we deviated from protocol by dropping the Modified Sexual

Communication Survey because of concern about the length of the survey, and instead used a measure designed for the STIs and Sexual Health (STASH) study.[81] The STASH study measure is a six-item measure. We asked the two items on sexual communication of those who reported both a current girlfriend or boyfriend and some form of sexual experience.

- Dating violence knowledge. This was measured via a modified version of this reliable multi-item scale involving true or false questions on definitions of abuse, resources for help, etc.[30]
- Downloading of the Circle of 6 app was measured by a new single-item measure. We initially intended to measure use of the app, but did not include this outcome (see *Chapter 8*, *Deviations from protocol*).

All multi-item mediator measures were assessed for reliability in the pilot RCT using data from student baseline surveys (see *Appendix 5*). We initially planned to include the Updated Illinois Rape Myth Acceptance Scale as a potential mediator, but the NSPCC Ethics Committee and the ALPHA young researchers group advised that this measure should be removed because items involved a barrage of negative and upsetting statements (see *Report Supplementary Material 2*).

At the request of the NSPCC Ethics Committee survey items with sensitive sexual content were included in the follow-up but not baseline student surveys to ensure that surveys were age appropriate. We conducted patient and public involvement (PPI) consultations with the ALPHA young researchers group and with four teachers (one from each of four schools involved in optimisation of Project Respect) on the appropriateness of including these items in the follow-up survey. Informed by the consultation with the ALPHA group (see *Report Supplementary Material 2*), we limited survey questions on sexual behaviour to those essential to measuring programme outcomes (e.g. by asking questions about those behaviours most associated with risk of STIs in the relevant age group). For students reporting heterosexual experience, we asked about vaginal intercourse. For males who reported same-sex experience, we asked about anal intercourse and no other same-sex sexual behaviours. We also included a 'prefer not to say' option for all items with sensitive sexual content. Informed by the ALPHA group and by consultation with teachers, we developed a routing system, so that students would only be asked questions with sexual content relevant to them, based on their answers to an initial routing question about 'sexual experience' with females or males. Students who reported no sexual experience were not asked further survey questions about sexual behaviour. Questions about sexual DRV were only asked of students who reported any sexual experience, any dating experience or a girlfriend or boyfriend in the past 12 months.

Potential moderators included age, school year, sex, gender, sexual identity, ethnicity, religion, household composition and SES, as measured by the Family Affluence Scale (see *Appendix 4*).[82,83]

Economic outcome measures

In any future Phase III RCT, the primary economic evaluation would take the form of a within-trial cost–utility analysis, with health outcomes expressed in terms of quality-adjusted life-years (QALYs). Changes in health-related quality of life would be measured primarily from the study participants' perspectives, with a secondary analysis examining teacher outcomes. Within a Phase III RCT, the Child Health Utility-9D (CHU9D) measure[84] would be used to assess students' health-related quality of life as part of the economic evaluation. The CHU9D is a validated age-appropriate measure that was explicitly developed using children's input, and is considered more appropriate and better functioning than other health utility measures for children and adolescents. For teachers, we used the Short Form questionnaire-12 items (SF-12) for this purpose.[85]

Data collection

Student surveys

Baseline surveys were conducted before randomisation, as students neared the end of year 8 (aged 12/13 years) and the end of year 9 (aged 13/14 years) in June–July 2017. In any future Phase III RCT,

follow-up surveys would be conducted at 28 months post baseline; however, in this pilot RCT, follow-up surveys were planned for 16 months post baseline because this was judged sufficient time to assess the feasibility of trial methods among a population of the same age as that in a Phase III trial at 28 months. Owing to delays to the start of the baseline surveys, follow-up surveys were conducted at 15 months rather than 16 months post baseline (see *Chapter 8, Deviations from protocol*). Owing to the sensitive nature of the student surveys, we decided, with support from our SSC and ethics committees, that we should amend our protocol so that surveys were completely anonymised and unlinkable to student identifiers. This meant that the pilot RCT involved a repeat cross-sectional rather than longitudinal design.

Baseline student surveys collected data on sociodemographic variables, pre-hypothesised outcome variables and potential confounders. When feasible, surveys were done at the same time of day in all schools to preserve similar survey conditions across schools. Informed by our initial pre-piloting work, prior to data collection, staff in participating classrooms received a briefing sheet that explained the study and their role during data collection. Informed by our initial pre piloting of the survey, cognitive interviews and PPI with the ALPHA young researchers group, fieldworkers, when possible, arranged classroom seating with extra space between chairs and all chairs facing the same direction to maximise student privacy.

Given the sensitive nature of DRV, we chose to pilot the use of tablet-based CASI to increase student privacy and collect data of better quality. Student surveys occurred on the school site over one school timetable period, with a research team in attendance (comprising the research lead in the region and trained fieldworkers). Informed by the initial pre piloting of the survey, two fieldworkers were assigned to each classroom when staffing allowed. Surveys were completed confidentially and anonymously by students, with researchers present to explain data collection and support students when necessary. Teaching staff were present but remained at the front of the classroom, helping to maintain order but unable to read student responses. For absent students, we left absence packs with schools, each with an information sheet, student assent form, paper questionnaire and two stamped, addressed envelopes. Students were instructed to seal their completed questionnaire in one envelope and their consent form in the other, before mailing them to the research team or submitting them to the school's study liaison to mail.

Students were routed to questions about DRV based on prior questions about their dating and relationship history. Students reporting having a girlfriend and/or boyfriend in the past 12 months were routed to both Safe Dates and CADRI-s measures. Students reporting dating experience but no girlfriend or boyfriend were routed to the Safe Dates measure only. Students reporting no dating or relationship experience were not routed to any DRV items.

We resurveyed students at 16 months (September–October 2018), near the beginning of years 10 and 11 (students aged 14/15 years and 15/16 years). At follow-up, we collected self-report data on awareness and views on DRV-related activities in the school, outcomes and potential mediators (see *Appendix 6*). Fieldworkers were blind to allocation. The standard operating procedures for student follow-up surveys are provided in *Report Supplementary Material 6*.

Staff surveys

Staff were surveyed online at baseline and at 16 months post baseline (see *Appendices 7* and *8*, respectively). Staff surveys assessed intervention reach, acceptability and cost, and provision and policies related to relationships and sex education (RSE), bullying and violence prevention, DRV and sexual harassment, in intervention and control schools. All members of school staff who interacted with students in years 7–11 were invited to participate, and were provided with an information sheet and a link to the survey by e-mail, to take part at their convenience. Responses were anonymous and we did not collect participant names. At follow-up, staff could complete surveys online or on paper. Paper surveys were placed in the school staff room, along with paper copies of information sheets and a sealed box marked 'confidential' for returning surveys. Schools were given tea and chocolates to thank staff for their time. The study team collected completed paper surveys at the end of the data collection period.

Process evaluation

Approach to process evaluation

Our process evaluation was informed by existing frameworks[86–88] and had three purposes: (1) to examine intervention feasibility, fidelity, reach and acceptability, (2) to assess provision of sexual health and violence prevention in and around control schools and (3) to explore context and potential mechanisms of action, including potential unintended effects, to refine the intervention theory of change and methods.

Intervention feasibility, fidelity, reach and acceptability In addition to assessing the progression criteria relating to intervention feasibility and acceptability, we examined reach and how this varied by student and school characteristics. Data were collected via audio-recording of all NSPCC- and school-delivered training (fidelity); logbooks completed by teachers delivering curriculum sessions (feasibility, fidelity, costs); structured observations of a randomly selected lesson in one randomly selected classroom per school (fidelity); student surveys (reach, acceptability); a staff survey (reach, acceptability of training and intervention overall); interviews with the two NSPCC trainers (feasibility, fidelity); interviews with four staff per intervention school, purposively sampled by seniority/which intervention component they were involved in (acceptability, fidelity); interviews with two parents per intervention school, purposively sampled by age and sex of child (acceptability); and interviews with eight students per intervention school, purposively sampled by year (9/10), sex and whether or not they were involved in intervention delivery (acceptability). Fidelity was assessed quantitatively against tick-box quality metrics. For example, each training and curriculum session was assessed against session-specific quality metrics relating to the topics covered, the exercises used and opportunities for discussion (see *Appendix 9*).

Fidelity metrics were finalised once the intervention was fully elaborated (September 2017) and approved by the SSC prior to their use. We defined which elements of the NSPCC-delivered training, all-staff training and student curriculum were essential for fidelity. Fidelity was defined as 100% delivery of essential elements for the NSPCC-delivered training and 75% delivery of essential elements for school-delivered components, as shown in *Table 1*.

Overall, intervention fidelity in a school was defined as the NSPCC-delivered training being delivered with 100% fidelity and 75% (six of eight) of school-delivered intervention components being delivered with fidelity.

Provision in control schools We examined sexual health and violence prevention provision in and around control schools to describe our comparator. Data on this were collected via staff and student surveys; interviews with two staff-members per control school, purposively sampled by seniority; and four students per control school, purposively sampled by year (9/10) and sex (see *Appendix 9*).

TABLE 1 Fidelity criteria for school-delivered intervention components

School-delivered intervention component	Fidelity criteria
Training of all school staff by key staff trained by the NSPCC ('all staff training')	75% of essential elements
Written information for parents on the intervention and advice on preventing and responding to DRV	75% of essential elements
Delivery of the classroom curriculum to students	75% of essential elements
Making the Circle of 6 app available to students	Delivered
Review of school policies and rules	Delivered
Identification of hotspots for DRV and gender-based harassment on the school site by staff	Delivered
Identification of hotspots for DRV and gender-based harassment on the school site by students	Delivered
School staff patrols of identified hotspots	Delivered

Context and mechanisms of action Informed by realist approaches,[89,90] qualitative research also aimed to explore:

- potential intervention mechanisms and how these might interact with school context and student characteristics, to refine and optimise the intervention's theory of change and methods
- mechanisms that might give rise to unintended, potentially harmful consequences.

Informed by consultation with policy stakeholders (see *Chapter 7*, *Consultation with policy stakeholders*), our exploration of context and its interaction with potential mechanisms included how the intervention and its aims fitted with schools' priorities, and schools' past and existing provision on related issues, and if and how participants' experience of Project Respect varied depending on the way in which lessons were timetabled (i.e. within tutor time, PSHE lessons or in some other way).

Data on context and mechanisms were collected via interviews with NSPCC trainers, student and staff surveys, and interviews with four staff and eight students per intervention school (see *Appendix 9*).

Sources of data

Observations and audio-recordings We aimed to observe one randomly selected lesson and to audio-record the NSPCC-delivered and all-staff trainings in each intervention school. These were used to assess fidelity.

Logbooks Each school received one logbook per class receiving the Project Respect curriculum lessons. Logbooks contained lists of planned topics and activities for each lesson, and staff delivering the lessons were asked to mark the topics covered. Logbooks were used to assess fidelity.

Interviews Interviews occurred in private rooms by trained researchers, directed by semistructured interview guides. Interviews were audio-recorded and transcribed in full. Some schools chose to have students participate in paired or group interviews. When reporting findings from qualitative data, we do not describe if it came from individual, paired or group student interviews, to protect student anonymity. We note the student's gender when it is identifiable in interview transcripts.

Economic evaluation

The aims of the economic analysis were to investigate whether or not conducting an economic evaluation of the intervention alongside a Phase III RCT would be feasible and, if so, to recommend how this ought to be conducted, including identifying data and how best to collect these.

Our approach was based on the assumption that any economic evaluation conducted in a future Phase III RCT would be a within-trial cost–utility analysis using public and voluntary sector perspectives. Guidance from NICE recommends that the base-case cost-effectiveness estimate is presented from a public sector perspective. However, given that Project Respect would be delivered by a charity, our costing perspective would be extended to include the voluntary sector.

The objectives of the economic analysis in the pilot RCT were to:

- estimate the costs of delivering the intervention
- collect data on use of services and health-related quality of life, and examine response rates and data quality
- make recommendations on the design of a future economic evaluation conducted alongside a Phase III RCT.

We examined response rates and data quality, and used the process evaluation to consider ways of maximising responses to economic data collection.

Intervention costs

We undertook a detailed cost analysis of training delivered by the NSPCC and training of all school staff in the school. Costs were measured from the perspective of the public and voluntary sectors, and valued in 2018/19 Great British pounds. We estimated additional costs per school, over and above those of usual practice, and focused on opportunity costs (i.e. the cost of the resources used, irrespective of whether or not they were directly purchased for the study). That is, we did not include intervention costs when those costs were expected to be negligible over and above what would have happened in the absence of the intervention.

We did not cost other intervention components. Written information for parents is routinely sent by the school to parents and carers, and so the additional costs of this activity were deemed to be small. Similarly, we established that delivery of the student curriculum did not introduce any additional costs in terms of additional time spent by teachers on lesson planning or classroom teaching. Making available the Circle of 6 app occurred during one of the lessons and additional costs were negligible. In terms of reviewing policies, safeguarding and related policies are routinely reviewed and updated by schools and governing bodies, and consideration of DRV would increase this burden only modestly. Additional costs for hotspot mapping were not included, as these activities occurred either during the training sessions (for staff) or during the lessons (students). We did not include costs for staff patrols, as this component was not delivered in any schools (see *Chapter 5, Quantitative findings on intervention*), although the costs incurred by this activity should be included in any future evaluation.

To estimate additional training costs, we recorded the time spent preparing and delivering the programme by the trainers, plus the costs of travel time for the trainer. We also included additional costs for trainee (i.e. school staff) time, over and above other routine school-based training. Unit costs per hour for the NSPCC trainer were obtained from the NSPCC (Craig Keady, NSPCC, 2019, personal communication); for school staff, they were obtained from the Department for Education.[91] In the process evaluation, we asked a NSPCC trainer and school staff to describe any additional costs associated with training that had not been accounted for.

Service use and quality of life measures

The student baseline and follow-up surveys included questions on the use of health services and the number of times stopped or told off by the police during the previous 12 months. We did not include all possible types of resource use in the survey, as the focus was on response rates and the number of usable responses, rather than on quantifying resource use. We identified potential sources of unit cost data to apply to these measures. Health-related quality of life was measured for students using the CHU9D questionnaire at baseline and at follow-up,[84] and converted into utility scores using a UK valuation set.[92]

Staff health-related quality of life was assessed, as reported above, using the SF-12 measure,[93] which we converted into Short Form questionnaire-6 Dimensions (SF-6D) utility scores, also using a UK valuation set.[94] Both utility measures (CHU9D and SF-6D) are valued on a scale from 0 to 1, anchored at 1 for full health and 0 for dead. Both measures were assessed for reliability in the present pilot study to judge their suitability for inclusion in any future Phase III RCT.

Feasibility of long-term modelling

As part of the economic evaluation feasibility study, we assessed the feasibility of modelling long-term cost-effectiveness using a longer time horizon, by extrapolating beyond the end of the trial. Crucially, this would require longitudinal data on the impact of DRV. First, we searched PubMed to identify studies evaluating the long-term impact of exposure to DRV on behavioural and health outcomes. We used the search terms ((dating) AND violence) AND long* in all fields and identified 81 studies (date of final search 6 February 2019). We scrutinised the titles and abstracts of each study. We also searched PubMed and the NHS Economic Evaluations Database to identify previous economic analyses of DRV interventions to see if they measured long-term cost and benefits and, if so, how these were

measured. In both cases we used the search terms ((dating) AND violence) AND cost* in all fields (date of final searches 6 February 2019).

Design of economic evaluation integral to any future Phase III randomised controlled trial

We used data collected in the study to make recommendations about the design of a future economic evaluation of the intervention. We also reviewed literature to identify existing models that could be used to predict long-term costs and outcomes associated with the intervention. We focused on cost components to be included, outcome measures and form of economic evaluation to be used, sources of unit cost data, and study time horizon and feasibility of long-term modelling.

Data analysis

Progression criteria

In the pilot RCT, our primary analysis determined whether or not criteria for progression to a Phase III RCT were met. Recruitment and response rates were calculated. Descriptive statistics on fidelity drew on audio-recordings of training, teacher logbooks and structured observations of intervention activities. Acceptability was assessed through student and staff surveys as well as staff interviews.

Piloting of measures

We assessed which of our indicative primary outcomes was sufficiently reliable to use within a Phase III RCT, assessing response rates, interitem reliability (using Cronbach's and ordinal alphas) and goodness-of-fit (using confirmatory factor analysis). We assessed this at baseline. The threshold for acceptable reliability was set at a Cronbach's alpha of ≥ 0.70. We assessed goodness of fit of the Safe Dates and CADRI-s DRV measures using confirmatory factor analysis [root-mean-square error of approximation (RMSEA), Comparative Fit Index and Tucker–Lewis Index (TLI)]. In line with our previous INCLUSIVE (initiating change locally in bullying and aggression through the school environment) pilot trial, we prioritised completion rates and interitem reliability when judging between measures[95] and determined that if both measures performed well on these, we would choose the CADRI-s, as this is the more established measure. If neither performed well, we determined that we would not recommend progression to a Phase III RCT without first identifying and piloting alternative measures.

Response rates and prevalence

We used the pilot RCT to provide information on completion rates to inform refinement of the power calculation for a Phase III RCT. Although we anticipated that the pilot RCT would be too small to determine an ICC for school-level clustering of outcomes or the prevalence of DRV among the comparator, we expected that it should enable qualitative assessment of whether or not estimates derived from North American studies look appropriate for UK schools.

Piloting Phase III randomised controlled trial analyses

We also piloted the primary intention-to-treat analyses of the indicative primary and secondary outcomes, which used repeat cross-sectional data,[96] as would be done within a Phase III RCT. Appropriate generalised linear models with random effects were used to estimate an effect for the young people in schools allocated to receive the Project Respect intervention compared with those not being thus allocated. Adjustment for school IDACI and value-added academic attainment were made in the primary analysis. IDACI and value-added attainment were pre hypothesised to be the most plausible school-level confounders for which to adjust. Student-level confounders could not be adjusted for because of the lack of student-level linkage between baseline and follow-up data. This analysis was underpowered in this pilot RCT. The protocol suggested that we would also pilot mediation and moderation analyses; this remained in the protocol in error, as such analyses would not be feasible. Mediation analyses were not appropriate, given the clear lack of effects of the intervention on any primary or secondary outcomes. Moderation analyses at the level of the individual were not possible given the small number of clusters (precluding assessment of school-level mediation) and lack of

individual-level linkage between baseline and follow-up student survey data (precluding assessment of student-level mediation).

Analyses focused on DRV, sexual behaviour and sexual health were complex because of survey routing, described above. For each DRV measure, students not routed to these items, due to not having reported dating or a boyfriend or girlfriend, were imputed as 'never' for all DRV items. For students who were routed to these items and reported no DRV but skipped one or more items, 'never' was imputed for each missing DRV item. For students who reported DRV for some items but skipped others, a mean response was imputed for missing DRV items. An analogous procedure was used for sexual behaviour and sexual health outcomes. As these were indicative outcomes within a pilot RCT in which we were not aiming to infer intervention effects, we felt that this was approach was appropriate.

Qualitative analyses

Qualitative data were subject to thematic content analysis using techniques drawn from grounded theory, such as in vivo/axial codes and constant comparison.[97] As well as deriving themes inductively from the data, we were also informed by realist approaches to evaluation[90] and May's implementation theory,[87] identifying characteristics of the intervention, providers and settings that promote or hinder implementation or that might interact with intervention mechanisms to enable outcomes. Qualitative research aimed to develop hypotheses that could be tested in exploratory quantitative analyses when data allowed.

Drawing on May's theory of implementation,[87] analysis of qualitative data aimed to assess how implementation was influenced by the NSPCC and school staff perceptions as to the intervention's potential workability and integration within the school system, possession of the required norms and relationships to underpin implementation, shared commitment to enact the complex intervention, and continuous contributions that are sustained in time and space.

Data from our process evaluation were also analysed to describe activities addressing violence and sexual health in and around participating schools, contextual influences on intervention feasibility and acceptability, and potential mechanisms of benefits and unintended impacts to refine our theory of change.

Economic analyses

Analysis of economic data aimed to pilot assessment of quality of life and assess the feasibility of methods to be used in a full RCT, which, as per NICE guidance,[98] would involve cost–utility and wider cost–consequences analyses.

Protecting against bias

The aim of this study was to pilot the intervention and RCT methods, rather than to estimate intervention effects. However, we piloted methods aiming to minimise bias. The investigator team and the intervention delivery team were separately managed. Allocation was conducted by an independent CTU. Data collectors and analysts were masked to allocation. We aimed to maximise response rates to reduce non-response and attrition bias (e.g. following up those individuals not present during survey sessions). Response rates and qualitative data were analysed to refine data collection methods prior to a Phase III RCT.

User involvement

Prior to the study, we consulted with stakeholders to inform our design. From March to April 2015, we collaborated with five schools involved in the Institute of Education/University College London Partners Schools Health and Wellbeing Research Network. All schools thought that this was an important topic that required prevention work in schools, but reported that their staff lacked skills in these areas.

We consulted with the ALPHA young researchers group on 28 March 2015. Participants supported a non-targeted intervention, spanning years 9 and 10, delivered by specialists plus school staff. They were worried that possession of the Circle of 6 app might anger partners, but were reassured that it is disguised as a game. We also consulted staff from Rape Crisis South London (RCSL) and Working for Women Working Against Violence. They suggested that schools vary enormously in their attitude to prevention work: some welcome it and others deny that their students need such work. They recommended that the key to access is identifying a member of staff with an interest in and willingness to co-ordinate the work. They advised that responses also vary among parents, but with increasing recognition that this is a serious problem for which programmes are required. They reported that students tend to be very positive, and that curriculum sessions should involve a combination of single and mixed-sex sessions, for example to address the objectification of women and healthy relationships, respectively. They also recommended that schools need support to develop and revise policies on prevention and responding to incidents.

During the study itself, the intervention was elaborated and optimised by the study team and NSPCC working with staff and students from four schools, as well as the ALPHA group, as described in *Optimisation*. We also consulted with policy stakeholders, including teachers (in March 2018), to build support for the study and ensure its policy relevance, and with young people recruited via RCSL (in June 2018), to ensure that our intervention and evaluation were sensitive to the needs and preferences of young people directly affected by DRV. These latter consultations were thus too late to inform the elaboration of the intervention, but were informative about how to deliver the intervention in any future Phase III RCT or any future scale-up. The policy stakeholder consultation also informed topics explored in our process evaluation interviews. Young people from the ALPHA group and teachers were also consulted on research methods at the beginning of the study, including recruitment, assent and consent materials, refinements of DRV scales, survey methods and strategies for increasing retention. Teachers and students, as well as policy stakeholders, were further consulted on 14 June 2019, regarding future research and knowledge transfer.

Registration

The study protocol was publicly registered online.

Revisions to protocol

The protocol was revised a number of times from 6 December 2016 to 23 May 2018 (see *Appendix 1*).

Governance

Chris Bonell was the principal investigator, having overall responsibility for the conduct of the study. The project was co-directed by Rona Campbell of Bristol University who had overall responsibility for research in the south-west of England. The day-to-day management of the RCT was co-ordinated by Rebecca Meiksin, the study manager based in LSHTM, and Jo Crichton, the study manager based at the University of Bristol. The following governance structures were instituted: Study Executive Group, with fortnightly meetings chaired by Chris Bonell with the study managers on both sites, Rona Campbell, the lead statistician (Elizabeth Allen) and, when appropriate, GJ Melenzes-Torres, CTU and fieldwork staff; Study Investigators Group (SIG), which Chris Bonell also chaired and included all co-investigators and members of the Study Executive Group, and met monthly during the early stages of the research (months 1–6) and then every 3 months thereafter; SSC, which was established and met three times throughout the life of the project to advise on the conduct and progress of the study, and relevant practice and policy issues (see *Report Supplementary Material 1*). As this was a pilot and not a Phase III RCT, the SSC also undertook data monitoring and ethics duties. During the optimisation phase, NSPCC

staff were invited to attend Study Executive Group and SIG meetings, but during the pilot RCT phase this was discontinued, to enable the research and interventions to proceed independently. The project employed research protocols and prespecified progression criteria, agreed and monitored by the SIG and SSC.

Ethics arrangements

Informed assent and consent

Prior to all data collection, students eligible to participate were given an information sheet at least 1 week in advance. Immediately prior to data collection, researchers also orally described the study and gave students the opportunity to ask questions. Students were provided with information about school and, when relevant, other local safeguarding support, and a national helpline and other agencies for those experiencing DRV and other forms of abuse or neglect. We then sought student assent (see *Report Supplementary Material 4*). Students participating in pre piloting of CASI surveys, optimisation sessions, cognitive interviews and qualitative research were informed that our safeguarding policy would require the researchers to report to the school if any students disclosed that they were at risk of serious harm.

We advised students participating in cognitive testing that, in cases when a student reported any of the following, we would need to speak with the student and then notify the school safeguarding officer, per the safeguarding policy in place at the time:

- sexual activity before age of 13 years
- prespecified forms of severe abuse from a current partner
- any other abuse for which the participants themselves asked us to breach confidentiality.

We reviewed each cognitive testing participant's survey responses for such experiences to determine the need for a safeguarding response.

This policy was not applied to the student surveys in the pilot RCT phase, however, as these were completely anonymous with no linkage to individual names or other identifiers. Results from cognitive interviews (see *Chapter 3, Cognitive testing*) and consultation with the ALPHA young researchers group (see *Report Supplementary Material 2*) had highlighted the importance to students of ensuring that survey responses could not trigger disclosures to school safeguarding officials. Students were, however, given the opportunity to speak privately with a researcher if they wanted to disclose any safeguarding concerns.

As is conventional with UK trials in secondary schools,[75,76,95] parents and carers were sent a detailed information sheet at least 1 week prior to data collection, via the means of communication preferred by each school, and asked to contact the school or research team should they have questions or not wish their child to participate (see *Report Supplementary Material 4*). We also offered to hold an information session for parents and carers, if the school wished. Schools were asked to make alternative arrangements, if possible, for students who were known ahead of time not to be participating, so that they would not be present during surveys.

Staff members invited to participate in staff surveys or interviews were sent an information sheet (at least 1 week before in the case of the staff survey) and invited to provide consent online before beginning the survey. The first page of the staff survey also provided information on the study and required participants to give their informed consent electronically before opening the survey.

Confidentiality and safeguarding

Quantitative and qualitative data were managed by project staff using secure data management systems and stored anonymously. Quantitative data were managed by LSHTM's accredited CTU.

All data were stored in password-protected folders. The names used in qualitative data were replaced with pseudonyms in interview transcripts. In reporting the results of the qualitative research, care was taken to use quotations not revealing respondents' identities. In line with Medical Research Council guidance,[99] we will retain all research data for 20 years after the end of the study. This is to allow secondary analyses and further research to take place, and to allow any queries or concerns about the conduct of the study to be addressed. To maintain the accessibility of data, files will be refreshed annually and upgraded if required.

The NSPCC Ethics Committee required that additional safeguarding support be provided to all schools participating in intervention and control arms of the pilot RCT. The NSPCC offered a support session to the safeguarding officers of all schools prior to baseline surveys in case more students sought support. The research team also provided a short report to all trial schools on the prevalence of DRV in their school. NSPCC briefed its 'Childline' telephone helpline staff so that they were aware of the project, in case the trial caused students to contact them.

School safeguarding leads were also advised of the reporting procedure regarding any parent, student or staff complaints received about the research. Any member of the research and fieldwork team visiting a school to conduct unsupervised research with a student was required to have a full disclosure and barring services check.

Consent materials for qualitative research indicated that anonymity would be broken if serious abuse was reported. Although this research did not aim to explore students' personal experiences of sex, relationships or DRV, it was possible that disclosures of abuse might have still occurred. In focus groups, we instructed all participants not to disclose experiences of abuse, as we could not guarantee that all participants would keep this information confidential. All focus groups were conducted by researchers trained to steer discussion away from potential disclosures. Had any disclosures of sexual intercourse before the age of 13 years or other abuse occurred in qualitative research, the researcher would have established that the reported abuse met our criteria for referral and then informed the student that the researcher must report this to the school safeguarding officer. We defined a priori categories of harm warranting such responses with the advice of a social worker specialising in child protection. We consulted with school safeguarding officers in advance to ensure that this process was in line with school policies (see *Report Supplementary Material 7*). We gave all participants information on school and national sources of support. We also gave young people the contact details of the research team to report any concerns relating to the research.

Any events that met the criteria for a serious adverse event (SAE) or suspected unexpected serious adverse reaction (SUSAR) (defined as an unexpected SAE) were reported to the SSC (which, because this was a pilot not a Phase III RCT, undertook data monitoring and ethics duties), LSHTM and the NSPCC Ethics Committee in anonymised form and in real time, if it was judged to be plausibly caused by the intervention or research. Other SAE or SUSARs were reported to these committees annually in anonymised form (see *Report Supplementary Material 8*).

Ethics review and conduct

Ethics approval for the study was obtained from the LSHTM and the NSPCC Ethics Committee. All work was carried out in accordance with guidelines laid down by the Economic and Social Research Council, the Data Protection Act 1998,[100] and the latest Directive on Good Clinical Practice (2005/28/EC) and General Data Protection Regulation 2018.[101]

Chapter 3　Results of optimisation, pre piloting of survey and cognitive testing

Optimisation

In this section, we present findings from two waves of sessions with students and staff in the four schools participating in optimisation of the intervention, as well as the findings from our consultation on the draft Project Respect materials with the ALPHA young researchers group (a full report of the session with the ALPHA group is provided in *Report Supplementary Material 2*).

Recruitment

Four schools consented to participate in optimisation of Project Respect. The schools selected students and staff to participate in optimisation sessions.

School characteristics

Four mixed-sex secondary schools (two in the south-east of England and two in the south-west of England) participated. The first wave (April 2017) comprised two sessions in the south-east of England and one in the south-west of England; one school in the south-west of England was unable to arrange an in-school session and so consultation with one member of school staff occurred by telephone. A total of 31 students and nine members of staff participated in this wave (*Table 2*). The second wave (July 2017) comprised two focus groups in the south-east of England and one in the south-west of England, with a total of 35 students and six members of staff taking part (see *Table 2*). The school that had participated via telephone consultation in wave 1 was unable to arrange an optimisation session for wave 2.

All participating students were in years 9 and 10. Staff held various roles. Each session lasted 45–90 minutes. One wave 2 session in the south-east of England did not finish by the end of the time allotted and the year 9 boys who planned to participate were unable to join. A researcher returned to the school 2 days later to complete the session with year 9 students. Three year 9 girls who had taken part the first day were joined by another year 9 girl and three year 9 boys at this follow-up.

TABLE 2　Optimisation session participants

Participant	Wave 1		Wave 2[a]	
	South-east of England	South-west of England	South-east of England	South-west of England
Year 9 girls	6	2	6	5
Year 9 boys	3	4	6	6
Year 10 girls	5	4	6	0
Year 10 boys	6	1	6	0
Total students	20	11	24	11
Staff	6	3	4	2

a　Some of the wave 2 participants had also participated in wave 1.

Findings

Wave 1

Participants agreed that sexual harassment and abuse in relationships were salient issues among people their age. Some staff and students suggested that it might be appropriate to begin addressing relationships when students were younger, before romantic relationships became more serious. They suggested that such an intervention could begin by addressing friendships and then shift to focus on romantic relationships as students get older.

Participants did not think that parents would necessarily be thinking of DRV as an issue for students in years 9 and 10. The sessions highlighted that schools have different ways of engaging with parents and carers, and that different approaches (e.g. e-mail, coffee mornings or assemblies) might be needed within schools to engage with different parents and carers. There was support for providing schools with a template for communicating with parents and carers about the intervention and DRV, but allowing for flexibility in how schools applied this. Participants emphasised that the intervention should account for the range of cultural backgrounds in the school. Teachers also highlighted that materials should be easy to adapt for students with different academic abilities.

The idea of hotspot mapping was acceptable to both staff and students. In some sessions, students began discussing hotspots in their school during the session. Similarly, students readily engaged in discussion of gender role expectations and stereotypes, and supported the idea of exploring these issues in the student curriculum. Some thought that it could be uncomfortable to discuss such matters in a group, and supported the idea of separating girls and boys for these discussions. Participants in most schools supported the idea of a student-led campaign and offered suggestions for different types of campaigns, highlighting the benefit of allowing for flexibility in how this component of the intervention would be implemented.

For students, it was critical that an intervention, like Project Respect, addressed issues that they felt were relevant to their lives. They said it would be important to cover what might be considered more subtle or less obvious forms of abuse, such as controlling and coercive behaviours, and emotional abuse, and they highlighted the need for training on how to respond if friends disclosed DRV.

We also sought views on the mode of intervention delivery. Staff supported a train-the-trainers model, in which the NSPCC trained key staff who then delivered the intervention, but highlighted that it might be difficult for schools to release the required staff for training. They emphasised that lesson plans and resources needed to be detailed and comprehensive for staff who were less experienced or confident teaching sensitive topics. Students had mixed views on whether they preferred delivery by school staff or outside specialists, and the acceptability of staff delivering the lessons depended on which individuals these would be. Some saw a benefit to lessons being delivered by staff with whom they had a trusting relationship, but some students were concerned that staff might breach student confidentiality. There was support for the involvement in some capacity (e.g. a one-off visit) by an outside specialist who students could talk to about personal issues. Another issue highlighted by students was the importance of those delivering the programme understanding their reality. Incorporating peer-led components or an entirely student-led curriculum were popular suggestions among students. Students also suggested involving a young person who had survived DRV.

Wave 2

In wave 2, students shared a range of terms used to describe dating and relationships, highlighting the need to introduce and define terms early in lessons. According to students, the early stages of a relationship often occurred online and if the relationship progressed it could move into in-person interactions. Staff and students raised concerns about ways in which social media can be used for DRV or cause conflicts in relationships. They highlighted pressure young people face, often, but not always, in the form of boys pressurising girls to share nude photos that might then be circulated without the girl's

consent. They also described ways in which social media can be used to control and monitor a partner online and offline. Discussions highlighted the importance of ensuring that Project Respect lessons cover the role of social media in DRV and sexual harassment.

Students generally supported the inclusion of role-play activities in lessons, but acknowledged that some students might feel embarrassed participating in these. They tended to support inclusion of the hotspot mapping and liked the Circle of 6 app. Staff participants liked the NSPCC video included in the curriculum about a girl being pressured by an older boy to have sex. Echoing comments from the first wave of optimisation, students suggested that some components of the curriculum that involve discussing sensitive issues might work best if done in gender-segregated groups. Staff highlighted that the curriculum would need to be tailored to reflect different cultural sensitivities. Sessions also reiterated the need for student training on how to help a friend in an abusive relationship. Participants suggested that Project Respect lessons could be difficult for students who have experienced DRV and want to keep this private, especially if they are in class with the abuser; an issue also raised by the ALPHA young researchers group (see below and *Report Supplementary Material 2*).

Conflicting themes emerged when discussing which staff should or would probably deliver Project Respect lessons, highlighting a tension between the ideal characteristics of selected staff and practical considerations. Students prioritised teachers' trustworthiness and willingness to provide a comfortable, less-formal classroom environment. Staff indicated that ideally lessons would be taught by teachers volunteering for this role, but thought that staff might in practice be assigned to teach lessons based primarily on availability. Staff discussed the benefits of involving outside speakers, but thought that this might be difficult to co-ordinate.

Echoing findings from the first wave of optimisation sessions, staff felt that the detailed lesson plans and scripts would be especially useful for teachers who were less experienced or comfortable with the topics. More experienced teachers might adapt the lessons. Staff emphasised that any aspects of the curriculum requiring preparation ahead of time should be highlighted for busy teachers.

Optimisation sessions with ALPHA group

Participation
Three male and two female members participated, with one aged 15 years, four aged 17 years and one aged 18 years (*Table 3*).

Findings
Full results are presented in *Report Supplementary Material 2*, with a summary of the session provided here. Members commented that the first lesson needed to introduce the topic and provide definitions. Regarding the second lesson, members supported the use of hypothetical scenarios as a way to stimulate discussion of DRV. Participants also advised that schools already deliver lessons on healthy relationships and that Project Respect needed to be clear about how it would build on these.

TABLE 3 Optimisation session with ALPHA members

Age (years)	Male (*n*)	Female (*n*)
15	1	0
16	0	0
17	2	2
18	1	0
Total	4	2

Participants were unsure of the value of students mapping hotspots for DRV in lesson 3, because these changed with time or were too diffuse to map. ALPHA members supported the focus in lesson 4 on how to support friends experiencing DRV. Regarding the fifth lesson, participants supported the focus on communication within friendships and not just dating relationships, especially for younger students.

Pre-pilot survey

Participation
One mixed-sex secondary school in the south-east of England that was also involved in our optimisation sessions agreed to participate in the initial pre piloting of the CASI student survey. The school selected one year 9 form group. Twenty-one of the 25 students on the register were in class on the day of the pilot and all did the survey.

Findings
The piloting occurred with a school staff member in the room. Students were given approximately 45 minutes to complete the survey. Most students filled in the survey without questions or comments. Several asked for clarification about terms used in the survey or for help with technical issues. Several reached the end of the survey during the session.

All 21 surveys uploaded successfully and were transferred to the CTU. Through the CASI pre pilot, we identified a few recommendations to refine survey wording for this age group, several recommendations to improve survey logistics and some technical issues with the electronic tablets.

Survey wording
Students' questions about survey wording highlighted a few terms that needed to be replaced or clarified for this age group (e.g. definitions were added to the response options for a survey item about sexual identity).

Survey logistics
Students were mainly quiet during the survey. The teacher supported the fieldworkers in keeping the classroom quiet. Having two fieldworkers administer the survey helped in distributing and collecting tablets, maximising the time students had to complete the survey. Based on these findings, we created a briefing sheet for teachers requesting their support in maintaining order in the classroom during the surveys, but asking that any questions about the survey be referred to fieldworkers. We determined that, when possible, students should be seated facing the same direction to increase privacy and discourage verbal and non-verbal communication. We concluded that sensitive survey items, such as sexual orientation, should be placed on their own survey pages to minimise the time that they are visible on screen. The CASI pre pilot also highlighted the need for structured forms to collect information on students' questions, technical issues encountered and general observations and fieldworker feedback, and for arranging car transport to feasibly transport tablets.

Technical issues with tablets
Some technical issues with the electronic tablets arose, including turning on during transport and problems connecting to Wi-Fi to upload survey data. Tablets were thereafter packed in bags for transport in a way that aimed to prevent their turning on in transit and we packed extra tablets, when possible, to replace any with drained batteries. We scheduled a fieldworker from each classroom to return to the university after fieldwork to manage uploading the data from their classroom. We addressed technical problems when possible, but others stemmed from unknown errors. Fieldworkers were asked to record the details of any technical issues encountered so that these could be fed back to the technical team.

Overall, findings from the CASI pre pilot suggested that administering CASI surveys to students using electronic tablets would be a feasible and acceptable approach for the pilot RCT.

Cognitive testing

Participation

We initially planned to conduct cognitive testing in one of the Project Respect optimisation schools in the south-east of England, but neither was able to accommodate this. We instead recruited a mixed-sex secondary school academy in London that had expressed interest in the pilot earlier, but consented too late to participate. Fifteen students participated (eight girls and seven boys, aged 13–15 years and in years 8–10) (*Table 4*). Most (*n* = 12) reported white British ethnicity and 11 reported their religious group as 'none'. One parent or carer opted out a boy, who was replaced by another boy in the same year group. No students declined to participate, although one did not turn up for his interview.

Findings

Interviews occurred in April 2017 and lasted an average of approximately 40 minutes, including the informed consent process. When a late arrival or a slower interview pace prevented our testing all survey items, we prioritised testing DRV items and their filter questions then rotated through the other items to ensure that all were tested with at least one girl and one boy in each year group. *Report Supplementary Material 9* shows the sample with which each item was tested. Four girls and four boys completed the full cognitive interview and all but one participant responded to the paper-based Safe Dates and CADRI-s survey in full (*n* = 13) or in part (*n* = 1), and the dating and relationship history filter questions were tested with all eligible participants. Each of the other items was tested with ≥ 10 participants, as were our draft survey instructions, explaining when a report of DRV would trigger a safeguarding disclosure to the school (reflecting our initial plans for safeguarding).

Cognitive interviews elicited valuable information on how students in years 8–10 interpreted and responded to the tested items. The findings generated a number of recommendations for refinements to item wording and structure, as well as insights into concerns that students might have about privacy and confidentiality. The cognitive interview guide (see *Appendix 2*) included all tested items. For the items modified after cognitive testing, see *Appendix 4*.

Dating and relationship history routing questions

Questions asking about current or past girlfriends and boyfriends, used to route respondents to the CADRI-s, were clear and understandable for participants; no further changes were indicated. In the Safe Dates routing question, the meaning of the phrase 'gone out with' did not clearly connote dating or romantic behaviour, and some participants felt referencing 'woman' or 'man' in the response options (e.g. 'Yes, I've gone out with a girl or a woman') was inappropriate for students their age. We therefore added '(dated)', a term students generally understood as intended, to clarify the intent of the question and removed references to 'woman' and 'man' from the response options.

TABLE 4 Cognitive interview participants

Year group (*n*)	Gender	Age (years) (*n*)
Year 8 (4)	3 girls, 1 boy	13 (4)
Year 9 (6)	3 girls, 3 boys	13 (2) and 14 (4)
Year 10 (5)	2 girls, 3 boys	14 (2) and 15 (3)
Total (15)	8 girls, 7 boys	13 (6), 14 (6) and 15 (3)

Dating and relationship violence measures

Participants generally understood the intended meaning of the Safe Dates and CADRI-s items, and could respond to them. Interviewees across all three year groups flagged terms and questions that were unfamiliar or unclear. Some expressed uncertainty about how severe particular behaviours had to be to meet the threshold for an affirmative response. There was no consensus on whether participants' preferred response options indicating frequency with numbers (e.g. '10 or more times') or words (e.g. 'often'). Based on these findings, we made minor changes to item wording (e.g. replacing the 'assaulted' with 'attacked', replacing the response option 'seldom' with 'rarely') and modified or removed items that students felt were not appropriate for their age group in the UK (e.g. by removing reference to a gun). We trained fieldworkers that, if asked, they should advise students to include behaviours that were done in a way that the student did not like or that hurt them.

Approach to safeguarding

Participants reported that their peers would not answer survey items honestly, especially those on physical and sexual violence, under the safeguarding policy in place at the time. This was because some would not want anyone to know about abuse they had experienced; the person who had abused them might be in the classroom; or the person who had abused them might have threatened them to prevent them telling anyone. Furthermore, despite the explanation provided in the survey, participants were not clear which survey items would and would not trigger a mandatory safeguarding disclosure. Some assumed that all reports of any form of victimisation would trigger this, potentially against the wishes of the survey respondent, which participants regarded as unacceptable. These findings, in conjunction with guidance from the SSC and consultation with our ethics committees and other experts in research ethics, informed the decision to move to a repeat cross-sectional design that would maintain complete student anonymity. This meant that disclosures to school officials could not be made on the basis of survey responses. To ensure that, as far as possible, we supported students who had experienced abuse to seek support, we provided information on local and national safeguarding resources in study information materials and surveys, as well as highlighting these orally during fieldwork (see *Chapter 2, Ethics arrangements*). We also gave students the opportunity to speak privately with a researcher if they wanted to disclose any safeguarding concerns (see *Report Supplementary Material 7*).

Attitude and social norms items

Participants generally understood the intended meaning of the gender attitudes item more quickly than the social norms items, but could still understand and respond to both question types. For different participants, the phrase 'most other students in your school' brought different groups to mind (e.g. their own year group, or either boys or girls in the school). There was some indication that participants could more easily respond to norms items that gave a more specified reference group. Some participants had difficulty responding to descriptive norms items asking about others' behaviours when they had not observed this. Participants also struggled responding to 'double-barrelled' items[102] that asked about more than one behaviour simultaneously. Some participants had difficulty with items asking whether or not on a date 'the boy' should pay, indicating that they needed more contextual information to judge a response. Based on these findings, we simplified the instructions for attitudes and norms items; amended response options to reiterate whose perspective the item asked about (e.g. 'I agree,' and 'My friends would agree'); narrowed the reference group for social norms items to 'your friends'; dropped items on paying during a date; for the descriptive-norms measure, added a routing question asking if the respondent has friends with boyfriends or girlfriends; split one item asking about multiple behaviours into two items asking about single behaviours; removed the item on sexual DRV, as it was unlikely to have been observed; and reverted to gender-neutral wording, as was used in the original measure.

Acceptability of asking about dating and relationship violence experience in school

Participants reported feeling comfortable answering survey questions about DRV. No students reported that they felt upset or offended by the survey contents. However, some thought that their peers who had experienced or perpetrated violence might feel distressed or uncomfortable.

When asked about filling in a survey like this in a classroom, they emphasised the importance of maintaining students' privacy. This finding informed our procedures during baseline surveys for arranging seating in the classroom to maximise privacy, emphasising the importance of quiet and privacy in the classroom, asking classroom teachers to reinforce these messages during survey administration and responding to students' questions discreetly during the survey.

Chapter 4 Results: undertaking the pilot randomised controlled trial

Recruitment

In the south-east of England, 333 schools in inner and outer London were contacted via an e-mail sent to the general school administrative e-mail address. Sixteen schools expressed interest and eleven consented to participate. The first five to return their consent forms were included in the study. Three were allocated to the pilot RCT and two were enrolled as optimisation schools.

In the south-west of England, 104 schools in Bristol, Bath and north-east Somerset, south Gloucestershire, Gloucestershire, north Somerset, Somerset, Swindon and Wiltshire, were contacted via an e-mail to the general school administrative e-mail address. In addition, details of Project Respect were sent to the local 'healthy schools' co-ordinators for distribution. Nine schools expressed interest, five of whom consented to participate. Three were allocated to the pilot RCT and two were enrolled as optimisation schools.

Head teachers signed consent forms between September 2016 and February 2017 for their schools to participate in the pilot RCT. One school from the south-east of England withdrew 1 month before baseline data collection was to begin. This reflected the school's study liaison changing from the deputy head teacher to the assistant head teacher, who felt that, if allocated to the intervention, the timing of randomisation and of receiving the intervention materials would not be sufficient for the school to prepare. This school also decided that they were very happy with the existing curriculum that Project Respect would replace. This school was replaced by another school from the same region.

One school from the south-west of England withdrew shortly before baseline data collection, leaving the study because of heavy time pressures on the school staff who would be leading the school's involvement and because the school was initiating an intensive new behaviour management policy, which led to extra pressure on staff during the data collection period. This school was replaced by another school in the same region, but with insufficient time to arrange and administer baseline surveys. Baseline student and staff survey data were therefore collected from five of the six schools enrolled.

School characteristics

All schools participating in the pilot RCT were mixed-sex secondary schools (*Table 5*). Five were academies and one was a community school. School size ranged from 690 to 1654 pupils and the proportion of pupils eligible for free school meals ranged from 4.8% to 41.9%. Value-added attainment scores are school-level measures of students' progress from school entry to GCSE exams. One such measure, the progress 8 score, compares students' GCSE performance against predicted performance based on prior attainment. The progress 8 score for most schools falls between –1 and 1.[103] A negative score indicates that, on average, students in the school do less well than those nationally with similar prior attainment and a positive score indicates they do better than this group. Progress 8 scores for participating schools ranged from –1.13 to 0.17. Most items had low rates of missing data, but this was higher for the family affluence scale because of poor response rates for questions (e.g. family holidays and ownership of computers).

TABLE 5 Pilot school characteristics and baseline student characteristics trial arm

Characteristic	Intervention	Control	Overall
School characteristics	*Four schools[a]*	*Two schools*	*Six schools[a]*
School region, n (%)			
South-east of England	2 (50.0)	1 (50.0)	3 (50.0)
South-west of England	2 (50.0)	1 (50.0)	3 (50.0)
School sex mix, n (%)[b]			
Mixed	4 (100)	2 (100)	6 (100)
School type, n (%)[b]			
Academy: converter mainstream	1 (25.0)	1 (50.0)	2 (33.3)
Academy: sponsor led	2 (50.0)	1 (50.0)	3 (50.0)
Community school	1 (25.0)	0 (0)	1 (16.7)
Ofsted rating, n (%)[c]			
Good	4 (100)	0 (0)	4 (66.7)
Requires improvement	0 (0)	1 (100)	1 (16.7)
Not yet rated	0 (0)	1 (100)	1 (16.7)
Value-added score, mean (SD)[d]	−0.29 (0.47)	−0.16 (0.11)	−0.24 (0.34)
Proportion of students on free school meals, mean (SD)[b]	21.8 (15.3)	11.5 (0.1)	18.3 (13.0)
School size, mean (SD)[b]	1189 (312)	723 (47)	1034 (342)
IDACI score, mean (SD)[e]	0.29 (0.23)	0.11 (0.13)	0.23 (0.21)
Student characteristics	*1057 students*	*369 students*	*1426 students*
Year group, n (%)			
Year 8	499 (47.2)	160 (43.4)	659 (46.2)
Year 9	557 (52.7)	209 (56.6)	766 (53.7)
Missing	1 (0.1)	0 (0)	1 (0.1)
Age (years), mean (SD)	13.3 (0.6)	13.4 (0.6)	13.4 (0.6)
Missing	1 (0.1)	0 (0)	1 (0.01)
Sex, n (%)			
Male	550 (52.0)	184 (49.9)	734 (51.5)
Female	506 (47.9)	185 (50.1)	691 (48.5)
Missing	1 (0.1)	0 (0)	1 (0.1)
Gender, n (%)			
Male	424 (40.1)	148 (40.1)	572 (40.1)
Female	423 (40.0)	161 (43.6)	584 (41.0)
Non-binary	39 (3.7)	13 (3.5)	52 (3.7)
Other	50 (4.7)	13 (3.5)	63 (4.4)
Unsure	54 (5.1)	15 (4.1)	69 (4.8)
Prefer not to say	62 (5.9)	18 (4.9)	80 (5.6)
Missing	5 (0.5)	1 (0.3)	6 (0.4)

TABLE 5 Pilot school characteristics and baseline student characteristics trial arm (*continued*)

Characteristic	Intervention	Control	Overall
Ethnicity, *n* (%)			
White British	470 (44.5)	197 (53.4)	667 (46.8)
White other	133 (12.6)	39 (10.6)	172 (12.1)
Asian/Asian British	68 (6.4)	12 (3.3)	80 (5.6)
Black/black British	120 (11.4)	29 (7.9)	149 (10.5)
Mixed ethnicity	87 (8.2)	25 (6.8)	112 (7.9)
Other	69 (6.5)	9 (2.4)	78 (5.5)
Missing	110 (10.4)	58 (15.7)	168 (11.8)
Religion, *n* (%)			
None	410 (38.8)	159 (43.1)	569 (39.9)
Christian	245 (23.2)	80 (21.7)	325 (22.8)
Jewish	31 (2.9)	7 (1.9)	38 (2.7)
Muslim/Islam	132 (12.5)	20 (5.4)	152 (10.7)
Hindu	16 (1.5)	4 (1.1)	20 (1.4)
Buddhist	7 (0.7)	4 (1.1)	11 (0.8)
Sikh	3 (0.3)	2 (0.5)	5 (0.4)
Other	38 (3.6)	5 (1.4)	43 (3.0)
Unsure	63 (6.0)	28 (7.6)	91 (6.4)
Missing	112 (10.6)	60 (16.3)	172 (12.1)
Family structure, *n* (%)			
Two parents	539 (51.0)	178 (48.2)	717 (50.3)
Lone mother	159 (15.0)	40 (10.8)	199 (14.0)
Lone father	20 (1.9)	9 (2.4)	29 (2.0)
Reconstituted	146 (13.8)	57 (15.5)	203 (14.2)
Other	82 (7.8)	21 (5.7)	103 (7.2)
Missing	111 (10.5)	64 (17.3)	175 (12.3)
At least one adult in household in work, *n* (%)			
Yes	757 (71.6)	252 (68.3)	1009 (70.8)
No	84 (8.0)	36 (9.8)	120 (8.4)
Do not know	103 (9.7)	17 (4.6)	120 (8.4)
Missing	113 (10.7)	64 (17.3)	177 (12.4)
Housing tenure, *n* (%)			
Renting from council or housing association	157 (14.9)	48 (13.0)	205 (14.4)
Renting from a landlord	107 (10.1)	22 (6.0)	129 (9.1)
Owned by family	437 (41.3)	152 (41.2)	589 (41.3)
Other	45 (4.3)	26 (7.1)	71 (5.0)
Do not know	188 (17.8)	56 (15.2)	244 (17.1)
Missing	123 (11.6)	65 (17.6)	188 (13.2)

continued

TABLE 5 Pilot school characteristics and baseline student characteristics trial arm (*continued*)

Characteristic	Intervention	Control	Overall
Family affluence scale, mean (SD)[f]	6.1 (1.7)	6.2 (1.4)	6.1 (1.6)
Missing	347 (32.8)	157 (42.5)	504 (35.3)
Boyfriend or girlfriend in the last 12 months, n (%)	443 (41.9)	185 (50.1)	628 (44.0)
Missing	5 (0.5)	1 (0.3)	6 (0.4)
Students reporting ever dating someone, n (%)	728 (68.9)	294 (79.7)	1022 (71.7)
Missing	11 (1.0)	1 (0.3)	12 (0.8)
Sexual identity, n (%)			
Straight	899 (85.1)	301 (81.6)	1200 (84.2)
Gay	24 (2.3)	14 (3.8)	38 (2.7)
Bisexual	43 (4.1)	30 (8.1)	73 (5.1)
Other	23 (2.2)	7 (1.9)	30 (2.1)
Unsure	39 (3.7)	10 (2.7)	49 (3.4)
Prefer not to say	25 (2.4)	6 (1.6)	31 (2.2)
Missing	4 (0.4)	1 (0.3)	5 (0.4)
Attitudes accepting of DRV, mean (SD)[f]	3.2 (0.5)	3.3 (0.5)	3.2 (0.5)
Injunctive norms supportive of DRV, mean (SD)[f]	2.4 (0.4)	2.4 (0.4)	2.4 (0.4)
Among those with friends with girl or boyfriends, DRV descriptive norms, mean (SD)[f]	3.6 (0.5)	3.6 (0.5)	3.6 (0.5)
Stereotypical gender-related attitudes, mean (SD)[f]	3.3 (0.5)	3.3 (0.5)	3.3 (0.5)
Stereotypical gender-related norms, mean (SD)[f]	2.5 (0.4)	2.5 (0.4)	2.5 (0.4)
Self-reported awareness of services if you were experiencing violence in a relationship, n (%)	551 (52.1)	219 (59.4)	770 (54.0)
Among those who have experienced violence in a relationship, talked to an adult, n (%)	57 (39.6)	15 (44.1)	72 (40.5)
Accurate dating violence knowledge, median percentage of correct responses (IQR)[e]	71.4 (57.1–85.7)	85.7 (71.4–100)	71.4 (57.1–85.7)
Downloading of an app to get help when feeling threatened, n (%)	88 (8.3)	19 (5.2)	107 (7.5)

IQR, interquartile range; Ofsted, Office for Standards in Education, Children's Services and Skills; SD, standard deviation.
a One intervention school did not participate in student baseline surveys. Data on intervention school student characteristics come from the three intervention schools that did participate in student baseline surveys.
b The 2017 were data retrieved from URL: www.compare-school-performance.service.gov.uk (accessed 24 August 2018).
c Historical Ofsted rankings retrieved from URL: https://reports.ofsted.gov.uk (accessed 30 March 2019).
d Value-added score is reported as the school's progress 8 score, retrieved from URL: www.compare-school-performance.service.gov.uk (accessed 21 January 2020).
e IDACI score retrieved by school postcode from URL: http://imd-by-postcode.opendatacommunities.org/imd/2019 (accessed 1 September 2018). These data were released in 2015 and are based on income and benefits data taken from 2012/13.
f See *Appendix 4* for items comprising these measures.

Participant flow

Figure 2 shows the flow of schools taking part in Project Respect and the number and proportion of eligible students from each school participating in baseline and follow-up surveys. At each survey wave, four surveys failed to upload because of technical issues. These are not included in the final data set or in the number of students completing each survey reported above.
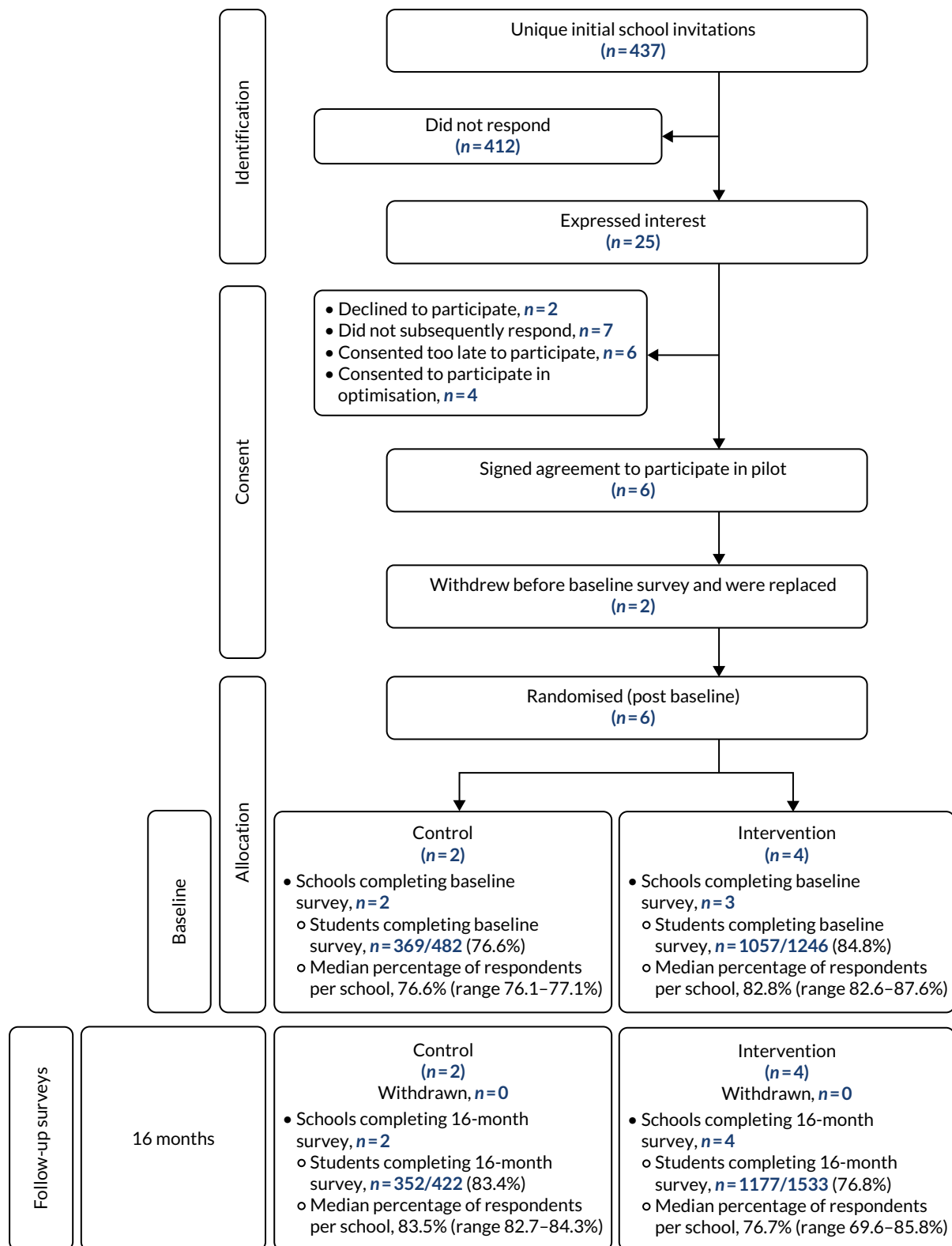
FIGURE 2 Participant flow.

Baseline student and staff surveys

Student surveys

Fieldwork

Surveys were administered using approximately 200 electronic tablets, which the research team preloaded with the survey before bringing to each school. In intervention school 3, which had > 200 students per year group, we administered surveys over 3 days, so that there were enough tablets for all students. In four schools, we administered surveys over 2 days per school, surveying one year group each day.

Students had little difficulty using the tablets. However, the use of the tablets introduced logistical challenges. Set-up could be complicated and reduced the time available for responding to survey questions. The tablets were bulky to transport. This approach also required considerable time and a specially equipped room to upload data, clear and recharge the tablets, and prepare them for the next survey day, which meant fieldworkers worked extremely long days. Owing to the limited number of tablets and the lengthy process for preparing them, only one school could be surveyed per day. Although, when possible, we scheduled a non-survey day between each survey day to allow sufficient time, as all schools in one region had to be surveyed before the tablets were sent to the other region. These procedures limited our flexibility in scheduling surveys. However, the five schools participating in baseline surveys were scheduled and data collection occurred from June to July 2017, first in the south-east of England and then in the south-west of England.

The head teachers from all five schools that participated in baseline surveys approved the student survey for use in their school. All schools agreed to distribute briefing sheets ahead of time to teachers whose classes would be taking part and to distribute information sheets to year 8 and 9 students and their parents and carers. As this was our first time piloting these procedures, we asked schools to tell us how materials were distributed. Methods for distributing parent information sheets varied, including sending paper copies home with students, distributing the sheets electronically and distributing them by post, and a combination of these approaches. Methods for distributing information sheets to students included distributing paper copies in the school and/or distributing them electronically. Some schools also told students about the study during class or assembly time. No schools took up our offer of running a parent information session about the study.

Three schools provided class registers of all students in years 8 and 9 in advance of the survey, the other two provided these on the day of the survey. Reasons for not doing so included student privacy concerns and not having enough time to compile registers ahead of time. All schools agreed to prepare a list of any students opted out before the survey day and to share this list with the study team to ensure that none of these students would be asked to participate. When feasible, schools arranged for these students, and for students ineligible to participate, not to be in classrooms when surveys were administered. Only one school identified a student ahead of time who would need special accommodations to complete the survey, but this student opted not to participate. One additional student, identified on the survey day, who wanted to participate but could not self-complete the survey owing to a visual impairment, completed the survey with a fieldworker by telephone. No schools reported increased reporting of safeguarding issues prompted by the student surveys. In one school, following the survey, a student expressed concern to a member of school staff that their name could be linked to their survey because the student had seen fieldworkers recording information on the student register. The study manager confirmed to the staff member that fieldworkers noted only that students had received and returned a tablet, not the number of the tablet they used, reiterating that students' names could not be linked to survey responses. The student was reassured by this explanation. For follow-up surveys, we added this explanation to the fieldworker script to reassure students (see *Report Supplementary Material 6*).

During data collection, classrooms were often too small to allow much space between students and it was not always possible to arrange seating so that all students faced the same way. Classroom teachers and support staff supported fieldworkers in maintaining classroom order and privacy. Fieldworkers sometimes had to remind staff to refer questions about the survey to the fieldworker. During the surveys, a small proportion of tablets malfunctioned. In these cases, students continued their survey on a paper questionnaire marked with the same enrol code as on the tablet, to enable linkage between responses to questions answered via tablet and responses from the same student given via paper questionnaire.

Student response rates

The student survey response rate at baseline was 82.5% (with one school not doing the baseline survey and not contributing to this total response rate). Response rates were > 80% in three schools (*Table 6*).

The school with the highest response rate at baseline was intervention school 3. Owing to the school's high number of students, surveys were conducted in this school over 3 days. Students absent when their class participated were invited to fill in the survey on later survey days, resulting in fewer surveys missed.

Schools that would later be allocated to the intervention identified 45 students who were not eligible to participate in the survey owing to cognitive limitations. Schools that went on to be allocated to the control group identified three students who were not eligible to participate in the survey owing to cognitive limitations. A further 12 students from schools later assigned to the intervention and 33 students from schools later assigned to the control group were deemed ineligible on the survey day owing to cognitive abilities, English language fluency, long-term absence or having left the school.

In schools later allocated to the intervention group, 11.6% of eligible students were absent on their survey day; this figure was 11.4% in schools later allocated to the control group. In the former, 9.7% of absent students submitted a survey via an absence pack, comprising 1.3% of all respondents from this arm. No students from other schools submitted surveys via absence packs.

The proportions of students who opted themselves out of the survey or were opted out by a parent or guardian were low, comprising 4.3% of the eligible sample in schools later allocated to the intervention group and 6.8% of the eligible sample in schools later allocated to the control group. In schools later allocated to the intervention group, one further student was missed because they had not received an information sheet ahead of the survey day, and surveys from four students (0.3% of the eligible sample) were not included in the data set and do not contribute to the response rate because their survey data failed to upload because of technical issues.

Neither baseline nor follow-up surveys were associated with increases in students seeking support from school safeguarding leads.

Staff surveys

Fieldwork

Online staff surveys occurred in June–July 2017. No schools would share their staff e-mail lists with the study team, so information sheets and the link to the online staff survey were sent to the primary study contact at each school, who then distributed these to colleagues. We asked schools to report how and on which dates the information sheet and survey link were distributed. All distributed them in electronic form (e.g. via e-mail, school bulletin or another electronic communication system used by the school). We sent at least one survey reminder to each school, but could not guarantee that the school's study liaison forwarded these to colleagues. Although the staff survey was open for 2.5 weeks, some schools were late in distributing the link. In all schools, staff had between 1 and 2 weeks to respond.

TABLE 6 Baseline student survey response rates

Survey		Intervention school[a]				Control school		Overall[a]
		1	2	3	4	1	2	
Baseline student survey, n/N eligible (%)	Year 8	149/186 (80.1)	128/164 (78.0)	222/268 (82.8)	0 (0)	77/103 (74.8)	83/113 (73.5)	659/834 (79.0)
	Year 9	163/191 (85.3)	142/164 (86.6)	252/273 (92.3)	0 (0)	98/124 (79.0)	111/142 (78.2)	766/894 (85.7)
	Year group missing	0 (0)	1 (0.3)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.1)
	Total	312/377 (82.8)	271/328 (82.6)	474/541 (87.6)	0 (0)	175/227 (77.1)	194/255 (76.1)	1426/1728 (82.5)

a One intervention school did not participate in student baseline surveys. Intervention school data comes from the three intervention schools that did participate in student baseline surveys.

Staff response rates

A total of 54 members of staff completed the staff survey online at baseline, a response rate of 7.5% (*Table 7*). One school did not participate in the baseline survey and does not contribute to this total rate. Among schools participating, rates range from 3.8% to 15.3%, with higher response rates among control than intervention schools.

Baseline school and student characteristics

Table 5 shows pilot school characteristics and baseline student characteristics. For the items constituting each measure and information on scoring, see *Appendix 4*. Of the five schools that participated in baseline student surveys, three were in the south-east of England (two of which would be allocated to the intervention group and one which would be allocated to the control group) and two in the south-west of England (one intervention and one control school). All six pilot RCT schools were mixed sex. One intervention school was a community school and three were academies, as were both control schools. At the time of the baseline surveys, all four intervention schools had a 'good' Office for Standards in Education, Children's Services and Skills (Ofsted) rating, one control school had a 'requires improvement' rating and one control school had not yet been rated. The mean value-added attainment score (measured as the progress 8 score) was –0.29 for intervention schools and –0.16 for control schools. The mean percentage of students entitled to free school meals was higher among intervention than control schools (21.8% vs. 11.5%). Intervention schools were larger, with a mean school size of 1189 students compared with a mean of 723 students for control schools. The mean IDACI score was 0.29 for intervention schools and 0.11 for control schools. Schools in the intervention and control groups differed in school characteristics, such as Ofsted rating, mean value-added score, free school meal entitlement, size and IDACI score.

In terms of the characteristics of students participating in baseline surveys, both intervention and control schools were similar in terms of age, gender, living situation and SES. Respondent mean age was slightly over 13 years. Approximately half of respondents were female, and between 11% and 14% reported their gender as non-binary, other or unsure. Around half reported that they lived with their mother and father, around 70% reported that at least one adult in their household was in paid work, 41% reported living in a house owned by the family, and the family affluence scale mean was 6.1 [standard deviation (SD) 1.7] among intervention students and 6.2 (SD 1.4) among control students (possible scores range from 0 to 9, with 9 representing the most affluent). A higher proportion of students in intervention schools than in the control schools reported their ethnicity as other than white British (45.1% vs. 31.0%), and in both arms around 40% reported no religion and slightly more than 20% reported that they were Christian.

Among students in intervention schools, 41.9% reported a boyfriend or girlfriend in the previous 12 months and 68.9% reported ever dating. Among control students, these proportions were higher at 50.1% and 79.7%, respectively. Between 81% and 86% of students in intervention schools reported their sexual identity as straight. Mean scores were very similar among intervention group and control students for attitudes accepting of DRV, injunctive norms supportive of DRV, DRV descriptive norms (among those with friends who reported girlfriends or boyfriends), stereotypical gender-related

TABLE 7 Baseline staff survey response rates

Survey	Intervention school[a]				Control school		Overall[a]
	1	2	3	4	1	2	
Baseline staff survey, *n*/N eligible (%)	8/183 (4.4)	10/168 (6.0)	6/160 (3.8)	0 (0)	19/124 (15.3)	11/88 (12.5)	54/723 (7.5)

a Intervention school 4 did not participate in student baseline surveys. Intervention school data comes from the three intervention schools that did participate in student baseline surveys.

attitudes and stereotypical gender-related norms. Between 52% and 60% of students self-reported awareness of services to access if experiencing violence in a relationship, and the proportion who had talked to an adult about violence experienced in a relationship was between 39% and 45% in each arm (based on subsamples of 13.6% of intervention students and 9.2% of controls who indicated within this measure that they had experienced relationship violence). The median percentage of correct answers to dating violence knowledge questions was higher among control than intervention students (85.7% vs. 71.4%). At baseline, reported downloading of an app to use to get help when feeling threatened was < 10% in each arm.

Primary and secondary outcomes at baseline

Table 8 shows primary and secondary outcome values at baseline, excluding sexual DRV, sexual health measures and school attendance, which were reported only at follow-up. For the items constituting each measure and information on scoring, see *Appendix 4*. Outcomes are expressed as a proportion of the overall sample to reflect population risk.

TABLE 8 Primary and secondary outcomes at baseline

Outcome[a]	Intervention[b] (1057 students)	Control (369 students)	Overall[b] (1426 students)
Primary outcomes (binary)			
DRV victimisation ever (Safe Dates), n (%)	575 (54.4)	226 (60.3)	801 (56.2)
Psychological abuse	506 (47.8)	194 (52.6)	700 (49.1)
Physical violence	400 (37.8)	163 (44.2)	563 (39.5)
DRV victimisation in past 12 months (CADRI-s), n (%)	320 (30.3)	139 (37.7)	459 (32.2)
DRV perpetration ever (Safe Dates), n (%)	488 (46.2)	192 (52.0)	680 (47.7)
Psychological abuse	388 (36.7)	152 (41.2)	540 (37.9)
Physical violence	329 (31.1)	124 (33.6)	453 (31.8)
DRV perpetration in past 12 months (CADRI-s), n (%)	277 (26.2)	115 (31.2)	392 (27.5)
Secondary outcomes (continuous)			
Frequency of DRV victimisation ever (Safe Dates), mean (SD)[c]	0.18 (0.36)	0.15 (0.22)	0.17 (0.33)
Psychological abuse	0.23 (0.43)	0.20 (0.33)	0.22 (0.41)
Physical violence	0.13 (0.34)	0.10 (0.18)	0.12 (0.31)
Frequency of DRV victimisation in past 12 months (CADRI-s), mean (SD)[c]	0.17 (0.39)	0.17 (0.31)	0.17 (0.37)
Frequency of DRV perpetration ever (Safe Dates), mean (SD)[c]	0.09 (0.22)	0.07 (0.10)	0.08 (0.20)
Psychological abuse	0.10 (0.25)	0.08 (0.13)	0.10 (0.22)
Physical violence	0.08 (0.25)	0.06 (0.11)	0.07 (0.22)
Frequency of DRV perpetration in past 12 months (CADRI-s), mean (SD)[c]	0.10 (0.27)	0.10 (0.18)	0.10 (0.25)
SWEMWBS overall score, mean (SD)	24.7 (5.8)	24.0 (5.4)	24.5 (5.7)
PedsQL overall score, mean (SD)	75.2 (15.0)	73.8 (15.4)	74.8 (15.1)
Physical	81.5 (15.6)	80.1 (15.9)	81.1 (15.7)
Emotional	67.0 (21.8)	67.1 (22.5)	67.0 (22.0)
Social	81.9 (18.3)	79.5 (19.3)	81.3 (18.6)
School	66.5 (18.6)	64.9 (19.3)	66.1 (18.8)
Psychosocial	71.8 (16.5)	70.5 (17.0)	71.5 (16.6)

TABLE 8 Primary and secondary outcomes at baseline (*continued*)

Outcome[a]	Intervention[b] (1057 students)	Control (369 students)	Overall[b] (1426 students)
Psychological functioning (SDQ total difficulties score), mean (SD)	12.5 (5.9)	12.9 (5.8)	12.6 (5.8)
Emotional problems	3.7 (2.6)	3.8 (2.7)	3.7 (2.6)
Conduct problems	2.4 (1.7)	2.2 (1.6)	2.3 (1.7)
Hyperactivity	4.4 (2.3)	4.5 (2.3)	4.4 (2.3)
Peer problems	2.1 (1.7)	2.4 (1.8)	2.2 (1.8)
Pro-social strengths	7.4 (2.0)	7.3 (1.8)	7.4 (1.9)
Student health-related quality of life (CHU9D), mean (SD)	0.84 (0.12)	0.82 (0.12)	0.83 (0.12)
Staff health-related quality of life (SF-6D), mean (SD)	0.76 (0.12)	0.75 (0.13)	0.75 (0.13)
Secondary outcomes (binary)			
Sexual harassment (often or occasional, school or elsewhere), *n* (%)	104 (9.8)	31 (8.4)	135 (9.5)
Use of primary care, accident and emergency or other health service in past year, *n* (%)	695 (65.8)	255 (69.1)	950 (66.6)
Contact with police in past year, *n* (%)	187 (17.7)	69 (18.7)	256 (18.0)

a Denominators are based on the full sample of participants.
b One intervention school did not participate in student baseline surveys. Intervention arm data are for the three intervention schools that did participate in student baseline surveys. Overall pilot data are for the five schools that participated in student baseline surveys.
c DRV frequency is measured as the mean of participants' mean response scores (never = 0, rarely = 1, sometimes = 3, often = 4).

Respondents reporting ever dating someone were routed to the Safe Dates measure (71.7% of the overall baseline student sample). A smaller proportion of students in intervention schools than control schools reported ever dating someone (68.9% and 79.7%, respectively). Ever-occurring DRV victimisation (Safe Dates scale) was reported by more than half of students in intervention and control schools (54.4% and 60.3%, respectively). Regarding subscales, in each arm students reported higher rates of psychological abuse than physical violence victimisation.

Respondents reporting a girlfriend and/or boyfriend currently or in the previous 12 months were routed to the CADRI-s measure (44.0% of the overall baseline student sample). Similar to findings on dating experience, a smaller proportion of students in intervention than control schools reported a girlfriend or boyfriend now or in the past 12 months (41.9% and 50.1%, respectively). DRV victimisation in the past 12 months (CADRI-s measure) was reported by around one-third of students in intervention and control schools (30.3% and 37.7%, respectively) and was slightly higher in the latter.

Around half of students from intervention and control schools reported ever perpetrating DRV, as measured by the Safe Dates scale (46.2% and 52.0%, respectively), slightly lower than rates of reported victimisation according to this scale. As with victimisation, reported rates of ever-occurring perpetration were higher for psychological abuse than for physical violence in both arms. As with the Safe Dates scale, reported DRV perpetration in the past 12 months measured by the CADRI-s was slightly lower than reported victimisation among both intervention and control students (26.2% and 31.2%, respectively).

Regarding secondary DRV outcomes at baseline, reported mean (SD) frequencies of overall DRV victimisation ever (Safe Dates measure) and in the past 12 months (CADRI-s) were similarly low, regardless of measure, ranging from 0.15 (SD 0.22) to 0.18 (SD 0.36), depending on the measure and arm (possible scores range from 0 to 3, with higher scores indicating more DRV). The mean reported frequency scores of ever-occurring DRV perpetration (Safe Dates measure) and in the past 12 months (CADRI-s) were also low, at ≤ 0.10 across measures and arms. Regarding subscales of the Safe Dates measure, mean frequencies of both victimisation and perpetration were higher for psychological DRV than physical DRV.

Regarding other secondary outcomes at baseline, mean scores were similar in intervention and control schools for well-being (SWEMWBS), quality of life (PedsQL), psychological functioning (SDQ) and health-related quality of life (CHU9D). Students in intervention and control schools reported similar rates of sexual harassment (9.8% and 8.4%, respectively), past-year use of NHS services (65.8% and 69.1%, respectively) and being stopped or told off by the police in the past year (17.7% and 18.7%, respectively).

Baseline staff characteristics

Table 9 shows characteristics of staff respondents. Of the 54 members of staff completing the survey at baseline, a large majority described themselves as female (81%). Respondents reported a variety of

TABLE 9 Characteristics of staff survey respondents at baseline and follow-up by trial arm

Staff characteristic	Intervention school		Control school		Overall	
	Baseline (24 staff)	Follow-up (26 staff)	Baseline (30 staff)	Follow-up (32 staff)	Baseline (54 staff)	Follow-up (58 staff)
Gender, *n* (%)						
Male	5 (21)	6 (23)	5 (17)	4 (13)	10 (19)	10 (17)
Female	19 (79)	20 (77)	25 (83)	28 (88)	44 (81)	48 (83)
Position, *n* (%)						
Subject teacher	9 (38)	12 (46)	10 (33)	7 (22)	19 (35)	19 (33)
Head of year	0	1 (4)	3 (10)	2 (6)	3 (6)	3 (5)
Head of department	5 (21)	2 (8)	4 (13)	8 (25)	9 (17)	10 (17)
Deputy/assistant head teacher	1 (4)	2 (8)	4 (13)	2 (6)	5 (9)	4 (7)
Teaching assistant	0	1 (4)	2 (7)	4 (13)	2 (4)	5 (9)
Student pastoral support	1 (4)	2 (8)	5 (17)	3 (9)	6 (11)	5 (9)
Other	8 (33)	6 (23)	2 (7)	6 (19)	10 (19)	12 (21)
SLT member, *n* (%)						
Yes	2 (8)	2 (8)	6 (20)	2 (6)	8 (15)	4 (7)
No	22 (92)	24 (92)	24 (80)	30 (94)	46 (85)	54 (93)
Safeguarding/deputy safeguarding lead, *n* (%)						
Yes	1 (4)	2 (8)	2 (7)	1 (3)	3 (6)	3 (5)
No	23 (96)	24 (92)	28 (93)	31 (97)	51 (94)	55 (95)
PSHE co-ordinator, *n* (%)						
Yes	2 (8)	1 (4)	0	2 (6)	2 (4)	3 (5)
No	22 (92)	25 (96)	30 (100)	30 (94)	52 (96)	55 (95)

roles within their schools. Only a minority were in SLT roles, such as deputy or assistant head teacher ($n = 5$, 9%), but a further 12 (23%) described their role as head of year or of department. The largest category of respondents was subject teacher ($n = 19$, 35%) followed by 'other' ($n = 10$, 19%). These roles included cover supervisors, examination officers, support staff and subject leads. Three respondents (6%) described themselves as school safeguarding leads or deputy leads and two (4%) were PSHE co-ordinators.

Intervention and control school context at baseline

Staff reports of dating and relationship violence and sexual harassment at baseline
Across all schools, few staff reported that DRV and sexual harassment were quite or very major problems in their schools at baseline (*Table 10*). Overall, 6% reported DRV as a quite or very major problem (9% from intervention schools and 3% from control schools). A higher proportion, 24%, reported sexual harassment as a quite or very major problem (29% from intervention schools and 21% from control schools). Although the numbers of respondents in each school were very small, there was some indication of heterogeneity in reports of DRV and sexual harassment as problematic across the schools, with 20% of respondents in one school reporting both DRV and sexual harassment being quite or very major problems and 0% in other schools.

Most participants (91%, with a range of 82–100% per school) reported that staff patrols occurred in their schools and that these aimed to address DRV and/or sexual harassment.

Relationships and sex education teaching and school policy
All staff participants reported that RSE was taught in both years 9 and 10 and that this was part of PSHE in year 9 (*Table 11*). Staff participants from all but one school reported that RSE was also taught as part of PSHE in year 10. Whether or not RSE teaching included DRV was variable, with staff in two schools (one intervention, one control) reporting yes, staff in two intervention schools reporting no and a mixed response from staff in the other control school.

Participants from only two schools (both intervention) consistently reported that their school had a written policy on RSE, with only half of those in each of the control schools reporting this and no responses from the third intervention school. When a written RSE policy was reported, all respondents indicated that this addressed DRV or sexual harassment.

TABLE 10 Staff reports of DRV and sexual harassment problems and patrolling at baseline

| Staff report | *n/N* (%) of all staff reporting issue as very or quite major problem | | | | | |
| | Intervention school | | | | Control school | |
	1	2	3	4	1	2
Violence or abuse in dating and relationships is a very or quite major problem	0/8 (0)	2/10 (20)	0/5 (0)	NA	1/19 (5)	0/11 (0)
Sexual harassment is a very or quite major problem	3/8 (38)	2/10 (20)	2/6 (33)	NA	6/18 (33)	0/11 (0)
Staff patrols occur and address DRV or sexual harassment	7/7 (100)	9/10 (90)	5/6 (83)	NA	18/19 (95)	9/11 (82)
NA, not applicable.						

TABLE 11 Staff reports of RSE and bullying/violence prevention provision and school policies reported at baseline

Staff report		Intervention school, *n/N* (%)				Control school, *n/N* (%)	
		1	2	3	4	1	2
RSE and bullying/violence prevention provision (reported by senior/PSHE co-ordinators)							
Year 9 students	Taught RSE	0 responses	1/1 (100)	1/1 (100)	NA	4/4 (100)	2/2 (100)
	Taught RSE in PSHE	0 responses	1/1 (100)	1/1 (100)	NA	4/4 (100)	2/2 (100)
Year 10 students	Taught RSE	0 responses	1/1 (100)	1/1 (100)	NA	3/3 (100)	2/2 (100)
	Taught RSE in PSHE	0 responses	1/1 (100)	1/1 (100)	NA	3/3 (100)	0/2 (0)
RSE includes DRV		0/1 (0)	0/1 (0)	1/1 (100)	NA	2/4 (50)	2/2 (100)
School has written RSE policy		1/1 (100)	1/1 (100)	0 responses	NA	1/2 (50)	1/2 (50)
School has written RSE policy and this addresses DRV or sexual harassment		1/1 (100)	1/1 (100)	NA	NA	1/1 (100)	1/1 (100)
Year 9 students	Taught bullying/violence prevention	1/1 (100)	1/1 (100)	1/1 (100)	NA	4/4 (100)	2/2 (100)
	Taught bullying/violence prevention in PSHE	1/1 (100)	1/1 (100)	1/1 (100)	NA	4/4 (100)	2/2 (100)
Year 10 students	Taught bullying/violence prevention	1/1 (100)	1/1 (100)	1/1 (100)	NA	3/3 (100)	2/2 (100)
	Taught bullying/violence prevention in PSHE	1/1 (100)	1/1 (100)	1/1 (100)	NA	3/3 (100)	0/2 (0)
Bullying/violence prevention includes DRV		1/1 (100)	0/1 (0)	1/1 (100)	NA	2/4 (50)	2/2 (100)
School policies (reported by senior/safeguarding lead staff)							
School has written safeguarding policy		0 responses	1/1 (100)	1/1 (100)	NA	4/4 (100)	2/2 (100)
School has written safeguarding policy and this addresses DRV or sexual harassment		NA	1/1 (100)	1/1 (100)	NA	4/4 (100)	2/2 (100)
School has written behaviour/discipline policy		0 responses	1/1 (100)	1/1 (100)	NA	4/4 (100)	2/2 (100)
School has written behaviour/discipline policy and this addresses DRV or sexual harassment		NA	1/1 (100)	1/1 (100)	NA	3/4 (75)	2/2 (100)
Most recent school development/ improvement plan includes DRV or sexual harassment		0 response	1/1 (100)	1/1 (100)	NA	4/4 (100)	1/2 (50)
School last year held training days addressing sexual health, bullying or violence, violence or abuse in dating and relationships, sexual harassment, or safeguarding		0 response	1/1 (100)	0/1 (0)	NA	4/4 (100)	2/2 (100)

NA, not applicable.

Bullying and violence teaching

All participating staff reported that bullying and violence prevention was taught in both years 9 and 10, with staff in all but one control school reporting that this occurred in PSHE (see *Table 11*). Whether or not bullying and violence prevention included DRV was variable, with staff in three schools (two intervention, one control) all reporting yes, staff in one intervention school reporting no and two of the four (50%) staff in the remaining control school reporting yes.

Other school policies

All senior and safeguarding lead staff participants reported that their schools had written safeguarding policies and that these addressed DRV or sexual harassment (see *Table 11*). Moreover, all participants stated that their schools had a written behaviour or discipline policy, with 88% reporting that this addressed DRV or sexual harassment. Most participants reported that their school development or improvement plan included DRV or sexual harassment, and most reported that their school held training days addressing sexual health, bullying, DRV, sexual harassment or safeguarding.

Randomisation

Following completion of the baseline surveys, schools were stratified by region (south-east/south-west of England) and randomised by the CTU. Two schools in each region were randomised to receive the intervention and one school in each region was randomised to the control condition. All six schools accepted the results of the randomisation and continued within the study.

Follow-up student and staff surveys

Student surveys

Fieldwork

At follow-up, we experienced similar challenges in timetabling student surveys. Year 11 is an important year for students in England, culminating in GCSE exams. Student surveys were difficult in some schools because of preparations for GCSE exams and other school programming for this year group. One intervention school did not permit one classroom of students to participate because they were behind in their coursework. These students were treated as absentees and absence packs were left for them. As with baselines, follow-up surveys in intervention school 3 occurred over 4 days, owing to the large number of students. Data collection was timetabled in all six schools and surveys were administered from September to November 2018, first in the south-east of England, then in the south-west of England.

The head teachers from all six schools approved the follow-up version of the student survey for use in their schools. The use of electronic tablets was critical to this approval in two schools, because of their automated routing, only those students reporting any sexual experience in an initial routing question would see additional survey questions with sexual content. As at baseline, most schools shared student registers with the study team before the survey day, and distributed staff briefing sheets and parent and student information sheets prior to the survey. Schools recorded the names of students who were opted out ahead of time so that they would not be asked to participate in surveys. No schools opted to hold a parent information session and none could accommodate surveying students who were absent on the first survey day on a later survey day. One school identified a student ahead of time who, because of literacy challenges, required one-to-one fieldworker support to participate in the survey. This student completed the survey in a private room with fieldworker support. As at baseline, no schools reported increased reporting of safeguarding issues prompted by the surveys.

As at baseline, a small proportion of tablets malfunctioned during follow-up surveys and students completed surveys using a paper questionnaire.

Student response rates

The overall response rate at follow-up was 78.2% and response rates were > 80% in four schools (*Table 12*).

TABLE 12 Follow-up student survey response rates

Survey		Intervention school[a]				Control school		Overall[a]
		1	2	3	4	1	2	
Follow-up student survey, n/N eligible (%)	Year 10	165/207 (79.7)	140/163 (85.9)	176/266 (66.2)	93/131 (71.0)	65/92 (70.7)	94/114 (82.5)	733/973 (75.3)
	Year 11	174/207 (84.1)	143/167 (85.6)	184/251 (73.3)	101/141 (71.6)	96/99 (97.0)	97/117 (82.9)	795/982 (81.0)
	Year group missing	1 (0.2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.1)
	Total	340/414 (82.1)	283/330 (85.8)	360/517 (69.6)	194/272 (71.3)	161/191 (84.3)	191/231 (82.7)	1529/1955 (78.2)

a One intervention school did not participate in student baseline surveys. Intervention arm data are for the three intervention schools that did participate in student baseline surveys. Overall pilot data are for the five schools that participated in student baseline surveys.

One intervention school identified seven students who were not eligible to participate in the survey. Among eligible students, 16.4% from intervention and 8.8% from control schools were absent on the survey day. Only one survey, from an intervention school, was returned via an absence pack.

On survey days, 31 students from intervention schools and 11 students from control schools were deemed ineligible owing to cognitive abilities, English-language fluency, long-term absence or having left the school. Among eligible intervention school students who did not participate in the survey, 16.4% of the eligible sample were absent and 6.7% opted out or were opted out by parents or carers. Among eligible control school students not participating, these figures were 8.8% and 5.2%, respectively. Two surveys from intervention school students and two from control school students failed to upload because of technical issues and are therefore not included in the data set and do not contribute to the response rates.

Staff surveys

Fieldwork

As at baseline, information sheets and the online survey link for follow-up staff surveys were distributed by the primary study contact at each school. In five schools, online staff surveys were open for approximately 3 weeks in September 2018. We sent regular reminders to liaison staff asking them to circulate these to colleagues, but cannot say whether or not these were circulated. In intervention school 1, the closing date of the online survey was extended by approximately 2 weeks because no responses had been submitted, but this did not result in any additional responses. The study liaison at this school reported performance management procedures were under way at the school at the time, which had diverted staff attention. Paper copies of the staff survey were also available in the staff room in each school during the survey period and we also provided staff with small gifts to encourage participation, but this did not increase response rates.

Staff response rates

Despite the addition of a paper survey option, the response rate at follow-up was similar to that at baseline, with 58 members of staff (6.4%) responding (*Table 13*). As at baseline, response rates were higher in control schools than in intervention schools. Only six staff surveys were completed on paper, the remaining 52 were completed online. Although all schools confirmed that they had e-mailed the link to staff and all schools received a set of paper surveys and collection box, there were no respondents from intervention school 1 at follow-up.

Staff survey respondents at follow-up had a similar gender distribution to those at baseline, with 83% of the 58 respondents describing their gender as female and 17% as male. The school positions of respondents also followed a pattern similar to that at baseline, with few members of the SLT completing the survey ($n = 4$, 7%). Again, a relatively large proportion of staff described their role as 'other' ($n = 12$, 21%) and at follow-up these roles included administrative staff, cover supervisors, examination officers and support staff. Similar to baseline, three members of staff (5%) described themselves as safeguarding leads or deputy leads and three (5%) were PSHE co-ordinators.

TABLE 13 Follow-up staff survey response rates

Survey	Intervention school				Control school		Overalll
	1	2	3	4	1	2	
Follow-up staff survey, *n/N* eligible (%)	0/180 (0)	9/151 (6.0)	7/160 (4.4)	10/216 (4.6)	14/106 (13.2)	18/92 (19.6)	58/905 (6.4)

Piloting of Safe Dates and CADRI-s outcome measures

Completion rates

Overall psychological and physical dating and relationship violence measures

Across the overall sample of students at baseline, > 99% of eligible students completed the questions relating to DRV victimisation and perpetration for the Safe Dates and CADRI-s measures, with similarly high values for the Safe Dates victimisation and perpetration subscales (*Table 14*). Sexual DRV items were asked at follow-up only and are therefore not included in this table. The proportion of missing responses for sexual DRV victimisation and perpetration are reported in *Chapter 6*.

Interitem reliability: Cronbach's and ordinal alphas

Regarding interitem reliability, Cronbach's and ordinal alphas for the Safe Dates measure of victimisation were 0.94 and 0.97, respectively (with alphas for subscales ranging from 0.90 to 0.95) and for the CADRI-s measure of victimisation these were 0.82 and 0.89, respectively (see *Table 14*). Cronbach's and ordinal alphas for the Safe Dates measure of perpetration were 0.91 and 0.96, respectively (with alphas for subscales ranging from 0.84 to 0.94) and for the CADRI-s measure of victimisation these were 0.77 and 0.88, respectively. These alphas suggested very good to excellent reliability of each scale.

Fit: confirmatory factor analysis

Fit indices from confirmatory factor analyses suggested adequate fit. RMSEA estimates generally suggested adequate fit against a benchmark of 0.08,[104] except for CADRI-s victimisation measure (RMSEA = 0.107). However, both Comparative Fit Index and TLI estimates suggested that scales had mediocre goodness of fit compared with null models, for which items were allowed to vary but with no correlation.

TABLE 14 Primary outcome measures at baseline: completion, interitem reliability and goodness of fit

Measure	Completion rate (%)ᵃ	Interitem reliability		Goodness of fit		
		Cronbach's alpha	Ordinal alpha	RMSEA	CFI	TLI
DRV victimisation ever (Safe Dates)	99.7	0.94	0.97	0.067	0.863	0.852
Psychological abuse	99.7	0.90	0.94	0.077	0.912	0.896
Physical violence	100.0	0.91	0.95	0.079	0.902	0.886
DRV victimisation in past 12 months (CADRI-s)	99.8	0.82	0.89	0.107	0.876	0.835
DRV perpetration ever (Safe Dates)	99.4	0.91	0.96	0.050	0.889	0.880
Psychological abuse	99.4	0.84	0.92	0.067	0.886	0.866
Physical violence	99.8	0.89	0.94	0.058	0.937	0.926
DRV perpetration in past 12 months (CADRI-s)	99.7	0.77	0.88	0.067	0.937	0.915

CFI, Comparative Fit Index.
a Completion rate is calculated among the subsample routed to this measure.

Piloting of secondary outcomes and potential mediators

Completion rates

Across all students at baseline, completion rates for the questions relating to mental well-being, quality of life, sexual harassment, psychological functioning, use of health services, contact with the police and health-related quality of life were very high, ranging from 97.6% to 99.5% (*Table 15*). Completion rates for DRV frequency as a secondary outcome are the same as those reported for the primary outcomes (see *Table 14*). School attendance and sexual behaviour were reported only at follow-up; the proportion of missing responses for these measures are reported in *Chapter 6*.

Interitem reliability: Cronbach's and ordinal alphas

Cronbach's and ordinal alphas for interitem reliability of secondary outcome measures were high, ranging from 0.75 to 0.93 for mental well-being (SWEMWBS), quality of life (PedsQL), psychological functioning (SDQ) and health-related quality of life (CHU9D) (see *Table 15*). Cronbach's and ordinal alphas of potential mediator measures (attitudes and norms supportive of DRV, DRV descriptive norms, stereotypical gender-related attitudes and norms, and dating violence knowledge) were < 0.7 (ranging from 0.43 to 0.68) (*Table 16*).

Piloting of economic evaluation outcome measures

Completion rates and utility scores

The completion rate for the CHU9D health-related quality-of-life measure was 97.8%. The completion rate for the SF-12 was 92.5%. Utility scores using the CHU9D health-related quality-of-life measure were computed for 1397 of 1426 (98%) students who responded to the survey at baseline, or 1397 of 1664 (84%) of all baseline student participants (*Table 17*).

TABLE 15 Secondary and economic outcome measures at baseline: completion and interitem reliability

Measure	Completion rate (%)[a]	Interitem reliability	
		Cronbach's alpha	Ordinal alpha
Mental well-being (SWEMWBS)	98.3	0.85	0.87
Quality of life (PedsQL)	99.0	0.91	0.93
Sexual harassment (often or occasional, school or elsewhere)	99.5	NA	NA
Psychological functioning (SDQ)	99.3	0.77	0.75
Use of primary care, accident and emergency, other health service in past year	97.6	NA	NA
Contact with police in past year	97.6	NA	NA
Student health-related quality of life (CHU9D)	97.8	0.84	0.88
Staff health-related quality of life (SF-12)	92.5	0.85	0.87

NA, not applicable.
a Missingness for multi-item measures was calculated using standard procedures for each measure. The new, two-item measure of sexual harassment was categorised as missing if the response to at least one of the items to which the respondent was routed was missing.

TABLE 16 Potential mediator measures: completion and interitem reliability

		Interitem reliability	
Mediator[a]	Completion rate[b]	Cronbach's alpha	Ordinal alpha
Attitudes accepting of DRV	96.9%	0.48	0.65
Injunctive norms supportive of DRV	94.9%	0.43	0.57
Among those with friends with girlfriends/boyfriends, DRV descriptive norms	99.7%	0.56	0.65
Stereotypical gender-related attitudes	93.3%	0.56	0.68
Stereotypical gender-related norms	91.9%	0.50	0.66
Self-reported awareness of services if you were experiencing violence in a relationship	91.3%	NA	NA
Among those who have experienced violence in a relationship, talked to an adult	100%	NA	NA
Accurate dating violence knowledge	89.3%	0.52	0.65
Downloading of an app to get help when feeling threatened	87.7%	NA	NA
Communication	99.1%	NA	NA

NA, not applicable.
a Data come from baseline surveys for all measures except for 'communication', which was asked only at follow-up.
b Measure was categorised as missing if a response to at least one of its items was missing.

TABLE 17 Baseline CHU9D responses among students from all participants by domain and level

Domain[a]	Level 1, n (%)	Level 2, n (%)	Level 3, n (%)	Level 4, n (%)	Level 5, n (%)	Missing, n (%)	Total, n
Worried	797 (56)	312 (22)	155 (11)	85 (6)	48 (3)	29 (2)	1426
Sad	927 (65)	230 (16)	104 (7)	83 (6)	53 (4)	29 (2)	1426
Pain	875 (61)	301 (21)	129 (9)	56 (4)	36 (3)	29 (2)	1426
Tired	265 (19)	461 (32)	288 (20)	217 (15)	165 (12)	29 (2)	1426
Annoyed	847 (59)	294 (21)	127 (9)	67 (5)	61 (4)	29 (2)	1426
Sleep	637 (45)	406 (28)	201 (14)	84 (6)	68 (5)	29 (2)	1426
School work	783 (55)	346 (24)	164 (12)	69 (5)	33 (2)	29 (2)	1426
Daily routine	1024 (72)	239 (17)	77 (5)	33 (2)	23 (2)	29 (2)	1426
Activities	907 (64)	254 (18)	98 (7)	73 (5)	63b(4)	29 (2)	1426

a Level 1 indicates 'no problems', level 5 indicates 'lots' of problems.

At follow-up, utility scores using the CHU9D health-related quality-of-life measure were computed for 1512 of 1529 (98.9%) students who responded to the survey or 1512 of 1955 (77.3%) of all follow-up student participants (*Table 18*).

TABLE 18 Follow-up CHU9D responses among students from all participants by domain and level

Domain[a]	Level 1, n (%)	Level 2, n (%)	Level 3, n (%)	Level 4, n (%)	Level 5, n (%)	Missing, n (%)	Total, n
Worried	869 (57)	289 (19)	181 (12)	109 (7)	64 (4)	17 (1)	1529
Sad	944 (62)	249 (16)	140 (9)	103 (7)	76 (5)	17 (1)	1529
Pain	915 (60)	308 (20)	173 (11)	69 (5)	47 (3)	17 (1)	1529
Tired	253 (17)	446 (29)	301 (20)	266 (17)	246 (16)	17 (1)	1529
Annoyed	871 (57)	308 (20)	163 (11)	91 (6)	79 (5)	17 (1)	1529
Sleep	750 (49)	384 (25)	194 (13)	113 (7)	71 (5)	17 (1)	1529
School work	819 (54)	386 (25)	159 (10)	94 (6)	54 (4)	17 (1)	1529
Daily routine	1122 (73)	240 (16)	72 (5)	43 (3)	35 (2)	17 (1)	1529
Activities	919 (60)	258 (17)	145 (9)	99 (6)	91 (6)	17 (1)	1529

a Level 1 indicates 'no problems', level 5 indicates 'lots' of problems.

Mean (SD) and median [interquartile range (IQR)] utility scores at baseline were 0.834 (SD 0.121) and 0.861 (IQR 0.770–0.921) (*Table 19*). At follow-up, these scores were 0.825 (SD 0.129) and 0.851 (IQR 0.754–0.921), respectively. The distribution of utility scores at baseline and follow-up were broadly similar (*Figures 3* and *4*, respectively).

TABLE 19 Summary statistics of CHU9D utility scores among students, all respondents

Statistic	Baseline	Follow-up
Mean	0.834	0.825
SD	0.121	0.129
Minimum	0.326	0.326
1st percentile	0.451	0.448
5th percentile	0.600	0.570
10th percentile	0.665	0.651
25th percentile	0.770	0.754
Median	0.861	0.851
75th percentile	0.921	0.921
90th percentile	0.956	0.952
95th percentile	1.000	1.000
99th percentile	1.000	1.000
Maximum	1.000	1.000
Observations	1397	1512
Missing	29	17
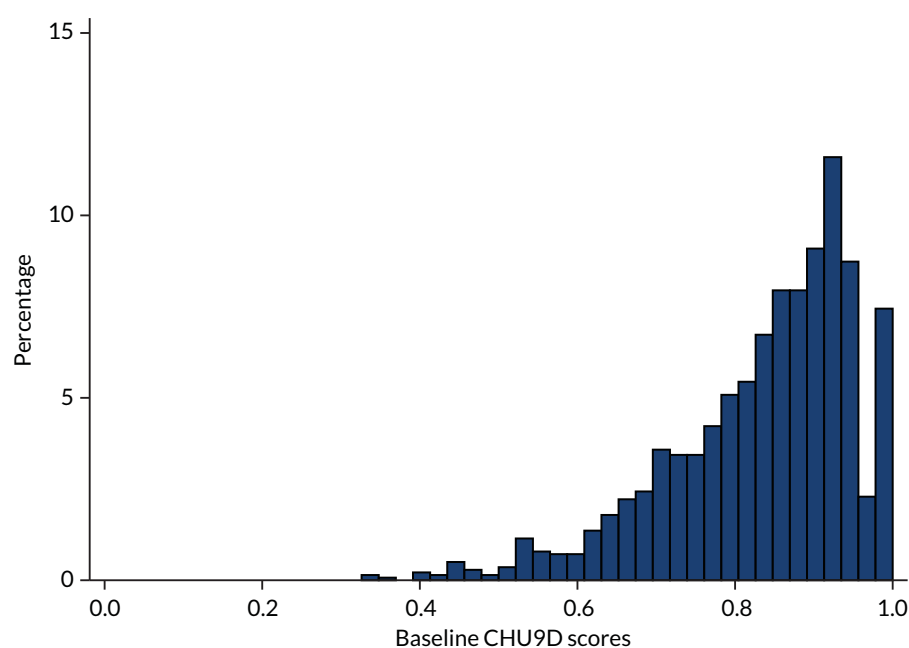
FIGURE 3 Distribution of baseline CHU9D utility scores among students, all respondents ($n = 1397$).
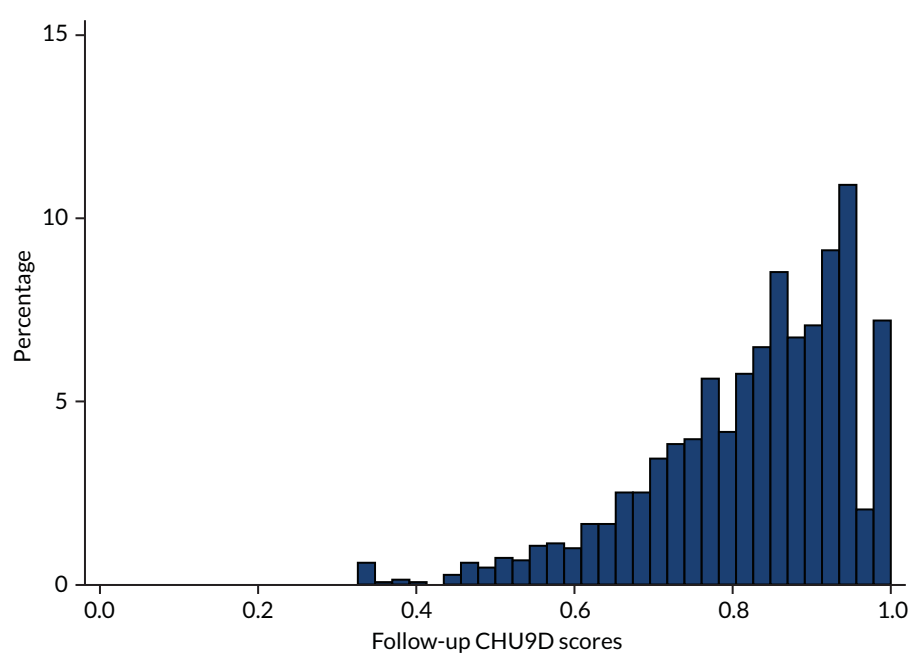
FIGURE 4 Distribution of follow-up CHU9D utility scores among students, all respondents ($n = 1512$).

Utility scores using the SF-6D were computed for 50 of 54 (92.5%) staff who responded to the survey at baseline, or 55 of 723 (7.6%) of all baseline staff participants. At follow-up the figures were 55 of 58 (95%) staff and 55 of 905 (6.1%) staff, respectively. Noting the relatively low numbers, the distribution of values was similar at baseline and follow-up (*Table 20*, *Figures 5* and *6*, respectively).

TABLE 20 Summary statistics of SF-6D utility scores among school staff, all respondents

Statistic	Baseline	Follow-up
Mean	0.754	0.782
SD	0.126	0.109
Minimum	0.436	0.518
1st percentile	0.436	0.518
5th percentile	0.517	0.588
10th percentile	0.602	0.603
25th percentile	0.657	0.687
Median	0.800	0.800
75th percentile	0.863	0.863
90th percentile	0.900	0.922
95th percentile	0.922	0.922
99th percentile	0.922	1.000
Maximum	0.922	1.000
Observations	50	55
Missing	4	3
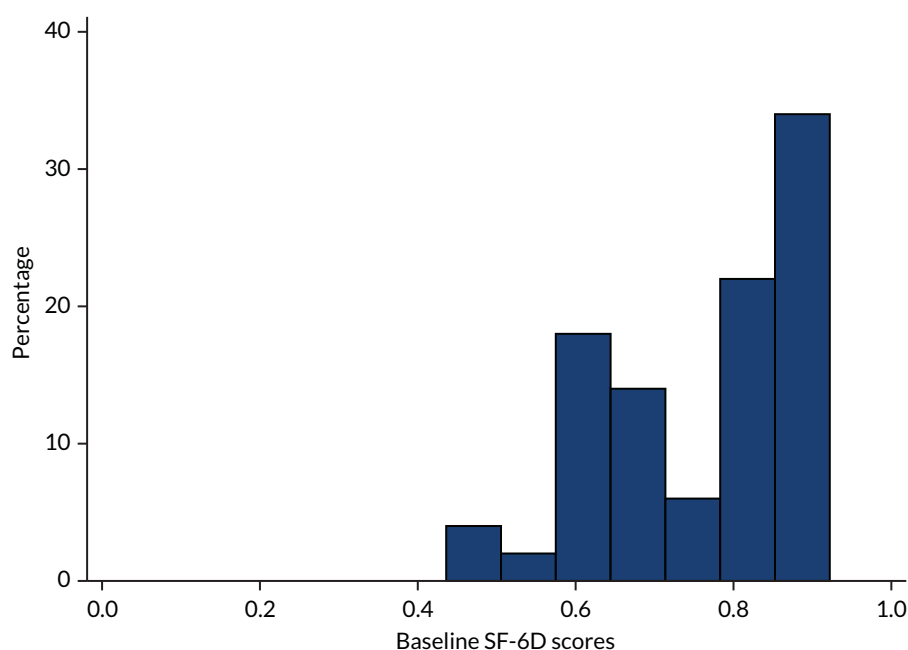
FIGURE 5 Distribution of baseline SF-6D utility scores among school staff, all respondents ($n = 50$).

Reliability

Reliability of the health-related quality-of-life measures was assessed at baseline and was > 0.7: for the CHU9D it was 0.84 (Cronbach's alpha) and 0.88 (ordinal alpha), and for the SF-12 it was 0.85 (Cronbach's alpha) and 0.87 (ordinal alpha) (see *Table 15*).
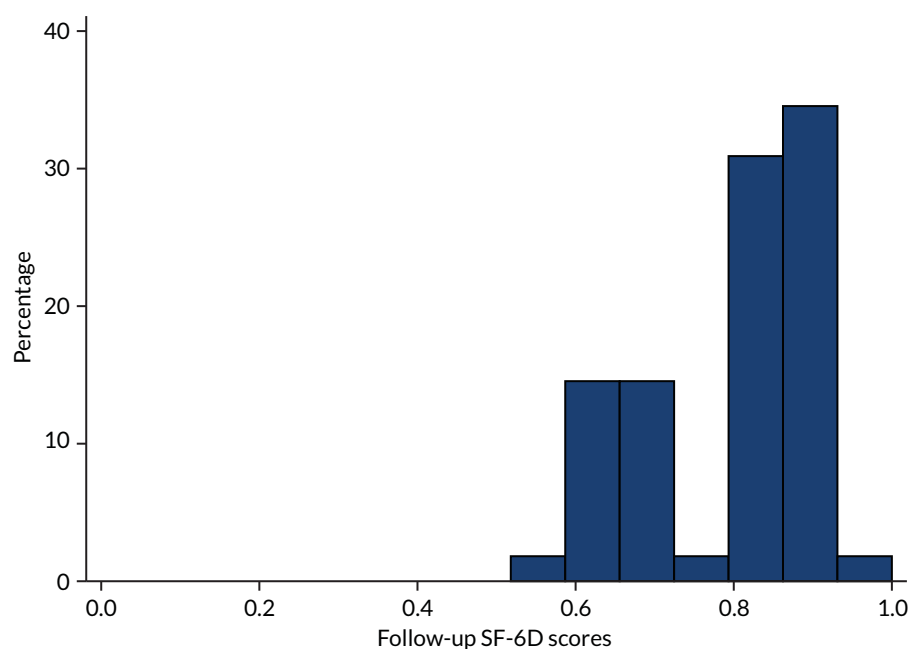
FIGURE 6 Distribution of follow-up SF-6D utility scores among school staff, all respondents ($n = 55$).

Piloting of use of services measures

Usable survey data on health service use were available for 1391 of 1426 (98%) students who responded to the student survey at baseline, or 1391 of 1664 (84%) of all participating students (*Table 21*). At follow-up, analogous figures were 1501 of 1529 (98%) students and 1501 of 1955 (77%)

TABLE 21 Use of health services and contact with police during the last 12 months

Service use	Baseline, *n* (%)	Follow-up, *n* (%)
Use of primary care, accident and emergency, or other health service in past year		
Zero times	441 (31)	545 (36)
Once	323 (23)	318 (21)
Two times	249 (17)	276 (18)
Three times	163 (11)	177 (12)
More than three times	215 (15)	185 (12)
Total non-missing	1391 (98)	1501 (98)
Missing	35 (2)	28 (2)
Total	1426	1529
Contact with police		
Zero times	1136 (80)	1225 (80)
Once	166 (12)	158 (10)
Two times	52 (4)	43 (3)
Three times	38 (3)	76 (5)
More than three times	1392 (98)	1502 (98)
Total non-missing	34 (2)	27 (2)
Missing	1426	1529

students, respectively. The reported figures are also plausible [at baseline 215/1391 (15%) respondents reported that they had more than three visits in the previous 12 months, compared with 185/1501 (12%) at follow-up].

Data on contacts with police were available for 1392 of 1426 (98%) students who responded to the student survey at baseline, or 1392 of 1664 (84%) of all participating students (see *Table 21*). At follow-up, the figures were 1502 of 1529 (98%) students and 1502 of 1955 (77%) of all participating students, respectively. Eighteen per cent of respondents reported that they had at least one contact with police during the last 12 months at both baseline ($n/N = 256/1392$) and follow-up ($n/N = 277/1502$).

Safeguarding and adverse events

In the course of data collection, two student disclosures met the criteria for reporting safeguarding concerns to a school safeguarding officer based on the safeguarding policy in place at the time, and these were reported. In line with our standard operating procedure for reporting SAEs and SUSARs (see *Report Supplementary Material 8*), schools annually reported to the research team on SAEs and SUSARs among the cohort of students taking part in Project Respect (*Table 22*). They reported a mean of six per school among intervention schools and three per school among control schools (excluding data missing from one intervention school not reporting on this in the second year of the pilot), with a high number of SAEs and SUSARs reported by one intervention school, accounting for the large discrepancy between intervention and control schools. No reported SAEs and SUSARs were deemed to be plausibly linked to Project Respect.

TABLE 22 Serious adverse events

Event[a]	Intervention school				Control school		Overall
	1	2	3	4	1	2	
Death	0	0	1	1	0	0	2
Hospitalisation	2	11	1	2	0	3	19
Disability	0	3	0	0	0	2	5
Congenital abnormality	0	0	0	0	0	0	0
Life-threatening risk	1	0	0	0	0	1	2

a Data missing from one intervention school not reporting on SAEs and SUSARs in the second year of the pilot.

Chapter 5 Results: piloting the intervention

Process evaluation

Fieldwork

Most students were interviewed alone or in pairs. In one intervention school, all six year 9 students participating in interviews did so as a group. All interviews with parents and with members of school staff occurred on a one-to-one basis.

Response rates

The NSPCC-delivered training was audio-recorded in all four intervention schools and school-delivered training was audio-recorded in three intervention schools (*Table 23*). One intervention school did not complete the school-delivered training. Staff from all four intervention schools returned logbooks, with the number per school ranging from 4 to 13. Some members of school staff delivering Project Respect lessons did not submit logbooks. Informal feedback suggests that, for some staff, logbooks could be seen as an extra administrative task beyond their normal work duties. One lesson was observed in three intervention schools (75% coverage); one teacher whose class was randomly selected declined to participate in the observation, requiring a replacement class to be randomly selected. No lessons were observed in the fourth intervention school because the school had finished delivering lessons before observation could be arranged. Results of classroom observations and a comparison of lesson fidelity, as reported via classroom observation and teacher logbooks, where a logbook was submitted, are presented in *Report Supplementary Material 10*.

TABLE 23 Data collection for process evaluation

Data collection	Intervention school, *n* (%)				Control school, *n* (%)		Overall, *n* (%)
	1	2	3	4	1	2	
Audio-recording of NSPCC-delivered training	1 (100)	1 (100)	1 (100)	1 (100)	NA	NA	4 (100)
Audio-recording of school-delivered training	1 (100)	1 (100)	0 (0)	1 (100)	NA	NA	3 (75)
Logbooks by teaching staff delivering curriculum	4	9	13	8	NA	NA	34
Observations of one curriculum lesson per school	0	1 (100)	1 (100)	1 (100)	NA	NA	3 (75)
Interviews with NSPCC trainer(s)	NA	NA	NA	NA	NA	NA	2
Interviews with four staff per intervention school	4 (100)	5 (125)	4 (100)	4 (100)	NA	NA	17 (106)
Interviews with two parents per intervention school	2 (100)	2 (100)	1 (50)	0 (0)	NA	NA	5 (62.5)
Interviews with eight students per intervention school	8 (100)	8 (100)	8 (100)	8 (100)	NA	NA	32 (100)
Interviews with two staff per control school	NA	NA	NA	NA	2 (100)	2 (100)	4 (100)
Interviews with four students per control school	NA	NA	NA	NA	4 (100)	4 (100)	8 (100)

NA, not applicable.

Two interviews were conducted with the NSPCC trainer, one mid-way through and one after the implementation period. Interviews were completed with four staff-members in each intervention school, as planned, and with one additional staff member in one school, resulting in 17 staff interviews (106% coverage). Interviews were conducted with two parents in two intervention schools, as planned, one in one school and none in one school, for a total of five parent interviews (62.5% coverage). As planned, eight students were interviewed in each intervention school, giving a total of 32 across the four intervention schools. Two staff members were interviewed in each control school, giving a total of four. Four students were interviewed in each control school, giving a total of eight.

Quantitative findings on intervention

Fidelity
Table 24 shows intervention fidelity by school. The NSPCC delivered trainings in all four schools to key staff leading the intervention (via one session in three schools and via two shorter sessions in

TABLE 24 Overall fidelity of intervention in pilot

Intervention component		Intervention school				Number of intervention schools implementing with fidelity
		1	2	3	4	
NSPCC training (100% fidelity threshold)	Attendance, *n* (sheet)	4	3	19	7	NA
	% coverage of essential topics	86	86	76	86	0
School in-house training for all staff (75% fidelity threshold)	% coverage of essential topics	93	93	0	71	2
Review of school policies to ensure they address DRV		Yes	No	Yes	No	2
Mapping of potential hotspots for DRV: staff		Yes	Yes	Yes	Yes	4
Mapping of potential hotspots for DRV: student		Yes	No	Yes	Yes	3
School patrol reoriented to potential hotspots		No	No	No	No	0
Student curriculum, % coverage of essential topics across classes (75% fidelity threshold)	Year 9 lesson 1	100	57	73	88	2
	Year 9 lesson 2	100	50	89	79	3
	Year 9 lesson 3	100	36	77	93	3
	Year 9 lesson 4	88	54	73	83	2
	Year 9 lesson 5	0	39	84	86	2
	Year 9 lesson 6	0	33	55	93	1
	Year 10 lesson 1	100	79	97	93	4
	Year 10 lesson 2	100	57	91	100	3
	Overall across all lessons	98	52	83	90	3
Parent and carer information on DRV sent out		Yes	Yes	Yes	Yes	4
Student information on Circle of 6 app		Yes	Yes	Yes	Yes	4
School-delivered components delivered with fidelity (75% fidelity threshold), %		7	4	4	5	1
Delivered with overall fidelity (100% NSPCC-delivered training fidelity threshold; 75% school-delivered training fidelity threshold)		No	No	No	No	0

NA, not applicable.

intervention school 3), with fidelity ranging from 76% to 86%. The training included 21 essential elements which contribute to the fidelity score. Of these, sixteen were covered in all four schools (*Table 25*). Two essential elements involved building on a policy review that schools were asked to undertake prior to the training; these were not covered in any of the trainings because none of the schools had completed the review prior to the training. Planning the involvement of parents and carers in Project Respect was not covered during training in any schools. Training in three schools covered reviewing and discussing Project Respect year 9 curriculum lessons.

In a post-training satisfaction survey, an average of 85% of respondents per school ranked the overall usefulness of the NSPCC training topics as 'good' or 'excellent' (see *Report Supplementary Material 11*), an average of 91% reported that the training 'completely' or 'partially' met their expectations and an average of 65% reported that the training 'completely' or 'partially' provided what they needed to know to begin implementing Project Respect.

TABLE 25 Fidelity of NSPCC training

Training element	Element delivered in intervention school				
	1	2	3	4	Total/4
Topic					
DRV in the school	Yes	Yes	Yes	Yes	4
Schools' responsibility to safeguard against peer-on-peer abuse	Yes	Yes	Yes	Yes	4
Definition of 'DRV'	Yes	Yes	Yes	Yes	4
Definition of 'sexual harassment'	Yes	Yes	Yes	Yes	4
Prevalence/scale of DRV among young people	Yes	Yes	Yes	Yes	4
Health impact of DRV among young people	Yes	Yes	Yes	Yes	4
Educational impact of DRV among young people	Yes	Yes	Yes	Yes	4
The six aims of Project Respect	Yes	Yes	Yes	Yes	4
Theory of change of Project Respect	Yes	Yes	Yes	Yes	4
Overview of intervention components	Yes	Yes	Yes	Yes	4
How to review mapping of hotpots to inform action plan to reduce risk in school site	Yes	Yes	Yes	Yes	4
Review curriculum lessons 1–3 and discuss (discussion may cover one or more of these lessons)	Yes	Yes	No	Yes	3
Review curriculum lessons 4–6 and discuss (discussion may cover one or more of these lessons)	Yes	Yes	No	Yes	3
How student-led campaigns can be run in schools	Yes	Yes	Yes	Yes	4
Parental engagement in Project Respect	Yes	Yes	Yes	Yes	4
Information on sources of support for those affected by abuse	Yes	Yes	Yes	Yes	4
Exercise					
Review of policy audit that the training participants should have done prior to training	No	No	No	No	0
Feedback on planned actions to take in school as a result of policy audit	No	No	No	No	0
Mapping hotspots for DRV/sexual harassment on school site	Yes	Yes	Yes	Yes	4
Planning how to involve parents in Project Respect	No	No	No	No	0
Identify next steps in implementing Project Respect	Yes	Yes	Yes	Yes	4

The fidelity of school-delivered all-staff training, again assessed on the basis of audio-recordings, ranged from 71% to 93% in the three schools in which it was delivered (*Table 26*). One school adapted the training component by delivering it to school tutors (who would be teaching the student curriculum) rather than to all staff, and one school did not deliver this training during the implementation period. The school-delivered training included 14 essential topics and nine of these were covered in all three schools delivering the training. Of the remaining five essential topics, four were covered in two schools and one (describing and/or carrying out an example of an activity from the curriculum) was covered in only one school.

Policy review occurred in two of the four intervention schools during the intervention period. Hotspot mapping was undertaken by staff in all four schools and by students in three schools. No schools modified how staff patrolled the school site informed by this mapping.

The student curriculum was delivered with fidelity > 75% in three schools, ranging from 52% to 98%. Staff leads in intervention school 2 modified the curriculum for class tutors to deliver each lesson across two 20-minute slots. In the other intervention schools, lessons were delivered during regularly scheduled PSHE lessons.

Fidelity, as reported in logbooks, ranged from 33% to 100% for individual lessons delivered. In one school, two lessons were not delivered and are therefore considered to have 0% fidelity. In *Report Supplementary Material 12*, we report the fidelity of curriculum delivery detailed by elements of each lesson, as reported in logbooks.

Parent and carer information was sent out and details of the Circle of 6 app were provided to students in all four schools.

TABLE 26 Fidelity of all-staff training

Topic	Element delivered in intervention school				
	1	2	3	4	Total/4
DRV in the school	Yes	Yes	No	Yes	3
Definition of DRV	Yes	Yes	No	Yes	3
Definition of sexual harassment	Yes	Yes	No	Yes	3
Prevalence/scale of DRV among young people	Yes	Yes	No	Yes	3
Health impact of DRV among young people	Yes	Yes	No	Yes	3
Educational impact of DRV among young people	Yes	Yes	No	No	2
Theory of change	Yes	Yes	No	Yes	3
Overview of intervention components	Yes	Yes	No	Yes	3
What has been learned so far from whole-school actions that have taken place (learning from the policy audit and/or hotspot mapping results)	Yes	Yes	No	No	2
Summary of curriculum (including at least a mention of all six lessons)	Yes	Yes	No	Yes	3
Describe and/or carry out at least one example of activities from curriculum	No	Yes	NA	No	1
Describe student-led campaign component	Yes	Yes	NA	No	2
How parents will be informed	Yes	No	NA	Yes	2
Information on sources of support for those affected by abuse	Yes	Yes	NA	Yes	3

NA, not applicable.

Components implemented with fidelity in three or more intervention schools were:

- staff hotspot mapping
- student hotspot mapping
- student curriculum
- DRV information for parents and carers
- student information on Circle of 6 (see *Table 24*).

Among the other components, the school-delivered training and policy review were implemented with fidelity in two schools, and the NSPCC training and reorientation of school patrols were not implemented with fidelity in any school.

We observed the delivery of one lesson in each of three intervention schools, completing an observation form reporting whether or not each essential element was covered during the lesson to compare with coverage the teacher self-reported in the logbook (see *Report Supplementary Material 10*). The lesson observed in intervention school 2 was delivered in two sessions, each lasting approximately 20 minutes. There was 72.7% agreement on essential elements delivered between the observation form and the logbook. Two elements were reported as covered in the second day's observation, but not in the logbook, which might suggest the elements delivered on the second day were not reported in the logbook. Delivery of essential elements, as reported by the observation form and logbook, had 100% agreement in intervention school 3. Agreement could not be calculated for intervention school 4 because no logbook data were received for the observed lesson.

The fidelity of delivery of student-facing activities was somewhat lower in intervention school 2 than in other schools, particularly in terms of hotspot mapping and the coverage of essential topics in the curriculum.

Reach and acceptability

Quantitative indications of awareness and acceptability from staff interviews

Table 27 shows intervention awareness and acceptability among school staff. The response rate to the staff survey was very low (see *Chapter 4*), and the number of participants who were senior staff and likely to have the clearest overview of the intervention, was particularly low. Therefore, we also assessed acceptability to staff involved in the intervention using the qualitative interviews with staff participating in delivery. According to interviews with staff in intervention schools, the intervention was acceptable to 10 (59%) staff and unacceptable to two (12%) staff, with three (17%) staff having mixed feelings and two (12%) being insufficiently aware of the intervention to have an opinion.

Staff survey

Table 28 reports staff responses to the follow-up survey, including awareness of, agreement with and involvement in the intervention. Following the intervention period, fewer than half of staff survey participants reported noticing changes in their school to reduce DRV: 34.6% of staff in intervention schools reported that their school had recently taken steps to reduce DRV, whereas 28.1% reported

TABLE 27 Intervention awareness and acceptability among school staff

Measure	Intervention (26 staff), *n* (%)	Control (32 staff), *n* (%)
Report this school has recently been taking steps to reduce DRV	9 (34.6)	9 (28.1)
Of staff reporting school has taken steps, staff support this work to reduce DRV	8 (88.9)	9 (100)

TABLE 28 Staff awareness of, agreement with and involvement in the intervention at follow-up

Staff awareness and involvement	Intervention school, n/N (%)				Control school, n/N (%)	
	1	2	3	4	1	2
Awareness and agreement with intervention						
School recently been taking steps to reduce DRV	0 responses	2/9 (22)	2/7 (29)	5/10 (50)	7/18 (39)	2/14 (14)
Of those reporting that the school has taken steps, agree with this work	0 responses	2/2 (100)	1/2 (50)	5/5 (100)	7/7 (100)	2/2 (100)
Of those reporting involvement in any intervention activity,[a] found this work useful/very useful	0 responses	0 responses	0 responses	3/3 (100)	2/3 (67)	0 responses
Staff received training led by other school staff on addressing DRV	0 responses	1/9 (11)	0 responses	4/10 (40)	5/18 (28)	1/14 (7)
Of those reporting training, indicate this was good or very good	0 responses	1/1 (100)	NA	4/4 (100)	5/5 (100)	1/1 (100)
Involvement and assessment of intervention activities						
Teaching a curriculum about DRV	0 responses	0/1 (0)	0 responses	1/4 (25)	1/5 (20)	0/1 (0)
Of those reporting the above, indicate that this was useful or very useful	NA	NA	NA	1/1 (100)	1/1 (100)	NA
Reviewing school policies to address DRV	0 responses	0/1 (0)	0 responses	1/4 (25)	1/4 (25)	0/1 (0)
Of those reporting the above, indicate that this was useful or very useful	NA	NA	NA	1/1 (100)	1/1 (100)	NA
Enabling students to run campaigns against DRV	0 responses	0/1 (0)	0 responses	1/4 (25)	0/4 (0)	0/1 (0)
Of those reporting the above, indicate that this was useful or very useful	NA	NA	NA	1/1 (100)	NA	NA
Patrolling school site to prevent or address DRV	0 responses	0/1 (0)	0 responses	3/4 (75)	2/4 (50)	0/1 (0)
Of those reporting the above, indicate that this was useful or very useful	NA	NA	NA	2/3 (67)	1/2 (50)	NA

NA, not applicable.
a Teaching curriculum, reviewing policies, enabling student campaigns, patrolling to prevent DRV.

this in control schools. Few respondents recalled that staff had received training led by other school staff on DRV (26% in intervention schools and 19% in control schools). Of those reporting that their school had recently taken steps to reduce DRV, nearly all staff agreed with this work ($n/N = 8/9$ in intervention schools and 100% in control schools). Likewise, among the small number of staff reporting involvement in any intervention activity, nearly all reported that they found the work useful or very useful ($n/N = 3/3$ intervention staff, $n/N = 2/3$ control staff) and of those reporting staff training in DRV, all found this good or very good.

Of the intervention school respondents at follow-up, only one in five reported teaching a curriculum on DRV, one in five recalled reviewing school policies to address DRV, one in five reported that their school had enabled students to run campaigns against DRV and three of four (participants in the same school) reported patrolling the school site to prevent or address DRV. From the control schools, one in six respondents reported teaching a curriculum on DRV, one in five reported reviewing schools' policies, zero reported enabling students to run campaigns and two of five reported patrolling the school site to prevent or address DRV. All respondents who reported teaching a curriculum and/or recalled reviewing school policies to address DRV, found the activity useful or very useful, although the numbers were very small (one respondent each from intervention and control schools). The one member of staff from an intervention school reporting enabling students to run campaigns reported finding it useful or very useful. Only two of the three intervention staff and one of the two control staff reporting patrols to address DRV found this useful or very useful.

Post intervention, the follow-up staff survey revealed similar reports as the baseline survey, in terms of school patrols, RSE, bullying and violence, DRV and sexual harassment teaching, and associated written policies (*Table 29*). Fewer staff responded to these questions at follow-up than at baseline, largely because only SLT or PSHE and safeguarding leads were routed to these survey items, and the majority of staff responding were not in these roles.

TABLE 29 Staff reports of staff patrols, RSE and bullying and violence prevention, and school policies at follow-up

Staff report	Intervention school, *n/N* (%)				Control school, *n/N* (%)	
	1	2	3	4	1	2
Reports of staff patrols addressing DRV and sexual harassment (reported by all staff)						
Staff patrols occur and address DRV or sexual harassment	0 responses	8/9 (89)	7/7 (100)	8/9 (89)	14/17 (82)	14/14 (100)
RSE and bullying and violence prevention provision (reported by senior staff/PSHE co-ordinators)						
Year 9 students — Taught RSE	0 responses	0 responses	0 responses	2/2 (100)	2/2 (100)	0 responses
Year 9 students — Taught RSE in PSHE	NA	NA	NA	2/2 (100)	2/2 (100)	NA
Year 10 students — Taught RSE	0 responses	0 responses	0 responses	2/2 (100)	2/2 (100)	0 responses
Year 10 students — Taught RSE in PSHE	NA	NA	NA	2/2 (100)	2/2 (100)	NA
RSE includes DRV	0 responses	1/1 (100)	0 responses	2/2 (100)	1/2 (100)	0/1 (0)
School has written RSE policy	0 responses	1/1 (100)	0 responses	0/2 (0)	2/2 (100)	0/1 (0)
School has written RSE policy and this addresses DRV or sexual harassment	NA	1/1 (100)	NA	NA	2/2 (100)	NA
Year 9 students — Taught bullying/violence prevention	0 responses	0 responses	0 responses	2/2 (100)	1/1 (100)	0/1 (0)
Year 9 students — Taught bullying/violence prevention in PSHE	NA	NA	NA	2/2 (100)	1/1 (100)	NA

continued

TABLE 29 Staff reports of staff patrols, RSE and bullying and violence prevention, and school policies at follow-up (*continued*)

		Intervention school, n/N (%)				Control school, n/N (%)	
Staff report		1	2	3	4	1	2
Year 10 students	Taught bullying/ violence prevention	0 responses	0 responses	0 responses	2/2 (100)	2/2 (100)	0/1 (0)
	Taught bullying/ violence prevention in PSHE	NA	NA	NA	2/2 (100)	2/2 (100)	NA
Bullying/violence prevention includes DRV		0 responses	1/1 (100)	0 responses	2/2 (100)	2/2 (100)	0/1 (0)
School policies (reported by senior/safeguarding lead staff)							
School has written telephone policy		0 responses	0 responses	0 responses	2/2 (100)	0/2 (0)	1/1 (100)
School has a written telephone policy and this addresses DRV or sexual harassment		NA	NA	NA	0/2 (0)	NA	0/1 (0)
School has written safeguarding policy		0 responses	0 responses	0 responses	2/2 (100)	2/2 (100)	1/1 (100)
School has written safeguarding policy and this addresses DRV or sexual harassment		NA	NA	NA	2/2 (100)	2/2 (100)	0/1 (0)
School has written a behaviour and discipline policy		0 responses	0 responses	0 responses	2/2 (100)	1/1 (100)	1/1 (100)
School has written a behaviour and discipline policy and this addresses DRV or sexual harassment		NA	NA	NA	2/2 (100)	1/1 (100)	0/1 (0)
Most recent school development and improvement plan includes addressing DRV or sexual harassment		0 responses	0 responses	0 responses	2/2 (100)	1/1 (100)	1/1 (100)
School last year held training days addressing sexual health, bullying or violence, violence or abuse in dating and relationships, sexual harassment, or safeguarding		0 responses	0 responses	0 responses	2/2 (100)	1/1 (100)	1/1 (100)

NA, not applicable.

Student survey

Table 30 shows intervention awareness and acceptability according to student follow-up surveys. Of year 9 and 10 students in intervention schools who reported that their school had been taking steps to reduce DRV, almost 90% supported this work. However, students in intervention schools were less likely than controls to report that the school had been taking such steps. Of those reporting that their school had been taking these steps, students in intervention schools were slightly less likely to report that they supported this work than controls. Of the approximately 37% of students in intervention schools reporting that in the past year they had been learning about respectful relationships, just under 60% reported that these lessons were good. Student awareness of the intervention, overall, was higher among affluent students, but did not vary by ethnicity or gender. Awareness of the curriculum did not vary by student affluence, ethnicity or gender.

TABLE 30 Intervention awareness and acceptability among students

Measure	Group		Intervention (1057 students), n (%)	Comparison (369 students), n (%)	Chi-squared p-value
Report this school has recently been taking steps to reduce DRV	Overall		162 (13.8)	68 (19.3)	
	Family affluence	At or above mean	86 (53.1)	48 (70.6)	0.016
		Below mean	72 (44.4)	19 (27.9)	
	Ethnicity	White British	90 (55.6)	43 (63.2)	0.31
		Not White British	68 (42.0)	24 (35.3)	
	Gender	Female	71 (43.8)	28 (41.2)	0.12
		Male	84 (51.9)	34 (50.0)	
		Other	3 (1.9)	5 (7.4)	
Report that in this past year in class, we have been learning about respectful relationships	Overall		432 (36.7)	92 (26.1)	
	Family affluence	At or above mean	283 (65.5)	64 (69.6)	0.36
		Below mean	140 (32.4)	25 (27.2)	
	Ethnicity	White British	273 (63.2)	59 (64.1)	0.73
		Not white British	151 (35.0)	30 (32.6)	
	Gender	Female	213 (49.3)	49 (53.3)	0.14
		Male	204 (47.2)	36 (39.1)	
		Other	10 (2.3)	5 (5.4)	

Qualitative findings on intervention

Interviews with NSPCC staff

Initial engagement
The NSPCC lead perceived that, in some schools, the decision to participate was taken by one individual rather than being shared. This sometimes caused problems when, for example, others in the schools, such as those co-ordinating PSHE, were not consulted, or when the lead person left the school without a plan for who would take over responsibility. The NSPCC lead thought that it would be appropriate in future to ask school leads to consult more widely within the school before committing to the project. The NSPCC lead recommended that each school should have two staff of different seniority co-ordinating implementation, one ensuring SLT buy-in and the other leading day-to-day implementation.

The lead commented that this might also help 'future proof' the project from instability through staff restructuring:

> *If the school does go through something like a restructure or something, then they're going to struggle because the senior leadership generally are some of the first to go through the restructuring process.*

The NSPCC lead commented that the term DRV was not used in schools, but that other terms, such as 'sexual harassment' and 'peer-to-peer abuse', were recognised. The lead advised that the term 'violence' could cause confusion, some associating this only with physical violence, and suggested that 'abuse' might be a better term.

The NSPCC lead commented that the extent to which staff initially recognised whether or not DRV was a problem could vary with school location and staff gender:

> There's one school in the south-west where you know, there was almost a divide between the male and female staff about their views on it. And the training had a bit of a, there was a clear distinction between who got that it's an issue and who didn't, as in like the males sort of didn't as much. And I was actually pulled aside by the leader saying that they, that they struggle, they feel that they struggle with the male staff in the school. And this was very generalistic, but that, you know, the views that they can have, you know, sort of like, 'oh we're the lads' sort of thing, and how that can confuse their views on DRV.

Training

A major part of the NSPCC's role was in the delivery of training to schools' key staff, which schools preferred to organise as part of an existing training day, when possible.

There was a problem across schools with members of SLT not attending training, because of insufficient buy-in to the intervention across the school. This was likely to have adversely affected implementation of the review of school policies and delivery of the whole-staff training. As the NSPCC lead described:

> I think the problem when the SLT members aren't attending the training, standard staff wouldn't have the responsibility of editing the policies. So that's again making sure that the person who's responsible for policy review is involved . . . I think for the success of the project I think there needs to be a commitment from the senior leadership team at the training as well because without that the implementation of the whole staff training can be a bit problematic.

The staff identified as those delivering the student curriculum did generally attend the training. In some schools, there was poor communication between the staff member leading the intervention and those being trained, so some staff arrived at the training with very little understanding of why they were there:

> Yeah. I mean staff buy-in to be honest. I think that's quite a big one. And it's about that communication. Because the schools where we've had trouble are the ones where there's been a lack of communication from the senior leadership team down to the staff members. So, you know, if we take [south-east intervention school] for instance, when we sat there and there's just clearly someone massively disengaged, you know, and it's awkward . . . and then at the end it's like well we don't know why we're here, you know, it's like well OK. So yeah, it's that relying on schools to communicate it down to their staff.

The training did include review of lesson plans, but the NSPCC lead wondered if teachers could instead read the materials and either e-mail or schedule a telephone call with the trainer to address any uncertainties. The NSPCC lead felt that the training could have focused more on delivery skills than on lesson contents, and that some teachers would have benefited especially from building confidence and skills in delivering the more discursive lessons. The training did address how the curriculum could be integrated into different timetable spaces (e.g. in one school the lessons were delivered in short tutor time sessions and so the training addressed how to split the lessons in two across these).

In some schools, there was variation in the extent to which DRV was regarded as a problem for the school. Such discussions could, however, enliven lessons, providing an opportunity for school staff to learn to recognise harmful behaviours in the school:

> There were some where it was difficult to, some staff found it difficult to understand that that was an issue within their school. But actually when that started that was good because, and I'm thinking of [a south-west intervention school], that the male teachers actually didn't really see it as much as the female teachers. But then it started a bit of a debate and a challenge about...well actually, yeah, that is the case. Yeah, so that was good.

The NSPCC lead felt that teachers' perceptions did appear to change as a result of the training, so that staff commitment to addressing DRV appeared to build:

> But in the training sessions, you know, to start off with, 'oh yeah, well we don't really have it, I've not really seen any', and then when you start breaking down the sort of behaviours ... they start to think, 'oh yeah, well yeah that is something that does happen and maybe we don't challenge it enough.

The NSPCC lead felt that it was important that the school-delivered training should allow sufficient time for such discussions, and he suggested that the training be reordered slightly so that the drafting of a school position on DRV would occur after a discussion of terminology, and what behaviour is and is not acceptable within the school.

The NSPCC lead reported that the training aimed to include planning of next steps in the school, but this was sometimes undermined by lack of time. There was high staff turnover at some schools, subsequently teachers trained to deliver the curriculum sometimes left before the lessons started.

Other support NPSCC provided to schools
The NSPCC lead's other main role was to provide ongoing support to schools in implementing the intervention:

> ... it's a bit of a port of call for schools to be able to contact when they've got concerns around the programme, help them solve problems with the delivery and working with them about the implementation from a curriculum point of view.

By the second interview, the NSPCC lead described the role as having shifted to be more directive:

> I suppose, my role moved into, as the project progressed, into much more of a sort of like, a prodding role, to make sure that they were staying on track with what they were doing and trying to get a response from them ...

Schools varied in the amount of support that they required to progress with implementation. Some schools sustained their commitment to the intervention and made good progress with minimal support, whereas others needed help or reminders. Providing such inputs required judgement and tact to ensure that schools were not overwhelmed or discouraged.

In the second interview, the NSPCC lead reflected on how staffing problems had meant that driving implementation was challenging across all four schools:

> I didn't anticipate it being quite as difficult to get answers ... off the schools. I think that, you know, as I've said previously that the schools that were involved have been quite a, a challenge, in regards to, they seem to have all had staffing issues as the project's gone on. When I first went into teaching, you know, you'd go into teaching and it would be a job for life, whereas now, you know, people do go through redundancy processes ... So you know, the four schools that ... I think three out of the four, or four ... to have, you know, go through that sort of stuff in crisis and ... I would say, is quite unusual.

Some schools were unsure of how best to implement the intervention, but did not engage with e-mails from the NSPCC lead and did not ask for help. The NSPCC lead felt that it might be useful to schedule a follow-up in-person visit some time after the training, to assess implementation and what further support each school might need. A planned follow-up visit might also serve as a milestone, incentivising schools to implement intervention components by the date of the visit.

The curriculum

Some schools were resistant to delivering some aspects of the curriculum, arguing that they had already delivered similar content. One part of the NSPCC's role was to challenge this:

> It's more of a like 'well we've done this', yeah. And it's about making them realise that actually they haven't done it. They've done something that relates closely to it but actually if they look at it from the angle we're taking that would complement what they've already done basically . . .

There was some dissatisfaction from at least one school in the curriculum for year 10 students, with this school suggesting that these materials were 'thin' on content. The NSPCC lead thought that this reflected some staff members' discomfort in delivering more discussion-based lessons.

Student campaigns

All schools included the planning of student campaigns as part of the curriculum, but implementation of the resulting campaign plans varied. Some schools ran out of time for the student campaigns to be implemented, but other schools did successfully enable students to implement their campaign ideas. To make the student campaign element more workable, the NSPCC lead suggested that they might be guided to appoint a lead member of staff to oversee this for the whole school, rather than this being left to individual classroom teachers:

> Whether [it] is built into the process, or the requirements I should say, that there is someone that will lead the whole student campaign, or help the students with the student campaign. Rather than, you know, take 10 different teachers trying to do it, so there's a co-ordinator.

Hotspot mapping and patrols

The NSPCC lead reported that most schools did undertake hotspot mapping by staff and/or students, but schools did not use this to modify school patrols. The NSPCC lead reported that some schools decided that their existing policy was adequate and one school decided that the design of their building meant that no changes were needed.

Review of policies

The NSPCC lead reported that schools varied as to whether or not they reviewed their policies to ensure these adequately addressed DRV. Within the short time scale of the pilot implementation, some schools delayed reviewing policies until the term after the intervention had officially finished, to fit with their normal time cycle of reviewing policies.

Parent information

The NSPCC lead reported that schools did make Project Respect information available to parents. Some schools posted this on the school website rather than sending out information via the post or e-mail.

Overall delivery and impacts

The NSPCC lead reported that schools varied in sustaining their commitment to the project. This reflected less variation in recognition of DRV as an important issue, but more the extent to which schools faced other challenges and the extent to which staff were prepared to commit additional time to the work. In schools dealing with critical inspection reports or staff restructuring programmes, senior staff were less able to sustain their commitment to the intervention. The NSPCC lead also advised that in schools that were heavily unionised, some teachers resisted taking on additional work associated with Project Respect, as this was an additional administrative burden that surpassed agreed limits.

The NSPCC lead commented that, overall, the intervention was rated positively by schools and anecdotally it did appear to impact on how students thought about and discussed DRV:

> *The students have got a lot from it, and as I mentioned earlier . . . young people have spoken about it outside of lessons and started to realise the importance of it.*

Interviews with staff in intervention schools

Acceptability

There was very broad and consistent commitment among staff to an intervention addressing DRV and sexual harassment among students. Some staff referred to specific examples in which such abuse had come to the school's attention:

> *I think that's probably something that I see more, is more of a controlling aspect rather than let's say physical violence or, well I guess it's just, what's the word, yeah, just controlling behaviours in general. I think that's probably something that we see a lot more. We've had other pupils as well come to speak to us worried about people who're in relationships as well that might not be considered healthy.*
>
> *Assistant head of year, intervention school 1*

Several staff described the sharing of intimate images and its serious consequences for those involved:

> *Yes, yes, so 2 years ago we had an issue with the student where the police were involved and desperately sad because she couldn't return to lessons and so on because, you know, the pictures had been shared with the year group. And she was absolutely distraught about it. So yeah, so again yes, it, yeah, well aware that it happens.*
>
> *Teacher, intervention school 3*

Many staff, particularly those from schools in non-urban settings, commented that students often used sexist terms of abuse targeting female students and that incidents of sexual harassment were also common:

> *Sort of boys being heavy-handed I suppose with girls and not realising that that's a problem. Sort of comments, snarky little comments and comments that then they don't know are necessarily harmful, I'm trying to think of examples . . . Yeah, I mean the word, slag, gets, like bounced around a lot.*
>
> *Teacher, intervention school 4*

Staff in one school cited their awareness of domestic violence and other forms of abuse in some students' families as another reason that such work was important:

> *I think that they quite often don't have any awareness of any, you know, rules, legislation, anything. Quite often they will have experienced domestic violence and things like that, and don't actually know that it's not normal. Because it's just a normal, you know, it happens to lots of people, unfortunately, around here. And it's something that is not really discussed openly with adults at home. And so I think it's important to inform at school so that they know what is right and what is wrong.*
>
> *Teacher, intervention school 4*

Staff in one school reported that although their school had robust systems for responding to DRV, the school now wanted to move towards prevention. The intervention was attractive in such cases, because of its universal rather than targeted approach:

> *If a female, or even a male student come up to, you know, head teacher or whoever and said 'you know, this, this has happened'. You know, we would deal with it, you know, because we understand that that could be some form of like harassment, sexual harassment or relationship of course. But we never had sort of this Project Respect kind of make that message more widespread throughout the year groups.*

So I think, you know, we address it but it was more on a, more on a case to case basis. More like as and when we need to step in and intervene because an issue's happened, not sending out a general message of, you know, this is right, this is wrong, you know, what is consent, what is not consent and I think that's why this has been quite good for the school because it's sort of make kids more aware, so hopefully the number of times we have to step in reduces.

Head of house, intervention school 2

Staff commented that the intervention was right to focus on students in years 9 and 10, as these were the points at which students were engaging in dating relationships and in which norms about appropriate behaviour in such relationships were forming. Across schools, staff commented that part of the reason for their commitment to the intervention was because it concerned safeguarding students from harm, for which schools have a legal responsibility. As one PSHE co-ordinator put it, 'The first thing that will close the school is safeguarding, not their English results'.

Initial perceptions of the intervention

Staff in one school, in particular, reported that there was poor communication at the start of the intervention:

Project Respect fell into a series of problems from the very beginning in that the member of SLT who commissioned it didn't speak to me about it and yet it was going to be taught in my curriculum. So I had no idea until September that it was happening . . . I think the way Project Respect was set up, it was set up to fail because there wasn't, the right people were not involved in it at the beginning. The person who set it up left the school and handed it over to someone who was pushing it through without actually considering whether it, you know, what needed to work on it.

PSHE specialist, intervention school 1

In this school, the single staff member who had signed up to the intervention then left the school. This resulted in another member of staff inheriting the intervention at the start of the implementation period, who had not been briefed by their predecessor on what the intervention involved, resulting in a delay to intervention activities:

We were kind of all a bit in the dark really. So [name] had left . . . I had no idea that it was happening. So then [name] left and then I guess [name] just kind of picked it up and was like, 'Oh, OK, so this is happening, like I had no idea'.

Assistant head of year, intervention school 1

Views on the NSPCC training

Staff in several schools commented that there was confusion about whether the training was primarily for senior staff leading the intervention or for teachers responsible for delivering the curriculum. It was clear from interviews that not all schools sent all of the key staff to this training:

There was a group of staff that went on training that I think maybe weren't the right staff to have gone. I don't know how they were picked, and I don't know who picked them. I'm not saying that some of them shouldn't have gone . . . I think some of the tutors that were delivering the sessions would've benefited and I think potentially it could've had a greater drive I think as a project, if it had involved tutors.

PSHE specialist, intervention school 4

Some staff reported that they did not receive slides or lesson plans for the curriculum prior to the training. Being able to review these materials before training would have enabled them to get more from the training by using it to clarify any areas of uncertainty or concern.

Participants in most schools were positive about the training, with one assistant vice principal describing it as 'great' and an assistant head of year saying 'It was good, I liked it, yeah . . . Staff engaged with it'.

However, staff in one school were more critical. They felt that they had an understanding of the basic issues concerning DRV and some staff felt patronised by the training focusing on these basics.

Staff from this school also felt that the training did not adequately prepare staff to deliver the lessons. Staff in other schools reported more satisfaction and that the training had included review of the curriculum materials. However, staff in intervention school 3 reported that they would have valued the opportunity to review the lesson plans in detail to understand the strategies to be used, ensure that they had sufficient factual information to answer students' questions and resolve any uncertainties:

> *If there's going to be training, make it practical. So that it's like, 'Let's look at this lesson, what do you think about this? Do you think this is going to work? OK, right, OK so you might want to think about how you organise your discussion, changing the times here'. Or whatever. [The trainer] just gave them out on the day at the end of the training, everybody was scrabbling for the right [documents]. It felt like a huge amount of material they then had with them. And I then had to do an hour's tutor meeting with them. Literally, 'Right, this is lesson one, everybody get lesson one, we'll just go through this'. So that's to make sure that the clips are working. And they still felt quite insecure because they hadn't been able to really engage with anybody else about the actual lesson from the project you know . . .*
>
> *Senior leadership staff, intervention school 3*

In this school, the commitment of staff to deliver the intervention was undermined by their negative assessment of the training. Despite this, staff in this school persevered with the intervention and the lessons became successful:

> *So actually people were a bit resentful after that and quite cynical. And I had to do quite a lot to convince them this was really something we had to do, we were doing it, it was going to work, and try to help them feel motivated . . . That faded as the lessons started to be more successful.*
>
> *Senior leadership staff, intervention school 3*

Views on the curriculum materials

Staff in one school commented that their immediate impression of the curriculum materials was that the topics addressed duplicated work that their school had already been delivered to students in RSE. Staff in other schools were happy with the range of topics addressed in the lessons.

Staff views on the workability of the curriculum materials varied. Several staff in the school who were unhappy with the training reported that, initially, they felt that the curriculum materials were 'thin'. However, staff in most schools commented that the lessons, if anything, contained too much material for the lesson time.

The difference between these two perspectives may have reflected differences in how staff felt about the discussion element of lessons. Some staff suggested that good discussions needed to be better grounded in the prior presentation of factual material, structured activities or case studies of DRV.

Some suggested that the materials were worded in insufficiently plain English and that more use of pictures and speech bubbles might have rendered these more accessible to students with reading or language challenges:

> *It was often just words on a screen, and sometimes our lot [our students] would, you know, [have] low literacy levels. Sometimes a visual aid or a picture of what the text is about is helpful for them. Even if it's literally just a picture of a person.*
>
> *Teacher, intervention school 4*

There were also different views about whether or not the curriculum materials were sufficiently diverse. Some staff commented that the language was sufficiently generic and examples sufficiently diverse to be relevant to students regardless of gender, sexuality or ethnicity. Others felt that there were no sufficient examples featuring same-sex relationships or transgender identity.

There were diverse views on whether or not the lesson plans provided enough guidance and direction for teachers. Some staff were wholly positive about the lesson plans:

> *Actually [the lesson plans] are very good . . . I can see that because it's so well structured, it's so well organised . . . I think in a lot of ways this is a good scheme because I think teachers who aren't PSHE trained can also teach it . . . Some of the activities I thought were very good, some of the quizzes, the questionnaires, that, they caused a lot of discussion.*
>
> *PSHE specialist, intervention school 1*

However, other staff, particularly in the school unhappy with the training, felt that the lesson plans did not provide clear directions for non-specialist teachers. Other staff suggested that the lesson plans were too directive, detailing what teachers did down to the level of activities in 10-minute segments. Some staff also thought that the lesson plans should offer guidance on how teachers might adapt lessons, for example according to teachers' skills and preferences, student priorities and preferences for different learning activities and the time available:

> *In some ways it was helpful it being prescriptive and teachers understood, 'Right, I now do this, now do this, now do this, now do this'. But on the other hand that is not how teachers naturally work. And therefore making sure that there were maybe suggestions for how it could be done, and some flexibility.*
>
> *Senior leadership staff, intervention school 3*

Feasibility of implementation

Context of school change and limited capacity Most schools implementing the intervention were experiencing high staff turnover, hindering implementation. Several schools were undergoing staff restructuring involving job losses, changes to roles and reduced pay. This could cause discontinuities in staffing the intervention, and worsened morale and relationships. Two schools received a downgraded inspection rating during the course of implementing the intervention. This led management to prioritise educational attainment, leading to reduced management commitment to the intervention and therefore a scaling back of involvement in the intervention.

School-delivered training Three schools implemented the all-staff training, led by a staff member trained by the NSPCC. In most schools, staff interviews suggested that the training for all staff was delivered with good attendance, but in one school a member of staff reported that attendance was not 100%. In most cases this training was viewed positively.

In one school, only non-teaching staff had attended the NSPCC training and these individuals felt ill-equipped to train teaching staff to deliver the curriculum:

> *I think some of the staff that went on it didn't feel, because they're not teaching staff, I think they felt uncomfortable in delivering a session to teaching staff about what they were trying to do.*
>
> *PSHE specialist, intervention school 4*

Revising policies Two schools reviewed and amended their policies so that they addressed DRV. Other schools did not review policies because senior staff were insufficiently engaged to lead this; review of policies followed a strict rota, which could not be deviated from; or, in the case of the academy, policy was set by the multiacademy chain not the school:

> *The school doesn't actually do the policies. The policies are done by the [multiacademy network] that runs all the schools. So all of those are all governed by the [network] board. And they're the ones that implement all the policies. So to change those policies would be quite tough because we'd have to go to them and they'd be like, 'Well no, we're not changing them'.*
>
> *Head of house, intervention school 2*

Limited scope for modifying patrols All schools conducted the hotspot mapping among students and two conducted this among staff. However, this did not inform changes in staff patrols. Staff reported that staffing the patrols had already been negotiated and could not easily be changed at short notice:

> *The duty rota is huge. The documentation about who's going where and what their actual duties are. And to change that massively means you're, you can't take somebody off one area without it affecting . . . So it's difficult.*

Timetabling and staffing lessons Similarly, the workability of timetabling and staffing the Project Respect curriculum was challenging, particularly as schools were notified that they were to implement the intervention only at the end of the summer term of the preceding academic year, when timetables and staffing had already been arranged. The intervention leads in each school scrambled to work out when in years 9 and 10 the lessons could occur. They also had to identify and secure staff agreement to deliver lessons, often in a context of suitable teachers leaving the school, and general low morale and worsening management–staff relationships:

> *I think the things that really made me nervous . . . was the lessons. Because that team did not know that was coming their way. So their planning had not been able to consider how and when they would fit in. And they became a bit of an add-on, rather than being properly incorporated to complement other lessons that they might have been delivering at the same time. So I was then in this position where I was having to get other people to do things that they didn't know about . . . But we managed it.*
>
> *Senior leadership staff, intervention school 1*

Project Respect lessons were delivered during the regular PSHE time slot in three schools and, in one of these, tutors delivered the lessons because tutors routinely taught PSHE. The fourth school did not teach PSHE and so the Project Respect curriculum was delivered by tutors in tutor periods. This was workable, but brought a number of challenges. Sessions varied in length from 20 to 60 minutes, so that in some schools lesson plans had to be split between sessions, risking fragmentation. Lessons delivered by tutors also meant that teachers delivering the lessons often lacked experience of teaching health education. Intervention leads were candid that some teachers lacked the skills to teach the lessons well. Tutors' commitment to the intervention could also vary, with some seeing this as marginal to their role:

> *That's an issue with all staff teaching PSHE. I think that's a whole-school issue than kind of Project Respect issue. It's a timetabled lesson. Staff have time to teach it and time to plan for it. It was quite evident to see, as I was doing learning walks, staff that had clearly gone through and looked at the resources and were clear about what they were teaching beforehand and staff that hadn't.*
>
> *PSHE specialist, intervention school 4*

Adapting lessons In most schools, staff reported that they spent time adapting the curriculum materials to ensure these were workable in their school:

> I think any given scheme like that, any teacher is going to say 'I changed it, I changed it for my class'. You have to. And that's why teachers balk sometimes at being given new stuff. Because they go 'Well I've done it all, I don't want to do it again, I haven't got time'. And that's a process. That takes time, curriculum planning takes time. And with workload implications that's always, that's always, you know, a bit of an issue.
>
> *PSHE specialist, intervention school 1*

In the school in which staff were critical of training and materials, the member of school staff leading the programme's implementation spent time revising the slides to add video clips and other new material, and to add guidance for staff on the more discussion-based and participative aspects of lessons.

Delivering lessons All schools delivered lessons for year 9 and 10 students. In some schools, the number of lessons was reduced from six to four or five lessons for year 9. In some schools, it was not clear that all classes received all lessons:

> I'm still not sure how much of the lessons were actually delivered. Whether some people just decided not to deliver them, because they were being difficult. And that's always the danger when you spring things on people. I think some of that hearts and minds work that really needed to have been done before, it just couldn't be done.
>
> *Senior leadership staff, intervention school 1*

Teachers varied in how comfortable they felt delivering lessons. Intervention leads and classroom teachers acknowledged that some staff were uncomfortable addressing challenging topics or unskilled in facilitating participative learning:

> I think that there are some staff that are absolutely fabulous at delivering stuff like that. And then some others who should not be allowed anywhere near it. Because it can . . . be quite damaging if it's not done the right way.
>
> *Senior leadership staff, intervention school 1*

Staff discontinuities and low morale could undermine teachers' commitment to delivering the curriculum well. In some schools with high rates of union membership, some staff resisted undertaking additional preparation that surpassed agreed limits:

> You've got an issue here as well that some of our staff are quite . . . heavily involved with their trade union. So anything that impacts on workload and extra, people sometimes, it gets people's backs up. So being asked to complete things, even though we know it's for the greater good. You may get a bit . . . you would likely to get resistance.
>
> *Senior leadership staff, intervention school 1*

Across all schools, staff reported that lessons went well. Even in the school in which staff were critical of the training and curriculum materials, the assistant head reported that lessons went well particularly after the first lesson:

> As time went on, I think tutors felt more empowered and more knowledge about it. So they did feel more able to facilitate discussions as a group.

In another school, a teacher described how students became more engaged with the lessons over time:

> I think as the lessons went on, and as they realised that, you know, they wouldn't necessarily be asked to share anything if they didn't want to . . . they became more open to actually doing that voluntarily. So, it did warm up towards the end.
>
> *Teacher, intervention school 4*

Barriers to campaigns　Two schools were reported to have engaged students in planning campaigns, but these appeared to have gone largely unimplemented. Barriers to delivery included insufficient space in school timetables to teach the final lesson for year 9, teachers lacking facilitation skills to support campaigns, and loss of momentum and student interest at the end of the curriculum.

Circle of 6 application　All schools advertised the Circle of 6 app to students as part of lessons. In some schools, but not all, students were given time in lessons to download the app:

> We kind of got some people downloading it at the end of the previous lesson. Some people downloaded it at the beginning of the lesson when they were going to use it. Some people did it in tutor time during the week. So that everybody had it on their phones for the lesson and they were allowed to explore that a bit during lessons.
>
> *Senior leadership staff, intervention school 3*

Parent information distributed via diverse routes　In all schools, parents and carers were sent letters about the intervention. Staff were often uncertain about whether parents and carers had been sent the parent booklet. In one school, this was put on the school website and advertised to parents via Twitter (Twitter, Inc., San Francisco, CA, USA), but was not sent to all parents. In others, printed copies were left in reception. It was thus not clear that the booklet reached all parents and carers.

Staff suggested improvements

Several staff suggested that the time scales for the intervention were too compressed. Schools needed to be informed whether or not they could implement the intervention earlier so that they could ensure that training, meetings and lessons could be timetabled and staffed. More time would also help in building commitment to the intervention among SLT and school governors, in turn ensuring clearer lines of accountability.

Several staff suggested that six lessons for year 9 students was too many, given schools also had to teach other aspects of health education:

> Staff: *I don't think we can commit that amount of curriculum time to it, particularly in year 9 . . . I would say whoever's organising the package if it does become an actual, not a pilot but an actual resource. They need to remember that everybody, so drugs awareness, smoking, tobacco awareness you know, all the resources you can get are about 5, 6 weeks.*
>
> Interviewer: *No, how many weeks do you think would be an appropriate . . . ?*
>
> Staff: *Probably 3, maximum. Because remember it's part of relationships and sex education and there's a lot more to cover beyond.*
>
> *Assistant head, intervention school 3*

Several staff suggested that curriculum materials should have scope for adaption built in, for example offering options and advice about how to choose between these. Many staff suggested that lesson plans should include more advice for staff on how to structure and facilitate the discussion elements.

Staff suggested that discussions would flow better when rooted in particular scenarios presented to students:

> I would say in general a class discussion before they'd had sort of an example of something, it went a bit dry, they weren't really sure. They weren't that open to giving their opinions and thoughts about something until they had a stimulus to sort of push them on their way a little bit. So they did need a bit of visual aid or something like that to help them to discuss.
>
> *Teacher, intervention school 4*

Some staff suggested a better way to facilitate student campaigns might be one teacher leading a group working across the school:

> I almost think that that needed maybe to have been led by me in the hall with all of the students or some. Because I don't think it had, I don't think it's had the impact. I think it's had the impact on the students that have received the sessions, but I don't think it's had a whole-school impact.
>
> *PSHE specialist, intervention school 4*

Sustaining the intervention in future years

Staff expressed commitment to deliver the all-staff training again in future, but indicated that they would select the most useful elements and integrate these into existing training.

Staff commonly said that, although policies had not been revised or patrols had not been reoriented during the school year in which the intervention was to be delivered, they intended to deliver these elements in the following school year.

Staff also commonly reported that they would deliver the curriculum to subsequent cohorts of students. In some schools, staff said they would reduce the number of lessons and integrate these in RSE. Others commented that they would use some elements of the curriculum, but would adapt and integrate within existing provision:

> I will definitely use some of them, but I'll fillet it and I will adapt it to what we've got . . . I know that actually a lot of it is very good. And I think, I think it's one of those things where although it was a bit of a shoehorn in and it was a bit tricky and it was a bit imposed on us, actually at the end of it looking back at it I can see that I'm going to probably use quite a lot of it next year.
>
> *PSHE specialist, intervention school 1*

There was also a broad commitment to encourage use of the Circle of 6 app in the future.

Potential intervention mechanisms and interactions with context

Increasing awareness of dating and relationship violence Many staff felt that the intervention had increased awareness of DRV across the school:

> I think it probably put it on the agenda which is crucial as well isn't it? I think it's probably now on the agenda. And as members of staff of year 9 and year 10, Project Respect, we were discussing it a lot so I could say that that is a really positive effect as well. So I've had many conversations about these things with other members of staff so it's possible that didn't exist before.
>
> *Teacher, intervention school 3*

Challenging norms supportive of sexual harassment and dating and relationship violence Some staff also reported that the intervention was important in challenging student attitudes and norms that

were uncritical about some forms of sexual harassment or DRV, for example portraying these as normal banter or as normal behaviour in relationships:

> *After the first couple of sessions, one of the tutors e-mailed round to all of us and saying, you know, how weird is it that like most of the people in his form thought it was like OK to like, I think one of the questions in it . . . it was either lifting up a girl's skirt or slapping a girl on the rear . . . But like the majority of his form actually said like that 'yeah, if, it's OK if it's a joke' . . . You know, so yeah, that's why we, that's why it's clearly, when we did that we clearly need something like that . . . Most of them were like they understood it and they discussed it and it brought up some good talking points. So I mean, you know, to me that was a success. It got them thinking about it, you know, and that's the whole point isn't it, to get them to think about their actions and what they're doing and what they see, is that right or wrong, should it be challenged.*
>
> *Head of house, intervention school 2*

Some staff reported that the intervention had helped students and staff challenge sexually abusive and other sexist language at school, by highlighting that this was unequivocally wrong:

> Staff: *I think it raised awareness, and as I said to you we had more things coming through, we had a bit of a spate of people reporting stuff on. Also female staff not tolerating comments from male students interestingly . . .*
>
> Interviewer: *And was that already happening before Project Respect?*
>
> Staff: *No, not really. I think it was as I said to you about, it was the training that they had. But it was also staff would have been in the assemblies that we did with the children. So I think it was just that getting a culture of talking about it . . .*
>
> *Senior leadership staff, intervention school 2*

Potential for harms

Potential for increasing student confusion about consent One staff member reported that the emphasis on verbal consent in one lesson might have confused students about how consent for sexual activities should be sought and given:

> *So one boy said to me, he said, 'Miss, I really don't understand, you're telling me that the consent has to be verbal and somebody has to say I'm happy right now' . . . So we discussed how the body language is another way of talking to each other but, and how confusing those things can be. So this boy then said if, in that situation, he said, 'I don't understand, do we have to stop what we're doing and do we have to say 'do you give consent?', do we have to use that word?' And I'm thinking you don't have to use that word but there has to be some verbal communication. And he said, 'But it's really', he said, 'I don't really get it, like I don't get how you . . .' And so he was really confused. And I answered it as best I could using the information from Project Respect and also my knowledge. But I felt like he was challenging but at no point in the training had, you know, some role play of that would have been really good.*
>
> *Teacher, intervention school 3*

Potential harms for staff well-being A few members of staff commented that their involvement in the intervention had led to their working beyond normal hours and had caused them to experience considerable stress, damaging their well-being:

> *So in terms of stress, I think it has put quite a lot of stress on me actually, to the point where I don't think I would have done it had I known. I don't think it would have been sensible for me to do had I known.*
>
> *Senior leadership staff, intervention school 3*

Interviews with intervention school students

Acceptability

Relevance Overall, students did not think that DRV was a problem among their schoolmates and few reported that sexual harassment was an issue in their schools.

Participants did not regard the non-consensual sharing of naked images of other students as sexual harassment or DRV. Some were not aware of this type of image sharing in their schools. Others said it was an issue in their schools, but that school staff were often unaware of its occurrence. Other students cited homophobic and other derogatory language in schools and felt that teachers should do more to challenge it:

> Student 1: *They've pretty much heard people throwing around stuff like that [homophobic comments], and I mean most of the time they'll be like, 'Watch your language', and then most of the time they'd just be like, 'Get out of my class, that's not OK', and that's pretty much all I've seen, I haven't seen really putting someone out of a class and actually having a discussion with them because you're actually homophobic, so yeah.*

> Student 2: *I think they [school staff] like know it's bad, but they don't really care about it.*
> *Year 9 girls, intervention school 1*

Although participants did not perceive DRV to be common in their schools, they felt that the issue was salient to young people their age and important to learn about in schools. Students often said that although they were not at risk of DRV themselves, or that Project Respect content was not new to them, they thought that the programme was important because it could help others. According to one year 10 student:

> *I didn't really need it, really, but I'm sure that like those two lessons, even though everyone else felt that like, 'I don't really need that that much but it's kind of useful', there was probably at least one person, so those two lessons have helped out that one person quite a lot.*
> *Year 10 student, intervention school 3*

Acceptability of and student engagement with classroom curriculum Overall, students liked the lessons and reported that the topics covered were important and appropriate to address in school. Some expressed appreciation for the opportunity to explore issues like gender stereotypes and norms, and how to recognise and respond to abusive relationships. Students were generally able to recall topics covered. Students highlighted videos and activities as especially engaging:

> *I think putting it in like a video and stuff is, like makes it more interesting. Like if you just put it all on a PowerPoint [Microsoft Corporation, Redmond, WA, USA] then you're going to read it but you're not really going to take it in, whereas the video that sort of like sticks in your brain . . .*
> *Year 9 student, intervention school 4*

One student reported discomfort with one of the videos, which featured an older boy sexually pressuring a teenage girl during a party:

> *In some parts, like at the beginning, I didn't understand it at first but then during like when we got like further into the video, I started to get uncomfortable and then I was like trying to turn away, because you don't really want to see that.*
> *Year 9 student, intervention school 2*

Others reported that they personally felt comfortable in the lessons, but with some observing that some of their peers appeared uncomfortable, at least at first, with discussing sensitive topics such as sex and consent. Students reported that discomfort discussing these topics could sometimes manifest as acting out or joking around in class. According to one year 9 girl:

> There's a lot of like people laughing at the videos because they didn't know really how to sort of react but then I think towards the end we learnt more and when we were asked a question we could really answer it properly and we learnt a lot of things towards the end.
>
> *Year 9 girl, intervention school 4*

Some students suggested that lessons might be uncomfortable for students who had personally experienced abuse or sexual harassment:

> Some students have had bad experiences of abuse or something . . . and that means that they could be uncomfortable [with the programme].
>
> *Year 9 student, intervention school 4*

According to students, skilled staff could mitigate potential discomfort, for example by avoiding calling on students who were less comfortable or by creating a relaxed atmosphere in class. As two year 10 students explained:

> Student 1: . . . *I feel like when you, like when learn about stuff like sexual harassment and assault and all that sort of stuff, I feel like you should be like, I feel like kids get quite embarrassed about it. But like the way that we like watched it and did it, I feel like because everyone got involved and Miss was trying to make a bit more like, not like fun and lively, but like a bit more like we shouldn't be embarrassed.*
>
> Student 2: *It was really relaxed.*
>
> Student 1: *Relaxed, yeah, rather than just like uptight or shrugging in our chairs.*
>
> *Year 10 students, intervention school 3*

A year 10 boy suggested that Project Respect was a good opportunity to build understanding between staff and students:

> Yeah, it's really good because the teacher gives us some ideas of how they feel and we give them ideas about how we feel and it makes us understand each other that little bit more. It gives us an adult insight to something and it gives adults the child's insights.
>
> *Year 9 boy, intervention school 4*

Students reported that for the most part, students took the lessons seriously and engaged in class discussions and debates. Some reported that, following lessons, they continued to reflect on what they had learnt both alone and with friends.

Acceptability of and student engagement with Circle of 6 application According to students, implementation of the Circle of 6 app component varied. Some did not recall the app being discussed or said it was introduced only briefly in lessons. Students who remembered learning about the app recalled that it facilitated reaching out for help. It was felt to be useful. According to one year 9 girl:

> I thought it was really good. I haven't downloaded it but I do think it's really good and it's something I think people would need to get because it has a lot of things on it that someone would need.

Some reported that they had heard of others downloading the app, although only one student interviewed said they had personally done so.

Acceptability of and student engagement with hotspot mapping and school patrols Students who recalled doing hotspot mapping tended to like this activity, finding it interesting to see what areas their peers highlighted as hotspots. Students for the most part noticed no shift in staff patrols.

Acceptability of and student engagement with student-led campaigns A minority of students recalled working on student-led campaign ideas as part of their lessons. No students reported having implemented a campaign in the school. Discussing the idea of carrying out a campaign, some students thought that posters were unlikely to have an impact, but some suggested that more interactive workshops could effectively engage students. As one boy suggested:

> Workshops would probably work well, they could be made because yeah, I feel that that's probably the most engaging type if you, maybe the, use PSHE lessons as like an opportunity to do them . . . so it would have discussions, maybe writing tasks, like, activities that are sort of interactive to keep people, like, interested and yeah, stuff like that.
>
> *Year 10 boy, intervention school 1*

Acceptability of information for parents and carers Some said that their parents and carers had received information about Project Respect, whereas others were unaware of the school sending home information about the programme. A few students said they had spoken with their parents about the programme, but none was aware of their parents and carers having received the booklet; they therefore could not comment on the acceptability of the activities in the booklet.

Context and mechanisms of action

Context and implementation In schools in which lessons had been delivered in tutor time, a common theme was that the generally familiar and supportive environment of tutor groups helped students feel comfortable discussing sensitive issues. As described by one year 9 student in intervention school 4:

> I like having my tutor because like it's because we've been the same tutor group it's like you have a bond with my tutor, so it's you feel comfortable to speak like in front of them.

In contrast, a few participants suggested that tutors were not necessarily knowledgeable about, or experienced in, teaching the sensitive topics addressed in Project Respect. They thought others, such as PSHE teachers, might be more comfortable with such content. Students whose lessons were delivered by PSHE teachers thought they were suited to this role because lesson content was in line with their expertise.

Students also reported that delivery of lessons varied between teachers, for example in the use of small-group or whole-class discussions.

Some students observed that some groups of students were more engaged with lessons than others. A few thought that girls had been more engaged and outspoken than boys. Interviews also suggested that student engagement with lessons might reflect students' academic engagement and behavioural compliance in school more generally.

Potential unintended consequences As discussed above, some students thought that some of their peers might have been uncomfortable in Project Respect lessons because of the sensitivity of the content. Participants thought that lessons might be particularly uncomfortable for those who had experienced abuse or harassment. Few participants said that they personally had found the lessons content uncomfortable and that student interviews did not otherwise identify unintended or harmful programme outcomes.

Potential impacts The impacts that students described were primarily in the areas of DRV knowledge and awareness. In terms of knowledge, students cited learning about how to distinguish between healthy and abusive relationships, help a friend or seek help for oneself. Some commented that, by delivering programme, the school had demonstrated that it cared about DRV. As a year 9 boy explained:

> *It makes me feel like the school is taking things a bit more seriously. I mean they took things seriously in the first place, but now they're bringing it up they have to act upon it otherwise it won't really work.*
> *Year 9 boy, intervention school 4*

Although the impacts that students noticed were generally limited, this student also described how impacts of Project Respect might build over time:

> *I think it [sexual harassment] will change because if it's being brought to awareness it means the people that are doing it now know that other people know that they're doing it. So they'll think, 'God, I've got to stop or I might get caught'. Hopefully it will dig into their brain and make them stop because they know it's wrong rather than just getting caught, but often when people do things they usually know whether it's right or wrong.*
> *Year 9 boy, intervention school 4*

Interviews suggest that an important mechanism for absorbing and integrating learning from Project Respect is continued exposure over time. Although the pilot included only two lessons for year 10 students (whereas in a full trial these would follow the six lessons they would have received in year 9), participants suggested that more lessons over a longer period of time could help them engage more deeply with the content.

Recommendations for improvements
Some students suggested that the lessons could be enhanced by incorporating more interactive activities. Other recommended additions to the curriculum included non-consensual sharing of naked images; sexual harassment of boys; homophobic slurs; family intimate partner violence; and more discussion of gender stereotypes.

One group of students said that lessons covered DRV's impact and how to seek help, but should go further to address perpetration directly. As one year 9 student put it:

> *I think you learn more about like the person who it's happening to than the person actually doing it . . . and the person who's doing it needs to like focus on them and maybe stop them doing it.*

Views on whether or not Project Respect should begin at a younger age were mixed. Although some suggested that Project Respect should start earlier, others thought that its relationship-focused content mean that it might not be appropriate for younger students. A year 10 student explained how addressing age-appropriate themes earlier on could lay the groundwork for later DRV prevention:

> *I think if you start with the, so if it's saying it's not OK to be sexist, and then when they get a bit older . . . because like, in relationships, it is partly just downright sexism, so if you tackle that early and then bring in the like relationships later, then they can relate to it, but if you're bringing everything in at once, they're like, well, I've never heard of any of this before.*
> *Year 10 girl, intervention school 1*

Interviews with parents in intervention school

Awareness

Three of the five parents interviewed were aware that Project Respect was occurring in their child's school. Most were aware of the lessons from talking with their child and most were aware of a letter or e-mail that had gone to parents, but only one was aware of the parent booklet. The parent who was aware of the booklet had noticed this on the school's website, but had not looked at it.

Acceptability

All interviewed parents were supportive of the intervention's aims:

> *I do think the school is absolutely, definitely the place that that has to be addressed, because it's where you have everybody there and they're just at that age, at teenage years where, especially with boys, well boys and girls, but the boys, you know, can be quite sexually aggressive.*
>
> *Parent, intervention school 1*

Several parents were very positive about educating young people about DRV. Some reported that their children had enjoyed the lessons. According to one parent:

> *I think he enjoys putting his view point forward and lively debating with others. So I think he actually found all of the topics quite useful.*

One parent mentioned that her child had enjoyed the hotspot mapping and thought that it was important that the results were used to modify staff patrols. Another parent was positive about student participation's centrality to the intervention. In terms of parent involvement, two parents suggested that this was important:

> *If the school is doing a session on consent or whatever it is then I think parents should know when it's going to be so that they could discuss it at home . . . I just think it would be something that I'd want to carry on with my children if they were discussing it at school, just to see what they think.*
>
> *Parent, intervention school 2*

Impact

Several parents reported that they had had conversations with their children about DRV as a result of the lessons:

> *My son was actually quite shocked by some of the things that were discussed and, you know, said, 'Do people actually behave like that towards each other?' And I'm glad he can say that because, you know, it shows that we're sort of within the boundaries of a loving family but unfortunately other people might not be so.*
>
> *Parent, intervention school 3*

Several parents reported that the lessons had raised their children's awareness of DRV.

Interviews with staff and students in control schools

Policies and responding to incidents

According to staff, both control schools had policies addressing bullying and sexual harassment. Staff reported that policies aimed to be lesbian, gay, bisexual, transgender and queer inclusive and were reviewed every 2 years. Staff in both schools explained that their school responded to incidents of sexual harassment, DRV or homophobic abuse via the safeguarding officer, first discussing these with the student(s) involved to determine their seriousness. Both schools referred students to in-school

counsellors or external agencies for support, when necessary, according to staff. Staff in both schools said the school punished perpetrators and involved the police when this was deemed necessary.

Students in both schools suggested that school responses to bullying could, however, sometimes be inadequate, for example because of insufficient attention to victim support or because punitive responses failed to address the problem:

> *Yeah, they do like assemblies about bullying but it's not sorted out the way it should be, like it's just, oh, you're put into isolation . . . that person that's getting bullied is like suffering, so it shouldn't just be them and like, like the other person in isolation.*
>
> *Year 9 boy, control school 2*

Prevention

Staff in both control schools reported that violence prevention was covered in lessons and assemblies, and in events scheduled as part of antibullying weeks. In one control school, staff reported that bullying was addressed as part of social and emotional aspects of learning, incorporated in lessons across subjects. In the other control school, staff and a student said that bullying was addressed in PSHE lessons. Students from both schools reported that bullying was also addressed in assemblies, with one noting that another assembly addressed domestic violence and the importance of reporting this. Students from both schools also referred to anger management sessions.

Both schools aimed to educate students about what is meant by sexual abuse, according to staff accounts. Staff in one school undertook assemblies on the importance of reporting online harassment and abuse.

Staff from this school said it was working to educate female students about the importance of reporting sexual harassment by male students in school:

> *Yeah we have had instances of this, and again, particularly last year, with a particular group of students who were a real concern over this. And we did have to work with the girls on kind of training them on what's acceptable and what's not because it became a thing that the girls were saying 'but there's no problem, I don't mind it' and that was . . . we had to kind of un-tick that and do a lot of work with the girls on the fact that it isn't OK to be touched if you have, you know, it's not OK that you've come to school and someone, you know, tries to put their hand up your skirt. And we worked on kind of making sure that the girls didn't normalise that kind of behaviour.*
>
> *Senior leadership staff, control school 1*

According to staff in both control schools, RSE lessons encompassed topics relating to the prevention of DRV. Staff in one school indicated that RSE lessons included some teaching on sexual harassment, prejudice and discrimination, healthy relationships, consent, dating violence and gender norms. Lessons in the other school included some teaching on sexual abuse and exploitation, gender stereotypes, social and emotional skills, and healthy relationships. Staff in both control schools reported that RSE was provided for all year groups, primarily in PSHE lessons, but also in tutor time and some other lessons. According to staff, one control school also addressed some aspects of RSE in off-timetable days and assemblies. Staff did not provide the precise number of lessons but suggested that it was substantial, but reduced from year 11 onwards.

According to staff, both schools aimed to ensure that RSE was primarily delivered by specialist PSHE teachers or humanities teachers with an interest in PSHE:

> *I think when we are looking at areas such as these, there are clearly some staff who feel fairly uncomfortable, I think, around teaching some of the areas, which is why we've tried to confine it to a faculty.*
>
> *Senior leadership staff, control school 2*

However, in one school, staff reported that the specialist teacher was on leave so cover was provided by non-specialist staff:

> Our primary PSHE teacher is on maternity leave at the moment, so they're being covered by other members of staff, some within the humanities department who, you know, PSHE should be their, their second kind of go-to subject anyway, we also have a science teacher teaching PSHE.
>
> *Senior leadership staff, control school 1*

Students interviewed in both schools generally recalled only a handful of lessons and some students were critical of provision:

> Student 1: *Sex education is bad in the school.*
>
> Student 2: *It is rubbish, we had a . . .*
>
> Student 1: *It's so bad.*
>
> Student 2: *No one really knows, like . . .*
>
> Student 1: *Like they just literally go, 'If you want to have sex, it's a penis into a vagina', I think we know that, like, we're not stupid.*
>
> Student 2: *In year 7 it was a bit like, and so, 'The egg does such and such', you know, and then year 8 it more like, 'Don't get drunk and go and do this, don't . . .' You know, there's no explanations or reasons or how to avoid it, it's just the facts, and then year 9 it's just been nothing . . .*
>
> Student 1: *They always do like rape assemblies and stuff like that, but they'll never . . .*
>
> Student 2: *Because like internet safety, 'Don't post this, don't post that', and then . . .*
>
> Student 1: *Yeah, but they'll never actually teach us about sex and stuff.*
>
> *Year 9 girl and boy, control school 2*

Student-led action

Staff in both schools referred to student-led action on antibullying. In one school this focused on policy review and in the other on assemblies. Staff and students from the former school also referred to student action on lesbian, gay, bisexual, transgender and queer inclusion. As the safeguarding lead described:

> There was a student group led by one of the sixth formers, oh God, I can't think what it was called now, but it was, it was to do with gay rights and being gay and how it's acceptable to be gay. And he did a whole series of assemblies for the students, there was a number, there was a whole range of things that were run throughout a week.
>
> *Safeguarding staff, control school 2*

One student from the other control school suggested that their school was not the sort of school which facilitated student-led action:

> Interviewer: *With things that the school addresses, like relationships, bullying and things like that, have there been any actions or campaigns, or anything led by the students?*
>
> Student: *I don't think this school's the type of school to do that.*

Interviewer: *What do you mean?*

Student: *Like the students aren't really the type of students in this school to like start a campaign, like.*

Year-9 boy, control school 1

Economic costings for intervention activities

Sources of unit cost data

Unit costs for NSPCC trainer time were based on market prices obtained from the employer. Costs for school staff time were taken from data provided by the Department for Education,[91] which should account for the hourly costs of different grades of staff. Unit costs for use of health services can be obtained from several sources, including the *Unit Costs of Health and Social Care*,[105] NHS Reference Costs,[106] the *British National Formulary*[107] and the New Economy Manchester Unit Cost Database.[108] Unit costs for police costs and other criminal justice system costs are available from the Home Office.[109]

For the NSPCC-delivered training, the mean total trainer time per school, including preparation, travel and delivery time, was 19 hours and 13 minutes (*Table 31*). Assuming an hourly cost of £31.07 (Craig Keady, personal communication), the mean cost per school was £597.06. On average, eight members of staff in each school attended this training for a mean duration of 3 hours and 38 minutes. We did not collect data on the grade of each staff member attending training; assuming each attendee was paid at the maximum value of the upper pay range for classroom teachers (£39,406/year)[91] and worked 1265 hours per year of directed time,[91] the hourly rate was £31.15. The mean cost per school for staff attendance was therefore £905.46. The mean cost per school for NSPCC training was therefore estimated to be £1502.52.

Intervention costs

For the all-staff training, the mean duration of the training session was 47 minutes, and was attended by, on average, 76 staff. Assuming that each trainee was paid at level 3 of the main pay range for classroom teachers (£27,653/year)[91] and worked 1265 hours of directed time,[91] the hourly rate was £21.86. The mean cost per school for staff attendance was therefore £1301.40. Trainer preparation time was on average 6 hours and 30 minutes, giving a total trainer time, including delivery, of 7 hours and 17 minutes. Assuming a trainer cost of £31.15 per hour, the mean cost was £226.88. The cost of all staff training per school was therefore £1528.29.

TABLE 31 Resource use for staff training components of the intervention

Intervention activity		Intervention school				Total	Mean
		1	2	3	4		
NSPCC training	NSPCC trainer preparation time (h.m)	2.00	2.00	3.30	15.00	22.30	5.37
	NSPCC trainer total travel time (h.m)	6.10	6.15	18.10	9.15	39.50	9.57
	Duration of training session (h.m)	3.45	2.45	3.50	4.30	14.50	3.38
	Total NSPCC trainer time (h.m)	11.40	11.00	25.30	28.45	76.55	19.13
	Number of staff attended	4	3	18	7	32	8
All staff training	Number of staff attended	150	14		63	227	76
	Duration of training session (h.m)	0.35	1.00		0.45	2.20	0.47
	Trainer preparation time (not including NSPCC training) (h.m)	4.00	9.00		6.30	19.30	6.30

h.m = hours and minutes.

Combining these figures, the estimated training cost per school was £3030.80, although this is likely to be an underestimate.

An interview conducted with the NSPCC trainer as part of the process evaluation, identified the following additional costs that ought be considered, which were not included in the calculations above:

- travel costs for the NSPCC trainer (e.g. taxi and train fares)
- time spent liaising with schools to arrange the training session
- time spent corresponding with schools to discuss queries raised about the intervention after the NSPCC training
- time spent supporting schools with all-staff training.

Interviews conducted with school staff identified that for 8 of 28 (29%) staff, the school needed to pay for cover so the staff member could attend the NSPCC training (*Table 32*). Among staff, 14 of 27 (52%) staff identified that, as a result of attending the training, some work was not done, and in every case the school was required to temporarily allocate a room for the NSPCC training.

TABLE 32 Other costs incurred by schools during NSPCC training

| | | Intervention school | | | | |
Cost		1	2	3	4	Total
Did your school need to pay for cover for your work so that you could attend this training? *n/N*[a]	Yes	4/4	0/3	4/14	0/7	8/28
	No	0/4	3/3	10/14	7/7	20/28
Did attending this training mean that other work you needed to do was not done at all? *n/N*	Yes	2/4	1/2	9/14	2/7	14/27
	No	2/4	1/2	5/14	5/7	13/27
Did you have to allocate school space to the training programme? *n/N*	Yes	3/3	3/3	8/12	7/7	21/25
	No	0/3	0/3	4/12	0/7	20/25
If yes, how many rooms, mean [range] {observations}		1 [1–1] {3}	1 [1–1] {2}	1 [1–1] {8}	1 [1–1] {7}	1 [1–1] {20}
Were any other costs of any kind incurred by yourself or the school that are not covered in the questions above? *n/N*	Yes	0/7	0/3	0/3	0/12	0/25
	No	7/7	3/3	3/3	12/12	25/25

a The training in intervention school 3 occurred over two sessions and these data come from the second session. Data from the first session were similar.

Chapter 6 Pilot analysis of effects and cost-effectiveness

Effects on primary outcomes

Table 33 shows the results by arm of primary outcomes, and the effects on these outcomes, at follow-up. Around one-third of respondents in each arm reported past-year DRV victimisation at follow-up, as measured by both the Safe Dates scale and the CADRI-s. Around one-quarter of respondents in each arm reported past-year DRV perpetration, as measured by the Safe Dates scale, and close to 30% in each arm reported past-year DRV perpetration, as measured by the CADRI-s. Regarding both victimisation and perpetration subscales of the Safe Dates measure, in both arms, reported rates of psychological DRV were the highest, followed by physical and then sexual DRV and reported rates of victimisation were higher than reported rates of DRV perpetration for each of the three subscales. We do not report effect estimates because the pilot RCT was underpowered and did not aim to do this. However, it is clear from the confidence intervals (CIs) that there is no evidence of significant benefits or harms when comparing groups.

Effects on secondary outcomes

Table 34 shows the results by arm of continuous secondary outcomes, and the effects on these outcomes, at follow-up. The mean reported frequency scores for DRV victimisation were low in both intervention and control schools for both the Safe Dates and the CADRI-s measures, ranging from 0.10 to 0.18 (possible scores range from 0 to 3, with higher scores indicating more frequent DRV). The reported frequency scores for DRV perpetration (Safe Dates measure) were also low, ranging from 0.04 to 0.10.

TABLE 33 Effects on primary outcomes at follow-up: binary

Binary primary outcome measure	Control (352 students), n (%)	Intervention (1177 students), n (%)	95% CI for unadjusted OR (intervention vs. control)	95% CI for adjusted OR (intervention vs. control)[a]
DRV victimisation in past 12 months (Safe Dates)	127 (36.1)	401 (34.1)	0.64 to 1.34	0.78 to 1.49
Psychological abuse	112 (31.8)	361 (30.7)	0.66 to 1.40	0.80 to 1.56
Physical violence	68 (19.3)	228 (19.4)	0.68 to 1.50	0.78 to 1.76
Sexual violence	12 (3.4)	62 (5.3)	0.78 to 3.15	0.63 to 3.23
DRV victimisation in past 12 months (CADRI-s)	122 (34.7)	397 (33.7)	0.63 to 1.51	0.72 to 1.47
DRV perpetration in past 12 months (Safe Dates)	89 (25.3)	290 (24.6)	0.73 to 1.27	0.74 to 1.44
Psychological abuse	76 (21.6)	252 (21.4)	0.74 to 1.33	0.75 to 1.51
Physical violence	43 (12.2)	155 (13.2)	0.76 to 1.56	0.76 to 1.79
Sexual violence	5 (1.4)	20 (1.7)	0.45 to 3.22	0.28 to 3.07
DRV perpetration in past 12 months (CADRI-s)	102 (29.0)	322 (27.4)	0.64 to 1.36	0.71 to 1.45

a Adjusted by IDACI and value-added attainment (as measured by progress 8 score).

TABLE 34 Effects on secondary outcomes at follow-up: continuous measures

Outcome	Control (352 students), mean (SE)	Intervention (1177 students), mean (SE)	95% CI for unadjusted estimate (intervention vs. control)	95% CI for adjusted estimate (intervention vs. control)[a]
Frequency of DRV victimisation in past 12 months (Safe Dates)[b,c]	0.10 (0.003)	0.13 (0.02)	−0.02 to 0.08	−0.02 to 0.10
Psychological abuse[b,d]	0.16 (0.01)	0.17 (0.02)	−0.05 to 0.09	−0.06 to 0.11
Physical violence[b,d]	0.06 (0.004)	0.09 (0.02)	−0.02 to 0.09	−0.01 to 0.11
Sexual violence[b,c]	0.06 (0.01)	0.13 (0.03)	−0.02 to 0.16	−0.02 to 0.18
Frequency of DRV victimisation in past 12 months (CADRI-s)[b,e]	0.17 (0.01)	0.18 (0.02)	−0.05 to 0.08	−0.04 to 0.11
Frequency of DRV perpetration in past 12 months (Safe Dates)[b,d]	0.04 (0.005)	0.06 (0.01)	−0.02 to 0.06	−0.01 to 0.07
Psychological abuse[b,d]	0.06 (0.003)	0.08 (0.02)	−0.02 to 0.07	−0.01 to 0.08
Physical violence[b,d]	0.03 (0.01)	0.05 (0.01)	−0.02 to 0.06	−0.01 to 0.07
Sexual violence[b,c]	0.02 (0.01)	0.03 (0.01)	−0.02 to 0.04	−0.02 to 0.05
Frequency of DRV perpetration in past 12 months (CADRI-s)[b,e]	0.08 (0.01)	0.10 (0.01)	−0.03 to 0.05	−0.03 to 0.06
Mental well-being (SWEMWBS)	23.2 (0.8)	23.1 (0.4)	−1.9 to 1.5	−1.2 to 2.6
Quality of life (PedsQL)	72.7 (2.0)	74.4 (0.8)	−1.9 to 4.7	−1.9 to 6.4
Psychological functioning (SDQ)	13.3 (0.8)	13.0 (0.5)	−1.8 to 1.8	−2.9 to 1.3
Number of sexual partners	0.2 (0.01)	0.3 (0.06)	−0.1 to 0.3	−0.1 to 0.3
School attendance (half-days absent per student among years 9 and 10)[f]	58.0 (3.0)	16.9 (7.5)	−72.7 to −9.3	−103.6 to 59.7
Student health-related quality of life (CHU9D)	0.83 (0.02)	0.84 (0.01)	−0.03 to 0.04	−0.02 to 0.05
Staff health-related quality of life (SF-6D)	0.78 (0.02)	0.79 (0.02)	−0.05 to 0.07	−0.07 to 0.10

SE, standard error.
a Adjusted by IDACI and value-added attainment (as measured by progress 8 score).
b Data for continuous DRV outcome measures based on the subsample of participants who were routed to and provided responses to these survey items.
c Sample includes those reporting a girlfriend/boyfriend or dating someone currently or in the past 12 months and any sexual experience.
d Sample includes those reporting a girlfriend/boyfriend or dating someone currently or in the past 12 months.
e Sample includes those reporting a girlfriend/boyfriend currently or in the past 12 months.
f Denominator for mean calculation based on total number of students registered in the school.

As at baseline, at follow-up, results for other secondary outcomes were similar for intervention and control students, and this was also the case for mean number of sexual partners, asked only at follow-up. The mean number [standard error (SE)] of half-days absent among year 9 and 10 students were 16.9 (SE 7.5) in intervention schools and 58 (SE 3.0) in control schools.

We initially intended to report on age of sexual debut as a continuous secondary outcome measure, but because most students reported that they have never had sex, it was not possible to report this for the full sample. Calculating the mean age of sexual debut for the subsample who report having had sex would not be a meaningful public health measure, so we instead report sexual debut as a binary

secondary outcome measure below and report this change as a protocol deviation (see *Chapter 8*, *Deviations from protocol*). As with primary outcomes, we do not report effect estimates, but it is clear from the CIs that that there is no evidence of significant benefits or harms when comparing groups.

Table 35 shows the results by arm of binary secondary outcomes, and the effects on these outcomes, at follow-up. Reported rates of sexual harassment, pregnancy (girls), unintended pregnancy (girls), initiation of pregnancy (boys), STIs, ever having sex (measured as vaginal sex among students reporting heterosexual sexual experience, or anal sex among males reporting sexual experience with only males), unprotected sex, past-year use of NHS services and past-year contact with police were similar among intervention and control students.

Missing values for primary and secondary outcomes

Table 36 shows rates of missing values for all primary and secondary outcomes at baseline and follow-up. A response is counted as missing in this table if the respondent did not provide data for this outcome, either because they skipped the item or because they selected 'prefer not to say,' a response option available for measures of sexual behaviour and sexual DRV. Rates of missing values were extremely low: < 10%, for most outcomes at baseline and follow-up. The missing rate approached 10% for the measure of student health-related quality of life (CHU9D) among both arms only at follow-up. It also approached 10% among the intervention group for the following measures asked only at follow-up: STIs, unprotected first sex and unprotected last sex (among those reporting sex more than once). Missing rates were > 10% for unintended pregnancy among girls (asked only at follow-up) among the intervention group, as well as for sexual debut and number of sexual partners (asked only at follow-up) in both intervention and control groups. One school (16.7%) did not report data on school attendance.

TABLE 35 Effects on secondary outcomes at follow-up: binary measures

Binary primary outcome measure[a]	Control (352 students), n (%)	Intervention (1177 students), n (%)	95% CI for unadjusted estimate	95% CI for adjusted estimate[b]
Sexual harassment (often or occasional, school or elsewhere)	57 (16.2)	155 (13.2)	0.45 to 1.27	0.57 to 1.27
Pregnancy (girls)[c]	1 (0.6)	8 (1.5)	0.29 to 21.20	0.44 to 43.72
Unintended pregnancy (girls)[c]	0 (0)	0 (0)		
Initiation of pregnancy (boys)[d]	1 (0.3)	7 (0.6)	0.10 to 7.98	0.03 to 5.65
STIs	4 (1.1)	14 (1.2)	0.32 to 3.13	0.30 to 4.17
Sexual debut[e]	36 (10.2)	164 (13.9)	0.75 to 2.37	0.63 to 2.58
Unprotected first sex	4 (1.1)	29 (2.5)	0.58 to 5.46	0.43 to 5.81
Unprotected last sex among those reporting sex more than once	6 (26.1)	25 (21.7)	0.29 to 2.30	0.23 to 2.96
Use of primary care, accident and emergency, other health service in past year	235 (66.8)	721 (61.3)	0.54 to 1.04	0.68 to 1.26
Contact with police in past year	64 (18.2)	213 (18.1)	0.72 to 1.34	0.67 to 1.42

a Unless otherwise noted, denominators are all survey respondents.
b Adjusted by IDACI and value-added attainment (as measured by Progress 8 score).
c Denominator is all girls.
d Denominator is all boys.
e Vaginal sex among students reporting heterosexual sexual experience, or anal sex among males reporting sexual experience with only males.

TABLE 36 Proportion of missing values for all primary and secondary outcomes at baseline and follow-up

Outcome	Baseline, n (%)		Follow-up, n (%)	
	Control (482 students)	Intervention (1246 students)	Control (422 students)	Intervention (1533 students)
DRV victimisation (Safe Dates)	1 (0.3)	3 (0.3)	2 (1.0)	11 (1.8)
Psychological abuse	1 (0.3)	3 (0.3)	0 (0)	4 (0.3)
Physical violence	0 (0)	0 (0)	0 (0)	4 (0.3)
Sexual violence	NA	NA	2 (2.5)	7 (2.4)
DRV victimisation (CADRI-s)	0 (0)	3 (0.3)	3 (0.9)	13 (1.1)
DRV perpetration (Safe Dates)	1 (0.3)	8 (0.8)	1 (0.5)	9 (1.5)
Psychological abuse	1 (0.3)	5 (0.5)	0 (0)	6 (0.5)
Physical violence	0 (0)	3 (0.3)	0 (0)	6 (0.5)
Sexual violence	NA	NA	1 (1.3)	3 (0.7)
DRV perpetration (CADRI-s)	0 (0)	4 (0.4)	2 (0.6)	5 (0.4)
Mental well-being (SWEMWBS)	9 (2.4)	16 (1.5)	5 (1.4)	13 (1.1)
Quality of life (PedsQL)	5 (1.4)	9 (0.9)	4 (1.1)	8 (0.7)
Psychological functioning (SDQ)	4 (1.1)	6 (0.6)	1 (0.3)	7 (0.6)
School attendance (half-days absent per student among years 9 and 10)[a]	NA	NA	0 schools (0)	1 school (16.7)
Student health related quality of life (CHU9D)	10 (2.7)	22 (2.1)	29 (8.2)	113 (9.6)
Staff health-related quality of life (SF-12)	3 (10.0)	1 (4.2)	1 (3.1)	2 (7.7)
Sexual harassment (often or occasional, school or elsewhere)	2 (0.5)	5 (0.5)	1 (0.3)	9 (0.8)
Pregnancy (girls)	NA	NA	0 (0)	2 (3.3)
Unintended pregnancy (girls)	NA	NA	0 (0)	1 (12.5)
Initiation of pregnancy (boys)	NA	NA	1 (0.6)	7 (1.2)
STIs	NA	NA	4 (4.2)	25 (7.3)
Sexual debut[b,c]	NA	NA	22 (23.2)	49 (14.3)
Number of sexual partners[b]	NA	NA	22 (23.2)	49 (14.3)
Unprotected first sex[b]	NA	NA	2 (5.6)	16 (9.8)
Unprotected last sex among those reporting sex more than once[b]	NA	NA	1 (4.4)	8 (7.0)
Use of primary care, accident and emergency, other health service in past year	11 (3.0)	24 (2.3)	8 (2.3)	20 (1.7)
Contact with police in past year	11 (3.0)	23 (2.2)	8 (2.3)	19 (1.6)

NA, not applicable.
a School-level outcome; denominator for proportion missing is total number of pilot schools.
b Outcomes comprise more than one survey item. Respondent is counted as missing if they have not provided data for this outcome (i.e. skipped or answered 'prefer not to say' for all relevant items to which they were routed).
c Vaginal sex among students reporting heterosexual sexual experience, or anal sex among males reporting sexual experience with only males.

The primary outcomes of sexual DRV victimisation and perpetration were measured only at follow-up and could therefore not be included in assessment of completion, interitem reliability and goodness of fit (see *Table 14*). We conducted supplementary analysis as a proxy for measure completion, examining the proportion of participants who were routed to each measure and chose the response 'prefer not to say' for at least one of its items. This accounted for 1.6% of respondents for the Safe Dates sexual victimisation subscale, none for the Safe Dates sexual perpetration subscale, 4% for the CADRI-s sexual victimisation items and 1.5% for the CADRI-s sexual perpetration items.

Feasibility of long-term modelling

We identified three studies evaluating the long-term effects of DRV. Using data from a US study, Ackard *et al.*[110] evaluated the impact of adolescent dating violence occurring more than a year ago on a range of behavioural and psychological outcomes and found it was positively associated with cigarette smoking among males, and cigarette and marijuana smoking and depressive symptoms among females. Exner-Cortens *et al.*[21] used the US National Longitudinal Study of Adolescent Health to evaluate the impact of DRV on behavioural and psychological outcomes 5 years later. Female victims reported increased heavy episodic drinking, depressive symptomatology, suicidal ideation, smoking and adult intimate partner victimisation, compared with individuals reporting no victimisation. Male victims reported increased antisocial behaviours, suicidal ideation, marijuana use and adult intimate partner victimisation. Foshee *et al.*[70] evaluated the effects of the US-based Safe Dates intervention on perpetration and victimisation 4 years post intervention. They found that adolescents receiving the intervention reported perpetrating significantly less physical and sexual dating violence after 4 years, and also reported significantly less sexual victimisation.

The search for long-term economic studies identified eight, none of which evaluated long-term costs and outcomes. In one study, Wolfe *et al.*[111] examined the impact of a school-based intervention to prevent adolescent dating violence with 2.5-year follow-up in Canada. Their study included an economic analysis, but included only the training costs associated with the programme, with no longer-term evaluation. The NHS Economic Evaluations Database search identified no studies. Overall, although there is some evidence of the longer-term impacts of DRV, none of the available data are UK based and study timelines are relatively short, with none more than 5 years. We concluded that although it would be possible to use this evidence to model long-term impacts of DRV on behavioural and psychological outcomes, this would be challenging, producing estimates with wide uncertainty intervals. Our recommendation is therefore to conduct a within-trial analysis alongside any future Phase III RCT.

Chapter 7 Results: stakeholder and patient and public involvement consultations

This chapter reports on the findings from consultations undertaken with RCSL and with a group of policy stakeholders. Consultations with schools and with the ALPHA young researchers group conducted as part of optimisation were reported in *Chapter 3*. These findings represent views expressed in consultation meetings rather than data gathered in research. Hence, they are not quantified.

Consultation with Rape Crisis South London

Participation

In June 2018, we held two consultations with clients and staff of RCSL, an organisation that works with survivors of rape and sexual assault. All participants were female and the groups were facilitated by two female researchers. These consultations were designed to seek views on Project Respect, with an emphasis on how the programme might impact on those who had experience of abuse.

Findings

Clients welcomed the overall approach but thought that the programme should be made available to younger students aged 11 or 12 years, so that they were prepared for when they started dating. They thought that some parents and carers would like to work through the activity booklet with their child, but that individuals from some cultural backgrounds might not use it because they might not approve of dating during secondary school.

Clients liked the student-led campaigns, which they felt would equip students with knowledge of what was abusive behaviour and empower them to report it. One survivor of sexual abuse said such a campaign would have made her feel that she had had a right to speak up, sharing that she did not disclose the abuse she experienced when younger because she did not feel it was her place to.

Clients thought that the programme would be helpful to a young person with experience of violence at home, as such a programme would help young people to reject a perpetrator's view that abusive behaviours were normal. Clients also noted that it was important, if someone had experienced abuse, for family relationships to be addressed as part of the programme, and the staff interviewed concurred with this point. A client thought that it was valuable to have a focus on DRV that was separate from RSE, because at her school sex education had been 'quite triggering, they threw everything in at once, dildos and all and that's when I was realising, I was being abused'. However, this client also felt that the video and accompanying lessons included within Project Respect might be triggering for someone yet to disclose abuse. She thought that a school counsellor should be available to students when lessons were being delivered.

In their discussion, RCSL staff added that it might take some time after lessons for students to feel ready to disclose, and that a good approach, when delivering lessons on abuse, is to offer an easy 'out' if students need to leave, saying up front that students can leave at any time for any reason and that a staff member will come out to check in with them.

Rape Crisis South London staff were supportive of the overall aim of Project Respect, favoured the whole-school approach and student-led campaigns, and thought that delivering the intervention at an earlier age might be desirable. Their view was that young people should be introduced to the concepts of respect and consent from a very early age, and if the programme targets young people aged 13–15 years it will miss preventing family abuse that can begin at a younger age. Staff supported addressing gender at the start of the curriculum. In terms of gendered patterns of abuse, they felt that it was important to

teach that people of any gender can perpetrate DRV and that it can happen in relationships regardless of sexuality, but that most DRV is perpetrated by males against females. In terms of gender stereotypes, they said that the curriculum should put DRV into the context of gender stereotypes and discuss ways in which these stereotypes hurt boys as well as girls, making sure to bring boys into the conversation.

The staff were, however, critical of some programme materials. Staff were especially concerned about use of one Childline video about being in a potentially abusive situation because they felt that it was too explicit and would make people who had experienced a similar abusive situation feel very uncomfortable. Staff also thought its portrayal of a very young woman being plied with alcohol and pressurised into sex, which she is resisting, sent the wrong message that if the young woman went along with what was happening to her then she had made the wrong choice and it was her fault. Instead, staff felt that there should have been a greater focus on the perpetrator of the abuse and what he was doing. Staff also felt that the handout provided in lesson 4 on 'warning signs' could inadvertently reinforce this implicit message by emphasising the need to 'be on alert' and to verbally say no, emphasising the responsibility of the survivor rather than that of the perpetrator. Staff also felt that as young people perpetrating abuse might not know what appropriate behaviour was, the programme content needed to be much clearer about exactly what behaviour was sexually inappropriate and abusive. They critiqued use of the word 'unhealthy,' which they felt was too indirect and implied a mutuality, rather than focusing on perpetration of abuse. Staff emphasised that, overall, the programme should be framed to target potential perpetrators, while also ensuring that messaging speaks to survivors in the room. The latter needed to bear in mind how a student with experience of abuse will receive what is being said and ensure that no aspects of the programme imply that abuse is the survivor's fault.

Disclosure was a major theme in the focus group with staff. They thought that the policy audit within Project Respect was particularly important in this regard. They thought that all schools should work to develop a policy that is responsive to disclosures of abuse and ensures that young people are clear about what school staff are required to disclose; aware of resources outside the school, in case they prefer this route; and understand that after disclosing abuse, they will remain in control over what happens next. Staff suggested that Project Respect could ask schools to produce a flow chart on safeguarding and how they respond to disclosures that could go up in each classroom. The staff liked the booklet provided for parents and the way that it dealt with disclosure. They were, however, sceptical about whether or not teenagers would be willing to undertake the suggested activities with their parents. Clients also thought that these activities would be feasible for some families but not others.

The conclusion from both discussions was that Project Respect was a good idea and had some commendable features, notably the student-led campaigns and policy audit. RCSL clients and staff agreed that it should be undertaken with younger school students before they started dating. Both clients and staff expressed concerns about the potentially negative impact of the film on those who had experience of abuse, and thought that some of the lesson materials needed to be modified to be more sensitive to survivors of abuse, ensure that they do not blame survivors and provide clearer information on exactly what behaviours were abusive.

Consultation with policy stakeholders

Participation
We held a consultation with 16 stakeholders from non-governmental organisations and local and national government in March 2018 (see *Report Supplementary Material 13*). The meeting aimed to build support for the research, identify potential implementation facilitators or barriers to explore in the process evaluation and ensure that the research would be policy relevant.

Findings

Potential challenges to conducting the study in secondary schools

Stakeholders anticipated that one of the major challenges to conducting the pilot RCT would be difficulty with schools prioritising the intervention and trial activities, given other pressures. They also thought that the timeline between randomisation and implementation was tight, which could present some organisational challenges to schools. Stakeholders also raised as a potential issue how implementation quality might be affected if schools select staff to deliver the intervention based on their availability rather than on their interest and confidence in delivering these types of lessons.

Potential approaches to facilitate conducting the study in secondary schools

Stakeholders recommended a number of strategies to gain and maintain stronger commitment and engagement from schools. They recommended more intense engagement at the outset with schools' SLTs and dissemination of programme information to all school staff. They suggested that it could also be useful to gain support from school governors and parents. To help garner support and widen accountability, they recommended involving local partners with long-standing relationships with schools, such as those in public health departments or school networks. They recommended keeping regular contact with a named strategic lead who has a level of influence to drive implementation within the school. In addition to keeping the intervention moving forward, this would allow researchers to stay up to date with any changes in staff and leadership or other challenges a school might be facing. Stakeholders suggested clearly outlining schools' responsibilities in contractual agreements, and more broadly stressing to schools the value of materials and support that they are receiving. Emphasising that shifts in priorities, timetabling, staff and leadership are commonplace in schools and should be expected, stakeholders advised that research methods should be adaptable and able to cope with the flux and unpredictability of schools.

Potential risks posed by the study

Many participants emphasised the need to ensure that the intervention was flexible enough to accommodate existing provision within schools. Stakeholders also shared concerns in relation to how Project Respect's relatively short intervention would fit within a more comprehensive, spiral curriculum. They advised that the broader goal should be to create not a suite of effective interventions for individual year groups, but a comprehensive curriculum. RCTs were, nevertheless, seen to be able to contribute evidence to inform such a curriculum.

Useful information to collect for the process evaluation

Stakeholders supported the study's approach of exploring underlying mechanisms of action, rather than focusing only on whether or not a particular intervention is effective. This was seen as useful in developing transferable learning for other programmes and policy. Participants were also supportive of the intention to consider and explore the impact of the local context, such as school location, student and staff make up, and organisational structure. They suggested that the process evaluation should also explore how the intervention interacts with existing provision (e.g. whether or not outcomes are different in schools that have previously delivered high-quality teaching on related topics) and the implications of delivering the curriculum within PSHE lessons rather than in tutor time or other lessons.

Future sustainability

Stakeholders recommended a few approaches to support sustainability if a Phase III RCT of Project Respect reported positive results. They advised that staff turnover and loss of programme knowledge is a threat to sustainability, and suggested developing approaches to cascade training to new staff and potentially developing web-based training resources. They thought that embedding connections with local services, such as clinics and local public health departments, would also support sustainability.

Consultation with teachers

After completing the pilot, we consulted with three intervention school staff members involved in co-ordinating Project Respect in their schools to inform study and intervention refinement and knowledge transfer to schools.

Study refinement

To improve response rates for the staff survey, staff recommended engaging school leadership to promote the survey and arranging a scheduled time for respondents to fill it in. Staff suggested that the parental opt-out approach was acceptable to schools; holding a parents' evening about the study would not add value; student information sheets should be much shorter; and the extent of the requirements for distributing information before and after data collection was burdensome on schools.

Intervention refinement

Teachers suggested that Project Respect could be improved by taking better account of schools' engagement with DRV issues and school staff members' knowledge about DRV, pitching training at a more advanced level, and initiating implementation with a better understanding and acknowledgement of the school's past work. One person we spoke with suggested holding a meeting early on in the project to learn about the school's past efforts and current needs.

Knowledge transfer

Teachers suggested that schools would be particularly interested in findings that directly inform work the school is doing, school-specific survey results and findings that allow them to compare their school with other similar schools.

Chapter 8 Discussion

Summary of key findings

Progression criteria

The first question that our study focused on was whether or not pilot trial results suggest the appropriateness of progression to a Phase III RCT in terms of prespecified criteria. The first criterion was that randomisation occurs, and four or more schools (out of six) accept randomisation and continue in the study. Randomisation did occur and all six schools accepted the results of the randomisation and continued in the study. However, one school was randomised despite not being involved in baseline surveys. The differences between intervention and control schools in school characteristics, such as Ofsted rating, mean value-added score, free school meal entitlement, size and IDACI score, are unsurprising given the small number of schools randomised, and did not bias the pilot RCT given its focus was not on estimating intervention effects.

The second criterion was that the intervention is implemented with fidelity in at least three of the four intervention schools. The target for delivery of NSPCC training was 100% coverage of essential topics. The target for delivery of school-delivered elements was 75% coverage of essential topics. NSPCC delivered training in all four schools to key staff leading the intervention, but with fidelity below 100%. Schools aimed to deliver training to all staff in their school. In two schools, this occurred with fidelity > 75% and in one school with fidelity < 75%, whereas in one school this training was not delivered. Therefore, the target of fidelity in three schools was not achieved. Review of school policy occurred in two schools, therefore not achieving the target of this review in three schools. Hotspot mapping was undertaken by staff in all four schools, therefore achieving the target. Hotspot mapping was undertaken by students in three schools, therefore achieving the target. No schools modified how staff patrolled the school site informed by the hotspot mapping, therefore not achieving the target. Overall, the student curriculum was delivered with fidelity > 75% in three schools, therefore achieving the target. Parent information was sent out in all four schools, therefore achieving the target. However, qualitative data from parents and staff suggest that some schools did not send the parent booklet to all parents (e.g. either producing only a limited number of hard copies distributed to some parents and carers or putting the booklet on the school website). Details of the Circle of 6 app were provided to students in all four schools, therefore achieving the target. However, qualitative research suggested that although some schools provided students with time in lessons to download the app, other schools merely mentioned the app as part of Project Respect lessons. Considering our targets for fidelity as 100% for NSPCC-delivered elements and 75% for school-delivered elements, overall, one school delivered the school components with fidelity and no schools achieved overall fidelity for both NSPCC- and school-delivered components.

The third criterion was that our process evaluation indicates that the intervention is acceptable to ≥ 70% of year 9/10 students and the staff involved in implementation. Surveys with year 9/10 students in intervention schools found that among those who reported that their school had been taking steps to reduce DRV, almost 90% supported this work, which meets the target of 70% acceptability for this measure. However, students in intervention schools were less likely than students in control schools to report that the school had been taking such steps. In addition, of those reporting that their school had been taking these steps, students in intervention schools were slightly less likely to report that they supported this work than controls. Of the approximately 37% of students in intervention schools reporting that in the past year they had been learning about respectful relationships, just under 60% reported that these lessons were good. These figures in respect of students do not meet the target of 70% acceptability. We intended to examine acceptability of the intervention to staff via staff questionnaires, but response rates were very low, particularly among senior staff with most overview

of the intervention. Therefore, instead we assessed acceptability to staff involved in intervention using the qualitative interviews. According to these, the intervention was acceptable to 10 (59%) staff and unacceptable to two (12%) staff, with three (17%) staff having mixed feelings and two (12%) staff being insufficiently aware of the intervention to have an opinion. These figures in respect of staff, also do not meet our target of 70% acceptability.

The fourth criterion was that CASI surveys of students are acceptable and achieve response rates of at least 80% in four or more schools. Overall response rates at baseline were 82.5% (with one school not doing the baseline survey and not contributing to this total response rate) and response rates were > 80% in three schools. Overall response rates at follow-up were 78.2% and response rates were > 80% in four schools. Therefore, the target of achieving response rates of at least 80% in four or more schools was achieved at follow-up, but not at baseline. CASI surveys enabled good data collection and were acceptable to students. Benefits of the CASI approach include automated routing, which meant only students reporting sexual experience in an initial routing question were asked further questions with sexual content; and data being upload via Wi-Fi, eliminating the need for data entry and the risk of potential data entry errors for most surveys. However, the use of tablets introduced logistical challenges for the fieldwork teams. Tablets were bulky to transport, and set-up could be complicated and reduce the time available for surveys. The devices also required considerable time and a specially equipped room to upload data, clear and recharge tablets, and prepare them for the next survey day, which meant that fieldworkers worked extremely long days. Reliance on a limited number of CASI tablets made it harder to schedule survey dates with schools. Our surveys were not associated with increases in students seeking support from school safeguarding leads.

The fifth criterion for progression was that methods for economic evaluation in a Phase III RCT are feasible. We examined whether or not an economic evaluation (within-trial cost–utility analysis from public and voluntary sector perspectives) would be feasible. The evaluation would include the mean cost of the intervention per school, and its impact on use of services and health-related quality of life. We determined that it would be feasible to calculate the costs of each intervention component listed in *Table 1*; we identified some costs not quantified in our analysis (e.g. post-training contacts between the NSPCC and schools) that should be included in any future Phase III RCT. Usable survey data on use of health services and contacts with police were available for 98% of respondents at both baseline and follow-up. The resource use data collected in the present study, for both the intervention and the follow-up, seem appropriate and plausible, and response rates were high. We note that the data collection tools that would need to be used in a full RCT would need to be disaggregated by different types of health service use and use of the criminal justice system, and allow for a full range of values to be recorded. It was possible to compute utility scores using the CHU9D health-related quality of life measure for 98% of respondents at baseline and 99% at follow-up. However, we report very low response rates among staff, indicating that it would not be feasible to use these to collect data on SF-6D as a measure of staff health-related quality of life, even with the use of multiple strategies to promote staff responses. Our research highlighted that cost-effectiveness analyses based on the primary and secondary outcomes of the trial (e.g. using measures of DRV victimisation and perpetration) could be conducted alongside a cost–utility analysis. With regard to economic outcomes, we recommend that data collection tools in any future trial disaggregate different types of health service use (e.g. emergency department visits, general practice visits, practice nurse visits) and involvement with the criminal justice system, and allow for a full range of values to be recorded. It also highlighted that long-term modelling of costs and outcomes beyond the end of the trial would be challenging because of the lack of data, producing uncertain estimates; our recommendation was therefore to conduct a within-trial analysis only alongside a Phase III RCT. Aside from not achieving the baseline target student survey response rate and also achieving very poor response rates in the staff survey, it was determined that an economic evaluation focused on student health-related quality of life would be feasible.

We identified the following cost components that ought to be included in any future economic evaluation of the intervention:

- time spent by the NSPCC trainer preparing for the training, travelling to schools and delivering the training
- travel costs for the NSPCC trainer
- time spent by the NSPCC trainer liaising with schools to arrange the training session
- time spent by the NSPCC trainer corresponding with schools to discuss queries raised about the intervention after the NSPCC training
- time spent by the NSPCC trainer supporting schools with all staff training
- time spent by school staff attending NSPCC and all staff training (this should also account for the grade of staff)
- use of school space for training activities
- impact on use of health services and use of the criminal justice system.

In our calculations we did not include the costs of providing information to parents; staff time spent preparing and delivering the classroom curriculum to students; making the Circle of 6 app available to students; time spent reviewing school policies and rules; time spent hotspot mapping; or time spent modifying school patrols in response to identified hotspots.

These activities may impose additional costs to the school, but these are likely to be small. This could be tested in a future evaluation.

A future economic evaluation should include a cost–utility analysis, with outcomes measured in terms of QALYs. We have demonstrated in this study that it is feasible to collect data on health-related quality of life for students using the CHU9D and therefore to estimate QALYs. Given the poor response rate to the staff survey, and that school staff are not the primary audience for the intervention, we recommend that a future economic evaluation does not require utility measurements for school staff.

Given the range of potential outcome measures for the intervention demonstrated by this study, we recommend that cost-effectiveness analyses based on the primary and secondary outcomes of the trial should also be conducted alongside a cost–utility analysis.

Research questions not pertaining to progression criteria

In addition to the question of progression, our study examined other research questions. The second research question was 'which of two existing scales, the Safe Dates and the CADRI-s, is optimal for assessing DRV victimisation and perpetration as primary outcomes in a Phase III RCT?'. Reliability of our outcome measures was assessed at baseline across the overall sample. Completion rates for both the Safe Dates and the CADRI-s measure of DRV were very high, at around 99%. Cronbach's and ordinal alphas were also very high, with those for the Safe Dates measures of both victimisation and perpetration being marginally higher, at > 0.9. Fit indices from confirmatory factor analyses suggested adequate fit. Findings suggest that both measures are reliable, so, as per our protocol, our recommendation would be to use CADRI-s, as this is a more established measure involving fewer items. This recommendation is supported by consultation with the ALPHA young researchers group (see *Report Supplementary Material 2*).

The third question that our study aimed to assess was 'what are likely response rates in a Phase III RCT?'. As reported above, overall response rates at baseline were 82.5% and at 16-month follow-up were 78.2%. We would expect follow-up rates in a 28-month Phase III trial to be slightly lower than this. However, response rates were much lower for the staff survey.

Our fourth research question was whether or not estimates of prevalence and ICC of DRV derived from the literature look similar to those found in the UK so that they may inform a sample size calculation for a Phase III RCT. At baseline, the overall prevalence of DRV victimisation, as measured

by the Safe Dates scale (ever occurring), was just over 50%, with just under 40% reporting physical DRV, and the prevalence, as measured by CADRI-s (past year), was around 30%. At baseline, the overall prevalence of DRV perpetration ever, as measured by the Safe Dates scale (ever occurring), was also around 50%, with around 30% reporting perpetration of physical DRV, and prevalence, as measured by CADRI-s (past year), was just under 30%. At follow-up, when both scales measured past-year DRV, reported prevalences were more similar. The overall prevalence of past-year DRV victimisation, as measured by the Safe Dates scale, was around 35% in both trial arms, with around 20% in both arms reporting physical DRV. The prevalence of past-year DRV victimisation, measured by the CADRI-s, was just over 30%. At follow-up, the overall prevalence of past-year DRV perpetration, as measured by the Safe Dates scale, was about 25% in both arms, with just over 10% reporting perpetration of physical DRV in both arms. The prevalence of past-year DRV perpetration at follow-up, as measured by the CADRI-s, was just under 30% in both arms. Our DRV prevalence estimates cannot be directly compared with other estimates from UK samples, which report prevalence only among daters and use different measures of DRV.[6,25,37] However, our estimates of different forms of DRV victimisation reflect patterns from the broader literature, in which psychological DRV is reported most frequently, followed by physical and then sexual DRV. Given our small sample, we recommend that power calculations draw on the estimate of 50% based on existing studies.[6,25] It was not possible to estimate ICCs for any measures of DRV because of the small number of clusters. Therefore, we recommend that power calculations draw on the conservative estimate of 0.07 based on existing studies.[111–113]

The fifth research question was whether or not our secondary outcome and covariate measures are reliable and 'what refinements are suggested?'. As with primary outcomes, the reliability of our secondary outcome and mediator measures was assessed at baseline across the whole sample. Cronbach's and ordinal alphas for all multi-item measures were > 0.7. The reliability of our multi-item mediator measures was, however, much lower, with all scoring < 0.7. This suggests that these measures need to be refined before further use.

Our sixth question was 'what refinements to the intervention are suggested?'. Our process evaluation suggested that the universal approach targeting male and female students together was acceptable to staff and students, with some evidence that this facilitated the challenging of sexist gender norms. Our evaluation identified a number of challenges and areas for refinement. Interviews with school staff suggested the need for changes to the training for school leaders and other key staff. The goals of the training need to be clearer so that schools can field the most appropriate staff. Different staff might attend different elements of the training, such as that for senior leaders on policy review and changes to patrols, and that for curriculum leads on lesson planning. School staff thought that there should be less attention in the training to background information and attitudes to DRV, and more on how to deliver the classroom curriculum. Staff also recommend that the all-staff training led by key staff who have been trained by NSPCC should have clearer goals (e.g. relating to intervening in DRV or sexual harassment on the school site).

Project Respect's intervention materials did identify the key staff in each school that should be involved with its implementation. These included a lead, responsible for day-to-day management, and a SLT member to champion the intervention, as well as the school's leads for safeguarding and PSHE. However, the manual was not clear about the goals of the training, whether or not the goals included training those staff who would actually deliver the curriculum and whether or not all such staff should attend the NSPCC training or just the staff member responsible for co-ordinating delivery of the curriculum. The training manual suggested that the teachers who would deliver the curriculum should meet with the curriculum co-ordinator to go through lesson plans and slides. The NSPCC training materials did not aim to review each lesson, but did aim to provide an overview of the curriculum, distribute the curriculum materials to participants, and spend some time looking at the lesson plans and slides for a sample of lessons. Just under 1 hour of the training was timetabled to be spent on the curriculum.

Staff, students and parents were often only hazily aware of written information for parents, including a booklet for parents to work through with their children. There needs to be more attention given to ensuring that schools send these materials to all parents and carers. Staff and students liked the Circle of 6 app, but schools varied in whether or not they provided time for students to download the app. This should be a required element of the curriculum. The classroom curriculum, more generally, attracted mixed views. The intervention should provide schools with a system for identifying suitable staff to deliver the curriculum. There were suggestions that lessons be designed so that they can be taught in a variety of lesson formats; slides have more images and fewer words; lesson plans be easier to read; lesson plans include suggestions for how lessons could be adapted for different contexts; discussion activities be better directed, for example through suggested group activities; and curriculum materials have greater attention to student diversity. Consultation indicated that student-focused components should be clear about perpetrators' sole responsibility for abuse and be sensitive to the experiences of those who have survived abuse. Staff also suggested that the role of the NSPCC in ongoing support for intervention delivery should be better defined. Given the challenges with fidelity, there is probably a greater role for the intervention provider in working proactively to promote delivery and ensuring that fidelity is continually assessed and promoted.

The seventh research question asked what qualitative data suggest about how contextual factors might influence implementation, receipt or mechanisms of action. In terms of May's theory of implementation,[87] schools varied in their collective commitment to the intervention. There was generally a high and shared commitment to address DRV, which supported implementation. In some schools, single individuals took responsibility, leading to lack of broader buy-in and discontinuities if these staff members left the school. Schools' commitment could be undermined and therefore not sustained over time by insufficient buy-in from school leaders, negative perceptions of the training, new priorities arising (e.g. responding to worsened Ofsted ratings or examination results) and reduced staff morale (e.g. because of staff restructuring programmes). Intervention components had variable workability. Schools were generally able to implement the curriculum, despite the limited lead-in period making timetabling and staffing of lessons not easily workable. Staff views on whether or not curriculum materials were sufficiently inclusive and supported delivery varied and were partly influenced by views on the training. Other elements proved less workable: policy review and changes to patrols, because intervention systems and timescales did not match with those of schools; and student campaigns, because classroom teachers lacked the time and skills to facilitate such work. Workability would be facilitated by notifying schools of their allocation to receive the intervention much earlier in the school year before delivery was to start, so that this could be factored into the planning of teacher training sessions, policy review, staff patrol rotas and the student timetable. Some staff also saw the size of the intervention as detracting from its workability. These staff recommended that the intervention involve fewer lessons. Staff relationships influenced implementation. In schools in which management–staff relationships were damaged (e.g. by staff restructuring), this could hamper collective action to implement (e.g. the curriculum). Schools successfully integrated the curriculum into existing timetables and reported that they would sustain some of these lessons, as well as some elements of all-staff training, in future years. In terms of reviewing our theory of change, drawing on our qualitative data viewed through a realist lens,[89,90] our findings suggest that activities associated with the intervention could not only challenge student attitudes and norms uncritical of sexual harassment and DRV, but could also increase student awareness of DRV (particularly in non-urban settings in which there may be lower baseline awareness), and encourage students and staff to challenge sexually abusive and sexist language at school (particularly in contexts in which such language is currently normative, but where there is management support to challenge this).

Our eighth research question was whether or not qualitative data suggest any potential harms and how these might be reduced. We found some evidence that aspects of the intervention might be harmful. In one school a staff member reported that the lack of clarity of messages about seeking consent for sexual activity left some students confused about how to seek this. For some staff, the need to drive forward delivery of the programme in a short space of time led them to feel that their well-being had been threatened.

Our final research question was what sexual health- and violence-related activities occur in and around control schools. According to staff, control schools had written policies addressing bullying and sexual harassment, which did not refer explicitly to DRV. Staff reported that their schools responded to incidents of sexual harassment, DRV or homophobic abuse via the safeguarding officer. Schools punished perpetrators and involved the police when necessary. Staff in control schools reported that violence prevention was covered in lessons, assemblies and events scheduled as part of antibullying weeks. This provision generally did not focus specifically on DRV, but did sometimes refer to domestic violence. Staff reported that some RSE lessons encompassed topics relating to the prevention of DRV, but could not quantify this. Staff in control schools also referred to various forms of student-led action on antibullying, as well as challenging sexism.

Serious adverse events and suspected unexpected adverse reactions

Participating schools reported SAEs and SUSARs annually to the research team. The mean number of SAEs and SUSARs reported per school was six among intervention schools and three among control schools (excluding data missing from one intervention school not reporting on this in the second year of the pilot), and no reported SAEs and SUSARs were deemed to be plausibly linked to Project Respect.

Study objectives

In addition to addressing our research questions, other objectives of the research included the collaborative optimisation of the intervention; the cognitive testing of DRV measures, and measures of norms and attitudes to gender and DRV; the piloting of intention-to-treat analyses for primary and secondary outcomes; and assessment of intervention reach and whether or not this varied by student or school characteristics. The intervention was successfully optimised in collaboration with the NSPCC and four secondary schools, as well as youth and professional stakeholders. Cognitive testing of measures suggested that items were generally well understood but informed some rewording. Despite the study being underpowered to assess intervention effectiveness, we piloted intention-to-treat analyses of primary and secondary outcomes, finding no trends indicative of intervention impacts. Intervention reach in terms of student awareness of activities was poor, with only slightly higher rates of awareness in intervention compared with control schools. We found evidence that affluent students were more aware of the intervention overall, but awareness of this did not vary by student ethnicity and gender, and awareness of the curriculum did not vary by student affluence, ethnicity or gender. Our small sample precluded quantitative assessment of variation in reach by school characteristics. There was likely to be lower reach in those schools delivering the intervention with lower fidelity, especially in schools in which all curriculum lessons were not delivered to all year 9 and 10 students.

Limitations

Amendments to protocol

The protocol was amended at several time points, with changes logged and approved by the SSC (see *Appendix 1*). Most changes were procedural or made for the purpose of clarification. Randomisation was stratified by region rather than by school attainment, as the former was judged to be more important to explore as a potential influence on implementation. Cognitive interviewing was broadened to encompass measures of attitudes and norms about gender and DRV.

Student surveys were rendered fully anonymous so that students could report experiences of DRV without fear that this might lead to identifying them to school safeguarding officers without their consent. The protocol was also updated to indicate that schools could expect approximately weekly ongoing support in the form of a 1-hour conversation with the NSPCC. The protocol was also updated to define specific fidelity targets for each intervention component. Non-volitional sex was removed as a secondary outcome, as this overlapped with the sexual abuse element of DRV, as measured in primary outcomes.

Study ethics and safeguarding procedures were amended as required by the NSPCC Ethics Committee. This included the requirement that schools send out study information to students and parents and carers 1 week before any data collection, as well as further information after data collection; the study team provide a short report to all participating schools on the baseline prevalence of DRV in their schools; and school safeguarding officers be provided with training in responding to DRV. These additional requirements proved very onerous for schools and undermined their commitment to the study. They also meant that schools in both arms of the trial were engaging in additional activities focused on DRV, potentially leading to contamination and the undermining of trial generalisability. The offer of training for school safeguarding officers was widely regarded as patronising among school staff. The full anonymisation of student survey data led to the trial shifting from one based on a longitudinal design to a repeat cross-sectional design.

In addition, at the request of the NSPCC Ethics Committee, student surveys did not feature detailed questions on sexual experiences at baseline, but these questions were retained at follow-up.

In terms of mediators, the Rape Myth Acceptance Scale was removed at the request of the NSPCC Ethics Committee as well as our youth stakeholders, as items involved a barrage of negative and upsetting statements.

Deviations from protocol

There were also a number of deviations from protocol not included within the above amendments (*Table 37*). Several of these were also procedural but others were more substantive.

TABLE 37 Deviations from protocol

Date recorded	Summary of deviation
12 October 2017	Protocol states that optimisation will include consultation with stakeholders on Project Respect methods and draft materials via two facilitated workshops and web-based consultation. We have held all optimisation consultations face to face or, in some cases with teachers, by telephone. Web-based consultations are less preferable than face-to-face consultations and would not have been possible with students
1 April 2018	Protocol states that first consultation with policy stakeholders will take place at the start of the project. It occurred on 9 March 2018
20 April 2018	Protocol states that cognitive interviewing would take place in one of the schools involved in elaborating the intervention. As neither of the optimisation schools based in the south east could participate in cognitive interviewing, a separate school was recruited to do so
4 May 2018	Protocol states that we will measure communication using the MSCS. However, we dropped the MSCS, because of concern about the length of the survey, and instead used a measure designed for the STASH study. The STASH measure was a six-item measure. The two items on sexual communication were asked of those who reported both a current girlfriend or a current boyfriend, and some form of sexual experience
3 July 2018	For the schools having trouble recruiting parents, we offered a £20 voucher to parents for taking part. This was the case in one south-east school and two south-west schools
24 August 2018	Protocol states that we will assess educational attainment via GCSE performance for students who are in years 9 and 10 during programme implementation, but this was not possible because this cohort of students did not take their GCSEs in the study period
1 September 2019	Protocol states that we will conduct follow-up surveys 16 months post baseline. Owing to a delayed start to baseline surveys, follow-up surveys were instead conducted 15 months post baseline
1 September 2019	Protocol states that we will measure both downloading and use of the Circle of 6 app as a potential mediator, but only downloading was measured (use of the app was excluded from student surveys in error)

TABLE 37 Deviations from protocol (*continued*)

Date recorded	Summary of deviation
7 December 2018	When the pilot RCT moved from a longitudinal to repeat cross-sectional design, the reference to conducting moderator and mediator analyses remained in the protocol in error; these should have been removed
17 January 2019	In student follow-up surveys, most students reported that they had never had sex. It was therefore impossible to report on age of sexual debut as a continuous secondary outcome measure for the full sample. Calculating the mean age of sexual debut for the subsample who report that they have had sex would not be a meaningful public health measure, so we instead report sexual debut as a binary secondary outcome measure

MSCS, Modified Sexual Communication Survey.

Other limitations

In general, response rates for student surveys were good, although one school, which joined the study late to replace another school that had dropped out, was not able to undertake baseline surveys. Response rates for the staff survey, including the SF-12 questionnaire, were extremely low (< 10%), despite our use of multiple strategies to encourage participation. This meant that our assessment of staff awareness and acceptability of the intervention had to be based on interviews, thus drawing on a smaller sample. However, this still provided an adequate means of determining that acceptability of the intervention to staff was suboptimal. Most elements of the process evaluation had very good response rates, but completion of logbooks by staff delivering the curriculum was patchy. This meant that our assessment of the fidelity of delivery of this intervention component is somewhat uncertain. In retrospect, our use of simple 'stop' or 'proceed' progression criteria was too crude. It would be more appropriate for external pilot studies, such as this one, to use criteria which allow for 'stop', 'proceed immediately' or 'proceed with refinements', when the thresholds of success for 'proceed with refinements' might, for example, be lower than for 'proceed immediately'. This would not have changed our decision in the case of this study, but in other studies would not prevent minor, surmountable challenges from preventing progression to a Phase III RCT. Our consultations were participative meetings rather than research, and so results from them could not be quantified. Those participating had not experienced the intervention and some comments, such as the best age to target for DRV prevention, went beyond the remit of the present study. Our pilot RCT was focused on questions of feasibility and acceptability; lessons were delivered to two student cohorts and not to one cohort over 2 years; and the pilot could not estimate intervention effects, which must, instead, be examined in larger, Phase III studies. Although such Phase III RCTs can assess school-based interventions, including those with whole-school elements,[114] realistically they can focus only on interventions delivered over relatively short periods of 1–3 years. Therefore, RCTs cannot practically be used to evaluate provision which stretches across longer periods of students' schooling.

Conclusion: implications for research and policy

Implications for schools and education policy

High rates of reported DRV victimisation and perpetration highlight an ongoing need for effective approaches to reducing DRV. Although this is a societal problem, which schools alone are unlikely to fully address, there is evidence from existing trials that school-based interventions can make an important contribution.[20,29,30] Our pilot RCT suggested that schools saw addressing DRV as part of their responsibility to address safeguarding and were supportive of the multicomponent approach that Project Respect took.

Implications for research

Our study suggests, however, that there should not be an immediate proposal for a Phase III trial of this intervention. This is informed by our finding that interviews with staff and students suggest mixed views, particularly among staff, on certain elements of the intervention in its current form, including the training and the curriculum materials. Interviews also suggest that the number of lessons dedicated to DRV might be too large for busy schools for a topic which is best considered one element within broader RSE, particularly in the context of RSE becoming statutory in all state schools.[115] This suggests that if any future Phase III trial is warranted, then this should focus on a broader intervention focused on RSE and include DRV in this. This aligns with the increasing recognition that a separate curriculum for each health topic is unrealistic and integrated health education is a more feasible strategy.[116]

Our findings from staff interviews suggested that a refined intervention should have a longer preparatory phase so that schools have time to plan the intervention; ensure stronger SLT buy-in so that teachers delivering the intervention have senior support; ensure training components have clearly defined audiences and objectives so that the right staff attend and can be confident what they will learn; have a longer timetable for policy review to accommodate differences between schools in how policies are reviewed; provide schools with a system for identifying suitable staff to lead the intervention, including the curriculum; ensure curriculum materials encompass planned adaptability and more support for discussion elements, including more material to present beforehand to help stimulate discussions; ensure student-focused components are clear about perpetrators' sole responsibility for abuse and are sensitive to the experiences of those who have survived abuse, as well as being inclusive and accessible; allow time for students to download the Circle of 6 app; ensure schools have comprehensive systems to send materials to parents and carers; and include a defined package of external delivery support so that the intervention might be implemented more consistently.

Although staff suggested the need for fewer lessons on DRV, existing effective interventions have 6 to 10 lessons dedicated to DRV. Within a broader RSE intervention, DRV could be integrated in multiple lessons addressing diverse topics relating to DRV, as well as gender, relationships and communication, ensuring both feasibility of delivery and an adequate 'dose' addressing DRV and contributing factors.

Any future RCT requires schools to be randomised some time before the intervention is to be delivered, to enable preparation time. It should focus on the CADRI-s measure as its primary DRV-focused outcome measure. To enable analyses of student-level confounders, mediators and moderators, any future trial should examine innovative ways to ensure that student surveys are anonymous, while allowing individuals' baseline and follow-up surveys to be linkable. This might occur, for example, via use of student-created identifiers based on facts known to students.[117] If surveys are administered using electronic tablets, they should be undertaken with careful planning in regard to facilities, fieldworker staffing and the supply of tablets to mitigate logistical challenges introduced by this approach. Surveys should use paper questionnaires, as these are logistically less challenging for fieldworkers. Ethics procedures should remain focused on protecting students from harm, but should aim not to excessively burden schools. Staff surveys appear unfeasible, despite use of multiple strategies to increase response rates, therefore other methods are required to assess staff experiences and views, and assessment of staff health-related quality of life is challenging, if not impossible.

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Contributions of authors

Rebecca Meiksin (https://orcid.org/0000-0002-5096-8576) (Research Fellow in Social Science) led initial drafting of the manuscript; managed the trial and data collection; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Jo Crichton (https://orcid.org/0000-0001-8713-0833) (Senior Research Associate) managed the trial and data collection; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Matthew Dodd (https://orcid.org/0000-0002-6207-6604) (Research Fellow in Medical Statistics) conducted the statistical analysis; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Gemma S Morgan (https://orcid.org/0000-0003-2472-9309) (Consultant Senior Lecturer in Public Health) contributed to the initial draft of the manuscript; supported data collection; analysed staff survey data; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Pippa Williams (https://orcid.org/0000-0002-6774-2514) (Research Associate in Public Health) supported data collection; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Micky Willmott (https://orcid.org/0000-0003-4656-4760) (Honorary Senior Research Associate) supported data collection; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Elizabeth Allen (https://orcid.org/0000-0002-2689-6939) (Professor of Medical Statistics, CTU) developed the statistical analysis plan; oversaw the statistical analysis; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Nerissa Tilouche (https://orcid.org/0000-0002-2668-8881) (Research Assistant, Department of Public Health, Environments and Society) contributed to the initial draft of the manuscript; supported data collection; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Joanna Sturgess (https://orcid.org/0000-0001-7312-4598) (Research Fellow, CTU) managed student survey data; contributed to the design of the trial and its procedures; and read and approved the final manuscript.

Publications

Meiksin R, Allen E, Crichton J, Morgan GS, Barter C, Elbourne D, *et al.* Protocol for pilot cluster RCT of project respect: a school-based intervention to prevent dating and relationship violence and address health inequalities among young people. *BMC Pilot Feasibility Stud* 2019;**5**:13.

Meiksin R, Campbell R, Crichton J, Morgan GS, Williams P, Wilmott M, *et al.* Implementing a whole-school relationships and sex education intervention to prevent dating and relationship violence: evidence from a pilot trial in English secondary schools [published online ahead of print March 10 2020]. *Sex Education* 2020.

Data-sharing statement

Requests for access to survey data should be addressed to the corresponding author. Qualitative data generated are not suitable for sharing beyond those contained in the report. Further information can be obtained from the corresponding author.

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Appendix 1 Summary of changes to protocol

TABLE 38 Summary of amendments to protocol

Date[a]	Summary of change
6 December 2016	• Schools in the pilot RCT will be randomly allocated to the intervention or control arm in a 2 : 1 ratio, stratified by region rather than by value-added academic attainment • Change in the intervention provider from book to the NSPCC
15 February 2017	• Add project dates • LSHTM logo added • Add funding acknowledgement and Department of Health and Social Care disclaimer • Add rationale for stratifying random intervention and control allocation by region instead of by value-added academic attainment
20 February 2017	• Insert page numbers • Update month by which intervention is fully elaborated, from August 2017 to September 2017, to bring in line with the NSPCC subcontract
7 March 2017	• Add types of key staff whom the NSPCC will train • Revise to show that school staff will plan, lead and deliver the intervention in their schools and the curriculum will be delivered by teachers • Add text to show that we will use a modified version of the scales used by Foshee[24] to measure social norms and gender stereotyping
12 April 2017	• Clarify that only researcher and fieldwork team members who will be visiting a school to conduct unsupervised research with a student will be required to have full Disclosure and Barring Services check
27 April 2017	• Update to description of anonymity in qualitative research and update statement that we will not hold identifiable information for student survey data
15 May 2017	• Cognitive testing includes attitudes and norms around gender and DRV • Switch to fully anonymised student data • The study steering committee will be updated with anonymous reports of SUSARs in real time and of SAEs annually • Will send information materials to parents using the means preferred by each school • When feasible, will aim to undertake the student surveys at the same time in all schools • Describe in more detail the exact role of the NSPCC in the project's optimisation and pilot RCT delivery phases, and describe the lines of accountability of the research and intervention teams • Make clearer that all students will be provided with information about school safeguarding leads, as well as the NSPCC's helpline • Make clearer how we will respond to disclosures of abuse in qualitative research • The NSPCC will offer a one-off support session to the safeguarding officers of control schools • We will provide a short report to each school about the prevalence of DRV • The NSPCC will brief its 'Childline' telephone helpline staff so that they are aware of the project • Specify the NSPCC staff member who will manage the NSPCC's involvement • Append intervention theory of change figure • Extend timeline for baseline surveys into July • Changes to the scales being used: 　○ Will use updated RMAS (more current than original RMAS) 　○ Updated sources for social norms and gender stereotyping sources 　○ Correct the number of items in the PedsQL measure

<div align="right">continued</div>

TABLE 38 Summary of amendments to protocol (*continued*)

Date[a]	Summary of change
31 May 2017	• The NSPCC will offer a support session to safeguarding officers of not just control schools, but all schools • Survey items with sensitive sexual content will be included in follow-up but not baseline surveys to ensure surveys are age appropriate • Students and parents and guardians will be given information sheets 1 week in advance rather than 24 hours in advance • Students will be provided with information about national agencies and, when relevant, other local safeguarding resources for those experiencing DRV or other forms of abuse • Clarify language to indicate that disclosures about sexual intercourse (not specified by type) before age 13 years or any other type of abuse (not limited to DRV) will be handled according to our safeguarding procedures • Remove reference to the specific site on which protocol will be publicly registered • Update the names of groups taking part in PPI • Remove reference to Dr Farah Jamal
18 July 2017	• Added text to make explicit that intervention schools will be asked to continue with usual provision, in addition to implementing the Project Respect intervention
18 August 2017	• The NSPCC will offer weekly 1-hour advice sessions to intervention schools to support intervention delivery • Correcting typos and clarifying wording • Adding the rationale for using a repeat cross-sectional design rather than longitudinal design • If neither measure of DRV performs well, rather than not progressing to Phase III we will not progress to Phase III without first identifying and piloting alternative measures • Adding GJ Melendez-Torres as co-investigator • Add Schools in Mind network to dissemination plan • SUSARs are defined as unexpected SAEs. Both will be reported to the SSC, LSHTM and the NSPCC Ethics Committee in real time if the event might plausibly have been caused by the intervention or research, and otherwise annually • Updated name of the NSPCC partner overseeing the organisation's involvement • Fidelity to the intervention components other than the curriculum sessions will be assessed via interviews with intervention school staff rather than by logbooks
25 September 2017	• Only the following new changes tracked for SSC: ○ For consistency, replace the word 'endline' with 'follow-up' to describe the second round of student surveys ○ Appendix 1 flow diagram • Updated the dates for baseline and follow-up surveys to match updated dates in body of the protocol • Corrected typos to show that two schools are allocated to the comparison group and four to the intervention group post baseline • At the request of the SSC (25 September 2017), the following changes have been made: ○ It is now clarified that the NSPCC will offer a support session to the safeguarding officers of all schools in case they experience increased numbers of students seeking support as a result of the research, and this will 'take place before the baseline surveys and therefore before randomisation' and will be 'provided by a different individual to that providing support to intervention schools' ○ It is now clarified that in the pilot trial we will have two cohorts (year 9 and year 10), but in any subsequent Phase III RCT, 'Baselines would occur before randomisation with one cohort of students as they near the end of year 8 (age 12/13 years)' ○ It is now explicitly stated that the threshold for acceptable reliability of the DRV scales will be set at a Cronbach's alpha of ≥ 0.70 ○ It is now clarified that follow-up surveys 'will be conducted with the same two cohorts of students who took part in the baseline survey, but surveys will not be linked at the level of the individual' ○ It is now clarified that in assessing intervention fidelity, 'To be judged as being covered, the topics addressed in training and curriculum sessions must include all the material included for each topic in the trainer notes or lesson plans respectively. Fidelity of training will be assessed via analysis of audio-recordings of training. Fidelity of curriculum lessons will be assessed via analysis of teacher logbooks. Observations of a random curriculum lesson per schools will provide a narrative assessment of the apparent accuracy of logbook reporting in each school'

TABLE 38 Summary of amendments to protocol (*continued*)

Date[a]	Summary of change
13 February 2018	• Updates to description of survey measures: 　○ Removed reference to 'non-volitional sex' in description of self-reported sexual health (secondary outcome), which had been incorrectly included here. When primary outcomes are discussed, sexual DRV will be measured using items from SD and CADRI-s scales, as a component of the primary outcome 　○ Removed updated RMAS as a mediator, at recommendation of the NSPCC Ethics Committee and ALPHA young researchers consultation. Feedback was that the scale presented a barrage of sensitive and negative statements and is not essential to the research 　○ Clarified language describing measurement of the mediators 'social norms and gender stereotyping' 　○ Added that the 'dating violence knowledge' measure is a modified version of the scale referenced
23 March 2018	• Corrects typo in Appendix 1 flow diagram to show that student baseline sample is 1800 (not 1080, as incorrectly written earlier). The 1800 matches the sample size described in the narrative of the protocol
8 May 2018	• Typo corrections

RMAS, Rape Myth Acceptance Scale.
a　Date reflects approximate date on or around which the need for the change was identified, not dates of amendment submission and approval.

Appendix 2 Cognitive interview guide

Materials

1. *Consent form*
2. *Interview guide with space for notes on each answer (on laptop or in hard-copy)*
3. *Self-complete demographic questionnaire*
4. *Show-card for each question subject to oral cognitive testing (including instructions for CADRI-s and SD items)*
5. *Self-complete CADRI-s + SD questionnaire*

Instructions

- *Review consent form with participant and have them sign if they are happy to participate, then proceed through the interview guide.*
- *Write participant ID number on demographic questionnaire and Project Respect questionnaire*
- *Participant complete demographic questionnaire while I complete participant register*
- *After interview, check safeguarding questions. Follow up if needed and otherwise shred Project Respect questionnaire.*

1.0 Participant self-completes demographic questionnaire

1. How old are you? _____

2. What school year are you in?

   Please ✓ <u>one</u> box only

   Year 8   ☐
   Year 9   ☐

3. Which option best describes your ethnic group or background?

   Please ✓ <u>one</u> box only

   White British   ☐
   Any other White background   ☐
   Asian or Asian British   ☐
   Black, African, Caribbean or Black British   ☐
   Mixed/multiple ethnic background   ☐
   Any other ethnic group   ☐

4. What sex were you assigned at birth (what the doctor put on your birth certificate)?

   Please ✓ <u>one</u> box only

   Male   ☐
   Female   ☐

5. How do you describe yourself?

   Please ✓ <u>one</u> box only

   Male   ☐
   Female   ☐
   Transgender male   ☐
   Transgender female   ☐
   Do not identify as male, female or transgender   ☐

6. What religious group do you belong to?

   Please ✓ <u>one</u> box only

   None   ☐
   Christian   ☐
   Jewish   ☐
   Muslim/Islam   ☐
   Hindu   ☐
   Buddhist   ☐
   Sikh   ☐
   I don't know / not sure   ☐
   Other religious group   ☐

2.0 "Think aloud"

- *Explain that the participant will be asked to "think aloud," describing their thought process for each question.*
- *Do warm-up to practice thinking aloud*
- *For each item in this section:*
  - *Lay out the show-card for the item and read the question and answer choices out-loud. Have participant "think aloud" while they answer the question.*
  - *Mark whether or not the respondent asked for clarification or qualified their answers (do not ask this question [in bold lettering] out loud)*
  - *Follow up by asking the probes for that item.*

Warm-up

Try to imagine your home, and think about how many windows there are in it. As you count up the windows, tell me what you are seeing and thinking about.

No.	Questions	Responses
1.	**For male respondents (based on enrolment data)** Do you have a girlfriend at the moment? (either a serious relationship or a casual relationship)	*Please ✓ one box only* ☐ No, I've never had a girlfriend ☐ I used to have one, but not in the last 12 months ☐ I had one in the last 12 months, but not now ☐ Yes, I have one now
1.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
1.2	Can you tell me what "girlfriend" means to you?	
1.3	Can you tell me what "at the moment" means to you?	
1.4	To you, what is the difference between a "serious relationship" and a "casual relationship"?	
1.5	If you were going to ask your friends this question, how would you phrase it?	
2.0	**For female respondents (based on enrolment data)** Do you have a boyfriend at the moment? (either a serious relationship or a casual relationship)	*Please ✓ one box only* ☐ No, I've never had a boyfriend ☐ I used to have one, but not in the last 12 months ☐ I had one in the last 12 months, but not now ☐ Yes, I have one now
2.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
2.2	Can you tell me what "boyfriend" means to you?	
2.3	Can you tell me what "at the moment" means to you?	
2.4	To you, what is the difference between a "serious relationship" and a "casual relationship"?	
2.5	If you were going to ask your friends this question, how would you phrase it?	
3.0	**For all respondents** Have you ever gone out with someone? This could be a girlfriend or boyfriend, or someone you've gone out with but do not consider a girlfriend or boyfriend.	*Please ✓ all that apply* ☐ Yes, I've gone out with a girl or a woman ☐ Yes, I've gone out with a boy or a man ☐ No

3.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
3.2	Can you tell me what "gone out with" means to you?	
3.3	If you were going to ask your friends this question, how would <u>you</u> phrase it?	
3.4	What does it mean to you to have gone out with someone but not consider them a girlfriend or boyfriend? o What would you call this person, if anything?	
4.0	Please tick one box on each line to show how **most other students in your school** would feel if a student in your school did each of the following: a. A boy hit his girlfriend to get her back under control.	*Please ✓one box on EVERY line* ☐ Approve ☐ Disapprove ☐ Neither
4.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
4.2	How easy or hard was that to answer? Why?	
4.3	When thinking about "most other students in your school," can you tell me who you were thinking about? Not specific names, but for example whether you were thinking of students in a specific year group, or with whom you do a particular lesson?	
5.0	Please tick one box on each line to show how many students in your school you think has done each of the following:	*Please ✓one box on EVERY line*
5.0a	a. How many **boys** in your school insult their girlfriend, swear at her, or try to control everything she does?	☐ None ☐ Some ☐ Many ☐ Most
5.0b	b. How many **girls** in your school insult their boyfriend, swear at him, or try to control everything he does?	☐ None ☐ Some ☐ Many ☐ Most
5.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
5.2	How easy or hard was that to answer? Why?	
6.0	Please tick one box on each line to show how much **you personally** agree or disagree with each statement. a. On a date, the boy should pay all the expenses.	*Please ✓one box on EVERY line* ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree
6.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
6.2	How easy or hard was that to answer? Why?	

7.0	Please tick one box on each line to show how **most other students in your school** would feel about each of the following scenarios: a. A girl and a boy go on a date, and the boy pays all the expenses.	*Please ✓one box on EVERY line* ☐ Approve ☐ Disapprove ☐ Neither
7.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
7.2	How easy or hard was that to answer? Why?	
8.0	Please tick one box on each line to show how **most other students in your school** would feel about a girl or boy in your school who does each of the following: a. **A girl** in your school who has a lot of sex partners.	*Please ✓one box on EVERY line* ☐ Approve ☐ Disapprove ☐ Neither
8.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
8.2	How easy or hard was that to answer? Why?	
8.3	If you wanted to know what your friends thought about something like this, how would you phrase the question (what words would you use)?	

3.0 Participant self-completes CADRI-s and SD measures

- *Have participant self-complete these items. Ask them to mark with their pencil any words or questions that are confusing, unclear or repetitive as they go through the questionnaire.*
- *After they have completed the section, follow up with the probe questions at the end of this section.*
- *If participant has not had a partner in the last 12 months (for CADRI-s measures) or at all (for SD measures), ask them to review the questions but not select an answer*

The following questions ask you about things that have happened **to you within the last 12 months with someone who is or was your partner (boyfriend or girlfriend) in a casual or serious relationship**.

They can refer to things that have happened face-to-face or through social media.

When answering these questions, check the box that is your best estimate of how often these things have happened **in the last 12 months** (so, since April 2016). As a guide, use the following scale:

Never: this has **not** happened at all in your relationship in the last 12 months.
Seldom: this has happened about **1–2 times** in your relationship in the last 12 months.
Sometimes: this has happened **3–5 times** in your relationship in the last 12 months.
Often: this has happened **6 times or more** in your relationship in the last 12 months.

1. My partner spoke to me in a hostile or mean tone of voice.

    Please ✓ <u>one</u> box only

    Never ☐
    Seldom ☐
    Sometimes ☐
    Often ☐

2. My partner insulted me with put-downs.

    Please ✓ <u>one</u> box only

    Never ☐
    Seldom ☐
    Sometimes ☐
    Often ☐

3. My partner said things to my friends about me to turn them against me.

    Please ✓ <u>one</u> box only

    Never ☐
    Seldom ☐
    Sometimes ☐
    Often ☐

4. My partner kicked, hit, or punched me.

    Please ✓ <u>one</u> box only

    Never ☐
    Seldom ☐
    Sometimes ☐
    Often ☐

IF YES:
If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes　☐
No　☐

5. My partner slapped me or pulled my hair.

Please ✓ <u>one</u> box only

Never　☐
Seldom　☐
Sometimes　☐
Often　☐

6. My partner threatened to hurt me.

Please ✓ <u>one</u> box only

Never　☐
Seldom　☐
Sometimes　☐
Often　☐

7. My partner threatened to hit or throw something at me.

Please ✓ <u>one</u> box only

Never　☐
Seldom　☐
Sometimes　☐
Often　☐

8. My partner spread rumours about me.

Please ✓ <u>one</u> box only

Never　☐
Seldom　☐
Sometimes　☐
Often　☐

9. My partner touched me sexually when I didn't want them to.

Please ✓ <u>one</u> box only

Never　☐
Seldom　☐
Sometimes　☐
Often　☐

10. My partner forced me to have sex when I didn't want to.

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

IF YES:
If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes ☐
No ☐

11. My partner kept track of who I was with and where I was.

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

12. My partner accused me of flirting with someone else.

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

13. My partner pressured me to send them a naked or semi naked image of myself

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

14. My partner shared naked or semi naked images of me without my consent

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

The following questions ask you about things that you have done **within the last 12 months** to **someone who is or was your partner (boyfriend or girlfriend) in a casual or serious relationship.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, check the box that is your best estimate of how often you have done these things **in the last 12 months** (so, since April 2016). As a guide, use the following scale:

Never: this has **not** happened at all in your relationship in the last 12 months.
Seldom: this has happened about **1–2 times** in your relationship in the last 12 months.
Sometimes: this has happened **3–5 times** in your relationship in the last 12 months.
Often: this has happened **6 times or more** in your relationship in the last 12 months.

How many times have **you ever done** the following things to a **boyfriend or girlfriend that you have been in a casual or serious relationship with?**

15. I insulted my partner with put-downs.

Please ✓ <u>one</u> box only

Never	☐
Seldom	☐
Sometimes	☐
Often	☐

16. I spoke to my partner in a hostile or mean tone of voice.

Please ✓ <u>one</u> box only

Never	☐
Seldom	☐
Sometimes	☐
Often	☐

17. I said things to my partner's friends about my partner to try and turn them against him/her.

Please ✓ <u>one</u> box only

Never	☐
Seldom	☐
Sometimes	☐
Often	☐

18. I kicked, hit, or punched my partner.

Please ✓ <u>one</u> box only

Never	☐
Seldom	☐
Sometimes	☐
Often	☐

19. I slapped my partner or pulled their hair.

Please ✓ <u>one</u> box only

Never   ☐
Seldom   ☐
Sometimes   ☐
Often   ☐

20. I threatened to hurt my partner.

Please ✓ <u>one</u> box only

Never   ☐
Seldom   ☐
Sometimes   ☐
Often   ☐

21. I threatened to hit or throw something at my partner.

Please ✓ <u>one</u> box only

Never   ☐
Seldom   ☐
Sometimes   ☐
Often   ☐

22. I spread rumours about my partner.

Please ✓ <u>one</u> box only

Never   ☐
Seldom   ☐
Sometimes   ☐
Often   ☐

23. I touched my partner sexually when they didn't want me to.

Please ✓ <u>one</u> box only

Never   ☐
Seldom   ☐
Sometimes   ☐
Often   ☐

24. I forced my partner to have sex when they didn't want to.

Please ✓ <u>one</u> box only

Never   ☐
Seldom   ☐
Sometimes   ☐
Often   ☐

25. I kept track of who my partner was with and where they were.

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

26. I accused my partner of flirting with someone else.

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

27. I pressured my partner to send me a naked or semi naked image of her or himself

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

28. I shared naked or semi naked images of my partner without their consent

Please ✓ <u>one</u> box only

Never ☐
Seldom ☐
Sometimes ☐
Often ☐

How many times has **any person that you have ever gone out with ever done the following things to you**?

Only include it when that person did it to you first. In other words, don't count it if they did it to you in self-defence.

29. Scratched me

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

30. Slapped me

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

31. Physically twisted my arm

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

32. Slammed me or held me against a wall

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

33. Kicked me

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:
If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

   a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

34. Bent my fingers

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

35. Bit me hard

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

36. Tried to choke me

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:

If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

37. Pushed, grabbed, or shoved me

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

38. Dumped me out of a moving car

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:

If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

39. Threw something at me that hit me

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

40. Burned me

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:
If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

41. Hit me with a fist

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:
If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

42. Hit me with something hard besides a fist

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:
If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

43. Beat me up

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:

If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

44. Assaulted me with a knife or gun

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:

If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

45. Forced me to have sex

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

IF YES:

If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.

a. Did this happen with someone you are still in a relationship with?

Please ✓ <u>one</u> box only

Yes	☐
No	☐

How many times have **you ever done** the following things to **any person that you have ever gone out with?** Only include when you did it to him/her first. In other words, don't count it if you did it in self-defence.

46. Scratched them

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

47. Slapped them

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

48. Physically twisted their arm

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

49. Slammed them or held them against a wall

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

50. Kicked them

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

51. Bent their fingers

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

52. Bit them hard

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

53. Tried to choke them

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

54. Pushed, grabbed, or shoved them

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

55. Dumped them out of a car

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

56. Threw something at them that hit them

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

57. Burned them

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

58. Hit them with a fist

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

59. Hit them with something hard besides a fist

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

60. Beat them up

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

61. Assaulted them with a knife or gun

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

62. Forced them to have sex

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

63. Forced them to do other sexual things that they did not want to do

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

How often has **anyone that you have ever gone out with done the following things to you**? They can refer to things that have happened face to face or through social media.

64. Said things to hurt my feelings on purpose

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

65. Insulted me in front of others

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

66. Threw something at me but missed

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

67. Would not let me do things with other people

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

68. Threatened to start seeing someone else

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

69. Told me I could not talk to someone of the opposite sex

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

70. Started to hit me but stopped

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

71. Did something just to make me jealous

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

72. Blamed me for bad things they did

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

73. Threatened to hurt me

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

74. Made me describe where I was every minute of the day

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

75. Brought up something from the past to hurt me

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

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76. Put down my looks

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

How often have **you done** the following things to anyone that you have **ever gone out with**? They can refer to things that have happened face to face or through social media.

77. Damaged something that belonged to them

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

78. Said things to hurt their feelings on purpose

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

79. Insulted them in front of others

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

80. Threw something at them but missed

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

81. Would not let them do things with other people

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

82. Threatened to start seeing someone else

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

83. Told them they could not talk to someone of the opposite sex

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

84. Started to hit them but stopped

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

85. Did something just to make them jealous

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

86. Blamed them for bad things I did

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

87. Threatened to hurt them

Please ✓ <u>one</u> box only

10 or more times ☐
4 to 9 times ☐
1 to 3 times ☐
Never ☐

88. Made them describe where they were every minute of the day

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

89. Brought up something from the past to hurt them

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

90. Put down their looks

Please ✓ <u>one</u> box only

10 or more times	☐
4 to 9 times	☐
1 to 3 times	☐
Never	☐

That is the end. THANK YOU!

4.0 Probes following self-completion section

4.1 General probes

- Were any of the questions confusing, unclear, or hard to understand?
    - If yes, which ones?
    - Were there any words you didn't know?
    - Were there any words that sounded funny or wrong to you?
- Did any of the questions seem repetitive?
    - Which ones?
- How easy or hard was it to get through the whole survey?
- Were any of the questions difficult to answer?
    - If yes, which ones?
    - What made them hard to answer?
- How comfortable did you feel filling out the survey?
    - Were there any questions you felt uncomfortable answering?
    - Which ones? What made them uncomfortable?
- How comfortable would you be filling out the survey in a classroom of other students also completing the survey?

4.1 Verbal probing on specific questions

- *Use show-card for each survey question probed in this section.*
- ***For probes that ask about girls/boys in participant's school, based on gender from their enrolment data ask female participants about girls and male participants about boys***

The following questions ask you about things that have happened **to you within the last 12 months with someone who is or was your partner (boyfriend or girlfriend) in a casual or serious relationship**.

They can refer to things that have happened face-to-face or through social media.

When answering these questions, check the box that is your best estimate of how often these things have happened **in the last 12 months** (so, since April 2016). As a guide, use the following scale:

Never: this has **not** happened at all in your relationship in the last 12 months.
Seldom: this has happened about **1–2 times** in your relationship in the last 12 months.
Sometimes: this has happened **3–5 times** in your relationship in the last 12 months.
Often: this has happened **6 times or more** in your relationship in the last 12 months.

No.	Questions	Responses
10.	My partner insulted me with put-downs.	*Please ✓ one box only* ☐ Never ☐ Seldom ☐ Sometimes ☐ Often
10.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE	

	Did the respondent ask for clarification or qualify their answers?	☐ **Yes** ☐ **No**
10.2	Can you tell me what "partner" means to you?	
10.3	Can you tell me what "put-downs" means to you?	
10.4	If you were to ask your friends this question, how would you ask it?	
10.5	How comfortable did you feel answering the question?	
10.6	How likely do you think **[girls/boys]** in your school would be to answer the question truthfully? What makes you say that?	
12.a0	IF YES: If this happened with someone you are still in a relationship with we will need to let the school know so that someone can help you.	*Please ✓ one box only* ☐ Yes ☐ No
12.a1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
12.a2	Can you tell me what "in a relationship" means to you in this question?	
12.a3	If you were to ask your friends this question, how would you ask it?	
12.a4	How comfortable did you feel answering the question?	
12.a5	From what you saw in the survey, when would we need to let the school know about something that has happened to you?	
12.a6	How likely do you think **[girls/boys]** in your school would be to answer the question truthfully? What makes you say that? ○ **Probe:** Would this be different depending on whether their partner had or hadn't done what the previous question asked about?	
22.0	My partner shared naked or semi naked images of me without my consent	*Please ✓ one box only* ☐ Never ☐ Seldom ☐ Sometimes ☐ Often
22.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
22.2	Can you tell me what "naked or semi-naked images" means to you?	
22.3	Can you tell me what "without my consent" means to you?	
22.4	If you were to ask your friends this question, how would you ask it?	
22.5	How comfortable did you feel answering the question?	
22.6	How likely do you think **[girls/boys]** in your school would be to answer the question truthfully? What makes you say that?	

The following questions ask you about things that you have done **within the last 12 months** to **someone who is or was your partner (boyfriend or girlfriend) in a casual or serious relationship.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, check the box that is your best estimate of how often you have done these things **in the last 12 months** (so, since April 2016). As a guide, use the following scale:

Never: this has **not** happened at all in your relationship in the last 12 months.
Seldom: this has happened about **1–2 times** in your relationship in the last 12 months.
Sometimes: this has happened **3–5 times** in your relationship in the last 12 months.
Often: this has happened **6 times or more** in your relationship in the last 12 months.

How many times have **you ever done** the following things to a **boyfriend or girlfriend that you have been in a casual or serious relationship with?**

No.	Questions	Responses
31.0	I touched my partner sexually when they didn't want me to.	*Please ✓ one box only* ☐ Never ☐ Seldom ☐ Sometimes ☐ Often
31.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
31.2	Can you tell me what "touched sexually" means to you?	
31.3	How comfortable did you feel answering the question?	
31.4	How likely do you think **[girls/boys]** in your school would be to answer the question truthfully? What makes you say that?	

How many times has **any person that you have ever gone out with ever done the following things to you**?

Only include it when that person did it to you first. In other words, don't count it if they did it to you in self-defence.

No.	Questions	Responses
52.0	Assaulted me with a knife or gun	*Please ✓ one box only* ☐ 10 or more times ☐ 4 to 9 times ☐ 1 to 3 times ☐ Never
52.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE	☐ **Yes**

	Did the respondent ask for clarification or qualify their answers?	☐ **No**
52.2	Can you tell me what "assaulted" means to you?	
52.3	How comfortable did you feel answering the question?	
52.4	How realistic do you think this question is? How often do you hear of people your age seeing or encountering a gun? How about a knife?	
52.5	How likely do you think **[girls/boys]** in your school would be to answer the question truthfully? What makes you say that?	

How many times have **you ever done** the following things to **any person that you have ever gone out with?** Only include when you did it to him/her first. In other words, don't count it if you did it in self-defence.

No.	Questions	Responses
90.0	Threatened to start seeing someone else	*Please ✓ one box only* ☐ 10 or more times ☐ 4 to 9 times ☐ 1 to 3 times ☐ Never
90.1	INTERVIEWER: DO NOT ASK ALOUD, CIRCLE ONE **Did the respondent ask for clarification or qualify their answers?**	☐ **Yes** ☐ **No**
90.2	Can you tell me what "seeing someone else" means to you in this question?	
90.3	How comfortable did you feel answering the question?	
90.4	How likely do you think **[girls/boys]** in your school would be to answer the question truthfully? What makes you say that?	

Appendix 3 Description of the Project Respect intervention using TIDieR checklist items

TIDieR item	Information on Project Respect intervention
Brief name	Project Respect
Why?	The intervention is underpinned by the theory of planned behaviour[61] and the social development model.[62] It is also supported by reviews that suggest that DRV interventions should challenge attitudes and perceived norms concerning gender stereotypes and violence, as well as support the development of skills and control over behaviour.[46] Informed by the theory of planned behaviour, Project Respect will aim to reduce DRV by challenging student attitudes and perceived social norms about gender, appropriate behaviour in relationships and violence, and by promoting student sense of control over their own behaviour. A key element of our theory of change is that attitudes and norms will be challenged not only via the student curriculum, but also via actions at the level of the school environment to reduce gender-based harassment observable on the school site and increase school sanctions against gender-based harassment and DRV. Sense of control over behaviour will be promoted via the curriculum components focusing on communication and anger management skills. Informed by the social development model, Project Respect will enable student participation in curriculum lessons and leadership of campaigns to maximise learning, increase student bonding to school and increase acceptance of school behavioural norms. The curriculum also aims to reduce DRV by promoting awareness of the Circle of 6 app and local services, increasing the ability of those who experience DRV to seek support Project Respect, like the earlier Shifting Boundaries intervention,[30] includes a curriculum, as well as school elements. Informed by Shifting Boundaries, the Project Respect curriculum addresses gender roles and healthy relationships and uses hotspot mapping to inform changes in staff patrols of school premises. Informed by the earlier Safe Dates intervention,[118] which is primarily curriculum based, the Project Respect curriculum includes a focus on gender roles, conflict management skills, norms and help-seeking, and incorporates a student-led campaign component
What materials?	Schools allocated to receive the intervention will be provided with various resources. Schools will receive a manual to guide delivery of the intervention. School staff will be offered training and participants will receive slides to guide delivery of an all-staff training that they deliver. Parents of students will be given written information on the intervention and advice on preventing and responding to DRV. Students will be given the opportunity to download the Circle of 6 app, which helps individuals contact friends or the police if threatened by/or experiencing DRV. Schools will be provided with written lesson plans and slides to guide delivery of a classroom social and emotional skills curriculum targeting students aged 13–15 years, which includes a student-led campaign element
What procedures?	Project Respect is a multicomponent school-based universal prevention intervention. The intervention aims to address DRV perpetrated by young people of all genders in heterosexual or same-sex relationships. School policies and rules will be rewritten to ensure that they aim to prevent and respond to DRV and gender-based harassment. Areas on the school site that are identified through student and staff mapping exercises as 'hotspots' for DRV and gender-based harassment will be patrolled by staff to prevent and respond to incidents. Responses will include appropriate sanctions for perpetration, support for victims and referral of victims or perpetrators to specialist services, when necessary The curriculum will include lessons that focus on (1) challenging gender norms; (2) defining healthy relationships; (3) interpersonal boundaries, consent and mapping 'hotspots' for gender-based harassment and DRV on the school site; (4) how students can help a friend they are worried about, and empowering students to run campaigns challenging gender-based harassment and DRV; (5) communication and anger management skills relating to relationships; and (6) accessing local services relating to DRV and reviewing student-led campaign ideas. Learning activities will include information provision; whole-class discussions; video vignettes to help students identify abusive behaviours and relationships; quizzes; role plays and exercises; and co-operative planning and review of student-led campaigns. Schools that are randomly allocated to the intervention will be asked to continue with usual provision in addition to implementing the Project Respect intervention

TIDieR item	Information on Project Respect intervention
Who provides?	School staff will implement the intervention with support from the NSPCC. Training will be provided by the NSPCC for senior leadership and other key school staff, to enable them to plan and deliver the intervention in their schools and review school rules and policies to help prevent and respond to DRV and gender-based harassment, and increase staff presence in 'hotspots' for these behaviours. Training will then be provided by these trained school staff for all other school staff in safeguarding to prevent, recognise and respond to gender-based harassment and DRV. The NSPCC will further support intervention delivery by offering advice sessions of up to 1 hour per week to intervention schools
How?	All intervention components will be delivered face to face and at the group level
Where?	All components will be delivered on school premises
When and how much?	Training by the NSPCC will be provided in a 2- to 3-hour session. Training within the school will be provided in a 60- to 90-minute session. Policy review and hotspot mapping will occur in one or more school management meetings. School patrols will occur throughout the school year. The intervention curriculum will comprise six sessions in year 9 and two booster sessions for the same cohort in year 10, a relatively small number of lessons both years to ensure that the curriculum can be implemented in busy school timetables Lessons in this pilot study will be delivered to students in years 9 and 10 during the same school year, rather than to the same cohort over 2 years
Tailoring?	The intervention will not be tailored
How well? (Planned fidelity assessment)	Fidelity will be assessed via audio-recordings of the NSPCC-delivered and all-staff trainings; logbooks completed by teaching staff delivering curriculum sessions; structured observations of a randomly selected session per school of one curriculum lesson; interviews with the NSPCC trainer(s); and interviews with intervention school staff

Appendix 4 Outcome, mediator and multi-item measures

TABLE 39 Primary outcome measures

Outcome measure		Question		Response	Source	Variable
DRV (Safe Dates)	Psychological victimisation	*At baseline* How often has anyone that you have ever gone out with done the following things to you? They can refer to things that have happened face to face or through social media *At follow-up* The following questions ask you about things that have happened to you within the last 12 months with anyone you have gone out with (dated) They can refer to things that have happened face to face or through social media When answering these questions, please tick the box that best shows how often these things have happened to you in the last 12 months [so, since (MM) YYYY]. As a guide, use the following scale: • Never: this has not happened at all in the last 12 months • Rarely: this has happened about one or two times in the last 12 months • Sometimes: this has happened three to five times in the last 12 months • Often: this has happened six or more times in the last 12 month How often has any person that you have gone out with done the following things to you in the last 12 months [so, since (MM) YYYY]? Only include it when that person did it to you first. In other words, do not count it if they did it to you in self-defence	Damaged something that belonged to me Said things to hurt my feelings on purpose Insulted me in front of others Threw something at me but missed Would not let me do things with other people Threatened to start seeing someone else Told me I could not talk to someone Started to hit me but stopped Did something just to make me jealous Blamed me for bad things they did Threatened to hurt me Made me describe where I was every minute of the day Brought up something from the past to hurt me Insulted my looks	Never; rarely; sometimes; often	Adapted Safe Dates measure	Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among 14 items, each scored 0–3)

Outcome measure		Question	Response	Source	Variable
	Physical victimisation	*Baseline*	Scratched me		Binary: any (yes/no)
		How many times has any person that you have ever gone out with ever done the following things to you? Only include it when that person did it to you first. In other words, do not count it if they did it to you in self-defence	Slapped me		Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among 15 items, each scored 0–3)
			Physically twisted my arm		
			Slammed me or held me against a wall		
		Follow-up	Kicked me		
			Bent my fingers		
		Instructions as for *Psychological victimisation*	Bit me hard		
			Tried to choke me		
			Pushed, grabbed or shoved me		
			Threw something at me that hit me		
			Burned me		
			Hit me with a fist		
			Hit me with something hard		
			Beat me up		
			Attacked me with a knife		

TABLE 39 Primary outcome measures (continued)

Outcome measure		Question		Response	Source	Variable
	Sexual victimisation	The following questions ask you about things that have happened to you within the last 12 months with anyone you have gone out with (dated). They can refer to things that have happened face to face or through social media. When answering these questions, please tick the box that best shows how often these things have happened to you in the last 12 months [so, since (MM) YYYY]. As a guide, use the following scale: ● Never: this has not happened at all in the last 12 months ● Rarely: this has happened about one or two times in the last 12 months ● Sometimes: this has happened three to five times in the last 12 months ● Often: this has happened six or more times in the last 12 months	Forced me to have sex Forced me to do other sexual things that I did not want to do	Never; rarely; sometimes; often; prefer not to say		Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among two items, each scored 0–3)

Outcome measure	Question	Response	Source	Variable
Psychological perpetration	*Baseline* How often have you done the following things to anyone that you have ever gone out with? They can refer to things that have happened face to face or through social media *Follow-up* The following questions ask you about things that you have done within the last 12 months to anyone you have gone out with (dated). They can refer to things that have happened face to face or through social media. When answering these questions, please tick the box that best shows how often you have done these things in the last 12 months [so, since (MM) YYYY]. As a guide, use the following scale: • Never: this has not happened at all in the last 12 months • Rarely: this has happened about one or two times in the last 12 months • Sometimes: this has happened three to five times in the last 12 months • Often: this has happened six or more in the last 12 months How often in the last 12 months [so, since (MM) YYYY] have you done the following things to any person that you have gone out with? Only include when you did it to that person first. In other words, do not count it if you did it in self-defence	Damaged something that belonged to them Said things to hurt their feelings on purpose Insulted them in front of others Threw something at them but missed Would not let them do things with other people Threatened to start seeing someone else Told them they could not talk to someone Started to hit them but stopped Did something just to make them jealous Blamed them for bad things I did Threatened to hurt them Made them describe where they were every minute of the day Brought up something from the past to hurt them Insulted their looks	Never; rarely; sometimes; often		Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among 14 items, each scored 0–3)

TABLE 39 Primary outcome measures (continued)

Outcome measure		Question		Response	Source	Variable
	Physical perpetration	*Baseline* How many times have you ever done the following things to any person that you have ever gone out with? Only include when you did it to him/her first. In other words, do not count it if you did it in self-defence *Follow-up* Instructions as for *Psychological perpetration*	Scratched them Slapped them Physically twisted their arm Slammed them or held them against a wall Kicked them Bent their fingers Bit them hard Tried to choke them Pushed, grabbed or shoved them Threw something at them that hit them Burned them Hit them with a fist Hit them with something hard Beat them up Attacked them with a knife			Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among 15 items, each scored 0–3)

Outcome measure		Question		Response	Source	Variable
	Sexual perpetration	The following questions ask you about things that you have done within the last 12 months to anyone you have gone out with (dated). They can refer to things that have happened face to face or through social media. When answering these questions, please tick the box that best shows how often you have done these things in the last 12 months (so, since [MM] YYYY). As a guide, use the following scale: • Never: this has not happened at all in the last 12 months • Rarely: this has happened about one or two times in the last 12 months • Sometimes: this has happened three to five times in the last 12 months • Often: this has happened six or more times in the last 12 months	Forced them to have sex Forced them to do other sexual things that they did not want to do	Never Rarely Sometimes Often Prefer not to say		Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among two items, each scored 0–3)

TABLE 39 Primary outcome measures (continued)

Outcome measure		Question		Response	Source	Variable
DRV (CADRI-s)	Non-sexual victimisation	*Baseline* The following questions ask you about things that have happened to you within the last 12 months with one or more partners (boyfriends or girlfriends) in a casual or serious relationship. They can refer to things that have happened face to face or through social media. When you answer each of these questions, please tick the box that best shows how often these things have happened to you in the last 12 months [so, since (MM) YYYY]. As a guide, use the following scale: • Never: this has not happened at all in any of your relationships with a boyfriend or girlfriend in the last 12 months • Rarely: this has happened about one or two times in any of your relationships with a boyfriend or girlfriend in the last 12 months • Sometimes: this has happened three to five times in any of your relationships with a boyfriend or girlfriend in the last 12 months • Often: this has happened six or more times in any of your relationships with a boyfriend or girlfriend in the last 12 months *Follow-up* Instructions similar to above but slightly simplified; see Appendix 11	They spoke to me in a hostile or mean tone of voice They said insulting things to me They said things to my friends to try and turn them against me They kicked, hit or punched me They slapped me or pulled my hair They threatened to hurt me They spread rumours about me They kept track of who I was with and where I was They accused me of flirting with someone else	Never; rarely; sometimes; often	Adapted CADRI-s	Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among nine items, each scored 0–3)

Outcome measure		Question		Response	Source	Variable
	Sexual victimisation	The following questions ask you about things that have happened to you within the last 12 months with a boyfriend or girlfriend (in a casual or serious relationship). They can refer to things that have happened face to face or through social media. When you answer each of these questions, please tick the box that best shows how often these things have happened to you in the last 12 months [so, since (MM) YYYY]. As a guide, use the following scale: • Never: this has not happened at all in the last 12 months • Rarely: this has happened about one or two times in the last 12 months • Sometimes: this has happened three to five times in the last 12 months • Often: this has happened six or more times in the last 12 months	My partner touched me sexually when I did not want them to My partner forced me to have sex when I did not want to My partner pressured me to send them a naked or semi-naked image of myself My partner shared naked or semi-naked images of me without my consent	Never; rarely; sometimes; often; prefer not to say	Adapted CADRI-s	Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among four items, each scored 0–3)

TABLE 39 Primary outcome measures (continued)

Outcome measure	Question		Response	Source	Variable
Non-sexual perpetration	The following questions as you about things that you have done within the last 12 months to anyone who is or was your partner (boyfriends or girlfriends) in a casual or serious relationship. They can refer to things that have happened face to face or through social media. When answering these questions, check the box that is your best estimate of how often you have done these things in the last 12 months [so, since (MM) YYYY]. As a guide, use the following scale: • Never: this has not happened at all in any of your relationships with a boyfriend or girlfriend in the last 12 months • Rarely: this has happened about one or two times in any of your relationships with a boyfriend or girlfriend in the last 12 months • Sometimes: this has happened three to five times in any of your relationships with a boyfriend or girlfriend in the last 12 months • Often: this has happened six or more times in any of your relationships with a boyfriend or girlfriend in the last 12 months *Follow-up* Instructions similar to above but slightly simplified; see *Appendix 6*	I spoke to them in a hostile or mean tone of voice I said insulting things to them I said things to their friends to try and turn them against him/her I kicked, hit, or punched them I slapped them or pulled their hair I threatened to hurt them I spread rumours about them I kept track of who they were with and where they were I accused them of flirting with someone else	Never; rarely; sometimes; often	Adapted CADRI-s	Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among nine items, each scored 0–3)

Outcome measure		Question		Response	Source	Variable
	Sexual perpetration	The following questions ask you about things that you have done within the last 12 months to a boyfriend or girlfriend (in a casual or serious relationship). They can refer to things that have happened face to face or through social media. When answering these questions, please tick the box that best shows how often you have done these things in the last 12 months [so, since (MM) 2017]. As a guide, use the following scale: • Never: this has not happened at all in the last 12 months • Rarely: this has happened about one or two times in the last 12 months • Sometimes: this has happened three to five times in the last 12 months • Often: this has happened six or more times in the last 12 months	I touched my partner sexually when they did not want me to I forced my partner to have sex when they did not want to I pressured my partner to send me a naked or semi-naked image of her or himself I shared naked or semi-naked images of my partner without their consent	Never; rarely; sometimes; often; prefer not to say	Adapted CADRI-s	Binary: any (yes/no) Frequency: possible scores range from 0 to 3, with higher scores indicating more DRV (mean item response score among four items, each scored 0–3)

MM, month; YYYY, year.

TABLE 40 Secondary outcome measures

Outcome measure	Question		Response	Source	Variable
Sexual harassment (baseline)	The next question asks about sexual harassment. Sexual harassment is unwanted and unwelcome sexual behaviour (touching, groping, etc.), sexual remarks (wolf whistling, etc.), or insulting remarks about sexual behaviour (homophobic name-calling, insulting someone for being or not being sexually active, etc.), whether from partners or anyone else. Sexual harassment is not behaviour that you like or want (e.g. wanted kissing, touching or flirting)	How often do you experience sexual harassment? For students responding often, occasionally or rarely, how often do you experience sexual harassment at school?	Often; occasionally; rarely; never	Adapted from Hostile Hallways[73]	Binary: any (yes/no)
Sexual harassment (follow-up)	The next two questions ask about sexual harassment. Sexual harassment is unwelcome sexual behaviour (e.g. groping), sexual remarks or insulting remarks about sexual behaviour (homophobic name-calling, insulting someone for being or not being sexually active, etc.), whether from partners or anyone else	How often do you experience sexual harassment at school? How often do you experience sexual harassment in places other than school?	Often; occasionally; rarely; never	Adapted from Hostile Hallways[73]	Binary: any (yes/no)
Emotional well-being	Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks	I've been feeling confident about the future I've been feeling useful I've been feeling relaxed I've been dealing with problems well I've been thinking clearly I've been feeling close to other people I've been able to make up my own mind about things	None of the time; rarely; sometimes; often; always	SWEMWBS	Possible scores range from 7 to 35, with higher scores indicating more well-being (total score if all seven items answered; if < 7 items answered, mean of scores answered multiplied by 7)

Outcome measure	Question		Response	Source	Variable
Overall quality of life	How much of a problem have these things been for you in the past 1 month [so, since (MM) YYYY]	It is hard for me to walk more than 50 metres	Never; almost never; sometimes; often; almost always	PedsQL	Possible scores range from 0 to 100 for overall measure and for each subscale, with higher scores indicating higher quality of life (for overall measure, mean score if at least 12 items answered; mean score recoding to missing if < 12 items answered)
		It is hard for me to run			
		It is hard for me to do sports activity or exercise			
		It is hard for me to lift something heavy			
		It is hard for me to take a bath or shower by myself			
		It is hard for me to do chores around the house			
		I hurt or ache			
		I have low energy			
		I feel afraid or scared			
		I feel sad			
		I feel angry			
		I have trouble sleeping			
		I worry about what will happen to me			
		I have trouble getting along with other young people			
		Other young people do not want to be my friend			
		Other young people tease me			
		I cannot do things that other young people my age can do			
		It is hard to keep up when I play with other young people			
		It is hard to pay attention in class			
		I forget things			

TABLE 40 Secondary outcome measures (*continued*)

Outcome measure	Question		Response	Source	Variable
		I have trouble keeping up with my schoolwork			
		I miss school because of not feeling well			
		I miss school to go to the doctor or hospital			
Strengths, difficulties and anger management	For each of the following items, please mark the box for 'not true', 'somewhat true' or 'definitely true'. Please answer them all as best you can, even if you are not absolutely sure or they seem odd questions. Please give your answers on the basis of how things have been for you over the last 6 months [so, since (MM) YYYY]	I try to be nice to other people. I care about their feelings	Not true; somewhat true; definitely true	SDQ	Possible scores range from 0 to 40, with higher scores indicating lower functioning
		I am restless, I cannot stay still for long			
		I get a lot of headaches			
		I usually share with others (food, games, pens, etc.)			
		I get very angry and often lose my temper			
		I am usually on my own. I generally play alone or keep to myself			
		I usually do as I am told			
		I worry a lot			

Outcome measure	Question	Response	Source	Variable
	I am helpful if someone is hurt, upset or feeling ill			
	I am constantly fidgeting			
	I have one good friend or more			
	I fight a lot. I can make other people do what I want			
	I am often unhappy, down-hearted or tearful			
	Other people my age generally like me			
	I am easily distracted, I find it difficult to concentrate			
	I am nervous in new situations. I easily lose confidence			
	I am kind to younger children			
	I am often accused of lying or cheating			
	Other children or young people pick on me or bully me			
	I often volunteer to help others (parents, teachers, children)			
	I think before I do things			
	I take things that are not mine from home, school or elsewhere			
	I get on better with adults than with people my own age			
	I have many fears, I am easily scared			
	I finish the work I'm doing. My attention is good			

TABLE 40 Secondary outcome measures (*continued*)

Outcome measure	Question		Response	Source	Variable
Health-related quality of life (students)	For each question, read all the choices and decide which one is most like you today. Then put a tick in the box next to it	How worried are you today?	I do not feel worried today	CHU9D	Possible scores range from 0 to 1, with higher scores indicating higher health-related quality of life
			I feel a little bit worried today		
			I feel a bit worried today		
			I feel quite worried today		
			I feel very worried today		
		How sad are you today?	I do not feel sad today		
			I feel a little bit sad today		
			I feel a bit sad today		
			I feel quite sad today		
			I feel very sad today		
		Are you in pain today?	I do not have any pain today		
			I have a little bit of pain today		
			I have a bit of pain today		

Outcome measure	Question	Response	Source	Variable
		I have quite a lot of pain today		
		I have a lot of pain today		
	How tired are you today?	I do not feel tired today		
		I feel a little bit tired today		
		I feel a bit tired today		
		I feel quite tired today		
		I feel very tired today		
	How annoyed are you today?	I do not feel annoyed today		
		I feel a little bit annoyed today		
		I feel a bit annoyed today		
		I feel quite annoyed today		
		I feel very annoyed today		

TABLE 40 Secondary outcome measures (continued)

Outcome measure	Question	Response	Source	Variable
	How well did you sleep last night?	Last night I had no problems sleeping		
		Last night I had a few problems sleeping		
		Last night I had some problems sleeping		
		Last night I had many problems sleeping		
		Last night I could not sleep at all		
	Thinking about your school work/homework today (such as reading and writing)	I have no problems with my schoolwork/homework today		
		I have a few problems with my schoolwork/homework today		
		I have some problems with my schoolwork/homework today		
		I have many problems with my schoolwork/homework today		
		I cannot do my schoolwork/homework today		

Outcome measure	Question	Response	Source	Variable
	Thinking about your daily routine (things like eating, having a bath/shower)	I have no problems with my daily routine today		
		I have a few problems with my daily routine today		
		I have some problems with my daily routine today		
		I have many problems with my daily routine today		
		I cannot do my daily routine today		
	Are you able to join in activities like playing out with your friends and doing sports?	I can join in with any activities today		
		I can join in with most activities today		
		I can join in with some activities today		
		I can join in with a few activities today		
		I can join in with no activities today		

TABLE 40 Secondary outcome measures (*continued*)

Outcome measure	Question		Response	Source	Variable
Health-related quality of life (staff)	In general, would you say your health is:		Excellent; very good; good; fair; poor	SF-12	Possible scores range from 0 to 1, with higher scores indicating higher health-related quality of life
	The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf Climbing several flights of stairs	Yes, limited a lot; yes, limited a little; no, not limited at all		
	During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?	Accomplished less than you would like Did work or other activities less carefully than usual	All of the time; most of the time; some of the time; a little of the time; none of the time		
	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?		Not at all; a little bit; moderately; quite a bit; extremely		
	These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks …	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted and low?	All of the time; most of the time; some of the time; a little of the time; none of the time		
	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?		All of the time; most of the time; some of the time; a little of the time; none of the time		

Outcome measure	Question	Response	Source	Variable
Sexual debut (boys)	Have you ever had vaginal sex (penis inserted into vagina) with a female?	Yes, once; yes, more than once; no; prefer not to say	Adapted RIPPLE measure	Binary: ever had vaginal and/or male/male anal sex (yes/no)
	Have you ever had anal sex (penis inserted into anus, rectum, or bum) with a male?		Adapted SHARE measure	
Sexual debut (girls)	Have you ever had vaginal sex (penis inserted into vagina) with a male?	Yes, once; yes, more than once; no; prefer not to say	Adapted RIPPLE measure	Binary: ever had vaginal sex with a male (yes/no)
Use of contraception/ protection at first sex (boys)	When (or, for those reporting this type of sex more than once, the first time) you had vaginal sex, did you or your partner use any of the following?	Condom; the pill; the emergency contraception pill ('morning after' pill); contraception injection/implant; other protection; not sure; did not use anything; prefer not to say	Adapted RIPPLE measure	Binary: used any type of listed contraception/ protection at first vaginal and/or anal male/male sex (yes/no)
	When (or, for those reporting this type of sex more than once, the first time) you had anal sex with a male, did you or your partner use any of the following?	Condom; other protection; not sure; did not use anything; prefer not to say		

TABLE 40 Secondary outcome measures (*continued*)

Outcome measure	Question	Response	Source	Variable
Use of contraception at first sex (girls)	When (or, for those reporting this type of sex more than once, the first time) you had vaginal sex with a male, did you or your partner use any of the following?	Condom; the pill; the emergency contraception pill ('morning after' pill); contraception injection/implant; other protection; not sure; did not use anything; prefer not to say	Adapted RIPPLE measure	
Use of contraception/ protection at last sex (boys)	The last time you had vaginal sex, did you or your partner use any of the following?	Condom; the pill; the emergency contraception pill ('morning after' pill); contraception injection/implant; other protection; not sure; did not use anything; prefer not to say	Adapted RIPPLE measure	
	The last time you had anal sex with a male, did you or your partner use any of the following?	Condom; other protection; not sure; did not use anything; prefer not to say	Adapted SHARE measure	
Use of contraception at last sex (girls)	The last time you had vaginal sex with a male, did you or your partner use any of the following?	Condom; the pill; the emergency contraception pill ('morning after' pill); contraception injection/implant; other protection; not sure; did not use anything; prefer not to say	Adapted RIPPLE measure	

Outcome measure	Question	Response	Source	Variable
Number of partners (boys)	About how many different females have you ever had vaginal sex with?	_; prefer not to say	Adapted RIPPLE measure	Continuous (for boys reporting both vaginal and male/male anal sex, total number of partners reported for each type)
	About how many different males have you ever had anal sex with?			
Number of partners (girls)	About how many different males have you ever had vaginal sex with?			
Initiation of pregnancy (boys)	Have you ever got someone pregnant?	Yes; no; not sure; prefer not to say	Adapted RIPPLE measure	Binary: yes/any other response
Pregnancy (girls)	Have you ever been pregnant?	Yes, in the past; yes, I am now; no, never; prefer not to say	RIPPLE measure	Binary: yes/any other response
Unintended pregnancy (boys)	Think about the most recent time you got someone pregnant, did you mean to get them pregnant?	Yes; no; not sure; prefer not to say	New	Binary: yes/any other response
Unintended pregnancy (girls)	Think about your most recent pregnancy, did you mean to get pregnant?	Yes; no; not sure; prefer not to say	New	Binary: yes/any other response
STIs	Have you ever been told by a doctor or nurse that you had any of the following STIs: chlamydia, genital warts, genital herpes or gonorrhoea?	Yes; no; not sure; prefer not to say	Adapted RIPPLE measure	Binary: yes/any other response

MM, month; RIPPLE, Randomized Intervention of Pupil Peer-Led sex Education; SHARE, Sexual Health and Relationships; YYYY, year.

TABLE 41 Mediator measures

Mediator measure	Question		Response	Source	Variable
Attitudes accepting of DRV	Please tick a box to show how much you personally agree or disagree with each statement	It is not OK for a boy to hit his girlfriend if she did something to make him mad (reverse scored)	I strongly agree; I agree; I disagree; I strongly disagree	Adapted from Safe Dates measure of prescribed norms	Score out of 1 to 4, with higher score indicating attitudes less accepting of DRV (mean item response score among five items, each scored 1–4)
		Girls sometimes deserve to be hit by their boyfriends			
		Boys sometimes deserve to be hit by their girlfriends			
		It is OK for a boy to hit a girl if she hit him first			
		It is not OK for a girl to hit a boy if he hit her first (reverse scored)			
Injunctive norms supportive of DRV	Please tick a box to show whether your friends would agree or disagree with each statement	It is not OK for a boy to hit his girlfriend if she did something to make him mad (reverse scored)	My friends would agree; my friends would disagree; my friends would neither agree nor disagree	Developed based on Safe Dates measure of prescribed norms	Score out of 1 to 3, with higher score indicating norms less supportive of DRV (mean item response score among six items, each scored 1–3)
		Girls sometimes deserve to be hit by their boyfriends			
		Boys sometimes deserve to be hit by their girlfriends			
		It is OK for a boy to hit a girl if she hit him first			
		It is not OK for a girl to hit a boy if he hit her first (reverse scored)			
		If someone hits their boyfriend or girlfriend, the boyfriend or girlfriend should break up with them			
	Please tick a box to show how much you personally agree or disagree with each statement	If I hit a boyfriend or girlfriend, he/she would break up with me	I strongly agree; I agree; I disagree; I strongly disagree		

Mediator measure	Question		Response	Source	Variable
DRV descriptive norms	Please tick a box to show your best guess of how many of your friends have done the following	How many of your friends have used physical force, such as hitting, to solve fights with their girlfriend or boyfriend?	None; some; many; most (response option included at follow-up only: do not know)	Adapted from measure used in evaluation of Green Dot[55]	Score out of 1 to 4, with lower score indicating norms less supportive of DRV (mean item response score among three items, each scored 1–4)
		How many of your friends insult or swear at their girlfriend or boyfriend?			
		How many of your friends try to control everything their girlfriend or boyfriend does?			
Stereotypical gender-related attitudes	Please tick a box to show how much you personally agree or disagree with each statement	Swearing is worse for a girl than for a boy	I strongly agree; I agree; I disagree; I strongly disagree	Adapted from Attitudes Towards Women Scale	Score out of 1 to 4, with higher score indicating more equitable attitudes (mean item response score among three items, each scored 1–4)
		It is more acceptable for a boy to have a lot of sexual partners than for a girl			
		Most girls cannot be trusted			
		On average, girls are as smart as boys			
		Girls should have the same freedom as boys			
Stereotypical gender-related norms	Please tick a box to show whether your friends would agree or disagree with each statement	Swearing is worse for a girl than for a boy	My friends would agree; my friends would disagree; my friends would neither agree nor disagree	Developed based on Attitudes Towards Women Scale	Score out of 1 to 3, with higher score indicating more equitable norms (mean item response score among five items, each scored 1–3)
		It is more acceptable for a boy to have a lot of sexual partners than for a girl			
		Most girls cannot be trusted			
		On average, girls are as smart as boys			
		Girls should have the same freedom as boys			

TABLE 41 Mediator measures (continued)

Mediator measure	Question		Response	Source	Variable
Dating violence knowledge	For each of the following items, please mark the box for 'not sure', 'somewhat true,' or 'definitely true'. Please answer them all as best you can even if you are not absolutely sure or they seem like odd questions	According to the law, it is considered rape if a person has sex with someone who is too drunk to consent to sex	Not true; somewhat true; definitely true	Shifting Boundaries	Per cent correct (based on seven binary correct/incorrect items)
		As long as you are just joking around, what you say or do to someone cannot be considered sexual harassment			
		If no one else sees me being harassed, there is nothing I can do because the harasser will just say I am lying			
		Girls cannot be sexually harassed by other girls			
		Boys cannot be sexually harassed by girls			
		Writing dirty things about someone on a bathroom wall at school is sexual harassment			
		If a person is not physically harming someone, then they are not really abusive			
Communication	Please read the following statements and say how often they happen in your relationship	I tell them how I really feel	All the time; often; sometimes; not often; never	Two items about sexual communication from STASH measure	Sum of two items, each ranging from 0 to 4. Possible scores range from 0 to 8, with higher score indicating better communication (sum of item response scores from two items, each scored 0–4)
		We do sexual activities that I do not feel comfortable with			

TABLE 42 Family affluence scale

Survey wave	Question	Response	Source	Variable
Baseline	Does your family own a car, van or truck?	No; yes, one; yes, two or more	FAS II	Score from 0 to 9, with 0 representing the least affluent and 9 representing the most
	Do you have your own bedroom for yourself?	No; yes		
	During the past 12 months, how many times did you travel away on holiday with your family?	Not at all; once; twice; more than twice		
	How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own?	None; one; two; more than two		
Follow-up	Does your family own a car, van or truck?	No; yes, one; yes, two or more	FAS III	Score from 0 to 9, with 0 representing the least affluent and 9 representing the most
	Do you have your own bedroom for yourself?	No; yes		
	How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own?	None; one; two; more than two		
	How many bathrooms (rooms with a bath/shower or both) are in your home?	None; one; two; more than two		
	Does your family have a dishwasher at home?	No; yes		
	How many times did you and your family travel out of England for a holiday/vacation last year?	Not at all; once; twice; more than twice		

FAS, Family Affluence Scale.

Appendix 5 Student baseline survey

Project Respect Student Survey

We are researchers working at your school evaluating how to prevent violence in young people's boyfriend or girlfriend relationships. As part of our research, we are asking all year 8 and 9 students to fill in a questionnaire on a tablet. This should only take about 40 minutes.

The questionnaire has some questions about relationships, violence and other topics that can be sensitive and sometimes upsetting. A trained researcher will be here to make sure you have the peace and privacy you need to fill in the questionnaire. The researcher can also answer any questions you have. It is up to you whether or not you fill in the questionnaire and you can stop taking part at any point.

We will store the information from the questionnaire on a computer file that **will <u>not include your name or anything that can identify you</u>**. When we write research reports based on information from all the questionnaires, you will <u>not be named or identified in any way</u>.

What you report will be **completely confidential** and **will not be shared with anyone, such as your school or parents**.

If you would like to talk with someone at your school about how you are feeling or any issues you are going through, the person in charge of safeguarding at your school can help you. You can also call the **NSPCC Childline** on <u>0800 1111</u> if you want help or support with any issue you are going through, no matter how big or how small.

1. How old are you?

    Please ✓ <u>one</u> box only

12 years old	☐
13 years old	☐
14 years old	☐

2. What school year are you in?

    Please ✓ <u>one</u> box only

Year 8	☐
Year 9	☐

3. What sex were you assigned at birth (meaning what sex did the doctor put on your birth certificate)?

    Please ✓<u>one</u> box only

Male	☐
Female	☐

4. Which of the following options best describes how you think of yourself (your gender identity)?
    (We ask this in addition to the question above because some people are transgender which means their gender identity isn't the same as the sex they were assigned at birth.)

    Please ✓<u>one</u> box only

Male (including trans boy)	☐
Female (including trans girl)	☐
Non-binary (neither male nor female)	☐
Unsure/questioning	☐
Other	☐
Prefer not to say	☐

5. Do you have a girlfriend at the moment? (either a serious relationship or a casual relationship)

Please ✓ one box only

No, I've never had a girlfriend ☐
I used to have one, but not in the last 12 months ☐
I had one in the last 12 months, but not now ☐
Yes, I have one now ☐

6. Do you have a boyfriend at the moment? (either a serious relationship or a casual relationship)

Please ✓ one box only

No, I've never had a boyfriend ☐
I used to have one, but not in the last 12 months ☐
I had one in the last 12 months, but not now ☐
Yes, I have one now ☐

7. Which of the following do you consider yourself to be?

Please ✓ one box only

Straight or heterosexual
(a girl who is attracted to boys; or a boy who is attracted to girls) ☐
Gay or lesbian
(a boy who is attracted to boys; or a girl who is attracted to girls) ☐
Bisexual (attracted to girls AND boys) ☐
Other ☐
Unsure/questioning ☐
Prefer not to say ☐

Questions 8-25 are for students who have a girlfriend and/or boyfriend now, or have had one in the last 12 months (so, since June 2016)

If you have a girlfriend and/or boyfriend now, or have had one in the last 12 months: Read the instructions below and continue from question 8.

If you have never had a girlfriend or boyfriend: Go straight to question 26.

If you have had a girlfriend and/or boyfriend before, but not in the last 12 months: Go straight to question 27.

The following questions ask you about things that have happened **to you within the last 12 months with one or more partners (boyfriends or girlfriends) in a casual or serious relationship**.

They can refer to things that have happened face-to-face or through social media.

When you answer each of these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since June 2016). As a guide, use the following scale:

Never: this has **not** happened at all in any of your relationships with a boyfriend or girlfriend in the last 12 months.
Rarely: this has happened about **1–2 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.
Sometimes: this has happened **3–5 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.
Often: this has happened **6 times or more** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

8. They spoke to me in a hostile or mean tone of voice.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

9. They said insulting things to me.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

10. They said things to my friends to try and turn them against me.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

11. They kicked, hit, or punched me.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

12. They slapped me or pulled my hair.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

13. They threatened to hurt me.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

14. They spread rumours about me.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

15. They kept track of who I was with and where I was.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

16. They accused me of flirting with someone else.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

The following questions ask you about things that **you have done within the last 12 months** to anyone **who is or was your partner (boyfriends or girlfriends) in a casual or serious relationship.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, check the box that is your best estimate of how often you have done these things **in the last 12 months** (so, since June 2016). As a guide, use the following scale:

Never: this has **not** happened at all in any of your relationships with a boyfriend or girlfriend in the last 12 months.
Rarely: this has happened about **1–2 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.
Sometimes: this has happened **3–5 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.
Often: this has happened **6 times or more** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

17. I spoke to them in a hostile or mean tone of voice.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

18. I said insulting things to them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

19. I said things to their friends to try and turn them against him/her.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

20. I kicked, hit, or punched them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

21. I slapped them or pulled their hair.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

22. I threatened to hurt them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

23. I spread rumours about them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

24. I kept track of who they were with and where they were.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

25. I accused them of flirting with someone else.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

(Question 26 is only for students who have never had a girlfriend or boyfriend. If you have ever had a girlfriend and/or boyfriend: Go straight to question 27)

26. Have you ever gone out with (dated) someone? This could be a girlfriend or boyfriend, or someone you've gone out with (dated) but do not consider a girlfriend or boyfriend.

Please ✓ <u>all that apply</u>

Yes, I've gone out with a girl ☐
Yes, I've gone out with a boy ☐
No ☐

(If you answered "No" to question 26: Go straight to question 85. Otherwise, read the instructions below and continue from question 27.)

How many times has **any person that you have ever gone out with ever done the following things to you**?

Only include it when that person did it to you first. In other words, don't count it if they did it to you in self-defence.

27. Scratched me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

28. Slapped me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

29. Physically twisted my arm

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

30. Slammed me or held me against a wall

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

31. Kicked me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

32. Bent my fingers

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

33. Bit me hard

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

34. Tried to choke me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

35. Pushed, grabbed, or shoved me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

36. Threw something at me that hit me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

37. Burned me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

38. Hit me with a fist

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

39. Hit me with something hard

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

40. Beat me up

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

41. Attacked me with a knife

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

How many times have **you ever done** the following things to **any person that you have ever gone out with?** Only include when you did it to him/her first. In other words, don't count it if you did it in self-defence.

42. Scratched them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

43. Slapped them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

44. Physically twisted their arm

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

45. Slammed them or held them against a wall

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

46. Kicked them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

47. Bent their fingers

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

48. Bit them hard

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

49. Tried to choke them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

50. Pushed, grabbed, or shoved them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

51. Threw something at them that hit them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

52. Burned them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

53. Hit them with a fist

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

54. Hit them with something hard

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

55. Beat them up

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

56. Attacked them with a knife

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

How often has **anyone that you have ever gone out with done the following things to you**? They can refer to things that have happened face-to-face or through social media.

57. Damaged something that belonged to me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

58. Said things to hurt my feelings on purpose

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

59. Insulted me in front of others

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

60. Threw something at me but missed

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

61. Would not let me do things with other people

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

62. Threatened to start seeing someone else

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

63. Told me I could not talk to someone

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

64. Started to hit me but stopped

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

65. Did something just to make me jealous

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

66. Blamed me for bad things they did

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

67. Threatened to hurt me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

68. Made me describe where I was every minute of the day

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

69. Brought up something from the past to hurt me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

70. Insulted my looks

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

How often have **you done** the following things **to anyone that you have ever gone out with**? They can refer to things that have happened face-to-face or through social media.

71. Damaged something that belonged to them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

72. Said things to hurt their feelings on purpose

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

73. Insulted them in front of others

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

74. Threw something at them but missed

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

75. Would not let them do things with other people

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

76. Threatened to start seeing someone else

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

77. Told them they could not talk to someone

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

78. Started to hit them but stopped

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

79. Did something just to make them jealous

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

80. Blamed them for bad things I did

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

81. Threatened to hurt them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

82. Made them describe where they were every minute of the day

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

83. Brought up something from the past to hurt them

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

84. Insulted their looks

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

The next question asks about sexual harassment. Sexual harassment is unwanted and unwelcome sexual behaviour (touching, groping etc.) or sexual remarks (wolf whistling etc.), or insulting remarks about sexual behaviour (homophobic name-calling, insulting someone for being or not being sexually active, etc.), whether from partners or anyone else. Sexual harassment is not behaviour that you like or want (for example wanted kissing, touching, or flirting).

85. How often do you experience sexual harassment?

Please ✓ <u>one</u> box only

Often	☐
Occasionally	☐
Rarely	☐
Never	☐

(If you answered "Never" to question 85: Go straight to question 87. Otherwise, continue from question 86.)

86. How often do you experience sexual harassment **at school**?

Please ✓ <u>one</u> box only

Often	☐
Occasionally	☐
Rarely	☐
Never	☐

For each of the following items, please mark either the box for "Not true," "Somewhat true" or "Definitely true".

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

87. Please give your answers on the basis of how things have been for you over the last <u>SIX MONTHS</u> <u>(so, since December 2016)</u>.

Please ✓one box on <u>EVERY</u> line	Not true	Somewhat true	Definitely true
a. I try to be nice to other people. I care about their feelings	☐	☐	☐
b. I am restless, I cannot stay still for long	☐	☐	☐
c. I get a lot of headaches	☐	☐	☐
d. I usually share with others (food, games, pens etc.)	☐	☐	☐
e. I get very angry and often lose my temper	☐	☐	☐

Please ✓one box on EVERY line	Not true	Somewhat true	Definitely true
f. I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
g. I usually do as I am told	☐	☐	☐
h. I worry a lot	☐	☐	☐
i. I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
j. I am constantly fidgeting	☐	☐	☐
k. I have one good friend or more	☐	☐	☐
l. I fight a lot. I can make other people do what I want	☐	☐	☐
m. I am often unhappy, down-hearted or tearful	☐	☐	☐
n. Other people my age generally like me	☐	☐	☐
o. I am easily distracted, I find it difficult to concentrate	☐	☐	☐
p. I am nervous in new situations. I easily lose confidence	☐	☐	☐
q. I am kind to younger children	☐	☐	☐
r. I am often accused of lying or cheating	☐	☐	☐
s. Other children or young people pick on me or bully me	☐	☐	☐
t. I often volunteer to help others (parents, teachers, children)	☐	☐	☐

Please ✓one box on EVERY line	Not true	Somewhat true	Definitely true
u. I think before I do things	☐	☐	☐
v. I take things that are not mine from home, school or elsewhere	☐	☐	☐
w. I get on better with adults than with people my own age	☐	☐	☐
x. I have many fears, I am easily scared	☐	☐	☐
y. I finish the work I'm doing. My attention is good	☐	☐	☐

88. How much of a problem have these things been for you in the past ONE month (so, since May 2017) …

Please ✓one box on EVERY line

	Never	Almost never	Sometimes	Often	Almost always
a. It is hard for me to walk more than 50 metres	☐	☐	☐	☐	☐
b. It is hard for me to run	☐	☐	☐	☐	☐
c. It is hard for me to do sports activity or exercise	☐	☐	☐	☐	☐
d. It is hard for me to lift something heavy	☐	☐	☐	☐	☐
e. It is hard for me to take a bath or shower by myself	☐	☐	☐	☐	☐
f. It is hard for me to do chores around the house	☐	☐	☐	☐	☐
g. I hurt or ache	☐	☐	☐	☐	☐

	Never	Almost never	Sometimes	Often	Almost always
h. I have low energy	☐	☐	☐	☐	☐
i. I feel afraid or scared	☐	☐	☐	☐	☐
j. I feel sad	☐	☐	☐	☐	☐
k. I feel angry	☐	☐	☐	☐	☐
l. I have trouble sleeping	☐	☐	☐	☐	☐
m. I worry about what will happen to me	☐	☐	☐	☐	☐
n. I have trouble getting along with other young people	☐	☐	☐	☐	☐
o. Other young people do not want to be my friend	☐	☐	☐	☐	☐
p. Other young people tease me	☐	☐	☐	☐	☐
q. I cannot do things that other young people my age can do	☐	☐	☐	☐	☐
r. It is hard to keep up when I play with other young people	☐	☐	☐	☐	☐
s. It is hard to pay attention in class	☐	☐	☐	☐	☐
t. I forget things	☐	☐	☐	☐	☐
u. I have trouble keeping up with my schoolwork	☐	☐	☐	☐	☐
v. I miss school because of not feeling well	☐	☐	☐	☐	☐
w. I miss school to go to the doctor or hospital	☐	☐	☐	☐	☐

89. Below are some statements about <u>your feelings</u> and thoughts. Please tick the box that best describes your experience of each over the <u>LAST TWO WEEKS</u>.

Please ✓ <u>one</u> box on <u>EVERY</u> line

	None of the time	Rarely	Sometimes	Often	Always
a. I've been feeling confident about the future	☐	☐	☐	☐	☐
b. I've been feeling useful	☐	☐	☐	☐	☐
c. I've been feeling relaxed	☐	☐	☐	☐	☐
d. I've been dealing with problems well	☐	☐	☐	☐	☐
e. I've been thinking clearly	☐	☐	☐	☐	☐
f. I've been feeling close to other people	☐	☐	☐	☐	☐
g. I've been able to make up my own mind about things	☐	☐	☐	☐	☐

For each question, read all the choices and decide which one is most like you <u>TODAY</u>. Then put a tick in the box next to it.

Please ✓ <u>one box only</u> for each question

90. How worried are you today?

I don't feel worried today ☐
I feel a little bit worried today ☐
I feel a bit worried today ☐
I feel quite worried today ☐
I feel very worried today ☐

91. How sad are you today?

I don't feel sad today ☐
I feel a little bit sad today ☐
I feel a bit sad today ☐
I feel quite sad today ☐
I feel very sad today ☐

92. Are you in pain today?

I don't have any pain today ☐
I have a little bit of pain today ☐
I have a bit of pain today ☐
I have quite a lot of pain today ☐
I have a lot of pain today ☐

93. How tired are you today?

I don't feel tired today ☐
I feel a little bit tired today ☐
I feel a bit tired today ☐
I feel quite tired today ☐
I feel very tired today ☐

94. How annoyed are you today?

I don't feel annoyed today ☐
I feel a little bit annoyed today ☐
I feel a bit annoyed today ☐
I feel quite annoyed today ☐
I feel very annoyed today ☐

95. How well did you sleep last night?

Last night I had no problems sleeping ☐
Last night I had a few problems sleeping ☐
Last night I had some problems sleeping ☐
Last night I had many problems sleeping ☐
Last night I couldn't sleep at all ☐

96. Thinking about your schoolwork/homework today (such as reading and writing)

I have no problems with my schoolwork/homework today ☐
I have a few problems with my schoolwork/homework today ☐
I have some problems with my schoolwork/homework today ☐
I have many problems with my schoolwork/homework today ☐
I can't do my schoolwork/homework today ☐

97. Thinking about your daily routine (things like eating, having a bath/shower)

I have no problems with my daily routine today ☐
I have a few problems with my daily routine today ☐
I have some problems with my daily routine today ☐
I have many problems with my daily routine today ☐
I can't do my daily routine today ☐

98. Are you able to join in activities like playing out with your friends and doing sports?

I can join in with any activities today ☐
I can join in with most activities today ☐
I can join in with some activities today ☐
I can join in with a few activities today ☐
I can join in with no activities today ☐

99. In the past <u>12 months</u> (so, since June 2016), how many times have you used any health services (e.g. GP, A&E or other hospital services, or outpatient services) because you had an accident or injury?

Please ✓ <u>one</u> box only

None	☐
One time	☐
Two times	☐
Three times	☐
More than three times	☐

If you answered "Three times" or "More than three times,"
  a. Please state how many: _____

100. In the past <u>12 months</u> (so, since June 2016), have you ever been stopped or told off by the police?

Please ✓ <u>one</u> box only

No	☐
Yes, once	☐
Yes, twice	☐
Yes, three or more times	☐

101. Please tick a box to show how much **you personally** agree or disagree with each statement.

Please ✓<u>one</u> box on <u>EVERY</u> line

	I strongly agree	I agree	I disagree	I strongly disagree
a. It is NOT okay for a boy to hit his girlfriend if she did something to make him mad.	☐	☐	☐	☐
b. Girls sometimes deserve to be hit by their boyfriends.	☐	☐	☐	☐
c. Boys sometimes deserve to be hit by their girlfriends.	☐	☐	☐	☐
d. It is okay for a boy to hit a girl if she hit him first.	☐	☐	☐	☐
e. It is NOT okay for a girl to hit a boy if he hit her first.	☐	☐	☐	☐
f. If I hit a boyfriend or girlfriend, he/she would break up with me.	☐	☐	☐	☐

102. Please tick a box to show whether **your friends** would agree or disagree with each statement:

Please ✓one box on <u>EVERY</u> line

	My friends would agree	My friends would disagree	My friends would neither agree nor disagree
a. It is NOT okay for a boy to hit his girlfriend if she did something to make him mad.	☐	☐	☐
b. Girls sometimes deserve to be hit by their boyfriends.	☐	☐	☐
c. Boys sometimes deserve to be hit by their girlfriends.	☐	☐	☐
d. It is okay for a boy to hit a girl if she hit him first.	☐	☐	☐
e. It is NOT okay for a girl to hit a boy if he hit her first.	☐	☐	☐
f. If someone hits their boyfriend or girlfriend, the boyfriend or girlfriend should break up with them.	☐	☐	☐

103. a. Do you have friends who have girlfriends or boyfriends?

Please ✓ one box only

Yes ☐
No ☐

(If you answered "No": Go straight to question 104. If you answered "Yes":continue with the table below)

Please tick a box to show **your best guess** of how many of **your friends** have done the following:

Please ✓one box on <u>EVERY</u> line

	None	Some	Many	Most
b. How many of **your friends** have used physical force, such as hitting, to solve fights with their girlfriend or boyfriend?	☐	☐	☐	☐
c. How many of **your friends** insult or swear at their girlfriend or boyfriend?	☐	☐	☐	☐
d. How many of **your friends** try to control everything their girlfriend or boyfriend does?	☐	☐	☐	☐

104. Please tick a box to show how much **you personally** agree or disagree with each statement.

Please ✓one box on EVERY line

	I strongly agree	I agree	I disagree	I strongly disagree
a. Swearing is worse for a girl than for a boy.	☐	☐	☐	☐
b. It is more acceptable for a boy to have a lot of sexual partners than for a girl.	☐	☐	☐	☐
c. Most girls can't be trusted.	☐	☐	☐	☐
d. On average, girls are as smart as boys.	☐	☐	☐	☐
e. Girls should have the same freedom as boys.	☐	☐	☐	☐

105. Please tick a box to show whether **your friends** would agree or disagree with each statement.

Please ✓one box on EVERY line

	My friends would agree	My friends would disagree	My friends would neither agree nor disagree
a. Swearing is worse for a girl than for a boy.	☐	☐	☐
b. It is more acceptable for a boy to have a lot of sexual partners than for a girl.	☐	☐	☐
c. Most girls can't be trusted.	☐	☐	☐
d. On average, girls are as smart as boys.	☐	☐	☐
e. Girls should have the same freedom as boys.	☐	☐	☐

106. If you were experiencing violence in a relationship, would you know what local services you could use?

Please ✓ <u>one</u> box only

Yes ☐
No ☐

107. If you have experienced violence in a relationship, have you ever talked to an adult about this?

Please ✓ <u>one</u> box only

Yes ☐
No ☐
Not applicable; I have not experienced any violence in a relationship ☐

108. For each of the following items, please mark either the box for "Not true," "Somewhat true," or "Definitely true"

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

Please ✓<u>one</u> box on <u>EVERY</u> row

		Not true	Somewhat true	Definitely true
a.	According to the law, it is considered rape if a person has sex with someone who is too drunk to consent to sex.	☐	☐	☐
b.	As long as you are just joking around, what you say or do to someone cannot be considered sexual harassment.	☐	☐	☐
c.	If no one else sees me being harassed, there is nothing I can do because the harasser will just say I am lying.	☐	☐	☐
d.	Girls cannot be sexually harassed by other girls.	☐	☐	☐
e.	Boys cannot be sexually harassed by girls.	☐	☐	☐
f.	Writing dirty things about someone on a bathroom wall at school is sexual harassment.	☐	☐	☐
g.	If a person is not physically harming someone, then they are not really abusive.	☐	☐	☐

109. Have you ever downloaded an app that you can use to get help if you feel threatened?

Please ✓<u>one</u> box only

Yes ☐
No ☐

110. Which option best describes your ethnic group or background?

Please ✓one box only

White British	☐
Any other White background	☐
Asian or Asian British	☐
Black, African, Caribbean or Black British	☐
Mixed/multiple ethnic background	☐
Any other ethnic group	☐

111. What religious group do you belong to?

Please ✓one box only

None	☐
Christian	☐
Jewish	☐
Muslim/Islam	☐
Hindu	☐
Buddhist	☐
Sikh	☐
I don't know/not sure	☐
Other religious group	☐

112. Which adult or adults (not including older brothers or sisters) do you live with?

Please ✓ all that apply

My mother	☐
My father	☐
My stepmother	☐
My stepfather	☐
My foster-mother	☐
My foster-father	☐
Someone else	☐

113. Are any of the adults that you live with in paid work, either part-time or full-time?

Please ✓one box only

Yes	☐
No	☐
I don't know	☐

114. What kind of house or flat do you live in?

Please ✓ one box only

One rented from the Council or a housing association	☐
One rented from a landlord	☐
One owned by your family (including one with a mortgage)	☐
Other	☐
I don't know/not sure	☐

115. Does your family own a car, van or truck?

Please ✓ <u>one</u> box only

No	☐
Yes, one	☐
Yes, two or more	☐

116. Do you have your own bedroom for yourself?

Please ✓ <u>one</u> box only

No	☐
Yes	☐

117. During the past 12 months, how many times did you travel away on holiday with your family?

Please ✓ <u>one</u> box only

Not at all	☐
Once	☐
Twice	☐
More than twice	☐

118. How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own?

Please ✓ <u>one</u> box only

None	☐
One	☐
Two	☐
More than two	☐

That is the end. THANK YOU!
Please remain quiet until everyone has finished.
(A word search activity will be provided for students who finish the survey before the end of the session)

Appendix 6 Student follow-up survey

Enrol Code:

Tablet # (or "no tablet"):

Date:

Project Respect Student Survey

We are researchers working at your school evaluating "Project Respect," a programme to prevent violence in young people's dating and relationships. As part of our research, we are asking all Year 10 and Year 11 students to fill in a questionnaire. The answers you give will be used to judge the success of the programme.

The questionnaire is <u>completely anonymous and confidential.</u> This means that your name will not be connected to your answers. Anything you report in the questionnaire will be kept private. We will not share it with other people such as teachers or parents.

Because your name will not be connected to your answers, we cannot contact you about your answers to this survey. So, in the box below we are giving you some details of services, in case you want help or support. This information is also on the information sheet you've received about the study.

You may contact your school's safeguarding lead if you would like to talk to someone at your school about how you are feeling or any issues you or someone you know are going through. For example, this might include if you or someone you know is experiencing abuse or neglect or if you are concerned that someone you know is harming someone else. If you ask for their help, the safeguarding lead will meet with you to find out more about your concern and how to respond.

You can also call the **NSPCC Childline** on **0800 1111** if you want help or support with any issue you are going through, no matter how big or how small. Below is information on some other organisations that may be able to help you with any issues you or someone you know might be going through:

- **The Samaritans:** Someone to talk to, available 24 hours a day for confidential, non-judgmental support. Call 116 123 or visit www.samaritans.org
- **Switchboard LGBT+ Helpline:** Providing information, support and referral services for lesbians, gay men and bisexual and trans people, and anyone considering issues around their sexuality or gender identity. Call 0300 330 0630 or visit http://switchboard.lgbt/help/
- **Mind:** Offering advice and support for anyone experiencing a mental health problem. Call 0300 123 3393 or visit www.mind.org.uk
- **Rape Crisis:** Provides information on nearest services for people who have experienced sexual violence. Call 0808 802 9999 or visit their website www.rapecrisis.org.uk

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The questionnaire starts here:

1. How old are you?

Please ✓ <u>one</u> box only

14 years old	☐
15 years old	☐
16 years old	☐

2. What school year are you in?

Please ✓ <u>one</u> box only

Year 10	☐
Year 11	☐

3. Which of the following options best describes how you think of yourself?

Please ✓ <u>one</u> box only

Boy ☐
Girl ☐
Trans boy ☐
Trans girl ☐
Non-binary (neither male nor female) ☐
Unsure/questioning ☐
Other ☐
Prefer not to say ☐

4. Which of the following do you consider yourself to be?

Please ✓ <u>one</u> box only

Straight or heterosexual
(a girl who is attracted to boys; or a boy who is attracted to girls) ☐
  Gay or lesbian
(a boy who is attracted to boys; or a girl who is attracted to girls) ☐
Bisexual (attracted to girls AND boys) ☐
Other ☐
Unsure/questioning ☐
Prefer not to say ☐

5. Do you have a **girlfriend** at the moment? (either a serious relationship or a casual relationship)

Please ✓ <u>one</u> box only

No, I've never had a girlfriend ☐
I used to have one, but not in the last 12 months ☐
I had one in the last 12 months, but not now ☐
Yes, I have one now ☐
Prefer not to say ☐

6. Do you have a **boyfriend** at the moment? (either a serious relationship or a casual relationship)

Please ✓ <u>one</u> box only

No, I've never had a boyfriend ☐
I used to have one, but not in the last 12 months ☐
I had one in the last 12 months, but not now ☐
Yes, I have one now ☐
Prefer not to say ☐

*If you have not had a girlfriend or boyfriend **in the last 12 months** (so, since September 2017)*

👉 *Go straight to question 25.*

*If you have a girlfriend and/or boyfriend now, or have had one **in the last 12 months** (so, since*

September 2017) 👇 *read the instructions on the next page and continue from question 7*

The following questions ask you about things **that have happened to you** within the last **12 months with a boyfriend or girlfriend (in a casual or serious relationship)**.

They can refer to things that have happened face-to-face or through social media.

When you answer each of these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

7. They spoke to me in a hostile or mean tone of voice.

<div style="text-align:right">Please ✓ <u>one</u> box only</div>

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

8. They said insulting things to me.

<div style="text-align:right">Please ✓ <u>one</u> box only</div>

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

9. They said things to my friends to try and turn them against me.

<div style="text-align:right">Please ✓ <u>one</u> box only</div>

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

10. They kicked, hit, or punched me.

<div style="text-align:right">Please ✓ <u>one</u> box only</div>

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

11. They slapped me or pulled my hair.

<div style="text-align:right">Please ✓ <u>one</u> box only</div>

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

12. They threatened to hurt me.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

13. They spread rumours about me.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

14. They kept track of who I was with and where I was.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

15. They accused me of flirting with someone else.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

The following questions ask you about things that **you have done** within the last **12 months** to anyone **who is or was your partner (boyfriend or girlfriend) in a casual or serious relationship.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017) As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

16. I spoke to them in a hostile or mean tone of voice.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

17. I said insulting things to them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

18. I said things to their friends to try and turn them against him/her.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

19. I kicked, hit, or punched them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

20. I slapped them or pulled their hair.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

21. I threatened to hurt them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

22. I spread rumours about them.

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

23. I kept track of who they were with and where they were.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

24. I accused them of flirting with someone else.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

*If you **have** a girlfriend and/or boyfriend now, or had one in the last 12 months* 👉 *go to question 27.*

*If you **have not** had a girlfriend or boyfriend in the last 12 months* 👇 *continue below from question 25.*

25. Have you ever gone out with (dated) a **girl**? This could be a girlfriend, or someone you've gone out with (dated) but do not consider a girlfriend.

Please ✓ <u>one</u> box only

Yes, I've gone out with a **girl** in the last 12 months	☐
Yes, I've gone out with a **girl**, but not in the last 12 months	☐
No	☐
Prefer not to say	☐

26. Have you ever gone out with (dated) a **boy**? This could be a boyfriend, or someone you've gone out with (dated) but do not consider a boyfriend.

Please ✓ <u>one</u> box only

Yes, I've gone out with a **boy** in the last 12 months	☐
Yes, I've gone out with a **boy**, but not in the last 12 months	☐
No	☐
Prefer not to say	☐

*If you **haven't** gone out with a girl or boy in the last 12 months (or if you prefer not to say),* 👉 *go to question 85.*

*If you **have** gone out with a girl and/or boy in the last 12 months* 👇 *read the instructions below and continue from question 27*

The following questions ask you about things that **have happened to you** within the last **12 months** with **anyone you have gone out with** (dated)**.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

How often has **any person that you have gone out with done the following things to you** in the last 12 months (so, since September 2017).

Only include it when that person did it to you first. In other words, don't count it if they did it to you in self-defence.

27. Scratched me

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

28. Slapped me

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

29. Physically twisted my arm

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

30. Slammed me or held me against a wall

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

31. Kicked me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

32. Bent my fingers

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

33. Bit me hard

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

34. Tried to choke me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

35. Pushed, grabbed, or shoved me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

36. Threw something at me that hit me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

37. Burned me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

38. Hit me with a fist

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

39. Hit me with something hard

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

40. Beat me up

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

41. Attacked me with a knife

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

42. Damaged something that belonged to me

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

43. Said things to hurt my feelings on purpose

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

44. Insulted me in front of others

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

45. Threw something at me but missed

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

46. Would not let me do things with other people

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

47. Threatened to start seeing someone else

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

48. Told me I could not talk to someone

Please ✓ <u>one</u> box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

49. Started to hit me but stopped

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

50. Did something just to make me jealous

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

51. Blamed me for bad things they did

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

52. Threatened to hurt me

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

53. Made me describe where I was every minute of the day

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

54. Brought up something from the past to hurt me

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

55. Insulted my looks

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

The following questions ask you about things that **you have done** within the last **12 months** to **anyone you have gone out with** (dated)**.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

How often the last 12 months (so, since September 2017) have **you done** the following things to **any person that you have gone out with**?

Only include when you did it to that person first. In other words, don't count it if you did it in self-defence.

56. Scratched them

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

57. Slapped them

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

58. Physically twisted their arm

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

59. Slammed them or held them against a wall

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

60. Kicked them

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

61. Bent their fingers

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

62. Bit them hard

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

63. Tried to choke them

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

64. Pushed, grabbed, or shoved them

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

65. Threw something at them that hit them

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

66. Burned them

Please ✓ one box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

67. Hit them with a fist

Please ✓ one box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

68. Hit them with something hard

Please ✓ one box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

69. Beat them up

Please ✓ one box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

70. Attacked them with a knife

Please ✓ one box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

71. Damaged something that belonged to them

Please ✓ one box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

72. Said things to hurt their feelings on purpose

Please ✓ one box only

Never ☐
Rarely ☐
Sometimes ☐
Often ☐

73. Insulted them in front of others

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

74. Threw something at them but missed

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

75. Would not let them do things with other people

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

76. Threatened to start seeing someone else

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

77. Told them they could not talk to someone

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

78. Started to hit them but stopped

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

79. Did something just to make them jealous

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

80. Blamed them for bad things I did

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

81. Threatened to hurt them

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

82. Made them describe where they were every minute of the day

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

83. Brought up something from the past to hurt them

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

84. Insulted their looks

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐

The next two questions ask about sexual harassment. Sexual harassment is unwelcome sexual behaviour (e.g. groping), sexual remarks or insulting remarks about sexual behaviour (homophobic name-calling, insulting someone for being or not being sexually active, etc.), whether from partners or anyone else.

85. How often do you experience sexual harassment **at school?**

Please ✓ <u>one</u> box only

Often ☐
Occasionally ☐
Rarely ☐
Never ☐

86. How often do you experience sexual harassment **in places other than school**?

Please ✓ <u>one</u> box only

Often ☐
Occasionally ☐
Rarely ☐
Never ☐

The next questions ask about sexual experience

87. What sex were you assigned at birth (meaning what sex did the doctor put on your birth certificate)?

Please ✓<u>one</u> box only

Male ☐ ⟶ go to question 89

Female ☐ ⟶ go to question 106

Prefer not to say ☐ ⟶ go to question 88

This question is for those who prefer not to say their sex assigned at birth

88. Have you ever had some form of sexual experience?

Please ✓ all that apply

Yes, with a male ☐
Yes, with a female ☐ } ⟶ question 116

No ☐
Prefer not to say ☐ } ⟶ question 129

These are questions to answer if your sex assigned at birth is male (i.e. on your birth certificate)

89. Have you ever had some form of sexual experience?

Please ✓ all that apply

Yes, with a male ☐ if yes **only** with a male ⟶ question 99

Yes, with a female ☐ if yes **only** with a female ⟶ question 90

No ☐
Prefer not to say ☐ } ⟶ question 129

*If you answered **yes with a female and yes with a male*** 👇 *go to question 90*

90. Have you ever had vaginal sex (penis inserted into vagina) with a female?

Please ✓ <u>one</u> box only

Yes, once	☐ ⟶	go to question 91
Yes, more than once	☐ ⟶	go to question 93
No	☐	
Prefer not to say	☐ ⟶	see instructions below

If you answered 'No' or 'Prefer not to say' and

    Have had sexual experience with a male 👉 *go to question 99*

    Have not had sexual experience with a male 👉 *go question 129.*

91. Please enter how old you were when you had vaginal sex with a female: ____

Prefer not to say ☐

92. When you had vaginal sex, did you or your partner use any of the following?

Please ✓ <u>all that apply</u>

Condom	☐
The pill	☐
The emergency contraception pill ('morning after' pill)	☐
Contraception injection/implant	☐
Other protection	☐
Not sure	☐
Didn't use anything	☐
Prefer not to say	☐

If you have had vaginal sex with a female once and have now answered questions 90 and 91
👉 *then go to question 97.*

If you have had vaginal sex with a female more than once 👇 *then go to question 93.*

93. Please enter how old you were the first time you had vaginal sex with a female: _____

Prefer not to say ☐

94. The *FIRST TIME* you had vaginal sex, did you or your partner use any of the following?

<div align="right">Please ✓ <u>all that apply</u></div>

Condom	☐
The pill	☐
The emergency contraception pill ('morning after' pill)	☐
Contraception injection/implant	☐
Other protection	☐
Not sure	☐
Didn't use anything	☐
Prefer not to say	☐

95. The *LAST TIME* you had vaginal sex, did you or your partner use any of the following?

<div align="right">Please ✓ <u>all that apply</u></div>

Condom	☐
The pill	☐
The emergency contraception pill ('morning after' pill)	☐
Contraception injection/implant	☐
Other protection	☐
Not sure	☐
Didn't use anything	☐
Prefer not to say	☐

96. About how many different females have you ever had vaginal sex with? _____

Prefer not to say ☐

97. Have you ever got someone pregnant?

Please ✓ <u>one</u> box only

Yes ☐ ⟶ question 98
No ☐
Not sure ☐ } ⟶ see instructions below
Prefer not to say ☐

If you answered 'No', 'Not sure' or 'Prefer not to say' to question 97 and:

-**have** *had sexual experience with a male* ☞ *go to question 99*

-*have* **not** *had sexual experience with a male* ☞ *go to question 116.*

98. Think about the most recent time you got someone pregnant:

Did you mean to get them pregnant?

Please ✓ <u>one</u> box only

Yes ☐
No ☐
Not sure ☐
Prefer not to say ☐

*If you have **not** had sexual experience with a male* 👉 *go to question 116.*

*If you **have** had sexual experience with a male* 👇 *go to question 99*

99. Have you ever had anal sex (penis inserted into anus, rectum, or bum) with a male?

Please ✓ <u>one</u> box only

Yes, once ☐ ➝ go to question **100**

Yes, more than once ☐ ➝ go to question **102**

No ☐ } ➝ go to question **116**
Prefer not to say ☐

100. Please enter how old you were when you had anal sex with a male: _____

Prefer not to say ☐

101. When you had anal sex with a male, did you or your partner use any of the following?

Please ✓ <u>all that apply</u>

Condom ☐
Other protection ☐
Not sure ☐
Didn't use anything ☐
Prefer not to say ☐

If you have had anal sex once only 👉 *go to question 116*

If you have had anal sex more than once 👇 *go to question 102.*

102. Please enter how old you were the first time you had anal sex with a male: _____

Prefer not to say ☐

103. The *FIRST TIME* you had anal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

Condom	☐
Other protection	☐
Not sure	☐
Didn't use anything	☐
Prefer not to say	☐

104. The *LAST TIME* you had anal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

Condom	☐
Other protection	☐
Not sure	☐
Didn't use anything	☐
Prefer not to say	☐

105. About how many different males have you ever had anal sex with? _____

Prefer not to say ☐

If you were male at birth (i.e. on your birth certificate) 👉 *go to question 116*

These are questions to answer if your sex assigned at birth is female (i.e. on your birth certificate)

106. Have you ever had some form of sexual experience?

Please ✓ all that apply

Yes, with a male	☐ if yes **only** with a male ➝ question 107
Yes, with a female	☐ if yes **only** with a female ➝ question 116
No	☐
Prefer not to say	☐ } ➝ go to question 129

*If you answered **yes with a female and yes with a male*** 👇 *go to question 107*

107. Have you ever had vaginal sex (penis inserted into vagina) with a male?

Please ✓ one box only

Yes, once	☐ ➝ question 108
Yes, more than once	☐ ➝ question 110
No	☐
Prefer not to say	☐ } ➝ go to question 116

108. Please enter how old you were when you had vaginal sex with a male: _____

Prefer not to say ☐

109. When you had vaginal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

Condom ☐
The pill ☐
The emergency contraception pill ('morning after' pill) ☐
Contraception injection/implant ☐
Other protection ☐
Not sure ☐
Didn't use anything ☐
Prefer not to say ☐

If you have had vaginal sex with a male once only 👉 *go to question 114*

If you have had vaginal sex with a male more than once 👇 *go to question 110*

110. Please enter how old you were the first time you had vaginal sex with a male: _____

Prefer not to say ☐

111. The *FIRST TIME* you had vaginal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

Condom ☐
The pill ☐
The emergency contraception pill ('morning after' pill) ☐
Contraception injection/implant ☐
Other protection ☐
Not sure ☐
Didn't use anything ☐
Prefer not to say ☐

112. The *LAST TIME* you had vaginal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

Condom ☐
The pill ☐
The emergency contraception pill ('morning after' pill) ☐
Contraception injection/implant ☐
Other protection ☐
Not sure ☐
Didn't use anything ☐
Prefer not to say ☐

113. About how many different males have you ever had vaginal sex with? _____

Prefer not to say ☐

114. Have you ever been pregnant?

Please ✓ <u>one</u> box only

Yes, in the past ☐
Yes, I am now ☐ } ⟶ go to question 115

No, never ☐
Prefer not to say ☐ } ⟶ go to question 116

115. Think about your most recent pregnancy:

Did you mean to get pregnant?

Please ✓ <u>one</u> box only
Yes ☐
No ☐
Not sure ☐
Prefer not to say ☐

116. Have you ever been told by a doctor or nurse that you had any of the following sexually transmitted infections: chlamydia, genital warts, genital herpes or gonorrhoea?

Please ✓ <u>one</u> box only
Yes ☐
No ☐
Not sure ☐
Prefer not to say ☐

*If you have a girlfriend or boyfriend now or had one in the last 12 months **and** you have had some form of*

sexual experience 👉 *then read the information on the next page and go to question 117*

If not 👉 *then go to the information just before question 125*

The following questions ask you about things that have **happened to you** within the last **12 months with a boyfriend or girlfriend (in a casual or serious relationship).**

They can refer to things that have happened face-to-face or through social media.

When you answer each of these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since September 2017).

As a guide, use the following scale:
Never: this has **not** happened at all in the last 12 months.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

117. My partner touched me sexually when I didn't want them to.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

118. My partner forced me to have sex when I didn't want to.

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

119. My partner pressured me to send them a naked or semi naked image of myself

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

120. My partner shared naked or semi naked images of me without my consent

Please ✓ <u>one</u> box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

The following questions ask you about things that **you have done** within the last **12 months** to **a boyfriend or girlfriend (in a casual or serious relationship).**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

121. I touched my partner sexually when they didn't want me to.

Please ✓ <u>one</u> box only
Never ☐
Rarely ☐
Sometimes ☐
Often ☐
Prefer not to say ☐

122. I forced my partner to have sex when they didn't want to.

Please ✓ <u>one</u> box only
Never ☐
Rarely ☐
Sometimes ☐
Often ☐
Prefer not to say ☐

123. I pressured my partner to send me a naked or semi-naked image of her or himself.

Never   Please ✓ <u>one</u> box only
Rarely ☐
Sometimes ☐
Often ☐
Prefer not to say ☐
☐

124. I shared naked or semi-naked images of my partner without their consent.

Please ✓ <u>one</u> box only
Never ☐
Rarely ☐
Sometimes ☐
Often ☐
Prefer not to say ☐

*If you have a girlfriend or boyfriend now or had one in the last 12 months **and** you have had some form of*

sexual experience　　👇　　*read the information below and go to question 125*

*If you are going out with someone now, or have gone out with someone in the last 12 months **and** you have*

had some form of sexual experience then　　👇　　*read the information below and go to question 125*

Otherwise　　👉　　*Go to question 129*

The following questions ask you about things that have **happened to you** within the last **12 months with anyone you have gone out with** (dated)**.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

How often has **any person that you have gone out with done the following things to you** in the last 12 months (so, since September 2017)?

125. Forced me to have sex

	Please ✓ <u>one</u> box only
Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

126. Forced me to do other sexual things that I did not want to do

	Please ✓ <u>one</u> box only
Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

The following questions ask you about things that **you have done** within the last **12 months** to **anyone you have gone out with** (dated)**.**

They can refer to things that have happened face-to-face or through social media.

When answering these questions, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12.
Rarely: this has happened about **1–2 times** in the last 12 months.
Sometimes: this has happened **3–5 times** in the last 12 months.
Often: this has happened **6 times or more** in the last 12 months.

How often in the last 12 months (so, since September 2017) have **you done** the following things to **any person that you have gone out with?**

127. I forced them to have sex

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

128. I forced them to do other sexual things that they did not want to do

Please ✓ one box only

Never	☐
Rarely	☐
Sometimes	☐
Often	☐
Prefer not to say	☐

If you do not have a girlfriend or boyfriend at the moment or prefer not to say if you do,

👉 *go to question 130*

If you do have a girlfriend or boyfriend at the moment 👇 *then go to question 129*

129. Please read the following statements and say how often they happen in your relationship.

Please ✓ one box on EVERY line

	All the time	Often	Sometimes	Not often	Never
a. I tell them how I really feel.	☐	☐	☐	☐	☐
b. I feel happy when we are together.	☐	☐	☐	☐	☐
c. They respect my opinions and ideas.	☐	☐	☐	☐	☐
d. They get very angry with me.	☐	☐	☐	☐	☐

If you have never had some form of sexual experience, or prefer not to say if you have, 👉 *go to instructions before question 130*

👇 *Otherwise continue here from question 129e*

	All the time	Often	Sometimes	Not often	Never
e. I feel comfortable talking about intimate things (like whether to kiss, touch each other or have sex).	☐	☐	☐	☐	☐
f. We do sexual activities that I don't feel comfortable with.	☐	☐	☐	☐	☐

For each of the following items, please mark either the box for "Not true," "Somewhat true" or "Definitely true".

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

130. Please give your answers on the basis of how things have been for you over the last SIX MONTHS (so, since March 2018).

Please ✓one box on EVERY line

	Not true	Somewhat true	Definitely true
a. I try to be nice to other people. I care about their feelings	☐	☐	☐
b. I am restless, I cannot stay still for long	☐	☐	☐
c. I get a lot of headaches	☐	☐	☐
d. I usually share with others (food, games, pens etc.)	☐	☐	☐
e. I get very angry and often lose my temper	☐	☐	☐

	Not true	Somewhat true	Definitely true
f. I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
g. I usually do as I am told	☐	☐	☐
h. I worry a lot	☐	☐	☐
i. I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
j. I am constantly fidgeting	☐	☐	☐
k. I have one good friend or more	☐	☐	☐
l. I fight a lot. I can make other people do what I want	☐	☐	☐
m. I am often unhappy, down-hearted or tearful	☐	☐	☐
n. Other people my age generally like me	☐	☐	☐
o. I am easily distracted, I find it difficult to concentrate	☐	☐	☐
p. I am nervous in new situations. I easily lose confidence	☐	☐	☐
q. I am kind to younger children	☐	☐	☐
r. I am often accused of lying or cheating	☐	☐	☐
s. Other children or young people pick on me or bully me	☐	☐	☐
t. I often volunteer to help others (parents, teachers, children)	☐	☐	☐

	Not true	Somewhat true	Definitely true
u. I think before I do things	☐	☐	☐
v. I take things that are not mine from home, school or elsewhere	☐	☐	☐
w. I get on better with adults than with people my own age	☐	☐	☐
x. I have many fears, I am easily scared	☐	☐	☐
y. I finish the work I'm doing. My attention is good	☐	☐	☐

131. How much of a problem have these things been for you in the past ONE month (so, since August 2018)

Please ✓one box on EVERY line

	Never	Almost never	Sometimes	Often	Almost always
a. It is hard for me to walk more than 50 metres	☐	☐	☐	☐	☐
b. It is hard for me to run	☐	☐	☐	☐	☐
c. It is hard for me to do sports activity or exercise	☐	☐	☐	☐	☐
d. It is hard for me to lift something heavy	☐	☐	☐	☐	☐
e. It is hard for me to take a bath or shower by myself	☐	☐	☐	☐	☐
f. It is hard for me to do chores around the house	☐	☐	☐	☐	☐
g. I hurt or ache	☐	☐	☐	☐	☐
h. I have low energy	☐	☐	☐	☐	☐

	Never	Almost never	Sometimes	Often	Almost always
i. I feel afraid or scared	☐	☐	☐	☐	☐
j. I feel sad	☐	☐	☐	☐	☐
k. I feel angry	☐	☐	☐	☐	☐
l. I have trouble sleeping	☐	☐	☐	☐	☐
m. I worry about what will happen to me	☐	☐	☐	☐	☐
n. I have trouble getting along with other young people	☐	☐	☐	☐	☐
o. Other young people do not want to be my friend	☐	☐	☐	☐	☐
p. Other young people tease me	☐	☐	☐	☐	☐
q. I cannot do things that other young people my age can do	☐	☐	☐	☐	☐
r. It is hard to keep up when I play with other young people	☐	☐	☐	☐	☐
s. It is hard to pay attention in class	☐	☐	☐	☐	☐
t. I forget things	☐	☐	☐	☐	☐
u. I have trouble keeping up with my schoolwork	☐	☐	☐	☐	☐
v. I miss school because of not feeling well	☐	☐	☐	☐	☐
w. I miss school to go to the doctor or hospital	☐	☐	☐	☐	☐

132. Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience of each over the LAST TWO WEEKS.

Please ✓ one box on EVERY line

	None of the time	Rarely	Sometimes	Often	Always
a. I've been feeling confident about the future	☐	☐	☐	☐	☐
b. I've been feeling useful	☐	☐	☐	☐	☐
c. I've been feeling relaxed	☐	☐	☐	☐	☐
d. I've been dealing with problems well	☐	☐	☐	☐	☐
e. I've been thinking clearly	☐	☐	☐	☐	☐
f. I've been feeling close to other people	☐	☐	☐	☐	☐
g. I've been able to make up my own mind about things	☐	☐	☐	☐	☐

For each question, read all the choices and decide which one is most like you TODAY. Then put a tick in the box next to it.

Please ✓ one box only for each question

133. How worried are you today?
I don't feel worried today ☐
I feel a little bit worried today ☐
I feel a bit worried today ☐
I feel quite worried today ☐
I feel very worried today ☐

134. How sad are you today?
I don't feel sad today ☐
I feel a little bit sad today ☐
I feel a bit sad today ☐
I feel quite sad today ☐
I feel very sad today ☐

135. Are you in pain today?
I don't have any pain today ☐
I have a little bit of pain today ☐
I have a bit of pain today ☐
I have quite a lot of pain today ☐
I have a lot of pain today ☐

136. How tired are you today?
I don't feel tired today ☐
I feel a little bit tired today ☐
I feel a bit tired today ☐
I feel quite tired today ☐
I feel very tired today ☐

137. How annoyed are you today?
I don't feel annoyed today ☐
I feel a little bit annoyed today ☐
I feel a bit annoyed today ☐
I feel quite annoyed today ☐
I feel very annoyed today ☐

138. How well did you sleep last night?
Last night I had no problems sleeping ☐
Last night I had a few problems sleeping ☐
Last night I had some problems sleeping ☐
Last night I had many problems sleeping ☐
Last night I couldn't sleep at all ☐

139. Thinking about your schoolwork/homework today (such as reading and writing)
I have no problems with my schoolwork/homework today ☐
I have a few problems with my schoolwork/homework today ☐
I have some problems with my schoolwork/homework today ☐
I have many problems with my schoolwork/homework today ☐
I can't do my schoolwork/homework today ☐

140. Thinking about your daily routine (things like eating, having a bath/shower)
I have no problems with my daily routine today ☐
I have a few problems with my daily routine today ☐
I have some problems with my daily routine today ☐
I have many problems with my daily routine today ☐
I can't do my daily routine today ☐

141. Are you able to join in activities like playing out with your friends and doing sports?
I can join in with any activities today ☐
I can join in with most activities today ☐
I can join in with some activities today ☐
I can join in with a few activities today ☐
I can join in with no activities today ☐

142. In the past 12 months (so, since September 2017) how many times have you used any health services (e.g. GP/family doctor, A&E or other hospital services, or outpatient services) because you had an accident or injury?

Please ✓ one box only

None	☐
One time	☐
Two times	☐
Three times	☐
More than three times	☐

If more than three times:
a. Please state how many: _____

143. In the past 12 months (so, since September 2017), have you ever been stopped or told off by the police?

Please ✓ one box only

No	☐
Yes, once	☐
Yes, twice	☐
Yes, three or more times	☐

144. Please tick a box to show how much **you personally** agree or disagree with each statement.

Please ✓one box on EVERY line

	I strongly agree	I agree	I disagree	I strongly disagree
a. It is NOT okay for a boy to hit his girlfriend if she did something to make him mad.	☐	☐	☐	☐
b. Girls sometimes deserve to be hit by their boyfriends.	☐	☐	☐	☐
c. Boys sometimes deserve to be hit by their girlfriends.	☐	☐	☐	☐
d. It is okay for a boy to hit a girl if she hit him first.	☐	☐	☐	☐
e. It is NOT okay for a girl to hit a boy if he hit her first.	☐	☐	☐	☐
f. If I hit a boyfriend or girlfriend, he/she would break up with me.	☐	☐	☐	☐

145. Please tick a box to show whether **your friends** would agree or disagree with each statement:

Please ✓one box on EVERY line

	My friends would agree	My friends would disagree	My friends would neither agree nor disagree
a. It is NOT okay for a boy to hit his girlfriend if she did something to make him mad.	☐	☐	☐
b. Girls sometimes deserve to be hit by their boyfriends.	☐	☐	☐
c. Boys sometimes deserve to be hit by their girlfriends.	☐	☐	☐
d. It is okay for a boy to hit a girl if she hit him first.	☐	☐	☐
e. It is NOT okay for a girl to hit a boy if he hit her first.	☐	☐	☐
f. If someone hits their boyfriend or girlfriend, the boyfriend or girlfriend should break up with them.	☐	☐	☐

146. Do you have friends who have girlfriends or boyfriends?

Please ✓ one box only

Yes ☐ ⟶ go to question 146a

No ☐ ⟶ go to question 147

Please tick a box to show **your best guess** of how many of **your friends** have done the following:

Please ✓one box on EVERY line

	None	Some	Many	Most	Don't know
a. How many of **your friends** have used physical force, such as hitting, to solve fights with their girlfriend or boyfriend?	☐	☐	☐	☐	☐
b. How many of **your friends** insult or swear at their girlfriend or boyfriend?	☐	☐	☐	☐	☐
c. How many of **your friends** try to control everything their girlfriend or boyfriend does?	☐	☐	☐	☐	☐

147. Please tick a box to show how much **you personally** agree or disagree with each statement.

Please ✓one box on <u>EVERY</u> line

	I strongly agree	I agree	I disagree	I strongly disagree
a. Swearing is worse for a girl than for a boy.	☐	☐	☐	☐
b. It is more acceptable for a boy to have a lot of sexual partners than for a girl.	☐	☐	☐	☐
c. Most girls can't be trusted.	☐	☐	☐	☐
d. On average, girls are as smart as boys.	☐	☐	☐	☐
e. Girls should have the same freedom as boys.	☐	☐	☐	☐

148. Please tick a box to show whether **your friends** would agree or disagree with each statement.

Please ✓one box on <u>EVERY</u> line

	My friends would agree	My friends would disagree	My friends would neither agree nor disagree
a. Swearing is worse for a girl than for a boy.	☐	☐	☐
b. It is more acceptable for a boy to have a lot of sexual partners than for a girl.	☐	☐	☐
c. Most girls can't be trusted.	☐	☐	☐
d. On average, girls are as smart as boys.	☐	☐	☐
e. Girls should have the same freedom as boys.	☐	☐	☐

149. If you were experiencing violence or abuse in a relationship, would you know what local services you could use?

Please ✓ one box only

Yes ☐
No ☐

150. If you have experienced violence or abuse in a relationship, have you ever talked to an adult about this?

Please ✓ one box only

Yes ☐
No ☐
Not applicable; I have not experienced any ☐
violence or abuse in a relationship

151. If you yourself have been violent or abusive in a relationship, have you ever talked to an adult about this?

Please ✓ <u>one</u> box only

Yes ☐
No ☐
Not applicable; I have not been violent or abusive in a relationship ☐

152. For each of the following items, please mark either the box for "Not true," "Somewhat true," or "Definitely true"

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

Please ✓ <u>one</u> box on <u>EVERY</u> row

	Not true	Somewhat true	Definitely true
a. According to the law, it is considered rape if a person has sex with someone who is too drunk to consent to sex.	☐	☐	☐
b. As long as you are just joking around, what you say or do to someone cannot be considered sexual harassment.	☐	☐	☐
c. If no one else sees me being harassed, there is nothing I can do because the harasser will just say I am lying.	☐	☐	☐
d. Girls cannot be sexually harassed by other girls.	☐	☐	☐
e. Boys cannot be sexually harassed by girls.	☐	☐	☐
f. Writing dirty things about someone on a bathroom wall at school is sexual harassment.	☐	☐	☐
g. If a person is not physically harming someone, then they are not really abusive.	☐	☐	☐

153. Have you ever downloaded an app that you can use to get help if you feel threatened?

Please ✓ <u>one</u> box

Yes ☐
No ☐

154. This school has recently been taking steps to reduce dating and relationship violence.

Please ✓ <u>one</u> box

Yes ☐ ⟶ question 155

No ☐
Not sure ☐ } ⟶ go to question 156

155. It is a good thing that the school is taking steps to reduce dating and relationship violence.

Please ✓one box

I strongly agree	☐
I agree	☐
I neither agree nor disagree	☐
I disagree	☐
I strongly disagree	☐

156. This past year in class, we've been learning about respectful relationships.

Please ✓one box

Yes	☐ ⟶	question 157
No	☐	
Not sure	☐ } ⟶	go to question 158

157. The classes about respectful relationships were good.

Please ✓one box

Yes	☐
No	☐
Not sure	☐

158. Have you heard about the #metoo movement?

Please ✓ one box

Yes	☐ ⟶	question 159
No	☐ ⟶	question 161

159. Has there been any discussion about the #metoo movement at school?

Please ✓ one box only

Yes	☐
No	☐

160. The #metoo movement is a good thing.

Please ✓one box only

I strongly agree	☐
I agree	☐
I neither agree nor disagree	☐
I disagree	☐
I strongly disagree	☐

161. Which option best describes your ethnic group or background?

Please ✓ one box only

White British	☐
Any other White background	☐
Asian or Asian British	☐
Black, African, Caribbean or Black British	☐
Mixed/multiple ethnic background	☐
Any other ethnic group	☐

162. Which adult or adults (not including older brothers or sisters) do you live with?

Please ✓ all that apply

My mother	☐
My father	☐
My stepmother	☐
My stepfather	☐
My foster-mother	☐
My foster-father	☐
Someone else	☐

163. Does your family own a car, van or truck?

Please ✓ one box only

No	☐
Yes, one	☐
Yes, two or more	☐

164. Do you have your own bedroom for yourself?

Please ✓ one box only

No	☐
Yes	☐

165. How many computers does your family own (including laptops and tablets, **not** including game consoles and smartphones)?

Please ✓ one box only

None	☐
One	☐
Two	☐
More than two	☐

166. How many bathrooms (rooms with a bath/shower or both) are in your home?

Please ✓ one box only

None	☐
One	☐
Two	☐
More than two	☐

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167. Does your family have a dishwasher at home?

Please ✓ <u>one</u> box only

No ☐
Yes ☐

168. How many times did you and your family travel out of England for a holiday/vacation last year?

Please ✓ <u>one</u> box only

Not at all ☐
Once ☐
Twice ☐
More than twice ☐

That is the end. THANK YOU!
Please remain quiet until everyone has finished.

Appendix 7 Staff baseline survey

Information and Consent to Participate

We are researchers working at your school as part of a study evaluating "Project Respect," a programme aiming to reduce violence in young people's dating and relationships. As part of our research we are asking all members of school staff to fill in an online survey. This should only take about 10-15 minutes. The survey asks about your school's practices and policies related to safeguarding, bullying and violence (including violence within dating and relationships); any personal, social and health education (PSHE) and sex and relationship education (SRE) offered at the school; and your role at the school and your general health status. You will NOT be asked about your own experiences of dating, relationships or violence.

Your participation is voluntary. You may choose not to take part, to stop taking part at any time, or to skip particular questions, with no negative consequences.

The survey is completely confidential. Your responses will not be shared with anyone at the school. They will be stored securely in our offices on a computer database that will not include your name or email address, and all data will be destroyed after 20 years. While the information you provide about your role in the school could be used to identify you if that role is held by only a small number of school staff, when reporting on the findings from the survey we will NOT report findings in a way that could identify any individual participants. When we write reports or articles based on the research, you and your school will not be named or in any way identified.

If you're happy to fill in the survey, please tick "Yes" below.

I have read the information above.

I understand that I can choose to take part or not.

I understand that I can stop taking part at any time.

I agree to take part in this study.

Yes   ☐
No   ☐

Demographics and occupation

Please select the circle or box next to your answer for each question. If you don't want to answer a question, just leave it blank.

1. How do you describe yourself?

Please ✓ <u>one</u> box

Male	☐
Female	☐
Transgender man/transgender male	☐
Transgender woman/transgender female	☐
Do not identify as male, female or transgender	☐

2. Which of these best describes your position?

Please ✓ all that apply

Subject teacher	☐
Head of Year	☐
Head of Department	☐
Head Teacher	☐
Deputy Head or Assistant Head Teacher	☐
Teaching Assistant	☐
Student Pastoral Support	☐
Other (please write) _____	☐

3. Are you a member of the school's senior leadership team? NB all respondents are asked this question

Please ✓ <u>one</u> box

Yes	☐
No	☐

4. Are you the safeguarding lead or deputy safeguarding lead for the school? NB all respondents are asked this question

Please ✓ <u>one</u> box

Yes	☐
No	☐

5. Are you a personal, social and health education (PSHE) coordinator for the school? NB all respondents are asked this question

Please ✓ <u>one</u> box

Yes	☐
No	☐

6. At this school how major a problem are the following among students?

[NB: Add "additional information" option to click on in electronic survey system every time "violence or abuse in dating and relationships" is mentioned: "This can include emotional, verbal, physical and/or sexual abuse and/or controlling behaviours among people who are romantically or sexually involved with one another"]

[NB: Add "additional information" option to click on in electronic survey system EVERY time "sexual harassment" is mentioned: "Sexual harassment is unwanted and unwelcome sexual behaviour (touching, groping etc.) or sexual remarks (wolf whistling etc.), or insulting remarks about sexual behaviour (homophobic name-calling, insulting someone for being or not being sexually active, etc.), whether from partners or anyone else. Sexual harassment is not behaviours that you like or want (for example wanted kissing, touching, or flirting).")

Please ✓ <u>one</u> box on each line

	Very major	Quite major	Not very major	Not at all major
Violence or abuse in dating and relationships	☐	☐	☐	☐
Physical bullying	☐	☐	☐	☐
Verbal, social or emotional bullying	☐	☐	☐	☐
Other violence	☐	☐	☐	☐
Sexual harassment	☐	☐	☐	☐

7. At this school do staff patrol the school site during lunch or breaktimes?

Please ✓ <u>one</u> box

Yes	☐
No	☐

8. Do such patrols aim to prevent the following behaviours?

Please ✓ all that apply

Violence or abuse in dating and relationships	☐
Physical bullying	☐
Verbal, social or emotional bullying	☐
Other violence	☐
Sexual harassment	☐

9. At this school, if students engage in dating or relationship violence on school grounds or at school events, how often are they:

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
Issued a written warning	☐	☐	☐	☐	☐
Parents/guardians called or contacted	☐	☐	☐	☐	☐
Referred to a school counsellor or school nurse	☐	☐	☐	☐	☐
Referred to a member of the leadership group (e.g. head of year, assistant head)	☐	☐	☐	☐	☐

Referred to participate in restorative practice	☐	☐	☐	☐	☐
Referred to participate in some other group or programme	☐	☐	☐	☐	☐
Encouraged to participate in peer mediation	☐	☐	☐	☐	☐
Placed in school detention	☐	☐	☐	☐	☐
Isolated on their own at school	☐	☐	☐	☐	☐
Excluded from school temporarily	☐	☐	☐	☐	☐
Excluded from school permanently	☐	☐	☐	☐	☐

10. At this school, if students engage in sexual harassment on school grounds or at school events, how often are they:

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
Issued a written warning	☐	☐	☐	☐	☐
Parents/guardians called or contacted	☐	☐	☐	☐	☐
Referred to a school counsellor or school nurse	☐	☐	☐	☐	☐
Referred to the leadership group (e.g. head of year, assistant head)	☐	☐	☐	☐	☐
Referred to participate in a group or programme	☐	☐	☐	☐	☐
Encouraged to participate in peer mediation	☐	☐	☐	☐	☐
Placed in school detention	☐	☐	☐	☐	☐
Isolated on their own at school	☐	☐	☐	☐	☐

Excluded from school temporarily	☐	☐	☐	☐	☐
Excluded from school permanently	☐	☐	☐	☐	☐

11. How good are safeguarding procedures at this school?

Please ✓ one box

Very good	☐
Quite good	☐
Not very good	☐
Not at all good	☐

12. Is PSHE taught at this school?

Please ✓ one box

Yes	☐
No	☐

a) [If answer YES to above] Does PSHE at this school address the following topics?

Please ✓ all that apply

Preventing violence or abuse in dating and relationships	☐
Preventing physical bullying	☐
Preventing verbal, social or emotional bullying	☐
Preventing other violence	☐
Preventing sexual harassment	☐

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

---

13. For each year group, what is the total weekly PSHE provision in timetabled lessons?

If PSHE is not taught weekly, please provide an equivalent weekly average.

	Year 7	Year 8	Year 9	Year 10	Year 11
Number of **minutes** of PSE/PSHE provision					

13. A) Which teachers have the main responsibility for teaching PSHE?

Please ✓ one box

☐	PE teachers	☐	RE teachers
☐	Science teachers	☐	Form tutors
☐	Specialist PSHE / health education teachers	☐	Any classroom teacher / No group has main responsibility
		☐	This school does not teach PSHE

☐   Other

✍

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

---

14. Which year groups receive sex and relationships education (SRE) in the formal curriculum and where is it taught?

Please select all that apply

	PSHE	Science / biology	Other subject	Not taught to this year group
a. Year 7	☐	☐	☐	☐
b. Year 8	☐	☐	☐	☐
c. Year 9	☐	☐	☐	☐
d. Year 10	☐	☐	☐	☐
e. Year 11	☐	☐	☐	☐

---

15. Does SRE in your school include the prevention of violence or abuse in dating and relationships?

Please ✓ <u>one</u> box

Yes in all year groups	☐	No	☐
Yes but only in some year groups	☐	Don't know	☐
This school does not teach SRE	☐		

---

16. Who is involved in formal teaching of SRE in your school?

Please ✓ all that apply

Teachers	☐	Outside specialists	☐
School nurse	☐	Don't know	☐
School counsellor	☐		
This school does not teach SRE	☐		

17. Does your school have a written SRE policy?

Please ✓ <u>one</u> box

Yes, written policy in place   ☐   No   ☐
Currently developing a written policy   ☐

Only answer the following if previous answer was "Yes, written policy in place"
Please answer the following questions about your policy
  a. How long has it been in   ___ years
      place?
  b. Were students involved in developing your school's SRE policy?

Please ✓ <u>one</u> box

Yes   ☐   Don't know   ☐
No   ☐

Only answer if answer to 17 was "Yes, written policy in place"
  c. Does this policy address the following?

                                                     Please ✓ <u>one</u> box on each line
                                                          Yes   No
Prevention of violence or abuse in dating and relationships   ☐   ☐
Prevention of sexual harassment   ☐   ☐

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

1. Which year groups receive education about bullying or violence prevention in the formal curriculum and where is it taught? Please select all that apply			
	PSE	Other subject	Not taught to this year group
a. Year 7	☐	☐	☐
a. Year 8	☐	☐	☐
b. Year 9	☐	☐	☐
c. Year 10	☐	☐	☐
d. Year 11	☐	☐	☐

2. Does education about bullying or violence prevention in your school include violence or abuse in dating and relationships, or sexual harassment?

Please ✓ <u>one</u> box

Yes in all year groups   ☐   No   ☐

| Yes but only in some year groups | ☐ | Don't know | ☐ |

---

3. Who is involved in formal teaching of bullying or violence prevention in your school?

Please ✓ all that apply

Teachers	☐	Outside specialists	☐
School nurse	☐	Don't know	☐
School counsellor	☐		

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher

---

21. Does your school have a written behaviour and discipline policy?

Please ✓ one box

| Yes, written policy in place | ☐ | No | ☐ |
| Currently developing a written policy | ☐ | | |

Only answer the following if previous answer was "Yes, written policy in place"
Please answer the following questions about your policy

   a. How long has it been in place?   ____ years
   b. Were students involved in developing your school's behaviour and discipline policy?

Please ✓ one box

| Yes | ☐ | Don't know | ☐ |
| No | ☐ | | |

Only answer if answer to question 21 was "Yes, written policy in place"
   c. Does this policy address the following?

Please ✓ one box on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	☐	☐
Prevention of sexual harassment	☐	☐

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher or safeguarding lead/deputy lead

---

22. Does your school have a written safeguarding policy?

Please ✓ <u>one</u> box

Yes, written policy in place   ☐   No   ☐
Currently developing a written policy   ☐

If Yes, please answer the following questions about your policy
     a.   How long has it been in   __ years
          place?
     b.   Were students involved in developing your school's safeguarding policy?

Please ✓ <u>one</u> box

Yes   ☐   Don't know   ☐
No   ☐

Only answer if answer to question 22 was "Yes, written policy in place"
     c.   Does this policy address the following?

	Please ✓ one box on each line	
	Yes	No
Prevention of violence or abuse in dating and relationships	☐	☐
Prevention of sexual harassment	☐	☐

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher

23. Were there actions in your School Development Plan / School Improvement Plan for 2016/17 relating to any of the following aspects of student health?

	Please ✓ all that apply
Bullying or violence prevention	☐
Sexual health	☐
Safeguarding	☐
Violence or abuse in dating and relationships	☐
Sexual harassment	☐

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher

---

**24. How many INSET days does did your school have   __ days
in 2016/17?**
     a)   How many of these focused on any or all of   __
          the following: Sexual health, bullying or
          violence, violence or abuse in dating and
          relationships, sexual harassment, or
          safeguarding?

All staff complete the following questions

The next few questions are about your own health and wellbeing

b) In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

c) The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

Please ✓ <u>one</u> box on each line

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐
b. Climbing several flights of stairs	☐	☐	☐

d) During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	☐	☐	☐	☐	☐
b. Were limited in the <u>kind</u> of work or other activities	☐	☐	☐	☐	☐

e) During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	☐	☐	☐	☐	☐
b. Did work or other activities <u>less carefully than usual</u>	☐	☐	☐	☐	☐

f) During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

g) These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐
c. Have you felt downhearted and low?	☐	☐	☐	☐	☐

h) During the <u>past 4 weeks</u>, how much of the time has your <u>physical health</u> or <u>emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

This is the end of the survey.

Thank you very much for your time in completing this survey. Your participation will help develop a programme to reduce dating or relationship violence amongst young people

Appendix 8 Staff follow-up survey

Information and Consent to Participate

We are researchers working at your school as part of a study evaluating "Project Respect," a programme aiming to reduce violence in young people's dating and relationships. As part of our research we are asking all members of school staff to fill in an online survey.

This should only take about 15-20 minutes.

The survey asks about:

- your school's practices and policies related to safeguarding, bullying and violence (including violence within dating and relationships);
- any personal, social and health education (PSHE) and sex and relationship education (SRE) offered at the school;
- and your role at the school and your general health status.

You will NOT be asked about your own experiences of dating, relationships or violence.

Your participation is voluntary. You may choose not to take part, to stop taking part at any time, or to skip particular questions, with no negative consequences.

The survey is <u>completely confidential</u>.

How we will use your responses:

- Your responses will not be shared with anyone at the school.
- They will be stored securely in our offices on a computer database that will <u>not include your name or email address, and all data will be destroyed after 20 years</u>.
- <u>When reporting on the findings from the survey, we will take great care NOT to report anything that could potentially identify you. We will not report findings from small groups (e.g. those at a particular school performing a particular role) where this could mean an individual was identifiable.</u>
- When we write reports or articles based on the research, you and your school will <u>not</u> be <u>named or in any way identified</u>.

If you're happy to fill in the survey, please tick "Yes" below.

I have read the information above.
I understand that I can choose to take part or not.
I understand that I can stop taking part at any time.
<u>I agree to take part in this study.</u>
Yes ☐
No ☐

Please tick the box next to your answer for each question. If you don't want to answer a question, just leave it blank.

1. How do you describe yourself?

    Please ✓ <u>one</u> box

    Male   ☐
    Female   ☐
    Transgender man/transgender male   ☐
    Transgender woman/transgender female   ☐
    Other   ☐
    Prefer not to say   ☐

2. Which of these best describes your position?

    Please ✓ all that apply

    Subject teacher   ☐
    Head of Year   ☐
    Head of Department   ☐
    Head Teacher   ☐
    Deputy Head or Assistant Head Teacher   ☐
    Teaching Assistant   ☐
    Student Pastoral Support   ☐
    Other (please write)   _____   ☐

3. Are you a member of the school's senior leadership team?

    Please ✓ <u>one</u> box

    Yes   ☐
    No   ☐

4. Are you the safeguarding lead or deputy safeguarding lead for the school?

    Please ✓ <u>one</u> box

    Yes   ☐
    No   ☐

5. Are you a personal, social and health education (PSHE) coordinator for the school?

    Please ✓ <u>one</u> box

    Yes   ☐
    No   ☐

6. At this school how major a problem are the following among students?

    Please ✓ <u>one</u> box on each line

	Very major	Quite major	Not very major	Not at all major
Violence or abuse in dating and relationships	☐	☐	☐	☐

Physical bullying	☐	☐	☐	☐
Verbal, social or emotional bullying	☐	☐	☐	☐
Other violence	☐	☐	☐	☐
Sexual harassment	☐	☐	☐	☐

7. A) At this school do staff patrol the school site during lunch or breaktimes?

Please ✓ <u>one</u> box

Yes	☐
No	☐

If YES

b) Do such patrols aim to prevent the following behaviours?

Please ✓ all that apply

Violence or abuse in dating and relationships	☐
Physical bullying	☐
Verbal, social or emotional bullying	☐
Other violence	☐
Sexual harassment	☐

8. At this school, if students engage in dating or relationship violence on school grounds or at school events, how often are they:

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
Issued a written warning	☐	☐	☐	☐	☐
Parents/guardians called or contacted	☐	☐	☐	☐	☐
Referred to a school counsellor or school nurse	☐	☐	☐	☐	☐
Referred to a member of the leadership group (e.g. head of year, assistant head)	☐	☐	☐	☐	☐
Referred to participate in restorative practice	☐	☐	☐	☐	☐
Referred to participate in some other group or programme	☐	☐	☐	☐	☐
Encouraged to participate in peer mediation	☐	☐	☐	☐	☐

Placed in school detention	☐	☐	☐	☐	☐
Isolated on their own at school	☐	☐	☐	☐	☐
Excluded from school temporarily	☐	☐	☐	☐	☐
Excluded from school permanently	☐	☐	☐	☐	☐

9. At this school, if students engage in sexual harassment on school grounds or at school events, how often are they:

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
Issued a written warning	☐	☐	☐	☐	☐
Parents/guardians called or contacted	☐	☐	☐	☐	☐
Referred to a school counsellor or school nurse	☐	☐	☐	☐	☐
Referred to the leadership group (e.g., head of year, assistant head)	☐	☐	☐	☐	☐
Referred to participate in a group or programme	☐	☐	☐	☐	☐
Encouraged to participate in peer mediation	☐	☐	☐	☐	☐
Placed in school detention	☐	☐	☐	☐	☐
Isolated on their own at school	☐	☐	☐	☐	☐
Excluded from school temporarily	☐	☐	☐	☐	☐
Excluded from school permanently	☐	☐	☐	☐	☐

10. How good are safeguarding procedures at this school?

Please ✓ <u>one</u> box

Very good	☐
Quite good	☐
Not very good	☐
Not at all good	☐

11. a) Is PSHE taught at this school?

Please ✓ <u>one</u> box

Yes	☐
No	☐

b)   [If answer YES to above] Does PSHE at this school address the following topics?

Please ✓ all that apply

Preventing violence or abuse in dating and relationships	☐
Preventing physical bullying	☐
Preventing verbal, social or emotional bullying	☐
Preventing other violence	☐
Preventing sexual harassment	☐

12) a) Has this school recently been taking steps to reduce dating and relationship violence?

Please ✓ <u>one</u> box

Yes	☐
No	☐
Not sure	☐

If YES
b) How much do you agree with this work in the school to reduce dating and relationship violence?"
Please ✓ <u>one</u> box

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
☐	☐	☐	☐	☐

All staff:

13. A) During this past year, have staff received training led by other school staff on addressing dating and relationship violence?

Please ✓ one box

Yes ☐
No ☐
Not sure ☐

If YES
b) How did you find the training on addressing dating and relationship violence which was led by other school staff?

Please ✓ one box

Very good ☐
Good ☐
Not very good ☐
Not at all good ☐

c) Have you been involved in any of the following activities as part of the work to reduce dating and relationship violence?

i) Teaching a curriculum about dating and relationship violence

Please ✓ one box

Yes ☐
No ☐
Not sure ☐

If YES to 13c(i)
1. How useful did you find this activity?

Please ✓ one box

Very useful ☐
Useful ☐
Not very useful ☐
Not at all useful ☐

2. Roughly how many hours would you estimate you spent on this activity during the **2017/18** school year? -------- hours

ii) Reviewing school policies to ensure these address dating and relationship violence

Please ✓ one box

Yes ☐
No ☐
Not sure ☐

If YES to 13c(ii)

    1.   How useful did you find this activity?

          Please ✓ one box

Very useful   ☐
Useful   ☐
Not very useful   ☐
Not at all useful ☐

    2.   Roughly how many hours would you estimate you spent on this activity during the **2017/18** school year? -------- hours

    iii)   Enabling students to run campaigns against dating and relationship violence?

        Please ✓ one box

Yes   ☐
No   ☐
Not sure   ☐

If YES to 13c(iii)

    1.   How useful did you find this activity?

          Please ✓ one box

Very useful   ☐
Useful   ☐
Not very useful   ☐
Not at all useful ☐

    2.   Roughly how many hours would you estimate you spent on this activity during the **2017/18** school year? -------- hours

    iv)   Patrolling the school site to prevent or address dating and relationship violence

        Please ✓ one box

Yes   ☐
No   ☐
Not sure   ☐

If YES to 13c(iv)

    1.   How useful did you find this activity?

          Please ✓ one box

Very useful	☐
Useful	☐
Not very useful	☐
Not at all useful	☐

2. Roughly how many hours would you estimate you spent on this activity during the **2017/18** school year? -------- hours

All schools

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

---

14. A) For each year group, what is the total weekly PSHE provision in timetabled lessons?

If PSHE is not taught weekly, please provide an equivalent weekly average.

	Year 7	Year 8	Year 9	Year 10	Year 11
Number of **minutes** of PSE/PSHE provision					

14. B) Which teachers have the main responsibility for teaching PSHE?

Please ✓ one box

☐	PE teachers	☐	RE teachers
☐	Science teachers	☐	Form tutors
☐	Specialist PSHE / health education teachers	☐	Any classroom teacher / No group has main responsibility
		☐	This school does not teach PSHE
☐	Other		

✎

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

---

15 Which year groups receive sex and relationships education (SRE) in the formal curriculum and where is it taught?

Please select all that apply

	PSHE	Science / biology	Other subject	Not taught to this year group
a. Year 7	☐	☐	☐	☐

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b. Year 8	☐	☐	☐	☐
c. Year 9	☐	☐	☐	☐
d. Year 10	☐	☐	☐	☐
e. Year 11	☐	☐	☐	☐

16. Does SRE in your school include the prevention of violence or abuse in dating and relationships?

Please ✓ <u>one</u> box

Yes in all year groups	☐	No ☐	
Yes but only in some year groups	☐	Don't know ☐	
This school does not teach SRE	☐		

17. Who is involved in formal teaching of SRE in your school?

Please ✓ all that apply

Teachers	☐	Outside specialists ☐	
School nurse	☐	Don't know ☐	
School counsellor	☐		
This school does not teach SRE	☐		

18 Does your school have a written SRE policy?

Please ✓ <u>one</u> box

Yes, written policy in place	☐	No ☐	
Currently developing a written policy	☐		

Only answer the following if previous answer was "Yes, written policy in place"
Please answer the following questions about your policy
    a. How long has it been in place?   _____ years
    b. Were students involved in developing your school's SRE policy?

Please ✓ <u>one</u> box

Yes	☐	Don't know ☐	
No	☐		

Only answer the following if previous answer was "Yes, written policy in place"
    c. Does this policy address the following?

Please ✓ <u>one</u> box on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	☐	☐
Prevention of sexual harassment	☐	☐

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

19. Which year groups receive education about bullying or violence prevention in the formal curriculum and where is it taught? Please select all that apply			
	PSE	Other subject	Not taught to this year group
a. Year 7	☐	☐	☐
a. Year 8	☐	☐	☐
b. Year 9	☐	☐	☐
c. Year 10	☐	☐	☐
d. Year 11	☐	☐	☐

20. Does education about bullying or violence prevention in your school include violence or abuse in dating and relationships, or sexual harassment?

Please ✓ one box

Yes in all year groups	☐	No	☐
Yes but only in some year groups	☐	Don't know	☐
This school does not teach bullying or violence prevention	☐		

21. Who is involved in formal teaching of bullying or violence prevention in your school?

Please ✓ all that apply

Teachers	☐	Outside specialists	☐
School nurse	☐	Don't know	☐
School counsellor	☐		
This school does not teach bullying or violence prevention		☐	

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher or safeguarding lead/deputy lead

22. Does your school have a written mobile phone policy?

Please ✓ one box

Yes, written policy in place	☐	No	☐
Currently developing a written policy	☐		

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Only answer the following if previous answer was "Yes, written policy in place"
Please answer the following questions about your policy

    a. How long has it been in   ___ years
        place?
    b. Were students involved in developing your school's behaviour and discipline
        policy?

Please ✓ <u>one</u> box

Yes   ☐   Don't know ☐
No   ☐

Only answer the following if previous answer was "Yes, written policy in place"
    c. Does this policy address the following?

Please ✓ <u>one</u> box
on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	☐	☐
Prevention of sexual harassment	☐	☐

---

23. Does your school have a written safeguarding policy?

Please ✓ <u>one</u> box

Yes, written policy in place   ☐   No ☐
Currently developing a written policy   ☐

If Yes, please answer the following questions about your policy
    a. How long has it been in   __ years
        place?
    b. Were students involved in developing your school's safeguarding policy?

Please ✓ <u>one</u> box

Yes   ☐   Don't know ☐
No   ☐

Only answer the following if previous answer was "Yes, written policy in place"
    c. Does this policy address the following?

Please ✓ <u>one</u> box on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	☐	☐
Prevention of sexual harassment	☐	☐

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher

---

24. Does your school have a written behaviour and discipline policy?

Please ✓ one box

Yes, written policy in place   ☐   No   ☐
Currently developing a written policy   ☐

Only answer the following if previous answer was "Yes, written policy in place"
Please answer the following questions about your policy

     a.   How long has it been in   ___ years
          place?
     b.   Were students involved in developing your school's behaviour and discipline
          policy?

Please ✓ one box

Yes   ☐   Don't know   ☐
No   ☐

Only answer the following if previous answer was "Yes, written policy in place"
     c.   Does this policy address the following?

                                                          Please ✓ one box
                               on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	☐	☐
Prevention of sexual harassment	☐	☐

---

25. Were there actions in your School Development Plan / School Improvement Plan for 2017/18 relating to any of the following aspects of student health?

                                            Please ✓ all that apply

Bullying or violence prevention	☐
Sexual health	☐
Safeguarding	☐
Violence or abuse in dating and relationships	☐
Sexual harassment	☐

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher

---

26. A) How many INSET days does did your school have in 2017/18?	__ days
b) How many of these focused on any or all of the following: Sexual health, bullying or violence, violence or abuse in dating and relationships, sexual harassment, or safeguarding?	__

All staff complete the following questions

27. Approximately how much time would you say you spend in the average week dealing with problems arising from student involvement in sexual harassment or physical or other abuse within students' dating / relationships?

Please ✓ one box

0 hours	☐
Up to 1 hour	☐
Over 1 hour but no more than 2 hours	☐
Over 2 hours but no more than 5 hours	☐
Over 5 hours ☐	

The next few questions are about your own health and wellbeing

28. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

29. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Please ✓ one box on each line

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
b. Climbing several flights of stairs	☐	☐	☐

30. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	☐	☐	☐	☐	☐
b. Were limited in the <u>kind</u> of work or other activities	☐	☐	☐	☐	☐

31. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	☐	☐	☐	☐	☐
b. Did work or other activities <u>less carefully than usual</u>	☐	☐	☐	☐	☐

32. During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

33. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐
c. Have you felt downhearted and low?	☐	☐	☐	☐	☐

34. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health</u> or <u>emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Finally, we want to ask some questions about the recent #metoo movement

35. a) Have you heard about the #metoo movement? (Yes/No)

If YES
b) Has there been any discussion about the #metoo movement within the school? (tick all that apply)

Yes, informal conversations between staff, students, or staff and students	Yes, more formal discussion (e.g. class discussion or discussion within assembly)	Yes, in another context in the school (not included in previous options)	No, or not that I know of
☐	☐	☐	☐

c) How much do you agree with the aims of the #metoo movement?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
☐	☐	☐	☐	☐

This is the end of the survey.

Thank you very much for your time in completing this survey. Your participation will help us to improve a programme designed to help secondary schools reduce dating and relationship violence.

Appendix 9　Process evaluation tools

Project Respect
NSPCC-delivered training: Training form and statement on recording and survey

Please complete the information below about today's training and then ask those attending the training to fill in their name and role on the next page. Straight after you have finished the session, please scan and email a password-protected PDF of this sheet, or post this sheet sealed in the stamped, addressed envelope provided, to the research team. This attendance sheet forms part of the evaluation of the Project Respect programme. Reports from the evaluation will not name or otherwise identify you, those attending the training or their schools.

What is the date of today's training?　　　　　　……./……./……./

Name of trainer　　　　　　　　　　　　　………………………………………..

What school is being trained today?　　　　　………………………………………..

Number of staff expected to attend today　　　……………

Number of staff attending today　　　　　　　……………

Start time　　　　　　　　　　　　　　　　…………………..

Stop time　　　　　　　　　　　　　　　　…………………..

How many people decided not to take part because they
did not want to be audio-recorded?　　　　　　…………………..

What time did you set out to get to the training?　…………………..

What time did you get back home/to the office after training?　…………………..

Is this your first time conducting this training?　☐ Yes　☐ No
　　If yes, how much time have you spent
　　preparing overall to conduct the NSPCC-delivered
　　training for Project Respect?　　　　　………………….. days ………………… hours

　　If no, how much time have you spent preparing
　　for the NSPCC-delivered training in general since the
　　last training session you conducted?　　　………………….. days …………………… hours

How much time have you spent preparing
　　for this specific training session (today's training)?　………………….. days …………………… hours

(Please see next page for statement on audio-recording and survey)

Statement on audio-recording and survey – please read aloud at the start of the training. This is read by a member of the research team if they are observing the training, and otherwise by the trainer.

As part of the research evaluating "Project Respect," the research team has asked us to audio-record today's training and ask you to fill in a survey afterwards. As explained in the Information Sheet and Consent Form you've received, the research team will produce a written record of the training, but this will not include any participants' names or the name of your school. The audio-recording and the survey are to help the researchers better understand the Project Respect intervention overall, not to assess the performance of anyone involved in the training.

What you say on the recording and on your survey will be kept confidential. However, if you indicate at any point that a student is at risk of very serious harm or has had sex before the age of 13, the research team will need to tell someone who is in charge of safeguarding at your school. Please note that because your survey responses are anonymous, they will not be able to follow up with you about any safeguarding issues raised on a survey. If you have any concerns about a student's well-being or safety, I am happy to discuss them with you afterwards.

If you have any questions about the recording or survey please ask. If you are happy to take part, please go ahead and fill in your consent form now. If you consent to audio-recording now, but change your mind at any point, please let me know and you will have the opportunity to leave the training.

Project Respect
Attendance sheet for NSPCC-delivered training

Please write your name in BLOCK CAPITALS as well as your professional role in the school.

Attendee name	Attendee role in school

Project Respect
Analysis: Audio-recording of NSPCC-delivered training

Date of the training?   ……./……./……./

School being trained?   ………………………………….

Trainer   ………………………………….

Researcher analysing recording   ………………………………….

Safeguarding issues

In the recording of the training, did anyone disclose that a student is at risk of very serious harm or has had sex before the age of 13?   ☐ Yes   ☐ No

> *If yes,* please answer the below:
>
> Who made the disclosure (trainer or a member of staff)?
>
>
>
> Please describe the disclosure:

Topics covered

For a topic to be judged as being covered, it must have been touched on by the trainer and/or in full-group discussion.

Topic	Covered? y/n
Overview of the 6 aims of NSPCC training	
Introductions	
Dating and relationship violence in the school	
Schools' responsibility to safeguard against peer-on-peer abuse	
Definition of "dating and relationship violence"	
Definition of "sexual harassment"	
Prevalence / scale of dating and relationship violence among young people	
Health impact of dating and relationship violence among young people	
Educational impact of dating and relationship violence among young people	
The 6 aims of Project Respect	
Theory of change of Project Respect	
Overview of intervention components	
How to review mapping of hotpots to inform action plan to reduce risk in school site	
Review curriculum lessons 1-3 and discuss (discussion may cover one or more of these lessons)	
Review curriculum lessons 4-6 and discuss (discussion may cover one or more of these lessons)	
How student-led campaigns can be run in schools	
Parental engagement in Project Respect	

Exercises used

Exercise	Undertaken? y/n
Review of policy audit that the training participants should have done prior to training	*If not undertaken, tick here if audit was **not** done prior to training:* ☐
Feedback on planned actions to take in school as a result of policy audit	
Mapping hotspots for dating and relationship violence/sexual harassment on school site	
Planning how to involve parents in Project Respect	
Identify next steps in implementing Project Respect	

Opportunities for discussion

Topic	Discussed? y/n
Paired discussion of dating and relationship violence: definitions and behaviours in their school	
Questions and answers	

Information on sources of support for those affected by abuse

Information	Provided? y/n
National sources of support	

Project Respect Training: Satisfaction survey

We are researchers working at your school evaluating how to prevent violence in young people's boyfriend or girlfriend relationships. As part of our research, we are asking all those who attend training provided by NSPCC to fill in a brief questionnaire on their views of the training. This should only take about 5 minutes.

The questionnaire has no questions about your personal experiences of relationships, violence or other potentially sensitive issues. It is up to you whether or not you fill in the questionnaire and you can stop taking part at any point.

We will store the information from the questionnaire on a computer file that **will <u>not include your name or anything that can identify you</u>**. When we write research reports based on information from all the questionnaires, you will <u>not be named or identified in any way</u>.

What you report will be **completely confidential** and **will not be shared with anyone outside the research team**.

1. What was the date of the training?   ……./……./……./

2. Name of the trainer: ……………………………..

3. What is the name of the school where you work?   ……………………………

4. Please indicate below whether you found the training on the following topics useful:

Topic	Useful? *(please select one option in each row)*			
	Yes	**No**	**Can't remember**	**Was not covered**
Overview of aims of NSPCC staff training	☐	☐	☐	☐
Introductions	☐	☐	☐	☐
Dating and relationship violence in a school context	☐	☐	☐	☐
Safeguarding responsibilities in schools	☐	☐	☐	☐
Prevalence / scale of dating and relationship violence among young people	☐	☐	☐	☐
Health impact of dating and relationship violence among young people	☐	☐	☐	☐
Educational impact of dating and relationship violence among young people	☐	☐	☐	☐
Aims of Project Respect	☐	☐	☐	☐
Theory of change of Project Respect	☐	☐	☐	☐

Topic	Useful? *(please select one option in each row)*			
	Yes	**No**	**Can't remember**	**Was not covered**
Overview of intervention components	☐	☐	☐	☐
Discussion about the policy audit planned for the school	☐	☐	☐	☐
How to review mapping of hotpots to inform staff patrols of school site	☐	☐	☐	☐
Review and discussion of curriculum lessons	☐	☐	☐	☐
How the school can support student-led campaigns	☐	☐	☐	☐
Parental engagement in Project Respect	☐	☐	☐	☐

5. Overall, how would you rate the usefulness of the topics covered in the training?

Excellent ☐
Good ☐
Quite good ☐
Poor ☐

6. Please indicate below whether you thought it was useful to do the following exercises in the training

Exercise	Useful? *(please select one option in each row)*			
	Yes	**No**	**Can't remember**	**Did not do**
Review of policy audit done prior to training	☐	☐	☐	☐
Feedback on planned actions to take in school as a result of policy audit	☐	☐	☐	☐
Mapping hotspots for dating and relationship violence and sexual harassment on school site	☐	☐	☐	☐
Planning how to involve parents in Project Respect	☐	☐	☐	☐
Identify next steps in implementing Project Respect	☐	☐	☐	☐
Identify who is responsible for next steps in implementing Project Respect	☐	☐	☐	☐

7. Overall, how would you rate the usefulness of the exercises done in the training?

Excellent ☐
Good ☐
Quite good ☐
Poor ☐

8. Please indicate below whether you recall the training informing you about national sources of support for those affected by abuse: ☐ Yes ☐ No

9. Overall, has the training met your expectations?
Yes completely ☐
Yes partially ☐
No not at all ☐

9.a. If "Yes partially" or "No, not at all," please tell us about which expectations were not met:

10. Overall, has the training provided what you need to know to begin implementing Project Respect at your school?
Yes completely ☐
Yes partially ☐
No not at all ☐

10.a. If "Yes partially" or "No, not at all," what additional information would you have liked to have before beginning implementing Project Respect at your school?

11. Did your school need to pay for cover for your work so that you could attend this training?
Yes ☐
No ☐

12. Did attending this training mean that other work you needed to do was not done at all?
Yes ☐
No ☐

13. Did you have to allocate school space to the training programme? ☐ Yes ☐ No
13.a. **If Yes**, how many rooms? _____

13.b. What would this space usually be used for?

14. Were any other costs of any kind incurred by yourself or the school that are not covered in the questions above? ☐ Yes ☐ No

14.a. **If yes**, please describe them:

That is the end. THANK YOU!

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Please fold this survey and place it in the survey collection box at the front of the training room.
Project Respect
All-staff training: Training form and statement on recording

Please complete the information below about today's training. Then email this sheet (as a password-protected file) or post the sheet to the research team straight after you have finished the session sealed in the stamped, addressed envelope provided. This attendance sheet forms part of the evaluation of the Project Respect programme. Reports from the evaluation will not name or otherwise identify you, those attending the training or the schools.

What is the date of today's training?   …….../…….../…….../

Name of trainer   …………………………………………..

What school is being trained today?   …………….

Number of staff attending today   …………….

Start time   …………….

Stop time   …………….

How many people decided not to take part because they
did not want to be audio-recorded?   ……………..

How much time would you say you spent preparing for
this specific training session (**not** including the time you
spent attending the NSPCC-led training)?   ………………….. days …………………… hours

Statement on audio-recording– please read aloud at the start of the training. This is read by a member of the research team if they are observing the training, and otherwise by the trainer.

As part of the research evaluating "Project Respect," the research team would like us to audio-record today's training. They will produce a written record of the training, but this will not include any participants' names or the name of our school. The audio-recording is to help the researchers better understand the Project Respect programme overall, not to assess the performance of anyone involved in the training.

What you say on the recording will be kept confidential. However, if you indicate that a student is at risk of very serious harm, including that a student has had sex before the age of 13, the research team will need to tell someone who is in charge of safeguarding at your school.

I'm happy to answer any questions about the training and recording. If you do not want to take part due to audio recording, please let me know and you may leave before the training begins.

Project Respect
Analysis: Audio-recording of all-staff training

Date of the training?	……./……./……./
School being trained?	……………
Trainer	………………………………….
Researcher analysing recording	………………………………….

Safeguarding issues

In the recording of the training, did anyone disclose that a student is at risk of very serious harm or has sex before the age of 13? ☐ Yes ☐ No

If yes, please answer the below:

Who made the disclosure (trainer or another member of staff)?

Please describe the disclosure:

Topics covered

For a topic to be judged as being covered, it must have been touched on by the trainer and/or in full-group discussion.

Topic	Covered y/n?
Overview of the 6 aims of all staff training	
Dating and relationship violence in the school	
Definition of dating and relationship violence	
Definition of sexual harassment	
Prevalence / scale of dating and relationship violence among young people	
Health impact of dating and relationship violence among young people	
Educational impact of dating and relationship violence among young people	
Theory of change	
Overview of intervention components	
What has been learned so far from whole-school actions that have taken place (learning from the policy audit and/or hotspot mapping results)	
Summary of curriculum (including at least a mention of all 6 lessons)	
Describe and/or carry out at least one example of activities from curriculum	
Describe student-led campaign component	
How parents will be informed	

Opportunities for discussion

Topic	Discussed y/n?
Paired discussion of dating and relationship violence: definitions and behaviours in their school	
Discussion of any local particular issues with engaging with parents about Project Respect	
Q&A	

Information on sources of support for those affected by abuse

Information	Provided y/n?
National sources of support	
School / local sources of support	

Project Respect
Logbook completed by teaching staff delivering curriculum sessions

Please complete the relevant log sheet for the lesson that you have delivered and either email the sheet (as a password-protected file) or place it into the log sheet collection box in the staff room straight after you have finished the lesson, sealed in the envelope provided. This log sheet is part of the evaluation of the Project Respect programme. Your responses will only be seen by the research team. When we analyse the log sheets, we will not link your name to the information you provide. Neither your name nor that of your school will feature in any articles or reports written based on the evaluation.

Project Respect
Logbook completed by teaching staff delivering curriculum sessions

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions

Year 9: Lesson 1

School name   ....

Your name   ....

What is the date of the lesson today?   ..../......./......./

In what timetable slot is the lesson being taught?   (Tick one box)

Tutor group / registration period   ☐
Off-timetable day   ☐
Personal, social & health education lesson (or similar)   ☐
Other subject lesson   ☐

Is this lesson split across more than 1 session?   ☐ Yes
                                                                        ☐ No

      If yes, which session is this?   # .... of ....

Number of students in class today   ....

Start time   ....

Stop time   ....

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
Definition of sexual harassment	
Definition of sexual bullying	
Consideration of why gender based stereotypes can lead to harmful behaviour in relationships (e.g., **SLIDE 8,** "Gender expectations" section of lesson)	
Consideration of how gender based stereotypes can affect our thoughts and behaviours towards others (e.g., **SLIDE 16**, "Summarise the learning" section of lesson)	
Consideration of how we can challenge or resist thoughts and behaviours that are harmful. (e.g., **SLIDE 17,** "What can we do to challenge this?" section of lesson)	

Exercises used

Exercise	✓ if used
Activity – gendered behaviours **SLIDE 8** What expectations do pupils have of themselves as a friend, son/daughter, brother/sister, boyfriend/girlfriend? Pupils should work in pairs to compile a list of words to the behaviours and attitudes that they think matches each relationship or role above.	
Activity - Role play **SLIDE 9** Pupils to work in pairs to prepare a role play based on the scenario below. They could work in mixed pairs, taking the role of Jamal and Rebecca, or if they prefer, work in same sex groups to present Jamal's view and Rebecca's view	
Set homework activity – SLIDE 18 Pupils list things they want to STOP and START	

Opportunities for discussion

Topic	✓ if discussed
Use **SLIDE 3** to generate some discussion about the types of behaviours pupils have experienced or are aware of in school.	
SLIDE 8 Discussion activity Discussion of where, outside of school, girls and boys get ideas about how they should behave or look	
SLIDES 12-16 Discussion activity What are your assumptions about Chris and Charlie in SLIDE 11? How have your assumptions changed in SLIDES 12 and 13? How do pupils think Chris and Charlie should behave in SLIDES 14 and 15? Why?	

Sources of support

Information	✓ if provided
Students reminded of national sources of support	

Please share any comments on how this lesson could be improved:

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions.

Year 9: Lesson 2

School name   ....

Your name   ....

What is the date of the lesson today?   ..../......./......./

In what timetable slot is the lesson being taught?   (Tick one box)

Tutor group / registration period   ☐
Off-timetable day   ☐
Personal, social & health education lesson (or similar)   ☐
Other subject lesson   ☐

Is this lesson split across more than 1 session?   ☐ Yes
                                                     ☐ No

    If yes, which session is this?   # .... of ....

Number of students in class today   ....

Start time   ....

Stop time   ....

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
The features of healthy relationships (e.g., "Introduction" section of the lesson	
The signs of unhealthy relationships (e.g., scenarios 1, 2, or 3 in the lesson; **SLIDES 4-5** and section of lesson on identifying harmful physical and emotional behaviours)	
How others' behaviour can make us feel (e.g., **SLIDE 8**, section of lesson on what makes behaviours harmful)	

Exercises used

Exercise	✓ if used
Healthy relationships quiz	

Opportunities for discussion

Topic	✓ if discussed
Scenario 1: Jordan and Marie	
Scenario 2: Tariq and Nic	
Scenario 3: Lee and Tam	

Sources of support

Information	✓ if provided
Students reminded of national sources of support	

Optional supplemental resources

Resource	✓ if used
Love is Respect's Relationship Spectrum	

Please share any comments on how this lesson could be improved:

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions

Year 9: Lesson 3

School name ....

Your name ....

What is the date of the lesson today? ..../......./......./

In what timetable slot is the lesson being taught? (Tick one box)

Tutor group / registration period ☐
Off-timetable day ☐
Personal, social & health education lesson (or similar) ☐
Other subject lesson ☐

Is this lesson split across more than 1 session? ☐ Yes
☐ No

If yes, which session is this? # .... of ....

Number of students in class today ....

Start time ....

Stop time ....

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
Boundaries that are defined by rules (e.g., **SLIDE 3**)	
The meaning of consent (e.g., **SLIDE 6**)	
Different places in school that make us or others feel safe or unsafe	
What we can do to increase cool spaces and/or reduce hot spaces	

Exercises used

Exercise	✓ if used
"No Big Deal" exercise: Read out each statement below and ask pupils to indicate which they think is correct - NO BIG DEAL, AGAINST SCHOOL RULES, AGAINST THE LAW or JUST NOT RIGHT	
"No Big Deal" handout for pupils to complete	
Hot spotting mapping on school plan	

Opportunities for discussion

Topic	✓ if discussed
SLIDE 5 – discuss whether location and/or gender make a difference to responses to "No big deal" exercise	
SLIDE 6 discussion of consent	
Discussion of how 'hot' spots could be made 'cooler' (or refer to discussion that already took place on this in Lesson 1)	

Sources of support

Information	✓ if provided
Students reminded of national sources of support	

Optional supplemental resources

Resource	✓ if used
Video about sexual consent from ChildLine	
Video about sexual consent from Family Lives	
"Consent for kids" video	

Please share any comments on how this lesson could be improved:

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions

Year 9: Lesson 4

School name	....
Your name	....
What is the date of the lesson today?	......./......./......./
In what timetable slot is the lesson being taught?	(Tick one box)

Tutor group / registration period	☐
Off-timetable day	☐
Personal, social & health education lesson (or similar)	☐
Other subject lesson	☐

Is this lesson split across more than 1 session?	☐ Yes
	☐ No
If yes, which session is this?	# .... of ....
Number of students in class today	....
Start time	....
Stop time	....

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
What we can do to help a friend if we are worried about their relationship with someone (e.g., discussion of Jordan and Marie scenario in lesson; and **SLIDE 9**)	
Using student campaigns to raise awareness and/or change behaviours in the school (e.g., section of lesson that begins "Look at the Stop Start activity…")	

Exercises used

Exercise	✓ if used
Description of Circle of 6 app	
Agree on up to 3 different issues that pupils want to change	
Set homework activity To plan a campaign idea which will result in a behaviour or attitude change in school	

Opportunities for discussion

Topic	✓ if discussed
Discussion about film **Listen to your selfie**	
Discussion about scenario with Jordan and Marie	

Sources of support

Information	✓ if pProvided
Students reminded of national sources of support	

Optional supplemental resources

Resource	✓ if used
Childline page about relationships	
Childline page about how to support a friend	

Please share any comments on how this lesson could be improved:

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions

Year 9: Lesson 5

School name　　　　　　　　　　　　　　　　...

Your name　　　　　　　　　　　　　　　　...

What is the date of the lesson today?　　　　　......./......./......./

In what timetable slot is the lesson being taught?　　(Tick one box)

Tutor group / registration period　　　　　　　☐
Off-timetable day　　　　　　　　　　　　　☐
Personal, social & health education lesson (or similar)　☐
Other subject lesson　　　　　　　　　　　　☐

Is this lesson split across more than 1 session?　　☐ Yes
　　　　　　　　　　　　　　　　　　　　☐ No

　　　If yes, which session is this?　　　　　　# .... of ....

Number of students in class today　　　　　　..............

Start time　　　　　　　　　　　　　　　　..............

Stop time　　　　　　　　　　　　　　　　..............

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
How we know we are getting angry (e.g., **SLIDE 3,** "Knowing when you're angry" section of lesson)	
How we can communicate effectively in relationships when we are not happy (e.g., **SLIDE 5** and associated lesson content)	
What we can do to manage the way we behave when we are angry (e.g., **SLIDES 4 & 8**, and associated lesson content)	

Exercises used

Exercise	✓ if used
Role plays focusing on talking and listening skills	
If you have time, collect the suggestions for calming down together so that pupils are aware of other strategies	

Opportunities for discussion

Topic	✓ if discussed
Small group discussion of resolving differences	
Whole class discussion on ways of communicating	

Sources of support

Information	✓ if provided
Students reminded of national sources of support	

Optional supplemental resources

Resource	✓ if used
"Calm" app	
"Headspace" app	

Please share any comments on how this lesson could be improved:

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions

Year 9: Lesson 6

School name ....

Your name ....

What is the date of the lesson today? ..../......./......./

In what timetable slot is the lesson being taught? (Tick one box)

Tutor group / registration period ☐
Off-timetable day ☐
Personal, social & health education lesson (or similar) ☐
Other subject lesson ☐

Is this lesson split across more than 1 session? ☐ Yes
☐ No

If yes, which session is this? # .... of ....

Number of students in class today ....

Start time ....

Stop time ....

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
What services and resources can offer support to those worried about or experiencing dating and relationship violence	

Exercises used

Activity	✓ if undertaken
Group work to develop campaign ideas	
Group presentations on campaign ideas	
Make plans to take campaign ideas forward	
Distribute "Relationship Spectrum" handout	

Opportunities for discussion

Topic	✓ if discussed
Discussion of Circle of 6	

Sources of support

Reminder	✓ if provided
Students reminded of national sources of support	
Students reminded of school and/or local sources of support	

Please share any comments on how this lesson could be improved:

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions

Year 10: Lesson 1

School name ....

Your name ....

What is the date of the lesson today? ..../......./......./

In what timetable slot is the lesson being taught? (Tick one box)

Tutor group / registration period ☐
Off-timetable day ☐
Personal, social & health education lesson (or similar) ☐
Other subject lesson ☐

Is this lesson split across more than 1 session? ☐ Yes
☐ No

If yes, which session is this? # .... of ....

Number of students in class today ....

Start time ....

Stop time ....

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
How to recognise and prevent dating and relationship violence (e.g., **SLIDES 4-5** and associated lesson content)	

Exercises used

Exercise	✓ if used
Write down or shout out warning signs in "Lara's story" film	
In whole class or smaller groups, pupils suggest what would need to change about Lara's relationship with Dan to make it healthier	

Opportunities for discussion

Topic	✓ if discussed
Discuss what might stop Lara from asking for help	

Sources of support

Information	✓ if provided
Students reminded of national sources of support	
Students reminded of school and/or local sources of support	

Optional supplemental resources

Resource	✓ if used
ChildLine website on what to do when worried about someone's relationship	

Please share any comments on how this lesson could be improved:

Project Respect
Log sheet completed by teaching staff delivering curriculum sessions

Year 10: Lesson 2

School name ....

Your name ....

What is the date of the lesson today? ..../......./......./

In what timetable slot is the lesson being taught? (Tick one box)

Tutor group / registration period ☐
Off-timetable day ☐
Personal, social & health education lesson (or similar) ☐
Other subject lesson ☐

Is this lesson split across more than 1 session? ☐ Yes
☐ No

If yes, which session is this? # .... of ....

Number of students in class today ....

Start time ....

Stop time ....

Instructions
In the tables on the next page, for each row please tick (✓) in the right-hand column if the content was covered in the lesson. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	✓ if covered
The meaning and importance of consent in relationships	

Exercises used

Exercise	✓ if used
Verbal and non-verbal consent signals	
Out loud or in pairs, pupils read scenario about "withdrawing consent" scenario in the "Communicating effectively" section of the lesson **(SLIDE 5)**	
"Saying no" scenarios exploring ways to say no to pressure or coercion	

Opportunities for discussion

Topic	✓ if discussed
"Withdrawing consent" scenario in the "Communicating effectively" section of the lesson **(Slide 5)**	

Sources of support

Information	✓ if provided
Students reminded of national sources of support	
Students reminded of school and/or local sources of support	

Please share any comments on how this lesson could be improved:

Project Respect
Structured observations of a randomly selected session per school of one curriculum lesson

Statement on observation – teacher to read before the lesson begins, or researcher adapt and read

_[name of researcher]_is visiting our class today. She is a researcher from [The London School of Hygiene and Tropical Medicine/University of Bristol]. She is working on a research study to evaluate Project Respect. As part of the research, she will be observing today's lesson and making notes about the topics and activities in the lesson. She will **not** be making notes about what students say or do. This observation is to help the research team better understand Project Respect overall, not to assess any students or teachers.

Anything you say during the lesson will be kept confidential. However, if anyone indicates that a student is at risk of very serious harm or has had sex before the age of 13, as with anyone with a safeguarding role in the school the researcher would need to tell someone in charge of safeguarding at the school.

If you have any questions for __[name of researcher]__ she would be happy to answer them.

Project Respect
Structured observations of a randomly selected session per school of one curriculum lesson

Date of the lesson?   ..../......./......./

School being observed?   ....

Teacher being observed?   ....

In what timetable slot is the lesson being taught?   (Tick one box)

Tutor group / registration period   ☐
Off-timetable day   ☐
Personal, social & health education lesson (or similar) ☐
Other subject lesson   ☐

Number of students in class today   ....

Lesson being observed?
Lesson 1 (Year 9)   ☐   Lesson 4   ☐
Lesson 2 (Year 9)   ☐   Lesson 5   ☐
Lesson 3   ☐   Lesson 6   ☐

Lesson 1 (Year 10)   ☐   Lesson 2 (Year 10)   ☐

Start time   ....

Stop time   ....

Is this lesson split across more than 1 session?   ☐ Yes
                                                       ☐ No

        If yes, which session is this?   # .... of ....

Researcher observing the lesson   ....

Safeguarding issues
During the observation, did anyone disclose that a student is at risk of very serious harm or has had sex before the age of 13?   ☐ Yes   ☐ No

If yes, please answer the following questions:

   1.   Who made the disclosure (name and whether a student or a member of staff)?
   2.   What is the nature of the disclosure?

   3.   What actions were taken during or after class and how did you learn about them (e.g., by discussing with teacher afterwards)?

   4.   Based on discussion with the teacher, what further actions might be necessary?

Year 9: Lesson 1

Slides presented

Slide	Screened y/n?	Slide	Screened y/n?	Slide	Screened? y/n
1		7		13	
2		8		14	
3		9		15	
4		10		16	
5		11		17	
6		12		18	
				19	

Instructions

In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
Definition of sexual harassment	
Definition of sexual bullying	
Consideration of why gender based stereotypes can lead to harmful behaviour in relationships (e.g., **SLIDE 8,** "Gender expectations" section of lesson)	
Consideration of how gender based stereotypes can affect our thoughts and behaviours towards others (e.g., **SLIDE 16,** "Summarise the learning" section of lesson)	
Consideration of how we can challenge or resist thoughts and behaviours that are harmful. (e.g., **SLIDE 17,** "What can we do to challenge this?" section of lesson)	

Exercises used

Exercise	Used? y/n
Activity – gendered behaviours **SLIDE 8** What expectations do pupils have of themselves as a friend, son/daughter, brother/sister, boyfriend/girlfriend? Pupils should work in pairs to compile a list of words to the behaviours and attitudes that they think matches each relationship or role above.	
Activity - Role play **SLIDE 9** Pupils to work in pairs to prepare a role play based on the scenario below. They could work in mixed pairs, taking the role of Jamal and Rebecca, or if they prefer, work in same sex groups to present Jamal's view and Rebecca's view	
Set homework activity – SLIDE 18 Pupils list things they want to STOP and START	

Opportunities for discussion

Topic	Discussed? y/n
Use **SLIDE 3** to generate some discussion about the types of behaviours pupils have experienced or are aware of in school.	
SLIDE 8 Discussion activity Discussion of where, outside of school, girls and boys get ideas about how they should behave or look	
SLIDES 12-16 Discussion activity What are your assumptions about Chris and Charlie in SLIDE 11? How have your assumptions changed in SLIDES 12 and 13? How do pupils think Chris and Charlie should behave in SLIDES 14 and 15? Why?	

Sources of support

Information	Provided? y/n
Students reminded of national sources of support	

Year 9: Lesson 2

Slides presented

Slide	Screened y/n?	Slide	Screened? y/n
1		7	
2		8	
3		9	
4		10	
5			
6			

Instructions

In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
The features of healthy relationships (e.g., "Introduction" section of the lesson	
The signs of unhealthy relationships (e.g., scenarios 1, 2, or 3 in the lesson; **SLIDES 4-5** and section of lesson on identifying harmful physical and emotional behaviours)	
How others' behaviour can make us feel (e.g., **SLIDE 8**, section of lesson on what makes behaviours harmful)	

Exercises used

Exercise	Used? y/n
Healthy relationships quiz	

Opportunities for discussion

Topic	Discussed? y/n
Scenario 1: Jordan and Marie	
Scenario 2: Tariq and Nic	
Scenario 3: Lee and Tam	

Sources of support

Information	Provided? y/n
Students reminded of national sources of support	

Optional supplemental resources

Resource	Used? y/n
Love is Respect's Relationship Spectrum	

Year 9: Lesson 3

Slides presented

Slide	Screened y/n?	Slide	Screened y/n?
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Instructions

In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
Boundaries that are defined by rules (e.g., **SLIDE 3**)	
The meaning of consent (e.g., **SLIDE 6**)	
Different places in school that make us or others feel safe or unsafe	
What we can do to increase cool spaces and/or reduce hot spaces	

Exercises used

Exercise	Used? y/n
"No Big Deal" exercise: Read out each statement below and ask pupils to indicate which they think is correct - NO BIG DEAL, AGAINST SCHOOL RULES, AGAINST THE LAW or JUST NOT RIGHT	
"No Big Deal" handout for pupils to complete	
Hot spotting mapping on school plan	

Opportunities for discussion

Topic	Discussed? y/n
SLIDE 5 – discuss whether location and/or gender make a difference to responses to "No big deal" exercise	
SLIDE 6 discussion of consent	
Discussion of how 'hot' spots could be made 'cooler' (or refer to discussion that already took place on this in Lesson 1)	

Sources of support

Information	Provided? y/n
Students reminded of national sources of support	

Optional supplemental resources

Resource	Used? y/n
Video about sexual consent from ChildLine	
Video about sexual consent from Family Lives	
"Consent for kids" video	

Year 9: Lesson 4

Slides presented

Slide	Screened y/n?	Slide	Screened? y/n
1		7	
2		8	
3		9	
4		10	
5		11	

Instructions
In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
What we can do to help a friend if we are worried about their relationship with someone (e.g., discussion of Jordan and Marie scenario in lesson; and **SLIDE 9**)	
Using student campaigns to raise awareness and/or change behaviours in the school (e.g., section of lesson that begins "Look at the Stop Start activity…")	

Exercises used

Exercise	Used? y/n
Description of Circle of 6 app	
Agree on up to 3 different issues that pupils want to change	
Set homework activity To plan a campaign idea which will result in a behaviour or attitude change in school	

Opportunities for discussion

Topic	Discussed? y/n
Discussion about film **Listen to your selfie**	
Discussion about scenario with Jordan and Marie	

Sources of support

Information	Provided? y/n
Students reminded of national sources of support	

Optional supplemental resources

Resource	Used? y/n
Childline page about relationships	

Year 9: Lesson 5

Slides presented

Slide	Screened y/n?	Slide	Screened? y/n
1		7	
2		8	
3		9	
4			
5			
6			

Instructions

In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
How we know we are getting angry (e.g., **SLIDE 3,** "Knowing when you're angry" section of lesson)	
How we can communicate effectively in relationships when we are not happy (e.g., **SLIDE 5** and associated lesson content)	
What we can do to manage the way we behave when we are angry (e.g., **SLIDES 4 & 8**, and associated lesson content)	

Exercises used

Exercise	Used? y/n
Role plays focusing on talking and listening skills	
If you have time, collect the suggestions for calming down together so that pupils are aware of other strategies	

Opportunities for discussion

Topic	Discussed? y/n
Small group discussion of resolving differences	
Whole class discussion on ways of communicating	

Sources of support

Information	Provided? y/n
Students reminded of national sources of support	

Optional supplemental resources

Resource	Used? y/n
"Calm" app	
"Headspace" app	

Year 9: Lesson 6

Slides presented

Slide	Screened? y/n
1	
2	
3	
4	
5	
6	

Instructions

In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
What services and resources can offer support to those worried about or experiencing dating and relationship violence	

Exercises used

Activity	Undertaken? y/n
Group work to develop campaign ideas	
Group presentations on campaign ideas	
Make plans to take campaign ideas forward	
Distribute "Relationship Spectrum" handout	

Opportunities for discussion

Topic	Discussed? y/n
Discussion of Circle of 6	

Sources of support

Reminder	Provided? y/n
Students reminded of national sources of support	
Students reminded of school and/or local sources of support	

Year 10: Lesson 1

Slides presented

Slide	Screened? y/n	Slide	Screened? y/n
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Instructions

In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
How to recognise and prevent dating and relationship violence (e.g., **SLIDES 4-5** and associated lesson content)	

Exercises used

Exercise	Used? y/n
Write down or shout out warning signs in "Lara's story" film	
In whole class or smaller groups, pupils suggest what would need to change about Lara's relationship with Dan to make it healthier	

Opportunities for discussion

Topic	Discussed? y/n
Discuss what might stop Lara from asking for help	

Sources of support

Information	Provided? y/n
Students reminded of national sources of support	
Students reminded of school and/or local sources of support	

Optional supplemental resources

Resource	Used? y/n
ChildLine website on what to do when worried about someone's relationship	

Year 10: Lesson 2

Slides presented

Slide	Screened? y/n
1	
2	
3	
4	
5	
6	
7	
8	

Instructions

In the tables below, for each row please enter "y" for "yes" or "n" for "no" in the right-hand column. Notes in parentheses indicate the most likely slide/part of the lesson where the content would have been covered, but it may have been covered elsewhere.

Topics covered

Topic	Covered? y/n
The meaning and importance of consent in relationships	

Exercises used

Exercise	Used? y/n
Verbal and non-verbal consent signals	
Out loud or in pairs, pupils read scenario about "withdrawing consent" scenario in the "Communicating effectively" section of the lesson **(SLIDE 5)**	
"Saying no" scenarios exploring ways to say no to pressure or coercion	

Opportunities for discussion

Topic	Discussed? y/n
"Withdrawing consent" scenario in the "Communicating effectively" section of the lesson **(Slide 5)**	

Sources of support

Information	Provided? y/n
Students reminded of national sources of support	
Students reminded of school and/or local sources of support	

Project Respect
Interview with NSPCC trainer

Materials

- Discussion guide
- Audio recorder
- Spare batteries
- Information sheet

- Consent form
- Materials for taking notes (laptop or notebook)

Welcome and Introductions

1. Give participant information sheet and consent form
2. Introduce the interview. You may use the recommended text below or provide this information in your own words.

*My name is _____ and I am a researcher from [LSHTM/University of Bristol]. As part of our research evaluating Project Respect, I'd like to ask you about your views as a trainer for Project Respect and your experience of being involved in the programme so far. The interview should take about 45 minutes. This is intended to help us better understand the Project Respect programme overall, and **not** to evaluate your personal performance.*

*I will **not** ask you about your own experiences of dating, relationships or violence. Your participation is voluntary, and you can stop taking part at any time. We can also skip any questions you prefer not to answer. I'd like to audio-record the interview and then produce a written record. The written record will not include your name; and we ask that you do not use your name while we are recording. When we write articles and reports about Project Respect, we may include quotes from the interview but will not include any information that could identify you or the schools with which you have worked. If we plan to use any of your direct quotes in an article or report, we will show you these quotes ahead of time and will only use those that you approve.*

If at any point you tell me that a student is at risk of very serious harm or has had sex before the age of 13, I will need to tell someone at NSPCC who is in charge of safeguarding. If this happens, I will discuss it with you first.

Please read the information sheet and consent form you've received, and fill in the consent form if you are happy to take part. I can answer any questions you might have.

3. Collect and check consent form
4. Start audio recorder and state today's date, time, type of interview (trainer interview), and ID# of trainer being interviewed (number consecutively in the format N#; e.g., the first trainer interviewed will be N1)

Interview Guide

Topic	Probe
Which schools did you train?	>1? When? Where?
Did you schedule the training with each school directly?	How long did it take? Smooth or complicated process of timetabling? Smooth or complicated process of identifying participants? What factors affected this?

Who attended the training in each school?	Were these the people that we intended to train in each school? Who didn't come? Indication of reasons why? Gender breakdown?
Time dedicated to training	Time for training Total time including journey Preparation time – overall and for each session
Did you deliver the training as you intended to in each school?	Topics covered? Materials used? Activities employed? Discussions?
Did you drop or shorten any elements of the training?	Topics, activities or discussion? Why? Consequences?
Did you introduce any elements into the training that were not planned beforehand?	Topics, activities or discussion? Why? Consequences? Any other adaptations?
Were there any factors that affected delivery?	Did any factors concerning the schools or their staff affect delivery? Was the timing about right?
How did the participants respond in each school?	Were participants enthusiastic? Did participants take part in discussion and activities? How well did participants work together? Did participants make practical plans for next steps in their schools? (e.g., for lessons, policy review, hotspot mapping and response, and/or parent component?)
Were there any factors that affected responses to the training?	Did some engage more than others? Why might this be?
Do you think the training benefited the participants as intended?	Learning outcomes? Knowledge? Attitudes? Skills? Relationships with each other? Practical plans for next steps?
Do you think the training had any unforeseen impacts, positive or negative?	What kind of impact? What do you think led to these? Any differences by school? Why do you think this is?
What costs did you incur when delivering the training?	Financial costs, and any time costs not yet mentioned
What costs do you think the attendees would have incurred in attending the training?	Ask about financial costs and time costs, and also about how disruptive the programme might have been to the smooth running of the school.
Suggest any changes for future trainings?	Logistics? Format, materials, or activities?

For NSPCC trainer(s) also involved in other aspects of programme delivery, also include questions highlighted in blue	
How would you describe your role in delivering Project Respect?	What are your responsibilities for delivering the programme and supporting schools? (
Support to schools	Your role in supporting schools to deliver? Do schools use one-to-one support sessions? How much time spent supporting them? How was support delivered? Do you contact schools or do they contact you? What aspects of the programme have required the most support?
Delivery of components	Were any components not delivered?
Guidance given on lessons	Selecting staff to deliver lessons Balancing adapting lessons vs. maintaining fidelity?
School perspectives on the programme	Feedback from schools on the lesson content or other components? Any they disagreed with? Resonate with their school's pre-existing efforts? Any push-back from schools?
What overall differences have you encountered working with different schools, if any?	What factors do you think led to these differences? (e.g., at the community, school, staff, or student levels) Unique challenges or facilitators? Difference depending on seniority or role of staff involved?
Do you think the programme overall has had any unforeseen impacts, positive or negative?	What kind of impact? What do you think has led to these? Any differences by school? Why do you think this is?
What costs have you incurred supporting Project Respect?	Ask about financial costs and time costs

This is the end of the interview. Thank participant for their time.

Project Respect
Intervention school: Staff interview

Materials

- Discussion guide
- Audio recorder
- Spare batteries
- Information sheet

- Consent form
- Materials for taking notes (laptop or notebook)

Welcome and Introductions

1. Give participant information sheet and consent form
2. Introduce the interview. You may use the recommended text below or provide this information in your own words.

*My name is _____ and I am a researcher from [LSHTM/University of Bristol]. As part of our research evaluating Project Respect, we'd like to find out about your experiences of being in the trial so far and your views on the programme. The interview should take about 45 minutes. This is intended to help us better understand the Project Respect programme overall, and **not** to evaluate your personal performance.*

*I will **not** ask you about your own experiences of dating, relationships or violence. Your participation is voluntary, and you can stop taking part at any time. We can also skip any questions you prefer not to answer. I'd like to audio-record the interview and then produce a written record. The written record will not include your name; and we ask that you do not use your name while we are recording. When we write articles and reports about Project Respect, we may include quotes from the interview but will not include any information that could identify you, your school, or your students.*

What you say in the interview will be kept confidential. However, if at any point you tell me that a student is at risk of very serious harm or has had sex before the age of 13, I will need to tell someone at the school who is in charge of safeguarding. If this happens, I will discuss it with you first.

Please read the information sheet and consent form you've received, and fill in the consent form if you are happy to take part. I can answer any questions you might have.

3. Collect and check consent form
4. Start audio recorder and state today's date, time, type of interview (staff interview), and ID# of staff being interviewed (number consecutively within the school in the format [code]-T#; e.g., the first member of staff interviewed at that school will be [code]-T1)

Interview Guide

Topic	Probe
Their role at the school?	Current role? Nature of role? Previous roles in that school? Previous schools?
Their school	Describe its culture Key priorities? Student engagement? Attainment? Student and staff demographics? Gender balance? Inclusive?

	How are the relations between SLT and staff?
	How are the relations among staff?
	How are the relations between staff and parents?
	How are the relations between staff and students?
	How are the relations among students?
	Any evidence of dating and relationship violence, emotional abuse or controlling behaviours?
	Any evidence of gender / sexuality based harassment?
	Sharing sexual images without consent?
	On school site?
	Digital media?
	Done by/targeting girls and/or boys?
	Any discussion of #metoo movement in the school? Views of staff and students?
How got involved in Project Respect?	When?
	Who asked?
	Was it voluntary?
	How were staff selected?
	Gender balance of staff delivering?
	What role on project?
	[If they are the contact who received the DRV baseline report]
	How did school use the baseline DRV report?

What did they do in Project Respect?	What activities –
	   o Planning
	   o Review of school rules and policies
	   o Hot spot mapping
	   o Patrols
	   o Curriculum
	   o Student campaigns
	   o Information for parents?
	Describe activities in detail including who worked on them and how long they took. Probe on
	   o How were materials shared with parents?
	   o Timetabling of lessons? Girls and boys separate for any?
	Involvement of other staff and of students in these processes? Involvement of SLT?
	How well did a) staff and b) staff and students work together?
	Time needed for participation
	Cover needed?
	Effect of participation on completing other work?

Views on these activities?	What went well?
	What concrete changes or actions occurred?

	Were these sustained? What went not so well? What did not get started or finished?

What factors affected this?	• Factors to do with other staff?
	
	• Factors to do with you as an individual?
	
	• Factors to do with students?
	
	• Factors to do with the school overall?
	
	• Factors to do with parents (their response to Project Respect in the school, and to the parent component)?
	
	• Factors to do with the programme?
	    ○ Views on the curriculum materials? How do they compare to other PSHE resources the school has access to?
	    ○ Adaptations to the curriculum?
	    ○ Appropriate for students from different backgrounds?
	• How well did the training(s) prepare you?
	
	• Were you and others committed to making the programme work?
	
	• Did the programme go against the grain of any existing school policies or systems?
	
	• How did it fit with existing teaching or programming?

Impact (positive or negative)	What impacts on school processes? What impacts on staff, students and relationships? Any impact on other year groups? How did students engage with the programme ? How seriously did they take it? Any impacts on • Students' anger management or communication skills? • Student bonding to school? • Student attitudes towards gender stereotypes? • Gender-based harassment, and the response to it? Level of tolerance? • DRV, and the response to it? Level of tolerance? Any differences by student group? *(e.g., year group; gender; other student characteristics)* Did the programme get integrated into broader management of school? Where any of the impacts unforeseen?
How do you think these impacts came about?	*[For the impacts participant describes, probe on the pathway(s) of how they came about:]* Which activities led to the change, and how? How do you think the school environment affected this? How do you think the student body affected this?

Questions highlighted in green should be asked beginning mid-way through process evaluation, when we have learned enough about the project to ask:	
[Compare and contrast with challenges faced in other schools] In some schools they have found _____ when implementing the programme. Have you encountered that here?	[probes to be added iteratively as findings emerge.] If not, why do you think that is?
[present specific context/mechanism/outcome {CMO} configurations theorised based on the evidence so far, for comment] Based on what we have been learning in our research, we think [CMO configuration] could be taking place. Views on this?	[probes to be added iteratively as findings emerge.] Have you seen this in your school? Examples that confirm or contradict this theory?
Views on Project Respect overall?	Any content they disliked or disagreed with? Workable programme for their school? Priority for their school? Views of other staff? View of students? Any push-back? Would do again? What would change?
Questions highlighted in orange should only be asked in interviews towards the end of the intervention:	
Sustainability	Will any Project Respect activities be done again next year?
What costs do you think you or your school has incurred as a result of participating in this project?	For example, costs in terms of time and money and disruptive use of school space Admin staff time making arrangements Teaching staff time participating in the project Use of school space and facilities (and disruption this causes) Safeguarding time due to increased disclosures? Anything else?
Do you think any costs have been saved as a result of the school participating in this project?	Including costs in terms of time and money Any costs saved by reducing time spent on student incidents prevented or mitigated by Project Respect?

This is the end of the interview. Thank participant for their time.

Project Respect
Intervention school: Parent interview

Materials

- Discussion guide
- Audio recorder
- Spare batteries
- Information sheet

- Consent form
- Materials for taking notes (laptop or notebook)

Welcome and Introductions

1. Give participant information sheet and consent form
2. Introduce the interview. You may use the recommended text below or provide this information in your own words.

*My name is _____ and I am a researcher from [LSHTM/University of Bristol]. I am working on a research study to evaluate Project Respect. You've been selected for an interview because your child goes to [name of school], one of the schools participating in the study. I'd like to ask you about your experience with and views on Project Respect. The interview should take about 45 minutes. This is intended to help us better understand the Project Respect programme overall, and **not** to evaluate the performance of your child or any school staff.*

*I will **not** ask you about your own experiences of dating, relationships or violence or those of your child. You can decide whether or not to take part, and you can stop taking part at any time. We can also skip any questions you prefer not to answer. I'd like to audio-record the interview and then produce a written record. The written record will not include your name; and we ask that you do not use your name while we are recording. When we write articles and reports about Project Respect, we may include quotes from the interview but will not include any information that could identify you, your child, or the school your child attends.*

What you say in the interview will be kept confidential. However, if at any point you tell me that a student is at risk of very serious harm or has had sex before the age of 13, I will need to tell someone at the school who is in charge of safeguarding. If this happens, I will discuss it with you first.

Please read the information sheet and consent form you've received, and fill in the consent form if you are happy to take part. I can answer any questions you might have.

3. Collect and check consent form
4. Start audio recorder and state today's date, time, type of interview (parent interview), and ID# of parent being interviewed (number consecutively within the school in the format [code]-P#; e.g., the first parent interviewed from that school will be [code]-P1)

Interview Guide

Topic	Probe
About themselves	Children in which year? How long their children at this school? Like school?
Their school	Describe its culture Academic reputation Broader reputation Good relations between school and parents?

Know about Project Respect?	In general Specific elements - patrols, curriculum, student campaigns, parent info? How have you heard about Project Respect (e.g., from students, other parents or staff? Describe what they have heard about it from whom
Views on these activities?	Probe on patrols, curriculum, student campaigns, parent info What did they like? What did they not like? Why? What about their child's view? Views of staff? Views of other parents? Role of the school in addressing DRV and sexual harassment?
Views on parent component of Project Respect	How has the school communicated with you about Project Respect? Received booklet about DRV and with activities to do with your child? Views on activities?
What costs if any have you or your family incurred as a result of participating in this project?	Might include costs in terms of time and money Prompts to include: Time spent dealing with the school about the intervention Time spent with their children/students discussing the intervention. Any out of pocket costs?
Views on Project Respect overall?	Need in their children's school? Aware of any impacts on the school What would you change about the programme?

This is the end of the interview. Thank the participant for their time.

Project Respect
Intervention school: Student Interview

Materials

- Discussion guide
- Audio recorder
- Spare batteries
- Information sheet

- Consent form
- Materials for taking notes (laptop or notebook)

Welcome and Introductions

1. Give participant information sheet and consent form
2. Introduce the interview. You may use the recommended text below or provide this information in your own words.

*My name is _____ and I am a researcher from **[LSHTM/University of Bristol]**. I am working on a research study to evaluate Project Respect, a programme to prevent violence in young people's dating and relationships. I'd like to ask you about your experience with and views on Project Respect. The interview should take about an hour, and I'll ask you about your experience of the programme and life at this school. This is intended to help us better understand the Project Respect programme overall. There are no right or wrong answers – I'm interested in your honest views.*

*I will **not** ask you about your own experiences of dating, relationships or violence.*

For focus groups, say:
*We ask that you please do **not** discuss these in the group session, because we cannot assure privacy. However, if anyone would like to speak privately after the session about anything you are going through, please let me know. I will be happy to speak with you and, if you wish, connect you with someone at your school or the NSPCC who is in charge of safeguarding and can help you. We ask everyone to keep anything said today private among those in this room.*

For interviews, say:
If you would like to talk with me privately before or after the interview about any concerns or issues you would like help with, I will be happy to talk with you and to connect you with someone at your school or the NSPCC who is in charge of safeguarding and can help you. What you say in the interview will be kept confidential.

For both interviews and focus groups, continue:
However, if at any point you tell me that you or another student are at risk of very serious harm or has had sex before the age of 13, I will need to tell someone at the school who is in charge of safeguarding. If this happens, I will discuss it with you first.

*You can decide whether or not to take part, and you can stop taking part at any time with no negative consequences. We can also skip any questions you prefer not to answer. I'd like to audio-record the **[interview/focus group]** and then produce a written record. The written record will not include your name; and we ask that you do not use your name while we are recording. When we write articles and reports about Project Respect, we may include quotes from the interview but will not include any information that could identify you or your school.*

Please read the information sheet and consent form you've received, and fill in the consent form if you are happy to take part. I can answer any questions you might have.

3. Collect and check consent form
4. Start audio recorder and state today's date, time, type of interview (student interview), and ID# of student being interviewed (number consecutively within the school in the format [code]-S#; e.g., the first student interviewed at that school will be [code]-S1)

Interview Guide

Topic	Probe
About themselves	Year? How long at this school? Like school? Ambitions for future?
Their school	Describe its culture Good relations between staff and students? Good relations among students? Between girls and boys?
Dating and relationship violence & gender / sexuality based harassment	*[Clarify not asking about own experiences of perpetration or victimisation]* What terminology used / understood? How big a problem on school site and via digital media Circulation of sexual images (nudes) without permission? - Reasons some students share own images? - Perceptions of what will happen? Aware it could be circulated? - Reasons for circulating without consent? Same/different for girls and boys? - Fallout when circulated? Same/different for girls and boys? What happens when this occurs? Any discussion of #metoo movement in the school? Views of staff and students?
Know about Project Respect?	Patrols, curriculum, student campaigns, parent info? Describe what they experienced
What did they do in Project Respect?	What activities –curriculum, student campaigns, hotspot mapping, circle of 6, parent component? Describe activities in detail Lessons: - Discussions? - Girls and boys together or separate? How well did a) staff and b) staff and students work together? Time needed for participation Effect of participation on completing other work?
Views on these activities?	Probe on curriculum, circle of 6, student campaigns? Probe on hotspot mapping, patrols. Noticed any difference? Probe on parent info. Did parents receive information about Project Respect? Have they talked with their parents

<table>
<tr>
<td></td>
<td>about the programme? About gender-based harassment and DRV?

What did they like?
What did they not like?
Why?
Were the right teachers teaching the lessons?
Views of other students?
Probe on:

How relatable to students?
How engaged were students? Any difference between groups of students?
How seriously did students take it?
Anything missing?
Other programming in school on these topics?
Some aspects explore ideas in society of how girls and boys "should" behave based on their gender, and what makes a healthy relationship.

Talked about this in school before?
How comfortable was it to talk about this in school?

</td>
</tr>
<tr>
<td>Impact (positive or negative)</td>
<td>What impacts on students and on relationships?
Any impacts on

Students' anger management or communication skills?
Students feelings about their school
Peer support
Student attitudes towards gender stereotypes?
Gender-based harassment, in and out of school?
DRV
Social consequences of DRV?

Were there any impacts surprising?
Any differences by student group? (e.g., year group; gender; other student characteristics)
</td>
</tr>
<tr>
<td>How do you think these impacts came about?</td>
<td>For the impacts student describes, probe on the pathway of how they came about:
How do you think the programme had that impact? Any specific activities that led to it?
What about the school might have affected this?
What about the students might have affected this?</td>
</tr>
<tr>
<td colspan="2">Questions highlighted in green should be asked beginning around mid-way through process evaluation, when we have learned enough about the project to ask:</td>
</tr>
<tr>
<td>[Compare and contrast with challenges faced in other schools]

In some schools, _____ has happened when running the programme. Has anything like that happened in your school?</td>
<td>[probes to be added iteratively as findings emerge.]

If not, why do you think that is?</td>
</tr>
</table>

[present specific context/mechanism/outcome {CMO} configurations theorised based on the evidence so far, for comment] Based on what we've been learning, we think *[CMO configuration]* is taking place.	*[probes to be added iteratively as findings emerge.]* Have you seen this in your school? Examples where this has happened? Examples where something happened that goes against this idea?
Views on Project Respect overall?	Need in their school? What impacts did it have on attitudes, relationships or behaviours? What would change? Survey last year – remember taking? Views on it?

This is the end of the interview. Thank the participant for their time.

Project Respect
Control school: Staff interviews

Materials

- Discussion guide
- Audio recorder
- Spare batteries
- Information sheet

- Consent form
- Materials for taking notes (laptop or notebook)

Welcome and Introductions

1. Give participant information sheet and consent form
2. Introduce the interview. You may use the recommended text below or provide this information in your own words.

*My name is _____ and I am a researcher from [LSHTM/University of Bristol]. I am working on a research study to evaluate Project Respect, a programme taking place in some schools to prevent violence in young people's dating and relationships. You've been selected for an interview because your school is taking part in this study. As part of our research, we'd like to find out about the teaching and policies in your school related to relationship and sexual health, bullying, harassment, and social and emotional learning. The interview should take about 30 minutes. This is intended to help us better understand the context in schools, and **not** to evaluate your or your school's personal performance.*

*I will **not** ask you about your own experiences of dating, relationships or violence. Your participation is voluntary, and you can stop taking part at any time. We can also skip any questions you prefer not to answer. I'd like to audio-record the interview and then produce a written record. The written record will not include your name; and we ask that you do not use your name while we are recording. When we write articles and reports about Project Respect, we may include quotes from the interview but will not include any information that could identify you, your school, or your students.*

What you say in the interview will be kept confidential. However, if at any point you tell me that a student is at risk of very serious harm or has had sex before the age of 13, I will need to tell someone at the school who is in charge of safeguarding. If this happens, I will discuss it with you first.

Please read the information sheet and consent form you've received, and fill in the consent form if you are happy to take part. I can answer any questions you might have.

3. Collect and check consent form
4. Start audio recorder and state today's date, time, type of interview (staff interview), and ID# of staff being interviewed (number consecutively in the format [code]-T#; e.g., the first staff member interviewed at that school will be [code]-T1)

Interview Guide

Topic	Probe
Their role at the school?	Current role? Nature of role? Previous roles in that school? Previous schools?
Their school	• Describe its culture

	- Key priorities? - Student engagement? Attainment? - Student and staff demographics? Gender balance? - Inclusive? - How are relations between SLT and staff? - How are relations among staff? - How are relations between staff and students? - How are the relations between staff and parents? - How are relations among students? - Any evidence of dating and relationship violence, emotional abuse, or controlling behaviours? - Any evidence of gender / sexuality based harassment? Sharing sexual images without consent? - On school site? - Digital media? - Done by/targeting girls and/or boys?
Sex and relationships education at their school	Which year groups? How many lessons? How timetabled? Who delivers? What topics covered? Defining healthy relationships? Communication skills? Inter-personal boundaries? Challenging gender norms? Current programming well-liked?
Bullying and violence prevention at their school	Addressed via curriculum? If so how and who delivers? Policies on bullying and violence? Including gender or sexuality based violence or abuse between students? How often policies reviewed? By whom? Practices to address violence in general or in relation to gender / sexuality? If so what and how/who delivers? Any student led actions relating to these?
Responding to gender based harassment or dating and relationship violence	Role of the school in addressing DRV and sexual harassment? How does the school respond to dating and relationship violence or emotional abuse? How does the school respond to gender / sexuality based harassment? Sharing sexual images without consent? On school site? Digital media? How much time do they spend on responding to these issues? Any discussion of #metoo movement in the school? Views of staff and students?

Social and emotional aspects of learning	Addressed in curriculum? If so how and who delivers? Communication skills? Anger management?

This is the end of the interview. Thank the participant for their time.

Project Respect
Control school: Student Interviews

Materials

- Discussion guide
- Audio recorder
- Spare batteries
- Information sheet

- Consent form
- Materials for taking notes (laptop or notebook)

Welcome and Introductions

1. Give participant information sheet and consent form
2. Introduce the interview. You may use the recommended text below or provide this information in your own words.

My name is _____ and I am a researcher from [LSHTM/University of Bristol]. I am working on a research study to evaluate Project Respect, a programme taking place in some schools to prevent violence in young people's dating and relationships. You've been invited for an interview because your school is taking part in this study. As part of our research, we'd like to find out about life at your school, including around violence or harassment, and the school's teaching related to relationships and sexual health, bullying and social and emotional learning. The interview should take about an hour. It's is intended to help us better understand the context in schools. There are no right or wrong answers – I'm interested in your honest views.

*I will **not** ask you about your own experiences of dating, relationships or violence.*

For focus groups, say:
*We ask that you please do **not** discuss these in the group session, because we cannot assure privacy. However, if anyone would like to speak privately after the session about anything you are going through, please let me know. I will be happy to speak with you and, if you wish, connect you with someone at your school or the NSPCC who is in charge of safeguarding and can help you. We ask everyone to keep anything said today private among those in this room.*

For interviews, say,
If you would like to talk with me privately before or after the interview about any concerns or issues you would like help with, I will be happy to talk with you and to connect you with someone at your school or the NSPCC who is in charge of safeguarding and can help you. What you say in the interview will be kept confidential.

For both interviews and focus groups, continue:
However, if at any point you tell me that you or another student are at risk of very serious harm or has had sex before the age of 13, I will need to tell someone at the school who is in charge of safeguarding. If this happens, I will discuss it with you first.

*You can decide whether or not to take part, and you can stop taking part at any time with no negative consequences. We can also skip any questions you prefer not to answer. I'd like to audio-record the **[interview/focus group]** and then produce a written record. The written record not will include your name; and we ask that you do not use your name while we are recording. When we write articles and reports about Project Respect, we may include quotes from the interview but will not include any information that could identify you or your school.*

Please read the information sheet and consent form you've received, and fill in the consent form if you are happy to take part. I can answer any questions you might have.

3. Collect and check consent form
4. Start audio recorder and state today's date, time, type of interview (student interview), and ID# of student being interviewed (number consecutively within the school in the format [code]-S#; e.g., the first student interviewed at that school will be [code]-S1)

Interview Guide

Topic	Probe
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Sex and relationships education at their school	Which year groups? How many lessons? How timetabled? Who delivers? What topics covered? Defining healthy relationships? Communication skills? Inter-personal boundaries? Challenging gender norms? Students' opinion of it? Anything missing?
Bullying and violence prevention at their school	Addressed via curriculum? If so how and who delivers? Does school do anything else to address violence in general or in relation to gender / sexuality? If so what and how/who delivers? Any student led actions relating to these?

| Social and emotional aspects of learning | Addressed in curriculum? If so how and who delivers? Communication skills? Anger management? |
| Project Respect survey | Survey last year – remember taking? Views on it? |

This is the end of the interview. Thank the participant for their time.