

EVALUATION REPORT

STOP: THINK AGAIN. A school-based intervention to prevent dating and relationship violence and gender-based violence in UK secondary schools

Feasibility Study Report

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At the heart of everything we do is a commitment to unlock impact where it's needed most and help scale solutions that work. This is why we supported the THINK AGAIN pilot trial, funding its optimisation and delivery to help test and refine an approach that could transform how schools prevent dating and relationship violence and gender-based violence. We need to understand what works in prevention – and the pilot trial is the first critical step towards building an evidence base and testing a low-cost, scalable prevention programme for schools.

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About the evaluator

Prof. G.J. Melendez-Torres (g.j.melendez-torres@exeter.ac.uk), as the Chief Investigator, assumed responsibility for the financial management and delivery of the evaluation. Intervention delivery was led by Vicky Stubbs from the Sex Education Forum (SEF). The SEF is led by Lucy Emmerson and has accumulated five years of experience in the optimisation and delivery of interventions related to healthy relationships and sexual health.

The evaluation was led by Prof. G.J. Melendez-Torres at the University of Exeter, with Dr Rachel Hayes leading recruitment and data collection. Prof. Chris Bonell from the London School of Hygiene & Tropical Medicine led the process evaluation, with Fran Hearing leading data collection and analysis.

The intervention was funded by The Bridges Impact Foundation, and the evaluation was funded by The Ending Youth Violence Lab (EYVL), with support and funding from the Youth Endowment Fund, Stuart Roden and the Behavioural Insights Team. Barbara Storch was the lead contact for intervention funding, and Tom McBride was the EYVL's grant manager.

The project

THINK AGAIN is a school-based intervention designed to prevent dating and relationship violence (DRV) and gender-based violence (GBV) among children aged 13–14 (Year 9). Delivered by the Sex Education Forum (SEF), the programme aims to promote positive relationships, challenge harmful norms and support schools to develop a whole-school approach to preventing DRV and GBV. THINK AGAIN is designed around three core components: an initial assessment of school needs, staff–student Action Aware Groups (AAGs), and nine 45–60-minute THINK AGAIN lessons. The initial assessment uses surveys with children and interviews with school leaders to understand the schools’ needs. The SEF then trains and supports school staff to facilitate AAGs in schools. AAGs are student and staff representation groups that bring together at least two members of staff and at least six children to discuss and devise a strategy to prevent GBV and DBV. This strategy features whole-school strategies (such as amendments to school policies and raising awareness). Classroom lessons are then delivered on topics including gender, boundaries, sexual objectification, sexual harassment and stalking. Lessons focus on practising positive skills and aim to denormalise violence. Lessons are delivered by teachers, who receive three hours of training from the SEF.

The Youth Endowment Fund (YEF), the Bridges Impact Foundation, and the Ending Youth Violence Lab funded this feasibility study to determine whether THINK AGAIN could progress to an efficacy trial. The study aimed to assess whether THINK AGAIN was acceptable to school staff and children, explore whether the proposed secondary outcomes were reliable and feasible, establish what refinements may be required to improve delivery of the programme and a future evaluation, and ascertain whether an economic evaluation is feasible. The evaluator established a single-group pre–post design across four state-funded, mixed-sex secondary schools. 734 children were identified to take part. 503 took part in baseline data collection in July 2024, and 556 participated in endline collection in July 2025. Data was collected on a range of measures, including the frequency of DRV and GBV victimisation or perpetration, school belonging and commitment, quality of life, mental well-being, perceptions of the acceptability of violence, and perceptions of socially appropriate behaviour. The evaluator also conducted eight focus groups with a total of 40 children, 16 interviews with staff, seven observations of THINK AGAIN relationships and sex education (RSE) lessons, a staff survey with 10 responses and a parent/carer survey with 55 responses, and it analysed economic and delivery data. Of 503 children who took part in baseline data collection, 43% came from a White ethnic background, 32% from an Asian ethnic background, 12% from a Black ethnic background and 8% from a Mixed ethnic background.

Key conclusions
Broadly, the intervention was feasible and acceptable. All schools reported delivering at least six THINK AGAIN lessons from the menu of nine provided, and two schools reported delivering all nine. However, only two schools implemented the AAGs as intended.
Most outcome measures were reliable. However, the evaluator recommends identifying a better measure of children’s perceptions of socially appropriate behaviour. Due to unreliability, the protective strategies scale should not be used. This is a new outcome piloted in this evaluation that aimed to measure how children protect themselves when dating (e.g. telling a friend where you are on a date). Data collection methods need to be refined to improve completeness by using school email addresses and isolating children during survey completion.
Overall, schools would benefit from earlier training in the Summer Term, clearer leadership for AAGs and stronger emphasis on the necessary preparation for topics. Some intervention materials should be updated to ensure they are relevant for children today.
The economic evaluation data collection rate was limited, and current methods are insufficient for a full cost evaluation. Future evaluations should focus on data already held by schools, such as staff time or attendance, and involve stakeholder consultation to agree on feasible data-collection strategies.

While it would be a challenging evaluation to undertake, progression to a randomised controlled trial (RCT) is justified. A range of improvements (particularly to data collection processes) would be required to deliver a robust evaluation.

Interpretation

Broadly, the intervention was feasible and acceptable to staff and children. All schools reported delivering at least six THINK AGAIN lessons from the menu of nine provided, and two schools reported delivering all nine. Training was well attended in all schools, with one school receiving top-up online training. Two schools also took up supportive lesson observation feedback. In interviews, teachers agreed that they generally valued the new and interactive approach of THINK AGAIN and had positive experiences integrating THINK AGAIN with the existing RSE curriculum. Across focus groups, most children said they enjoyed the interactive style of THINK AGAIN lessons and felt these were mostly relevant to their near futures. Only two schools implemented the AAGs as intended (holding multiple meetings and implementing at least one whole-school action). Schools that successfully ran the AAGs tended to have pre-existing structures for involving children in decision-making (such as school councils, anti-bullying ambassadors and prefects). In contrast, timetabling pressures, competing demands on staff and leadership capacity were seen as key barriers in delivering AAGs.

The majority of primary and secondary outcome measures were reliable and feasible. However, the evaluator recommends identifying a better measure of children's perceptions of socially appropriate behaviour (injunctive social norms). Due to unreliability, the protective strategies scale should not be used. This is a new outcome piloted in this evaluation that aimed to measure whether children protect themselves when dating (e.g. telling a friend where you are on a date). Between 22% and 30% of collected data could not be matched at endline due to incomplete information being provided by the children. Data collection methods need to be refined to improve this completeness by using school email addresses and isolating children during survey completion. School email addresses would allow for easier matching of survey responses to specific children, while isolating children would support efforts to ensure that they take the survey seriously.

Overall, schools would benefit from earlier training in the Summer Term, clearer leadership for AAGs and a stronger emphasis on the sensitivity of and necessary preparation for topics. Staff indicated that THINK AGAIN would be easier to deliver if training were provided in the Summer Term before implementation, giving them more time to prepare for lessons involving sensitive material and to establish the AAGs. Findings suggest that providing enough protected time for staff training and ensuring the intervention fits within existing school roles and timelines are important for easing THINK AGAIN implementation. The evaluation also highlighted that some lesson materials would benefit from updating, including using shorter videos and more contemporary language for children and simplified lesson plans and resources for teachers.

The economic evaluation data collection rate was limited, and current methods are insufficient for a full economic evaluation. Parents and carers were invited to complete the resource use survey at baseline and endline. However, parent/carers engagement was low, with only 2.2% of parent/carers responses linked to children at baseline and 4.7% at endline. The return rate from schools detailing the time it took staff to plan and deliver THINK AGAIN materials was also inadequate. Consequently, the evaluator highlights that future evaluations should focus on data already held by schools, such as staff time or attendance.

YEF is not proceeding with further evaluation of THINK AGAIN at this stage. Progression to an RCT is justified pending further improvements to the intervention and data-collection processes. Recruitment for this study was achieved within four weeks, no schools withdrew and large numbers of children participated in both the baseline and endline surveys. To measure longer-term impacts, the evaluator recommends that a definitive trial span 24 months and include co-primary outcomes of DRV and GBV victimisation and perpetration.

YEF continues to be very interested in interventions that prevent dating and relationship violence and gender-based violence.

Introduction

Background

Dating and relationship violence (DRV) refers to physical, sexual and emotional violence that occurs in the context of a relationship. Gender-Based Violence (GBV) is physical, sexual or emotional violence rooted in gender and sexuality inequality. Both DRV and GBV are highly prevalent in UK schools, with multiple health consequences (Department for Education, 2025). In a recent report, Ofsted (2021) reported that nearly 90% of girls and nearly 50% of boys said that being sent explicit pictures or videos of things they did not want to see happens a lot or sometimes to them or their peers and that 92% of girls and 74% of boys said that sexist name-calling happens a lot or sometimes to them or their peers. DRV and GBV are classed under the Youth Endowment Fund's (YEF's) outcomes framework as priority outcomes under sexually violent crime and criminal victimisation (Gaffney et al., 2022).

Adolescent perpetrators and victims also report increased risky sexual behaviour, substance use and depressive symptoms (Barter & Stanley, 2016; Fellmeth et al., 2013; Johns et al., 2018; Shorey et al., 2015), and DRV and GBV are predictive of adult experiences of domestic violence (Costa et al., 2015; Vivolo-Kantor et al., 2016). DRV and GBV exacerbate gendered health inequalities (Reidy et al., 2016); impacts are disproportionately experienced by girls (Ofsted, 2021; Young et al., 2021), and compared to men, women's experiences of earlier onset of intimate partner violence are linked to greater impacts on mental and physical health in adulthood (Loxton et al., 2017). In addition, there are strong intersections with other inequalities, such as race/ethnicity and sexuality. Specifically, adolescents of non-White ethnicities consistently report higher rates of DRV victimisation and perpetration (Young et al., 2021) generating additional inequities with long-term consequences. Associations between DRV/GBV and both substance misuse and suicidal ideation are stronger in sexual and gender minority young people (Johns et al., 2018; Mueller et al., 2015). Annual costs for DRV and GBV within the UK have been estimated at £66 billion and £32.56 billion, respectively, with the majority of costs caused by the physical and mental health consequences for victims (Oliver et al., 2019). This means that school-based interventions must be designed with an equity lens, ensuring interventions are relevant to all students and effective in a wide range of schools.

DRV and GBV interventions are ideally placed in school settings since the majority of young people attend education settings outside the home, and the YEF's toolkit references the strong evidence and low cost of relationship violence prevention lessons (Gaffney et al., 2022). This toolkit was informed by previous research, including a systematic review and meta-analysis (Farmer et al., 2023; Melendez-Torres et al., 2024), which identified promising models of effective interventions. Very little of this evaluative evidence came from a UK context and did not respond to the shift to statutory relationships, sex and health education (RSHE). In addition, existing interventions relied heavily on US-centric materials, thus lacking a UK-specific feel and relevance to the young people we would seek to engage. This review identified that more extensive interventions targeting a broader range of system levels, stakeholders and change mechanisms were not necessarily more effective than single-component (and frequently shorter technologically mediated) interventions. Farmer et al. (2023) argue that a possible reason for this relates to school capacity to implement complex interventions, such that the effectiveness of single-component interventions may be related to the relative ease of rigorous implementation. The review also recommended that future research should compare outcomes beyond individual behaviours, knowledge or attitudes and include measures of broader system and community effects of an intervention. It was also noted that evidence was stronger overall for effects on DRV, with significant longer-term impacts on both DRV victimisation and perpetration.

Any effect on knowledge and attitudes was relatively short-term, and future research should include follow-ups that are longer than one school year, as it is hypothesised that impacts may take time to become evident.

Because DRV and GBV are highly prevalent across many different socio-demographic subgroups (Young et al., 2021), universal approaches are more appropriate than targeted interventions due to the increased range of reach, reduction in stigma and normalisation of help-seeking behaviour. DRV and GBV strongly co-occur and have shared aetiological mechanisms in harmful gender norms and widespread acceptability; thus, addressing them jointly is key. Despite urgent policy needs in England and Wales, little UK evidence on effective interventions exists. Department for Education statutory guidance requires all schools in England to deliver relationships education in primary schools and RSHE in secondary schools. Research into schools adopting the RSHE curriculum before it became mandatory in summer 2021 reflects challenges in developing and delivering it (Department for Education, 2021). Both the recent Ofsted review of sexual abuse in schools in England (Ofsted, 2021) and the Estyn-led review in Wales (Estyn, 2021) noted that children disliked RSHE lessons; most felt RSHE did not provide the information and advice they needed. These reviews also highlighted the normalisation of GBV for children, including online sexual abuse, and recommended a whole-school approach. In light of this, and to fulfil statutory duties in relation to RSHE, schools need to develop and implement programmes for DRV and GBV prevention. Following a comprehensive qualitative comparative analysis (Melendez-Torres et al., 2024) and experience from three existing research projects (Bonell et al., 2018; Farmer et al., 2023; Meiksin et al., 2020), the THINK AGAIN intervention, which is described fully below, was developed, and the aim of this research project was to establish whether it is feasible to test the efficacy of THINK AGAIN in a definitive randomised controlled trial (RCT).

Development of the THINK AGAIN Intervention

THINK AGAIN is a manualised intervention with a theory of change (ToC; Figure 1) informed by the theory of planned behaviour (Ajzen, 1991) (which also informed the development of Shifting Boundaries (Taylor et al., 2013) and social cognitive theory (which describe the importance of environmental influences, of modelling behaviours and of skill practice to achieve mastery). It is also led by the theory of human functioning and school organisation (Markham & Aveyard, 2003), which informed Learning Together (Bonell et al., 2018) and which emphasises the need for pupil involvement to increase commitment to school and adherence to prosocial norms and behaviours.

THINK AGAIN includes defined components drawn from the Shifting Boundaries and Learning Together interventions for the prevention of DRV and GBV in schools, optimised for use in the UK context. The key rationale for combining these two interventions relates to the specific amenability of the Shifting Boundaries classroom programme, together with the requirement to deliver a structural intervention that meets the needs of UK schools, as well as recent learning about how to deliver such structural interventions via student-staff action groups from Learning Together.

The development and optimisation of THINK AGAIN has been informed by three separate research projects, as detailed below, as well as a comprehensive QCA (Melendez-Torres et al., 2024). We describe the three preceding research projects in detail below. QCA is a method of evidence synthesis that focuses on configurational causation, i.e. the ways in which intervention aspects combine to form pathways to effectiveness. This is useful because one ingredient alone rarely makes an intervention effective; instead, a combination of components, features and contextual characteristics creates a 'causal recipe' for effectiveness. The QCA, which was part of the broader STOP-DRV-GBV systematic review, demonstrated

stronger evidence of intervention effectiveness in reducing DRV than in reducing GBV, with significant long-term impacts on DRV victimisation and perpetration. Impacts on knowledge and attitudes were primarily short-term, and there was no evidence of the superiority of any one intervention. Moderation evidence suggested interventions reduced DRV perpetration in boys more than girls but reduced GBV perpetration more in girls. Meta-regression by intervention component did not explain heterogeneity in effectiveness, but QCA suggested that reducing perpetration was important for reducing victimisation and that perpetration could be reduced by focusing on interpersonal skills, guided practice and (for GBV) the implementation of social structural components.

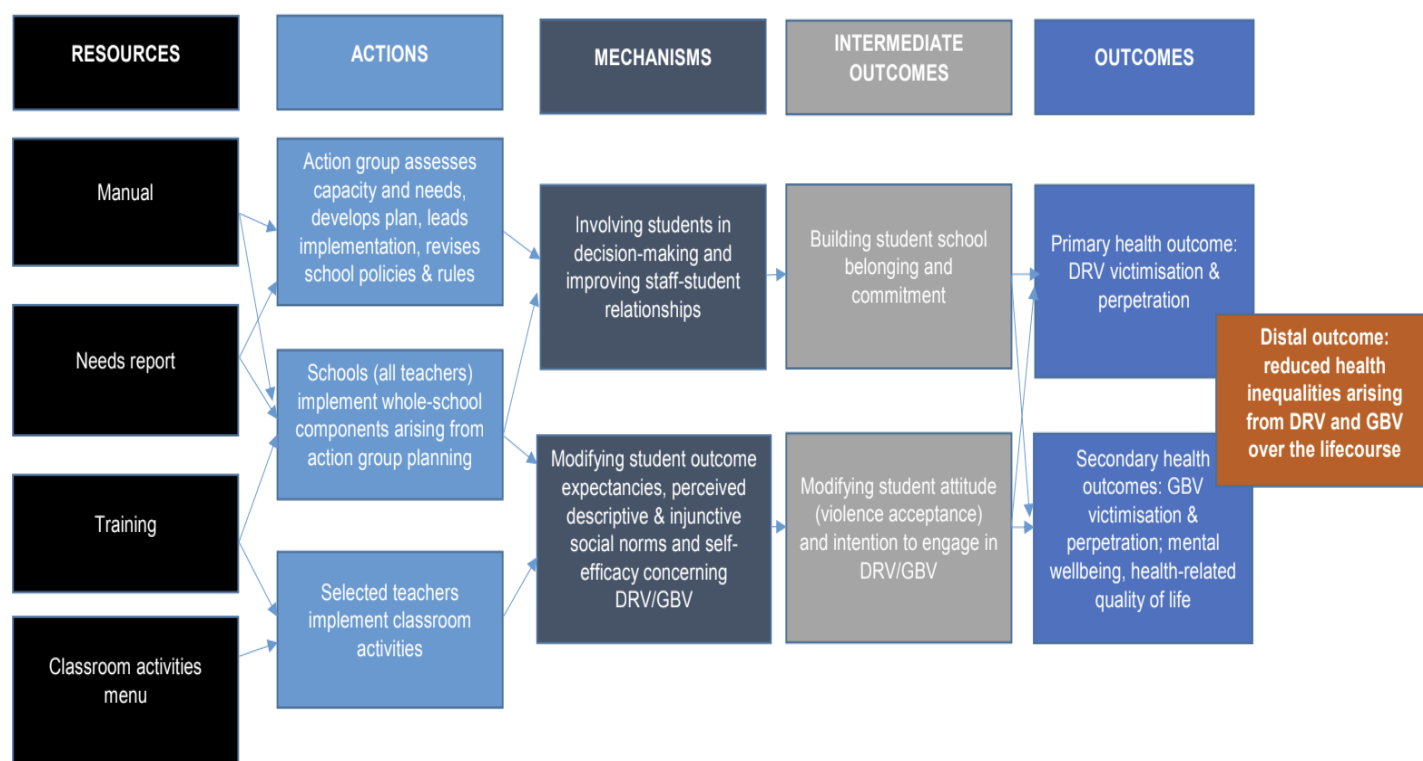


FIGURE 1: THEORY OF CHANGE OF THE THINK AGAIN INTERVENTION

Research project 1 – systematic review

The STOP-DRV-GBV systematic review (Farmer et al., 2023) was the largest, most comprehensive international synthesis of evidence on school-based interventions for DRV and GBV. Meta-analyses indicated:

- Stronger evidence for the prevention of DRV than of GBV
- Almost no evidence for the prevention of homophobic GBV
- The importance of follow-up beyond 12 months post-baseline to capture any effects that persist beyond one academic school year
- The value of focused, short and readily implementable classroom interventions
- The role of interpersonal (providing opportunities for peers to interact) and guided practice (providing opportunities for pupils to practice new skills and knowledge) components
- The value of components targeting school-level culture and norms (especially for GBV prevention)

Meta-analyses also highlighted the lack of evaluations of interventions incorporating the explicit assessment of school capacity to implement or of student–staff action groups to plan locally relevant intervention

strategies. However, syntheses identified Shifting Boundaries (Taylor et al., 2013), originally trialled in the US, as a promising approach with evidence of effectiveness.

Shifting Boundaries includes both classroom and structural components, and it was trialled in an RCT in New York City, where the combined classroom and structural intervention reduced GBV and DRV victimisation at six-month follow-up. The classroom component includes lessons on DRV and GBV, including some bystander skills, but this component was not found to be effective when delivered in isolation without any school-wide component; in addition, intervention materials require updating since they were developed over 20 years ago, and they need to be made relevant to a UK RSHE context.

Research project 2 – Learning Together trial

Second, the definitive trial of Learning Together (Bonell et al., 2018) demonstrated that a school-wide approach incorporating restorative practices and student–staff action groups had meaningful long-term effects on pupil mental health, bullying victimisation, substance use outcomes and police contact (and increased educational attainment) in UK contexts. The THINK AGAIN intervention does not include restorative practice elements since these are inappropriate for DRV/GBV. However, we include learning relating to action groups in the process evaluation data (Warren et al., 2020), revealing that these were central to making the intervention relevant and engaging for pupils. This learning directly informed THINK AGAIN’s AAG component, which uses action groups to give pupils a voice, shape school-level activities and increase buy-in and impact.

Research project 3 – Project Respect trial

Third, the pilot cluster RCT of Project Respect (Meiksin et al., 2020) evaluated an intervention for DRV and GBV prevention in UK schools. This pilot trial did not meet progression criteria for a phase III RCT, primarily due to challenges relating to intervention fidelity. These findings have informed the delivery of THINK AGAIN in UK secondary schools in several ways. First, they highlight the importance of assessing schools’ capacities to implement interventions. Second, these findings have also confirmed that the Short Conflict in Adolescent Dating Relationships Inventory (S-CADRI; Fernández-González et al., 2012) is the optimal measure for DRV. Third, findings from Project Respect underscored that an environmental intervention component (in this case, building patrols or hot-spot monitoring) was unlikely to be feasible, and thus other methods of addressing structural and environmental determinants of DRV and GBV were needed. Fourth, they improved the efficiency of the current study by confirming the feasibility of randomisation; thus, the current trial focused more specifically on intervention feasibility.

Intervention optimisation

The THINK AGAIN intervention underwent a period of optimisation between January 2024 and July 2024. It was an iterative process during which existing intervention materials were elaborated on and tested in two optimisation schools to ensure their fit with the contemporary UK secondary school context. To maintain conciseness, we do not present the complete details of optimisation in this report; instead, a summary of this process is presented below, and a paper is being prepared that explores this fully.

As a starting point, the team drew on fully elaborated classroom lessons from Shifting Boundaries, needs assessments and pupil–staff action group manuals from Learning Together, and templates for action group strategies (e.g. school policy review, awareness raising) from Learning Together. These interventions, as they existed at the time, offered a range of useful insights, but they were either a) not focused on DRV/GBV prevention (Learning Together) or b) designed for different educational system contexts and over 20 years old (Shifting Boundaries).

The primary frameworks that guided the optimisation included Normalisation Process Theory to support acceptability, uptake and implementation of the intervention; and the 2021 Medication Research Council guidance for complex interventions (Skivington et al., 2021), which focused on resolving key uncertainties and ensuring stakeholder perspectives were represented.

The initial review of materials identified points requiring updating (e.g. content on gender, transphobic or homophobic bullying), integrating (e.g. converting action group strategies to be relevant for DRV and GBV) or generating (i.e. new content). An initial updating process produced draft materials suitable for engagement with staff and pupils.

Following this, stakeholders, pupils and staff were engaged, and the materials were refined during concurrent involvement in two secondary schools. We convened a number of young people’s advisory groups to ensure that THINK AGAIN materials would be as meaningful for pupils as possible. We spoke to two different groups about the language young people use to talk about relationships. Young people were clear that there is “no single word that covers everything”; they stressed how language is dynamic, and it is harder to define the kinds of relationships young people are having. Young people were clear that how you talk about a relationship depends on the context. They recommended that intervention materials fully explain the meanings of terms and not make assumptions that all young people are going to understand the same thing from a word like dating. They also explained that many young people are not dating in Years 9 and 10, and often these types of relationships are more like friendships than romantic involvement.

We also carefully considered the best approach to ensure THINK AGAIN content does not feel alienating to certain groups, for example, boys. We interviewed a number of young men to understand what factors could support the inclusion of boys. Their suggestions were to ensure the information is relevant to what is happening for the pupils right now, as well as ensuring that pupils are given time to talk with a trusted staff member or role model about any issues that arise. There was a strong sense that the material should avoid unintentionally alienating boys, and it was suggested that the use of male role models was important. It was highlighted that some boys can feel at fault just for being male if teaching is focused on trying to make sure young boys do not do bad things.

Intervention

The finalised THINK AGAIN intervention is a manualised, multi-component, school-based universal prevention intervention that consists of three main activities, as detailed in Table 1. The intervention's ToC is presented in Figure 1.

TABLE 1: THE THINK AGAIN INTERVENTION TEMPLATE FOR INTERVENTION DESCRIPTION AND REPLICATION CHECKLIST (HOFFMANN ET AL., 2014)

Item No	Item
1. Brief name	THINK AGAIN
2. Why	THINK AGAIN is a manualised intervention with a theory of change (Figure 1) informed by the theory of planned behaviour (Ajzen, 1991) (which also informed the development of Shifting Boundaries) and social cognitive theory (which describes the importance of environmental influences, of modelling behaviours and of skill practice to achieve mastery). It is also guided by the theory of human

	<p>functioning and school organisation (Markham & Aveyard, 2003), which informed Learning Together, and which emphasises the need for pupil involvement to increase commitment to school and adherence to prosocial norms and behaviours. THINK AGAIN aims to reduce the incidence of future dating and relationship violence (DRV) and gender-based violence (GBV), increase help-seeking and increase bystander proactive behaviour.</p>
3. What – Materials	<p>Schools were provided with various resources. Schools received a manual to guide the delivery of the intervention, and school staff were offered training (see below) and guidance on delivering in-school staff training. Schools were provided with written lesson plans and slides to guide the delivery of the assessment of school capacity and needs, the Action Aware Groups and the classroom-level programme activities.</p>
4. What – Procedures/ Activities	<p><i>Assessment of school capacity and needs:</i> the THINK AGAIN intervention is designed to allow flexibility in its delivery, thus enabling schools to choose the most appropriate content for their pupils, considering their existing relationships, sex and health education (RSHE) curriculum. The ease with which the intervention can be modified depending on the local context is important since this has been shown to affect how successfully schools implement a new DRV or GBV prevention program (Melendez-Torres, et al., 2024). The intervention draws on baseline surveys, including questions about pupils’ needs for information and resources, an examination of the current RSHE provision and informational interviews with school leaders to assess local school capacity and need. Each school will receive a Pupil Experience and Engagement Report (PEER) that summarises the key insights from the pupil baseline survey and is intended to support discussion about which components of THINK AGAIN are most relevant for each school.</p> <p><i>Action Aware Group (AAG).</i> Materials for THINK AGAIN draw on our successful experience of student–staff action groups in Learning Together. Using a manual and facilitated by an intervention training lead (Sex Education Forum [SEF]), the AAGs draw on the assessment of school capacity and needs to implement a school-level strategy for the prevention of DRV and GBV, including a school policy review and awareness raising that is staff-led (e.g. in-service) or pupil-led (e.g. posters). The AAG will also draw from a menu of classroom-level activities (see below) to create a classroom-level programme.</p> <p><i>Classroom-level programme:</i> drawing on a menu of intervention activities developed in Shifting Boundaries and incorporating knowledge gained from specialist RSHE teachers, nine 45-minute THINK AGAIN lessons have been developed that cover the following topics:</p> <ul style="list-style-type: none"> • Gender • Boundaries • Sexual objectification • Sexual harassment and stalking • Understanding consent

	<ul style="list-style-type: none"> • Bystander intervention for GBV • Healthy vs unhealthy relationships • Supporting a friend (DRV) • Advice columnist (consolidating learning on all the previous topics) <p>Whilst lesson plans are designed to fit into a 45-minute session if pacing is well managed, extension material is provided for a 60-minute lesson time.</p> <p>Lessons focus on guided practice of positive skills and interpersonal components designed to denormalise DRV and GBV behaviours and promote prosocial relationship behaviours. Activities avoid any aspects that our meta-analyses found were likely to be harmful (e.g. the use of survivor stories); are explicit in their consideration of gender as it relates to DRV and GBV, including content on homophobic GBV; reflect UK-relevant terms and concepts; and, informed by Learning Together, include more explicit content on promoting prosocial behaviours and commitment to positive school norms.</p>
5. Who – provider	School staff implemented the intervention with support and training from the SEF training lead. The SEF training lead worked with senior leaders from the school 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 GBV. The SEF training lead supported the setup of the AAGs and provided facilitation at several points during the study. Teachers who delivered the intervention lessons were offered a minimum of three hours of training specific to the lesson content.
6. How	All intervention components were delivered face-to-face to groups of pupils, either as whole-school assemblies, Year 9 classes or small groups of members of the AAGs.
7. Where	All components were delivered on school premises.
8. When and how much	<p>Considering local need, their existing RSHE curriculum and the discussions held by the AAGs, schools were supported in teaching a minimum of five lessons; however, schools could teach all nine lessons if they wished to. The SEF training lead worked with schools to ensure that they covered all relevant content for their contexts.</p> <p>The intervention curriculum was delivered to pupils in Year 9.</p>
9. Tailoring	The intervention is intended to be flexible to the individual school's needs.

Research objectives

This was a single-arm, pre–post intervention study with four schools to evaluate the feasibility of the optimised intervention, with data collection completed via mobile phone or web-based surveys over one year of follow-up.

Research questions

1. Is progression to a definitive RCT justified?
2. Is the THINK AGAIN intervention implementable in secondary schools, and is it acceptable to school staff and pupils?
3. What refinements to the intervention, programme theory and implementation plan are suggested by the process evaluation?
4. Are the proposed secondary outcome measures (e.g. violence acceptance, school climate) reliable, and what refinements are suggested?
5. Is an economic evaluation in a definitive trial feasible?

The [full protocol](#) is available on the YEF's website.

Success targets

Our research questions were designed to support our decision-making about whether a phase III trial of THINK AGAIN was feasible. The criteria are presented in Table 2 below and were designed to answer the above research questions. When we wrote the protocol, we only considered green and red ratings.

TABLE 2: PROGRESSION CRITERIA

Criteria	Green (Go)	Red
Feasibility of the research		
School study retention	≥ 3 schools remain at follow-up	< 3 schools remain at follow-up
Survey completion baseline: percentage of pupils invited to take the survey at baseline who completed it	≥ 80% in ≥ 3 schools	< 80% in < 3 schools
Survey completion follow-up: percentage of pupils invited to take the survey at follow-up who completed it	≥ 80% in ≥ 3 schools	< 80% in < 3 schools
Feasibility of the intervention		
School intervention retention	All schools deliver some components of the intervention.	One or more schools deliver no components of the intervention.
Intervention fidelity: how faithfully was the intervention delivered in the schools?	All three components of the intervention are implemented in ≥3 schools.	The intervention is implemented with fidelity in < 3 schools.

Intervention acceptability: how acceptable was the intervention to Year 9 pupils?

The process evaluation indicates the intervention is acceptable to $\geq 70\%$ of Year 9 pupils, as measured through qualitative methods.

The process evaluation indicates the intervention is acceptable to $< 70\%$ of Year 9 pupils.

Intervention acceptability: how acceptable was the intervention to school staff?

The process evaluation indicates that the intervention is acceptable to $\geq 70\%$ of school staff, as measured through both qualitative and quantitative means.

The process evaluation indicates that the intervention is acceptable to $< 70\%$ of school staff.

Ethical review

Ethical approval for all aspects of the study was obtained from the Faculty for Health and Life Sciences, University of Exeter Medical School's Ethics Committee (reference number: 5690846). The London School of Hygiene & Tropical Medicine Research (LSHTM) Ethics Committee (reference: 31187) provided approval for the implementation and process evaluation, including interviews, focus groups, lesson observation and fidelity checklists.

Schools that expressed an interest in the study were provided with an information leaflet that detailed what their involvement would entail, including the time commitment for both the intervention and the data collection; any associated costs; benefits; and information on pupil privacy and safety. Schools were only enrolled in the study once the head teacher had agreed to the terms stipulated in a memorandum of understanding and provided their written consent (Appendix A, Appendix B).

Permission for pupils to take part in the THINK AGAIN intervention was provided by the head teacher in line with the school's usual practice of implementing new teaching. Pupils and their parents were provided with an information sheet that contained sufficient age-appropriate information to help them make an informed choice about whether to participate in the research, including what is involved in data collection, why they are being approached for participation, how data will be managed and used, how their confidentiality and anonymity will be protected and the situations in which anonymity will be removed (e.g. in response to safeguarding concerns), and any benefits and risks. The information sheet detailed that pupils and parents had the right to withdraw at any time, and they were reminded of their option not to take part before recruitment and before each assessment point. It has recently become accepted that most secondary school students are competent enough to provide their own consent to take part in a research study (Bonell et al., 2023), and we adopted this approach to ensure we respected the rights of adolescents to have autonomy to consent for their own involvement, rather than requiring consent from parents or carers. However, given the sensitivity of the questions asked, parents/carers were also given the opportunity to withdraw their child from the research before data collection began. This approach gave proper primacy to student autonomy whilst also respecting parent/carer autonomy. Written consent was collected prior to the data collection via an online or paper consent form (Appendix C, Appendix D, Appendix E, Appendix F, Appendix G, Appendix H, Appendix I, Appendix J and Appendix K).

Data protection

The processing of personal data for this study was conducted under Article 6(1)(e) of the UK General Data Protection Regulation (UK GDPR), which provides a lawful basis where processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

The University of Exeter, as the data controller, carried out this research in accordance with its public task as a higher education institution engaged in scientific and social research. The processing was necessary to fulfil objectives that serve the public interest, including the development and evaluation of interventions aimed at improving pupil wellbeing and safety in UK secondary schools.

All data processing activities were proportionate, targeted and aligned with the principles of data minimisation and necessity. The research team documented this legal basis and ensured that all processing was compliant with the UK GDPR and relevant ethical standards.

Research data was stored on a secure data research hub hosted by the University of Exeter. Access to the data was restricted to the research team. Research survey data collected from pupils and school staff was gathered online using the Qualtrics platform. Each study participant was assigned a unique identifier (UID), and research data was saved under this number only. A linking Excel file was created to associate each UID with the participant's name. This file was encrypted, password-protected and saved in the study-specific secure data research hub. Only research team members responsible for distributing follow-up surveys were granted access to the linking file. The linking document was double-deleted six months after the study ended, at which point all other personal data was confidentially destroyed.

The following special category and personal data was collected and stored on the University of Exeter's secure data research hub, which offers NHS Digital (DSPT) and ISO27001 security standards:

Special category data:

- Racial or ethnic origin: to ensure that our sample is representative
- Sexual orientation: to ensure that our sample is representative, which is particularly important since the subject of this research is experiences of and attitudes towards violence experienced due to gender or within relationships
- Gender orientation: to ensure that our sample is representative, which is particularly important since the subject of this research is experiences of and attitudes towards violence experienced due to gender or within relationships

Other personal data:

- Participant name, date of birth and school email address: to enable us to link baseline and follow-up data

Contact and banking details for schools were collected electronically; copies were deleted six months after study completion.

Process evaluation

Qualitative and quantitative data were stored securely on password-protected drives and files that were only accessible by researchers directly involved in the project at LSHTM. Focus groups and interviews were audio-recorded using a password-encrypted voice recorder and the encrypted Microsoft Teams recording feature, respectively. These were subsequently transcribed and anonymised using an external transcription company, which then deleted the original files. Materials containing any personal data, such as teachers'

logbooks and consent forms, were stored securely on password-protected drives and files accessible only to researchers directly involved in the project at LSHTM.

Project team/stakeholders

Study management group

The study management group, which met monthly via teleconference, is shown in Table 3.

TABLE 3: MEMBERS OF THE STUDY MANAGEMENT GROUP

Name	Role	Institution
Vashti Berry	Supporting optimisation of the intervention	University of Exeter
Chris Bonell	Lead for process evaluation	London School of Hygiene & Tropical Medicine
Lucy Emmerson	Lead for intervention delivery	Sex Education Forum
Rachel Hayes	Research Manager	University of Exeter
Claire Hulme	Lead analysis of cost and resource use data	University of Exeter
Tom McBride	Lead for research funding	Ending Youth Violence Lab
G.J. Melendez-Torres	Chief Investigator	University of Exeter
Emma Rigby	Coordinate public involvement	Association for Young People's Health
Barbara Storch	Lead for intervention funding	Bridges Impact Foundation
Vicky Stubbs	Intervention Delivery and Training Lead	Sex Education Forum
Honor Young	Supporting optimisation of the intervention	Cardiff University
Fran Hearing	Supporting process evaluation	London School of Hygiene & Tropical Medicine

Study Steering Committee

An independent Steering Committee was chaired by Esther van Sluijs, and the committee's role was to provide critical scrutiny of the conduct of the research. They meet three times during the course of the

study, once during optimisation (spring 2024), again at the start of the feasibility study (autumn 2024) and finally when reporting results (summer 2025). Members of the Study Steering Committee:

- Esther van Sluijs (Chair)
- Lynne Callaghan
- Tasha Mansley
- Matilda Lawrence-Jubb
- Amy Saunders
- G.J. Melendez-Torres (study representative)
- Emma Rigby (study representative)
- Rachel Hayes (study representative)
- Tom McBride (funder representative)
- Barbara Storch (funder representative)

Methods

Participant selection

Identification of schools

The study recruited secondary, state-funded, mixed-sex schools in England with at least 100 Year 8 pupils. Although this was a feasibility study, we aimed for a diverse school sample by initially contacting secondary schools located in high-violence areas or with above-average free school meal eligibility (23.8% in 2023; (Department for Education, 2023)). Whilst we were not restricting the inclusion of schools geographically, we did prioritise the inclusion of schools within a two-hour travel radius of Guildford to ensure it was feasible for the SEF training lead to visit the schools. Schools were contacted through conferences, newsletters and direct communication. Interested schools received detailed information and provided written consent via a memorandum of understanding. Schools were excluded from the study if they delivered education in a language other than English or catered exclusively to pupils with special educational needs (i.e. special schools). Participating schools received a £1,000 incentive to support retention.

Pupil recruitment

Pupils in Year 8 (ages 12–13) were eligible to participate if they possessed sufficient English proficiency to understand the recruitment materials and complete outcome measures. Head teachers granted permission for pupils to participate in the THINK AGAIN intervention, while pupils themselves provided consent for the research study after their parents had been given the option to opt them out. Schools distributed pupil information sheets via their usual communication methods and ensured withdrawn pupils were not present during data collection.

Parent/carer recruitment

Information leaflets were distributed to parents/carers of all pupils in Year 8, explaining the study's purpose, data handling, confidentiality and withdrawal rights. Eligibility required only that their child was participating in the study; there were no exclusion criteria. Parent/carers were sent a link to an online survey, which began with an explanation and asked for written consent to continue.

Process Evaluation recruitment

Qualitative data were collected through focus groups with pupils and interviews with staff. Focus group discussions (FGDs) aimed to involve four to eight Year 9 pupils per school, purposively sampled by involvement in the intervention and gender. While it was not possible to purposively sample participants by sexual orientation or socio-economic status, we sought to be inclusive by consulting with school leads. To be eligible for FGDs, pupils had to be judged by their teachers as sufficiently competent to consent to participate. The researcher shared these requirements with the school lead, who selected participants. All FGDs were conducted in person with one study researcher on school premises during the school day. FGDs lasted between 30 minutes and one hour. Teachers were not present during FGDs, apart from one FGD in school 102, which took place in a classroom that was also being used to support pupils with SEND. For all FGDs, a member of staff was asked to be in a nearby room in case safeguarding or pastoral needs arose. School staff who were invited to participate in an online interview were sent an information sheet at least two weeks before the interview and were asked to sign an online consent form on the day of the interview. The interviews were conducted online via MS Teams or by phone and usually lasted between 20 and 40 minutes.

Data collection

Research survey data were collected from pupils, parents/carers and school staff online using the Qualtrics platform. Each participant in the study was given a UID, and research data was saved using this number only.

Pupil data collection

Researchers visited the schools in person to facilitate pupil data collection. Pupils entered questionnaire data directly into a Qualtrics database, either using school computers, trial-owned electronic tablets or their personal devices, such as mobile phones. A researcher reminded pupils of the aims of the study, what would happen to their data and their right not to take part or to withdraw consent at any point up until data analysis. The researcher emphasised to the pupils that the questions were about a serious topic and that they were being trusted to provide mature and factually correct answers. Pupils were reassured that they did not have to take part and could stop at any point without giving a reason. Pupils were instructed to complete the questionnaires silently and under exam conditions, meaning they should not consult with others or look at others' answers. Researchers remained with pupils during data collection to ensure confidentiality and answer any queries.

Parent/carer data collection

Both the initial outline letter and the full information sheet that parents/carers received contained a direct web link to the parent/carer Qualtrics survey. In this way, parents/carers accessed the questionnaires directly without researcher involvement.

Process Evaluation data collection

Through the qualitative elements of the process evaluation, we aimed to assess the feasibility and acceptability of the intervention, explore the mechanisms underlying it and consider the contextual factors affecting both implementation and mechanisms. Qualitative data were collected in four schools through eight FGDs with 40 pupils and 16 interviews with staff.

Both FGDs and interviews were semi-structured, using topic guides (Appendix L, Appendix M and Appendix N) that reflected our research questions, facilitated by one study researcher and audio-recorded. These were transcribed, anonymised and stored securely on password-protected drives and files.

To refine our intervention theory, we asked participants about the potential mechanisms involved in the intervention. We took a realist approach, which meant testing our a priori theories and seeking participants' own theories about context-mechanism-outcome configurations (CMOCs), i.e. how mechanisms triggered by intervention implementation interacted with context to generate outcomes. In interviews with school staff, we explained the a priori CMOCs behind the THINK AGAIN intervention theory and invited participants to share their perspectives on these. We also asked them to share their own thoughts on how mechanisms triggered by the intervention activities might interact with their school's context to generate outcomes. In FGDs, researchers asked pupils to describe narratives of their own involvement in the programme to explore how they perceived their actions and the contexts and consequences of these.

Through the quantitative elements of the process evaluation, we aimed to examine the fidelity, reach and acceptability of the intervention. We collected data on intervention fidelity via logbooks, which were distributed to the staff members teaching the curriculum, the staff member coordinating the curriculum and the AAG chair. Staff could choose whether to complete the logbooks via an online link, over email or on paper. To verify logbook data, we conducted structured observations of randomly selected sessions, including two curriculum lessons per school and one AAG meeting per school. We collected quantitative

data to examine the acceptability of the intervention among staff via a survey, which was distributed to all school staff involved in the intervention at the end of the year. The survey was designed and distributed via Jisc Online Surveys. We also collected quantitative data to examine the reach and acceptability of the intervention among pupils via the pupil survey post-intervention.

Outcomes collected

The outcomes for this study included the feasibility of recruitment and the intervention and the acceptability of the chosen outcome measures, which are collected at baseline (T0) before the schools have begun to implement THINK AGAIN, when participants are at the end of year 8, and again 12 months later (T1) after THINK AGAIN has been in use for an academic year and participants are at the end of Year 9. To reach the final selection of outcome assessments included in this study, the researchers first searched the literature for previous trials of DRV and GBV interventions delivered in secondary schools to identify relevant constructs and potential questionnaires.

Since the aim of the THINK AGAIN intervention was to reduce both DRV and GBV, it was necessary to ask participants to report how often they encountered these types of violence. This necessitated questions that asked specifically about being in an abusive relationship. We were also interested in understanding how often participants had been violent or abusive to their partners. We therefore had to very carefully consider how to ask these questions sensitively without causing undue distress to the participants. Given that all participants were under the age of 18, we also had to carefully consider how to ensure that participants were appropriately safeguarded and, where appropriate, were provided with signpost information about where they could seek support should they need it.

The research team had a duty to ensure that any known safeguarding concerns were reported promptly to the school's safeguarding lead and that students understood that if they reported certain things, for example, being forced to have sex with their partner when they didn't want to, the research team would have to inform their school's safeguarding lead that they had reported this. As a research team, we had concerns that this might lead to underreporting for any questions that raised a self-guarding concern, particularly when the questions related to perpetration as opposed to victimisation. Previous research (Meiksin et al., 2020) overcame this concern by only reporting school-level impacts and not recording any information that could link data back to respondents. However, this would restrict the form of analysis that was possible. This led us to consider the best way to balance data accuracy and integrity whilst ensuring that participants were adequately safeguarded. The research team are experienced researchers in this field, and we consulted additional experts, including members of our advisory group and involvement and engagement panels.

We reviewed the most widely used measures of DRV and GBV and considered both how common certain behaviours were and how appropriate the wording of the questions was for Year 8 pupils. We made the decision that since intimate sexual encounters are less common in Year 8 pupils, it would be more appropriate to remove some items from established measures and still maintain the ability to individually link baseline and follow-up data at the pupil level. We also ensured that we signposted participants to relevant support and offered the research team the opportunity to directly contact pupils should they wish to have a further conversation.

In respect of health and social care use, we adapted a questionnaire that was developed for an economic evaluation alongside an RCT of a school-based mindfulness intervention (Kuyken et al., 2022). It was also

adapted for use in an RCT of the psychological therapy intervention for children with epilepsy (Bennett et al., 2024).

Table 4 summarises the chosen outcomes, and the complete case report form can be found in Appendix O and Appendix P. We also used this feasibility study as a chance to validate the adapted measures.

TABLE 4:METHODS AND OUTCOMES OVERVIEW

Research methods	Data collection methods	Participants/data sources	Data analysis method	Research questions addressed	Implementation/ logic model relevance
Recruitment	Number of schools that consent Number of schools that withdraw consent Number of pupils opted out by parents Number of pupils who consent Number of pupils at follow-up Number of pupils who withdraw consent	Schools Pupils	Descriptive statistics	Is the research acceptable to participants?	Feasibility of the research Acceptability of the intervention
T0 survey (quantitative)	Background questionnaire Pupils were asked to self-report their age, gender to which they identify, sexuality and ethnicity. We asked six questions from the Family Affluence Survey (Currie et al., 1997; Torsheim et al., 2016) as used in the Positive Choices Pilot (Ponsford et al., 2021) to estimate participants' socio-economic status.	Pupils	Descriptive statistics	Background questionnaire	Understanding the sample
T0 and T1 surveys (quantitative)	Adapted Conflict and Adolescent Dating Relationships Inventory Short Version (Fernández-González et al., 2012)*	Pupils	Descriptive statistics	Frequency of DRV victimisation and perpetration	Acceptability and validation of the adapted variable
T0 and T1 surveys (quantitative)	Adapted Hostile Hallways (Bryant, 1993)*	Pupils	Descriptive statistics	Frequency of GBV victimisation and perpetration	Acceptability and validation of the adapted variable
T0 and T1 surveys (quantitative)	SWEMWBS (Ng Fat et al., 2017)	Pupils	Descriptive statistics	Mental wellbeing	Acceptability of the variable
T0 and T1 surveys (quantitative)	CHU-9D (Stevens, 2009)	Pupils	Descriptive statistics	Quality of life	Acceptability of the variable
T0 and T1 surveys (quantitative)	Beyondblue School Climate Questionnaire (Sawyer et al., 2010)	Pupils	Descriptive statistics	School belonging and commitment	Acceptability of the variable
T0 and T1 surveys (quantitative)	Adapted version of LOVEBiTES measure (Flood & Kendrick, 2012)*	Pupils	Descriptive statistics	Violence acceptance	Acceptability and validation of the adapted variable
T0 and T1 surveys (quantitative)	Adapted version of the Foshee measure (Foshee et al., 2001)*	Pupils	Descriptive statistics	Injunctive social norms	Acceptability and validation of the adapted variable
T0 and T1 surveys (quantitative)	Bespoke measure informed by the SANDI measure (Peterson et al., 2024)*	Pupils	Descriptive statistics	Protective behavioural strategies for DRV/GBV	Acceptability and validation of the bespoke variable
T0 and T1 surveys (quantitative)	Bespoke measure informed by the Shifting Boundaries project (Taylor et al., 2011)*	Pupils	Descriptive statistics	Self-efficacy for bystander actions	Acceptability and validation of the bespoke variable
T0 and T1 surveys (quantitative)	Pupil-level academic commitment subscale of the Beyond Clue School Climate Questionnaire	Pupils	Descriptive statistics	Academic engagement	Acceptability of the variable
	Attendance	School office	Percentage completed	Academic engagement	

Research methods	Data collection methods	Participants/data sources	Data analysis method	Research questions addressed	Implementation/ logic model relevance
T0 and T1 surveys (quantitative)	Hospital and community health and social care services, including medication used by the pupil	Parents/carers	Percentage completed	Resource use	
Process evaluation (qualitative)	Interviews	School staff	Thematic analysis (using the general theory of implementation) and dimensional analysis using grounded theory	Is the THINK AGAIN intervention acceptable to school staff and pupils? What refinements to the intervention, programme theory and implementation plan are suggested by the process evaluation?	Informed refinements to the intervention and programme theory and assessed the acceptability of the intervention
Process evaluation (quantitative)	Logbooks	RSHE teachers; AAG chair; RSHE curriculum lead	Descriptive statistical analysis	Fidelity	Assessment of the fidelity of the implementation
	Observations of randomly selected sessions	RSHE teachers			
	Survey	AAG participants Staff and pupils	Statistical analysis	Acceptability	Assessment of the reach and acceptability of the intervention

T0: baseline; pupil participants are at the end of year 8

T1: 12 months after T0; pupil participants are at the end of year 9

CHU-9D: Child Health Utility 9 Dimensions; DRV: dating and relationship violence; GBV: gender-based violence; SWEMWBS: Short Warwick-Edinburgh Mental Wellbeing Scale; SANDI: Sexual and Negative Dating Inventory; RSHE: relationships, sex and health education; AAG: action aware group

* Adaptations have been made to measures to make them developmental and culturally appropriate for the age of respondents.

Background/Demographics

In order to describe our sample, students were asked to self-report their age, the gender with which they identify, their sexuality and their ethnicity. We also asked six questions from the Family Affluence Survey (Currie et al., 1997; Torsheim et al., 2016) as used in the Positive Choices Pilot (Ponsford et al., 2021) to estimate participants' socioeconomic status. The score from this survey is calculated by scoring item responses numerically, with the least affluent options being scored 0 and the item scores being summed to give a total scale score.

Frequency of DRV Victimisation and Perpetration

The frequency of DRV from both a victimisation and perpetration point of view was measured by an adapted version of the Conflict and Adolescent Dating Relationships Inventory Short Version (S-CADRI (Fernández-González et al., 2012). The S-CADRI contains 10 questions that relate to victimisation (e.g. behaviours that a partner has exhibited to the respondent: 'They kicked, hit or punched me') and 10 questions that relate to perpetration (e.g. I threatened to hurt my partner). Respondents are asked to endorse how frequently certain behaviours have occurred during the last 12 months, with options of Never (1), Rarely (2), Sometimes (3) and Often (4). Total scores for victimisation and perpetration are generated by summing each item in

the subscale, with a minimum score of 10 and a maximum score of 40 for each subscale; higher scores indicate greater exposure to DRV. This measure has been validated for use in older adolescents in the US. Following stakeholder involvement and in order to make it suitable for a UK study with younger children, we have made the following adaptations to the measure:

1. Altered some language to make it culturally more appropriate
 - a. Original item: 'I insulted my partner with put-downs'
 - b. Adapted item: 'I said insulting things to them'
2. Removed two items asking about sexual violence
 - a. Removed item: 'They touched me sexually when I didn't want them to'
 - b. Removed item: 'They forced me to have sex when I didn't want to'

At baseline, we only asked the questions in the adapted S-CADRI to pupils who responded affirmatively to the question 'Have you been in a serious or casual relationship with a boyfriend, girlfriend or partner in the last 12 months?' Following involvement and engagement with young people and other experts, we realised that many young people may have had the kind of romantic or sexual experiences that the research was seeking to understand, but that pupils would not have personally labelled them as a relationship. We therefore pivoted at follow-up and asked all pupils the adapted S-CADRI questions.

Changes to measures were also supported by evidence that the inclusion of very low prevalence items in questionnaires relating to adolescent violence victimisation and perpetration exacerbates measurement error (Reichenheim, Souza Marques, & Leite de Moraes, 2022). The validation analyses presented below provide reassurance that these changes did not lead to underperforming scales.

Frequency of GBV Victimisation and Perpetration

The frequency of GBV was measured using the Hostile Hallways questionnaire (Bryant, 1993), with the addition of some items used in a recent study of sexual harassment in Scottish secondary schools (Sweeting et al., 2022) that address behaviour that might be online (e.g. 'Forwarded a naked or sexual picture of you to others without your agreement'). Following PPIE involvement and in order to make it suitable for a UK study with younger children, we removed the following items from the questionnaire:

1. Made you do something sexual, other than kissing (like touching their private parts)
2. Pulled off or down your clothing

Participants are asked to indicate how often – Never (1), Rarely (2), Sometimes (3), Often (4) – behaviours occurred with someone from school over the last three months, with 15 questions asking about victimisation (happened to the participant), range 15–60, with higher scores indicating more exposure to GBV, and 15 asking about perpetration (participant has done something to someone else), range 15–60, with higher scores indicating more perpetration of GBV.

As above, changes to measures were supported by relevant evidence relating to low-prevalence items and were subsequently validated below.

Mental Wellbeing

Mental wellbeing was measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Ng Fat et al., 2017), which contains seven statements that are positively worded, with five response categories from None of the time to All of the time. The SWEMWBS has been validated for populations of young people aged 15–21 (McKay & Andretta, 2017; Ringdal et al., 2018) and the general population (Ng

Fat et al., 2017). The SWEMWBS is scored by first summing the scores for each of the seven items, which are scored from 1 to 5. The total raw scores are then transformed into metric scores using the SWEMWBS conversion table (*Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)*, n.d.), with higher scores indicating higher levels of mental wellbeing. Benchmarked against other validated measures of depression and anxiety in a clinical population, SWEMWBS scores of between 18 and 20 on SWEMWBS correspond to possible depression or anxiety, scores of 18 or less correspond to probable depression or anxiety and scores above 20 correspond to scores in well groups (Shah et al., 2018; 2021).

Quality of Life

The CHU9D is a preference-based measure of health-related quality of life designed for use with 7- to 17-year-olds (Stevens, 2009). The questionnaire has nine questions with five response levels per question and is designed to be self-completed by the child. The use of preference weights for valuing health states within the CHU9D facilitates the direct estimation of quality-adjusted life years (QALYs) directly for use in economic evaluation, specifically cost utility analysis (Stevens, 2012).

School Belonging and Commitment

School belonging and commitment are being measured using the Beyondblue School Climate Questionnaire (BBSCQ), which was designed to measure adolescents' perception of the school climate during an RCT of the Beyondblue school programme (Sawyer et al., 2010). The BBSCQ was developed by combining the most appropriate measures from other established outcome measures (Arthur et al., 2002; Bond et al., 2004; Earl et al., 2003; Epstein & Mcpartland, 1976; Goodenow, 1993; Roeser et al., 1996); it has been extensively piloted and used in many other studies (Bonell et al., 2018; Sawyer et al., 2010; Shinde et al., 2018). BBSCQ contains 28 items which assess the extent to which adolescents perceive teacher relationships to be supportive, their sense of school belonging, their level of participation in school activities and their academic commitment. Items are scored on a 4-point Likert scale (4: yes, totally agree; 3: yes, I agree a bit; 2: no, I don't really agree; 1: no, totally disagree), and scores are summed to generate a total school experience, with higher scores indicating a more positive experience of the school climate.

Violence Acceptance

Violence acceptance was measured using four items that have been slightly adapted from a longer survey used in the LOVEBITEs evaluation (Flood & Kendrick, 2012). Participants were given four statements that describe a violent act, and participants were asked to report their agreement with each statement. For example, 'If a boy hits a girl he loves because he is jealous, it show how much he feels for her', with possible responses: I definitely agree (4), I generally agree (3), I generally disagree (2) and I definitely disagree (1), range 4–16, with higher scores indicating greater acceptance of violence.

Injunctive Social Norms

In order to understand what pupils perceive as socially appropriate behaviour, or injunctive social norms, we used an adapted version of a measure developed by Foshee to measure perceived dating violence norms (Foshee et al., 2001). In order to explore injunctive social norms, this measure was adapted in the Project Respect RCT (Meiksin et al., 2020) to ask participants to indicate how strongly they felt that their peers would endorse the social norms. Participants are shown five statements (e.g. It is OK for a boy to hit a girl if she hit him first) and asked to report whether their friends would Agree (3), Neither agree nor disagree (2) or Disagree (1), followed by a final question that asks participants to indicate how likely they feel a negative sanction is in response to 'If I hit a partner, they would break up with me'. Two items (If someone hits their

partner, their partner should break up with them and If I hit a partner, they would break up with me) were reverse-scored, and a total score was generated by summing the responses, range 5–15, with higher scores indicating the view that violence is more socially acceptable.

Protective behavioural strategies for DRV/GBV

Given the age of the participants in this study, there are no existing validated measures to assess protective factors that participants may use when engaging in dating. Whilst acknowledging that many 12- and 13-year-olds are not meeting up with a partner to go to a restaurant or cinema alone, we still felt it was important to find some way to capture the importance participants place on considering ways to keep themselves safe from DRV and GBV. Therefore, we created a bespoke measure that was informed by the Sexual and Negative Dating Inventory (SANDI) measure (Peterson et al., 2024) that has been successfully used with older college students. This bespoke measure focuses on attitudes to certain behaviours, rather than asking how often the participant acts in a certain way, for example:

- a) SANDI item: 'I share my transportation information (e.g., Uber, trains, subway) with a friend when going on a date'
- b) Bespoke item: 'It's important to tell a friend where you will be and at what times before you go on a first date'
- c) SANDI item: 'I do not kiss on the first date'
- d) Bespoke item: 'I think it's OK to kiss someone you've only just met'

We created a short nine-item measure to assess the importance participants place on protective behaviours; each item is phrased as a statement, and participants are asked to say how strongly they agree with each statement – Strongly agree (4), Agree (3), Disagree (2), Strongly disagree (1). Four items (It's OK to use your real name when you are flirting with or 'talking to' someone online; It's OK to tell someone where you live and go to school when you are flirting with or 'talking to' them online; I think it's OK to kiss someone you've only just met; I think it's OK to send nudes to someone you are 'talking to'/dating even if you've not met in person) were reverse-scored, and a total score was generated by summing responses, range 9–36, with higher scores indicating a positive endorsement of protective behaviour strategies for DRV and GBV.

Self-efficacy for Bystander Actions

Self-efficacy for bystander actions was measured with 11 bespoke questions that ask participants to consider how likely they are to act in certain situations involving a form of DRV or GBV; these questions were informed by considering similar items asked during the Shifting Boundaries project (Taylor et al., 2011). For example, participants were asked:

How strongly do you agree or disagree with these statements? Strongly agree (4), Agree (3), Disagree (2) or Strongly disagree (1):

- 'I would tell my friends to stop using homophobic or anti-LGBTQ language if I heard them use it'
- 'I would not feel confident to stop a boy I didn't know very well from hitting a girl he is dating'

Three items ('I would feel confident to stop a boy I didn't know very well from hitting a girl he is dating', 'If there was a group of boys I didn't know very well harassing a girl at school, I wouldn't try to stop them' and 'I would not feel confident enough to tell a group of students at my school to stop picking on someone because of their sexual identity') were reverse scored, and a total score was generated by summing responses, range 11–44, with higher scores indicating more perceived self-efficacy to step forward and act as a bystander.

Routine data collected by the schools

We requested that the schools provide attendance records for the year group.

Analysis

The primary purpose of this study was to explore the key areas of uncertainty listed below.

Feasibility of recruitment to a research trial

To establish the feasibility of recruiting schools, we reported the number of schools contacted about the study, the number that responded, the number that showed initial interest and the number that consented to take part. We reported how many pupils were withdrawn from the study by their parents/carers and how many chose not to consent. We also reported the percentage of schools that remained in the study, noting any reasons for withdrawal. At follow-up, we reported the percentage of recruited pupils still on roll at the school and the percentage for whom outcome data was collected.

Feasibility of data collection

We assessed the feasibility of data collection via mobile phone or web-based surveys over one year of follow-up by examining the following data:

- At baseline and follow-up:
 - Percentage of eligible pupils who started the survey
 - Percentage of eligible pupils who completed the survey
 - Percentage of eligible pupils who reported problems accessing the survey
 - Percentage of eligible pupils who reported having completed the survey but for whom the data was missing from the Qualtrics database

We considered remote electronic data collection feasible if this method achieved response rates of $\geq 80\%$ in \geq three schools at both baseline and follow-up. We also scrutinised item-level missingness to identify scales where missingness was likely to threaten the validity of inference, by comparing the number of complete case surveys to the total number of surveys for each scale.

The study enabled us to test whether the outcomes were sensitive enough to assess change in the context of the intervention and to explore the potential for floor/ceiling effects. To test this, we summarised the data descriptively, focusing on how well the measures were able to capture change over time. We explored pre- and post-intervention differences descriptively, using confidence intervals but not p-values. This data can be used to inform future power calculations and confirm the appropriate primary outcome for subsequent studies. Because of differences in the samples between pre-test and post-test, we present pre-test and post-test mean estimates overall across schools, as well as estimates for paired t-tests for pupils where we were able to link data. Finally, we validated measures with confirmatory factor analyses. We summarised scale performance using Cronbach's alpha (levels of 0.7 are preferred), Confirmatory Fit Index (CFI) and Tucker-Lewis Index (TLI) – levels of 0.9 are preferred for both – and Root Mean Square Error of Approximation (RMSEA; levels of 0.8 are preferred, and levels of 0.5 are considered excellent). We undertook validation preferably with baseline data, using follow-up data where necessary for specific scales.

We piloted methods for micro-costing the intervention and measuring resource use, adopting a broad perspective that included the third sector and educational sector. Delivery staff recorded the time it took to implement THINK AGAIN, including AAGs, activity time, attendance at training and expenses.

Feasibility of the intervention

Our monitoring and success criteria for assessing the acceptability of the intervention are as follows:

- All schools continue in the study.
- The intervention is implemented with fidelity in ≥ 3 intervention schools.
- Process evaluation indicates that the intervention is acceptable to $\geq 70\%$ of Year 9 pupils, as measured through qualitative methods.
- Process evaluation indicates that the intervention is acceptable to $\geq 70\%$ of staff involved in implementation.

Qualitative data (interview and focus group transcripts) were first subject to thematic analysis using Nvivo software. Researchers developed a draft coding framework based on the theory guiding the intervention, as described above, as well as the general theory of implementation (GTI) (May, 2013). This sociological framework theorises that complex health interventions are enacted through four interdependent processes: sense-making (understanding the intervention), cognitive participation (committing to its delivery), collective action (dividing up and doing the work of delivery) and reflexive monitoring (considering formally or informally how delivery went and how to modify this, if at all). GTI suggests that these processes can be influenced by various factors, including the intervention capability (whether the intervention can be made to work and be integrated within the local system), the capacity of the local system to support implementation (in terms of the available material and cognitive resources, available social roles and influential social norms) and the potential of intervention providers to enact the intervention (through both individual intentions and collective commitments). Using this framework, the analysis aimed to examine implementation, feasibility and acceptability and to consider how contextual factors might influence implementation. We conducted an initial wave of both deductive coding, according to the pre-existing codes, and in vivo inductive coding, to refine and subcategorise our coding framework to reflect the data. Axial coding then identified higher-order linkages between initial codes. Coding used constant comparison and identified deviant cases in order to deepen and elaborate the analysis and explore how implementation was affected by context (Green & Thorogood, 2004).

Secondly, to explore the mechanisms underlying the intervention, we continued to analyse qualitative data using in vivo codes and dimensional analysis. Dimensional analysis is a type of grounded theory analysis which can be used to understand a phenomenon in terms of its conditions, processes and consequences. We adapted it to explore intervention mechanisms (akin to processes in dimensional analysis) and how these interacted with context (akin to processes) to generate outcomes (akin to consequences). Subsequently, we conducted axial coding to identify relationships between initial in vivo codes within and across interviews and FGDs, aiming to generate cross-cutting and high-order constructs to provide a richer analysis of accounts of how different mechanisms were interacting with their contexts to generate outcomes. Applying dimensional analysis, we employed relevant techniques, including deviant case analysis, to consider the necessary conditions for a component to trigger a mechanism and constant comparison between data points to understand how the mechanisms triggered by a component might interact differently with different school contexts to generate different outcomes (Charmaz, 2014; Glaser & Strauss, 1967). Qualitative analyses were conducted by one researcher and reviewed by a second researcher. Quantitative data (logbooks, observations and staff surveys) were analysed using Excel and Stata to generate descriptive statistics on the fidelity of implementation and the reach and acceptability of the intervention among staff.

Timeline

TABLE 5: TIMELINE

Date	Activity
February–July 2024	Intervention optimisation
May–June 2024	Pilot school recruitment
July 2024	Whole-year group baseline data collection
September 2024–March 2025	Intervention training provided to trial schools.
October 2024–May 2025	Schools delivered the intervention.
November 2024–July 2025	Logbook data collection
November 2024–March 2025	Structured observations of lessons
January–June 2025	Focus groups with pupils, including the recruitment period
February–July 2025	Interviews with school staff, including the recruitment period
February 2025	Structured observations of AAG meetings
June–July 2025	Whole-year group follow-up data collection
July 2025	Analysis of whole-year group data

Findings

Participants

School recruitment

A total of 298 secondary schools were invited to take part across the phases of recruitment. Phase one invited the 30 schools in the target geographical area with a free school meals status of greater than 23.8% (the national average in 2023/2024 (Department for Education, 2023)) and were located within a Violence Reduction Unit (VRU) that included school activity. Two weeks later, Phase two extended the invite to 91 additional schools that were in VRUs without specific school activity. Two weeks after this, Phase three invited all the remaining schools in the target area. No schools were recruited from Phase one, although two schools did request further information; two schools were recruited during Phase two; and the final two schools were recruited during Phase three, with an additional school requesting further information. We did not seek to follow up with any of the schools that did not respond to the invitation email, so we are unaware of why they were not interested in the study. Those schools that requested further information but were not recruited were not recruited because we had reached our maximum sample of four schools. Therefore, in total, 298 secondary schools were invited to take part; seven schools were interested in taking part, with the maximum number of four schools ultimately being recruited. Whilst only seven schools responded to the invitation email, we do not feel this represents a lack of interest from schools in research exploring RSHE teaching, rather the opposite. School research usually involves repeated contact with schools over a period of months due to the very busy nature of school staff, particularly senior leaders. With just one invitation letter, we were able to recruit the target number of schools within one month, and this suggests that there is a strong interest in research studies of this nature.

Pupil recruitment

A total of 734 pupils were in Year 8 from the four schools; parents of five pupils (0.7%) requested that their children were not asked to participate, and a total of 86 pupils (15.5%) were absent from school during the baseline visits, which occurred between 2 and 15 July 2024. There were, therefore, 643 pupils present in school who were asked to consent to take part in the research. Of these 643 pupils, 503 (78.2%) consented to take part in baseline data collection, 56 (8.7%) actively refused consent by selecting 'No' on survey and 84 (13%) pupils either passively refused consent by not engaging with the survey at all or were otherwise occupied during the data collection time period (Table 6). The pupils who are marked as 'Passive Withholding of Consent' are those pupils for whom we do not have any information since they did not actively say no to the study, nor did they complete any information, and we knew they were in school on that day. Whilst we asked all pupils to respond yes or no to our consent question, it is clear that many (13%) didn't do this; what is less clear is why this was. We also know that some of these pupils may have been elsewhere in the school, for example, in a behaviour support unit, at band practice or with another teacher for some reason. However, we do not know how many pupils were present in the room and chose not to answer our consent question and how many were elsewhere in the school. Table 7 details the characteristics of the pupil sample at baseline.

TABLE 6: SCHOOL DEMOGRAPHICS AND PUPIL ENGAGEMENT WITH DATA COLLECTION

	Total sample	Sample school 102	Sample school 103	Sample school 104	Sample school 105
Free School Meals % (national average 23.8%) ¹		37.7%	12.1%	38.1%	22.4%
Number of pupils	734	179	205	194	156
Parent opted out	5 (0.7%)	1 (0.6%)	0	4 (2.1%)	0
Baseline data collection					
Absent from school – baseline	86 (15.5%)	16 (8.9%)	16 (7.8%)	19 (9.8%)	35 (22.4%)
Present in school baseline	643	162	189	171	121
Consented	503 (78.2%)	121 (74.7%)	147 (77.8%)	145 (84.8%)	90 (74.4%)
Withheld consent	56 (8.7%)	25 (15.4%)	15 (7.9%)	7 (4.1%)	9 (7.4%)
Passive withholding of consent or occupied elsewhere	84 (13.1%)	16 (9.9%)	27 (14.3%)	19 (11.1%)	22 (18.2%)
Follow-Up Data Collection					
Absent from school – follow-up	71 (12.8%)	15 (8.4%)	18 (8.8%)	17 (8.8%)	21 (13.5%)
Present in school – follow-up	658	163	187	173	135
Consented	556 (84.5%)	137 (84%)	154 (82.4%)	164 (94.8%)	101 (74.8%)
Withheld consent	37 (5.6%)	11 (6.7%)	9 (4.8%)	7 (4%)	10 (7.4%)
Passive withholding of consent or occupied elsewhere	65 (9.9%)	15 (9.2%)	24 (12.8%)	2 (1.2%)	24 (17.8%)

¹ (Department for Education, 2023)

TABLE 7: BASELINE DEMOGRAPHIC INFORMATION FOR CONSENTED PUPILS

Characteristic		Total sample N (%)	School 102 N (%)	School 103 N (%)	School 104 N (%)	School 105 N (%)
Sample size		503	121	147	145	90
Age						
	12 years old	93 (18.5)	17 (14)	30 (20.4)	31 (21.4)	15 (16.7)
	13 years old	406 (81)	102 (84.3)	116 (78.9)	113 (77.9)	75 (83.3)
	Missing	4 (0.8)	2 (1.7)	1 (0.7)	1 (0.7)	0 (0)
Sex (birth)						
	Male	251 (49.9)	65 (53.7)	73 (49.7)	66 (45.5)	47 (52.2)
	Female	250 (49.7)	55 (45.5)	73 (49.7)	79 (54.5)	43 (47.8)
	Missing	2 (0.4)	1 (0.8)	1 (0.7)	0 (0)	0 (0)
Current gender						
	Boy	246 (48.9)	62 (51.2)	74 (50.3)	63 (43.4)	47 (52.2)
	Girl	241 (47.9)	51 (42.1)	69 (46.9)	79 (54.5)	42 (46.7)
	Trans boy	1 (0.2)	0 (0)	1 (0.7)	0 (0)	0 (0)
	Trans girl	1 (0.2)	1 (0.8)	0 (0)	0 (0)	0 (0)
	Non-binary	2 (0.4)	0 (0)	1 (0.7)	1 (0.7)	0 (0)
	Other	8 (1.6)	5 (4.1)	2 (1.4)	1 (0.7)	0 (0)
	Missing	4 (0.8)	2 (1.7)	0 (0)	1 (0.7)	1 (1.1)
Sexuality						
	Heterosexual	437 (87)	107 (88.4)	128 (87.1)	123 (84.8)	79 (87.8)
	Gay or lesbian	6 (1.2)	2 (1.7)	1 (0.7)	3 (2.1)	0 (0)
	Bisexual	17 (3.4)	4 (3.3)	6 (4.1)	3 (2.1)	4 (4.4)
	Asexual	5 (1)	0 (0)	2 (1.4)	2 (1.4)	1 (1.1)
	Unsure	19 (3.8)	1 (0.8)	7 (4.8)	7 (4.8)	4 (4.4)
	Other	6 (1.2)	3 (2.5)	1 (0.7)	2 (1.4)	0 (0)
	Missing	13 (2.6)	4 (3.3)	2 (1.4)	5 (3.4)	2 (2.2)
Ethnicity						
	White	217 (43.1)	28 (23.1)	94 (63.9)	21 (14.5)	74 (82.2)
	Mixed	41 (8.2)	11 (9.1)	11 (7.5)	13 (9)	6 (6.7)
	Asian	159 (31.6)	50 (41.3)	29 (19.7)	76 (52.4)	4 (4.4)
	Black	58 (11.5)	22 (18.2)	6 (4.1)	28 (19.3)	2 (2.2)
	Other	20 (4)	8 (6.6)	3 (2)	6 (4.1)	3 (3.3)
	Missing	8 (1.6)	2 (1.7)	4 (2.7)	1 (0.7)	1 (1.1)
Family affluence scale ¹		Total sample	School 102	School 103	School 104	School 105
	Mean	7.8	7.4	8.4	7.4	8.2
	Standard deviation	2.09	2.1	2.1	2	2
	Min–max values	2–12	2–12	3–12	2–12	2–12
	Missing N	19	3	4	9	3

¹ Scores range from 0 to 13, with higher scores indicating higher economic status.

School and pupil retention

None of the schools withdrew from the study. A total of 71 pupils (12.8%) were absent from school during the follow-up visits, which occurred between 4 June and 9 July 2025. There were, therefore, 658 pupils present in school at follow-up. Of these 658 pupils, 556 (84.5%) consented to take part in follow-up data collection, 37 (5.6%) actively refused consent by selecting ‘No’ on the survey and 65 (9.9%) pupils either

passively refused consent by not engaging with the survey at all or were otherwise occupied during the data collection time period (Table 6).

Survey completion

Among pupils who started the baseline survey, all completed it. At follow-up, three pupils stopped partway through. However, if we look at the percentage of missing data per pupil, it is clear that some pupils did not engage with the survey, even if they didn't choose to actively stop the survey. Considering the baseline survey, the percentage of missing data per pupil ranged from 0% to 68.4%, with a mean of 3.5% (standard deviation [sd] 8.9%). The majority of this missingness was due to one or two items not being answered; however, 19 pupils (3.8%) completed less than 25% of the items. The last outcome presented to pupils had the highest number of missing responses, which at baseline was the bespoke self-efficacy for bystander actions measure. We see a similar pattern of responses, with slightly more missingness, at follow-up, with the percentage of missing data per pupil ranging from 0% to 95.7%, with a mean of 5.1% (sd 13.9%), and 27 pupils (4.9%) completed less than 25% of the items. Similarly to baseline, the outcomes at the end of the survey had the highest amount of missingness, which at follow-up was the questions asking about the reach of the intervention.

Pupils reporting technical issues

A handful of pupils in each school reported technical issues with the electronic tablets, which were all resolved by replacing the tablets. Since the only list of consented pupils we had was provided by the pupils themselves, it was not possible for us to identify any pupils who had provided responses that did not upload correctly onto the Qualtrics server.

Matching data from baseline to follow-up

After consenting, pupils were asked to provide their name, school email address and date of birth; these variables were intended to be used to match responses from baseline to follow-up. In total, 391 pupils were successfully matched using a combination of these variables, which represents 77.7% of the baseline sample. Therefore, 112 pupils provided data at baseline that could not be matched to any data provided at follow-up; this could be because those 112 pupils had left the school or were absent from school on the date of follow-up, but it may also be because we asked pupils to enter these identifying variables. At baseline, whilst we had data for 503 pupils, they did not always provide complete answers to the identifying variables; for example, 89 left their email address blank, many only put their first name and not their surname, some wrote 'I'm not comfortable sharing', some dates of births could not have been correct due to the age of the pupils and some pupils wrote responses that were clearly not accurate, for example 'Skibidi toilet'. At follow-up, 557 pupils provided data, but a similar pattern was found, with 166 (29.8%) not being matched to baseline data due to missing emails, missing dates of birth or incomplete or inaccurate names (e.g. 'No' or 'Shut up'). Since we appropriately did not collect any information from pupils who did not consent, it is possible that some of the pupils who did not provide data at baseline may have decided to provide data at follow-up and vice versa. Since we did not repeat the demographic questions at follow-up, we do not have any background information about the 166 pupils who only provided data at follow-up.

Attendance data

All four schools provided the year's average attendance at both baseline and follow-up. However, because many pupils did not provide enough information for us to accurately identify them, we did not request that the school provide pupil-level attendance data.

Can the THINK AGAIN intervention be delivered in secondary schools?

Below, we examine the feasibility of the intervention in the context of the fidelity, reach and acceptability of implementation. We also explore the processes involved in implementation and consider contextual factors that may influence these.

TABLE 8: OVERVIEW OF THE THINK AGAIN FEASIBILITY, REACH AND ACCEPTABILITY DATA COLLECTION

Data collection activity		School 102	School 103	School 104	School 105
Interviews (staff)	n (% target)	3 (75%)	4 (100%)	5 (125%)	4 (100%)
	Participant characteristics (gender)	1 male staff 2 female staff	2 female staff 2 male staff	2 female staff 3 male staff	2 female staff 2 male staff
Focus group discussions (pupils)	n (% target)	2 (100%)	2 (100%)	2 (100%)	2 (100%)
	No. participants	8	11	7	14
	Participant characteristics (gender)	5 female pupils 3 male pupils	5 female pupils 5 male pupils 1 non-binary pupil	3 female pupils 4 male pupils	8 female pupils 6 male pupils
Observation (lessons)	n (% target)	0/2 (0%)	2/2 (100%)	2/2 (100%)	3/2 (150%)
Observation (AAG)	n (% target)	0/1 (0%)	0/1 (0%)	0/1 (0%)	1/1 (100%)
Curriculum logbook (teachers)	n (% response rate)	0/5 (0%)	0/8 (0%)	6/8 (75%)	0/7 (0%)
Curriculum logbook (curriculum lead)	n (% response rate)	1/1 (100%)	1/1 (100%)	1/1 (100%)	1/1 (100%)
AAG logbook (AAG chair)	n (% response rate)	1/1 (100%)	1/1 (100%)	1/1 (100%)	1/1 (100%)
Survey (staff)	n (% response rate)	1/5 (20%)	1/8 (13%)	5/8 (63%)	3/7 (43%)
Follow-up survey (pupils)	n (% response rate)	137/163 (84%)	154/187 (82%)	164/173 (95%)	101/135 (75%)

AAG: action aware group

Quantitative findings on fidelity

TABLE 9: SCHOOL SUMMARY OF HOW THE THINK AGAIN INTERVENTION WAS DELIVERED

THINK AGAIN component	School 102	School 103	School 104	School 105
Training provided by the training lead	2.25 hours in-person teacher training for RSHE teachers	2.75 hours in-person teacher training for RSHE teachers	5 hours in-person teacher training for RSHE teachers, spread over two training sessions	3 hours in-person teacher training for RSHE teachers
	1 hour online AAG training	1 hour online teacher training for those who missed the initial training	0.75 hours online AAG training	1.5 hours online teacher training for teachers new to the programme
	1.5 hours online support meetings			
	1 hour in-person lesson observation and support	1 hour online AAG training	0.5 hours online support meetings	1.75 hours online action group training and support
		0.5 hours online support meetings	1.5 hours in-person AAG observation and support	1 hour in-person AAG observation and support

No. of lessons taught during THINK AGAIN (min. 5)	8	9	6	9
Lessons taught	1. Gender 2. Boundaries 3. Sexual objectification 4. Sexual harassment and stalking 5. Understanding consent 6. Bystander intervention for GBV 7. Healthy vs unhealthy relationships 8. Supporting a friend (DRV)	1. Gender 2. Boundaries 3. Sexual objectification 4. Sexual harassment and stalking 5. Understanding consent 6. Bystander intervention for GBV 7. Healthy vs unhealthy relationships 8. Supporting a friend (DRV) 9. Advice column	1. Gender 2. Boundaries 3. Sexual objectification 4. Sexual harassment and stalking 5. Understanding consent 6. Bystander intervention for GBV	1. Gender 2. Boundaries 3. Sexual objectification 4. Sexual harassment and stalking 5. Understanding consent 6. Bystander intervention for GBV 7. Healthy vs unhealthy relationships 8. Supporting a friend (DRV) 9. Advice column
No. teachers delivering the lessons	5	8	8	7*
Lesson delivery reported by teachers n/N (%)**				
1. Gender perspectives	0/1 (0%)	4/4 (100%)	5/5 (100%)	1/1 (100%)
2. Boundaries	1/1 (100%)	4/4 (100%)	5/5 (100%)	1/1 (100%)
3. Sexual objectification	1/1 (100%)	4/4 (100%)	4/5 (80%)	1/1 (100%)
4. Sexual harassment and stalking	1/1 (100%)	4/4 (100%)	3/5 (60%)	1/1 (100%)
5. Understanding consent	1/1 (100%)	4/4 (100%)	4/5 (80%)	1/1 (100%)
6. Bystander intervention for GBV	1/1 (100%)	4/4 (100%)	4/5 (80%)	1/1 (100%)
7. Healthy vs unhealthy relationships	1/1 (100%)	4/4 (100%)	Not selected for teaching	1/1 (100%)
8. Supporting a friend (DRV)	1/1 (100%)	4/4 (100%)	Not selected for teaching	1/1 (100%)
9. Advice column	Not selected for teaching	3/4 (75%)	Not selected for teaching	1/1 (100%)
Allocated timetable slot	RHSE	RSHE	Tutor group/ registration period	RSHE
Staff delivering the curriculum	Subject teachers	Form tutors Subject teachers	Form tutors Subject teachers Head of year	RSHE teachers
Number of AAG meetings recorded	0	1	3	6

**Teachers delivering changed halfway through the programme*

***The denominator reports the number of teachers who were interviewed about lesson delivery or who completed logbooks, not the number of teachers who actually taught the lessons*

GBV: gender-based violence; DRV: dating and relationship violence; AAG: action aware group; RSHE: relationship, sex and health education;

Needs reports

Pupils’ Experiences and Engagement were summarised in a Report (PEER) and shared with each of the four schools in October and November 2024.

Fidelity of implementation: training

SEF delivered RSHE curriculum training in person during a three-hour session with all schools, most of which were observed by a researcher. SEF-delivered curriculum training sessions were generally well-attended in three schools. A total of 25 teachers attended in-person curriculum training between October 2024 and January 2025. A further seven teachers attended online curriculum training at school 103 because of a lack of attendance at their school’s in-person training. Supportive lesson observation with feedback was offered to all schools and was taken up by two of the schools. SEF also delivered online training for staff leading each school’s AAG, one of which (school 103) was observed by a researcher. AAG training sessions took place in all four schools and were all well attended.

Fidelity of implementation: lesson delivery

We received limited logbook data from schools 102, 103 and 105 (Table 10). This may be the result of teachers facing a general shortage of time and inability to take on new responsibilities, which was commonly reported in interviews and observations across schools. To supplement this lack of data, we assessed the implementation of the curriculum using a combination of teacher logbooks and supplementary data collected through interviews with staff, as well as curriculum-lead logbooks from the other schools (Table 9). All schools reported delivering at least six THINK AGAIN lessons from the menu of nine provided, and two schools (103 and 105) reported delivering all nine. Data available from the logbooks returned by school 104 (the only school returning any teacher logbooks) suggested high coverage of essential lesson components, between 87% and 97% (Table 10).

TABLE 10: COVERAGE OF LESSON PLANS (TEACHER LOGBOOKS)

THINK AGAIN lesson	Number of logbooks returned (from schools)	Average % coverage of lesson plan (essential components)
1. Gender perspectives	5 (1)	87%
2. Sexual objectification	5 (1)	93%
3. Boundaries	4 (1)	97%
4. Sexual harassment and stalking	3 (1)	94%
5. Understanding consent	4 (1)	93%
6. Bystander intervention for GBV	4 (1)	91%
7. Healthy vs unhealthy relationships	0 (0)	N/A
8. Supporting a friend (DRV)	0 (0)	N/A
9. Advice column	0 (0)	N/A

Researchers conducted six structured observations of THINK AGAIN RSHE lessons across three schools using a standardised checklist to indicate whether each element of the lesson had been delivered. For example, during the Bystander Intervention for GBV lesson, was the 'Blaming the victim' component of the lesson plan delivered, yes or no? We were unable to conduct lesson observations at school 102. The school lead was not the head of RSHE and, as a result, had challenges communicating with the head of RSHE, which prevented them from scheduling lesson observations for researchers.

Overall, coverage of THINK AGAIN lesson plans was high. Where possible, we compared researcher-observed lessons with teacher-logged coverage of specific topics in the lesson plan. In one school, (104) one teacher logbook and one researcher observation were both completed for the same lesson (Boundaries) with 100% agreement, although caution should be used when interpreting this level of agreement due to only one lesson with logbook data being observed.

Fidelity of implementation: AAG

Three schools reported organising at least one AAG meeting. School 103 reported one meeting, school 104 reported three meetings and school 105 reported six meetings. No logbook was returned from school 102's AAG chair, where school leads reported feeling overwhelmed by the amount of research involved in the project. However, data from interviews suggested that no meetings took place. Where possible, we compared fidelity data from researcher observations of AAG meetings with coverage of AAG meetings logged by chairs. One logbook and one researcher observation were completed for the same meeting in only one school. For this meeting, 100% of logged components were also observed.

In the three schools where AAG logbook data and/or minutes were returned, all schools reported at least two members of staff and at least six pupils in attendance at one meeting. Staff from each school where AAG meetings were recorded reported to our researcher that their AAG pupil membership was diverse by gender, ethnicity and academic attainment. In schools 104 and 105, at least one action was discussed and subsequently implemented by the AAG. Schools 103 and 102 reported no actions arising from their AAGs.

As these analyses show, the training and curriculum were implemented with fidelity in all schools, reaching the target of ≥ 3 . However, the AAG was only implemented with fidelity – defined as having multiple meetings per school, culminating in at least one implemented whole-school action – in two schools. This did not reach the target of ≥ 3 .

Quantitative findings on reach and acceptability

Pupils

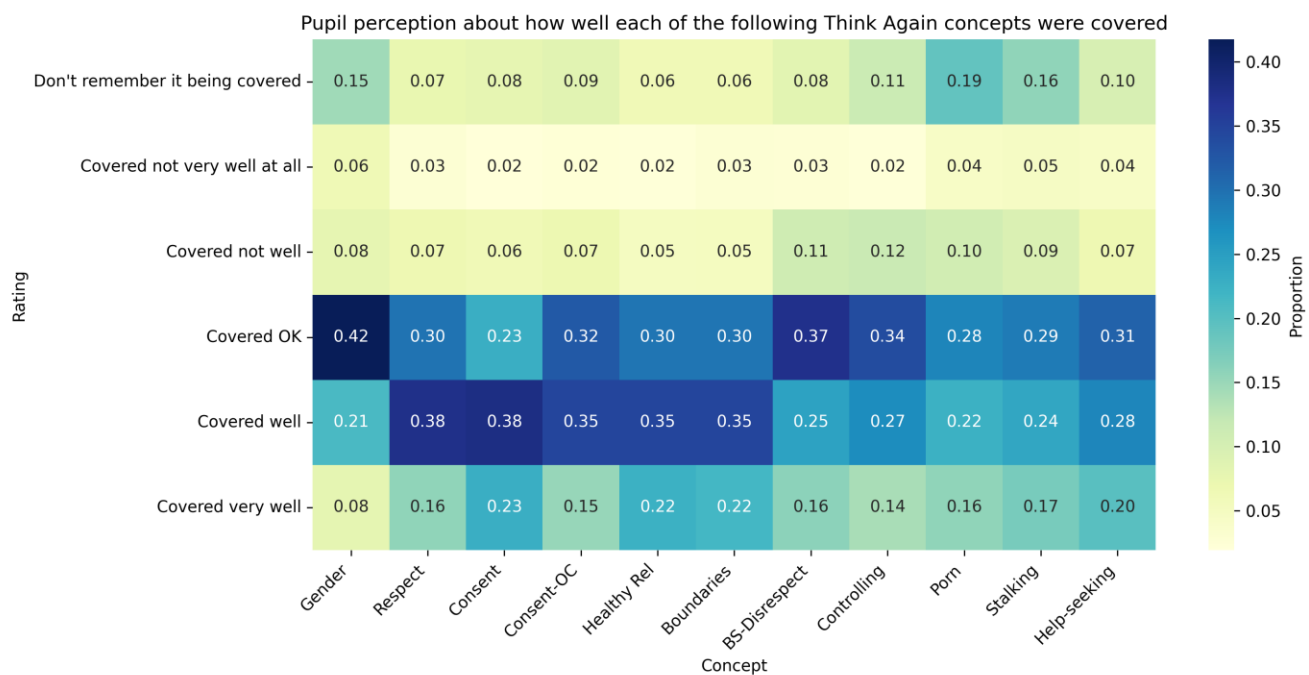
In order to establish the acceptability of THINK AGAIN, we surveyed both staff and pupils in the four schools (Table 8).

The number of pupils at follow-up who endorsed how well each key THINK AGAIN concept was covered is shown in Table 11. We have also presented heatmaps in Figure 2 and Figure 3 that graphically present pupils' perceptions of how well each concept was covered in their lessons: the darker blue the square, the more frequently endorsed that rating was. As can be seen, concepts such as 'That sexual consent applies to any touch with sexual intent', 'What a healthy friendship or relationship feels like' and 'Respectful versus unacceptable behaviour, including sexual harassment' generally received higher ratings, indicating these topics were effectively communicated across most schools. However, some concepts, such as 'What stalking is' and 'How porn can change the way some people view others as sexual objects', show more variability, with a notable proportion of pupils indicating they either did not remember these being covered or feeling

they were not covered well. There is some variation between schools, but the general pattern suggests that the more sensitive or complex topics were less reliably addressed.

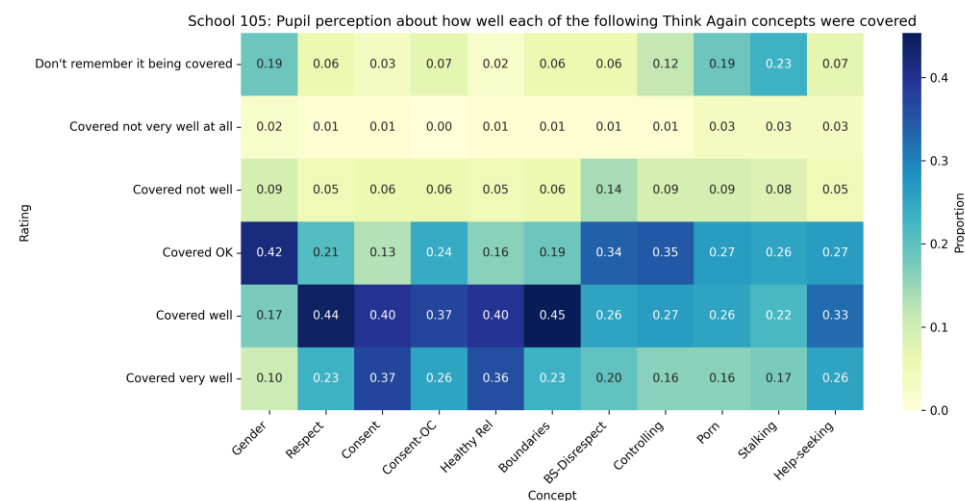
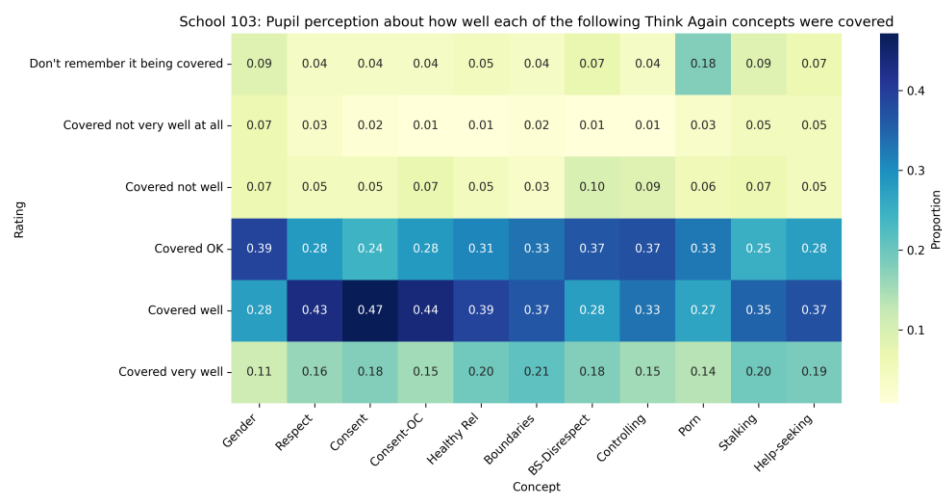
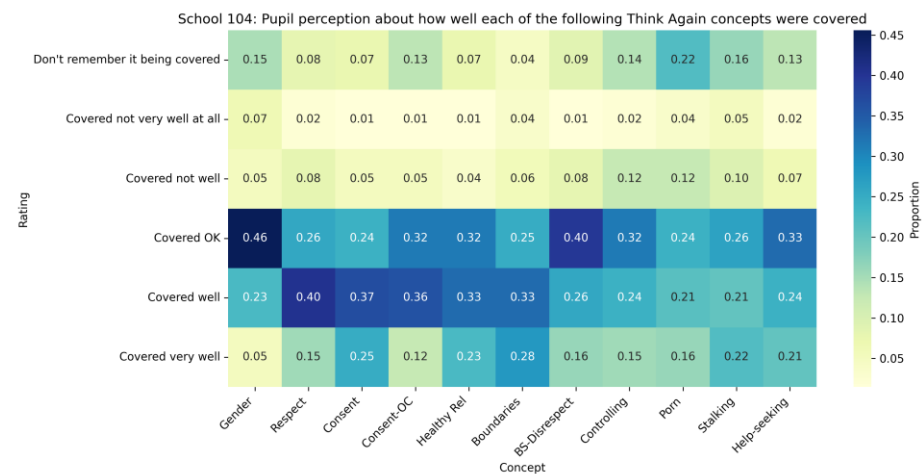
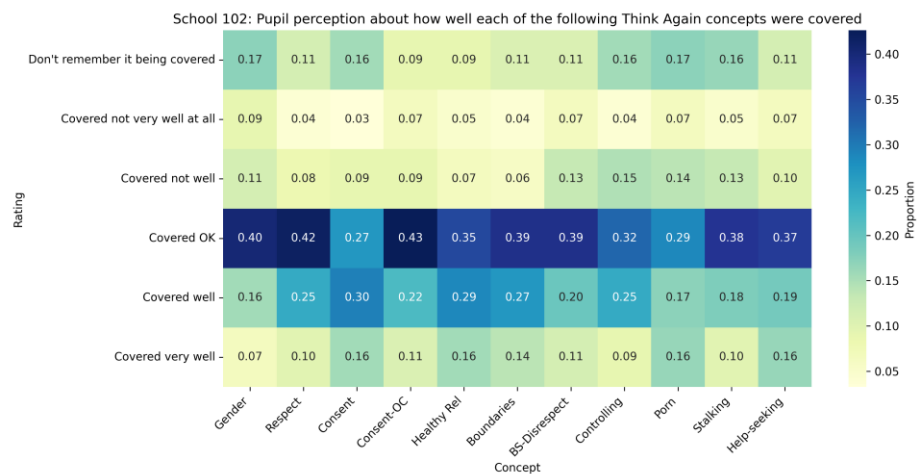
TABLE 11: PUPILS' PERCEPTIONS ABOUT HOW WELL EACH OF THE FOLLOWING THINK AGAIN CONCEPTS WAS COVERED

Concept	Don't remember it being covered	Not covered very well at all	Not covered well	Covered OK	Covered well	Covered very well
Where our ideas about gender might come from	77 (15%)	35 (7%)	42 (8%)	208 (41%)	103 (20%)	41 (8%)
Respectful versus unacceptable behaviour, including sexual harassment	39 (8%)	17 (3%)	37 (8%)	145 (29%)	181 (37%)	74 (15%)
That sexual consent applies to any touch with sexual intent	40 (8%)	11 (2%)	33 (7%)	111 (23%)	185 (38%)	109 (22%)
That sexual consent requires ongoing communication (words or body language)	42 (9%)	11 (2%)	36 (7%)	157 (33%)	164 (34%)	73 (15%)
What a healthy friendship or relationship feels like	31 (6%)	12 (2%)	24 (5%)	143 (30%)	166 (34%)	107 (22%)
Understanding other people's personal boundaries	30 (6%)	14 (3%)	25 (5%)	143 (30%)	169 (35%)	101 (21%)
How to be an active bystander to challenge disrespect	40 (8%)	13 (3%)	54 (11%)	177 (37%)	117 (24%)	77 (16%)
How to spot controlling behaviour	57 (12%)	10 (2%)	56 (12%)	161 (34%)	129 (27%)	65 (14%)
How porn can change the way some people view others as sexual objects	90 (19%)	21 (4%)	51 (11%)	133 (28%)	105 (22%)	74 (16%)
What stalking is	74 (16%)	23 (5%)	46 (10%)	138 (29%)	113 (24%)	82 (17%)
Where to go for help for sexual harassment, abuse or an unhealthy relationship	47 (10%)	20 (4%)	31 (7%)	148 (31%)	134 (28%)	94 (20%)



Concept Key: Gender = Where our idea about gender might come from; Respect = Respectful versus unacceptable behaviour, including sexual harassment; Consent = That sexual consent applies to any touch with sexual intent; Consent-OC = That sexual consent requires ongoing communication (words or body language); Health Rel = What a healthy friendship or relationship feels like; Boundaries = Understanding other people's personal boundaries; BS-Disrespect = How to be an active bystander to challenge disrespect; Controlling = How to spot controlling behaviour; Porn = How porn can change the way some people view others as sexual objects; Stalking = What stalking is; Help-seeking = Where to go for help for sexual harassment, abuse or an unhealthy relationship

FIGURE 2: PUPILS' PERCEPTIONS ABOUT HOW WELL THE THINK AGAIN CONCEPTS WERE COVERED – SUMMARY FROM ALL SCHOOLS



Concept Key: Gender = Where our idea about gender might come from; Respect = Respectful versus unacceptable behaviour, including sexual harassment; Consent = That sexual consent applies to any touch with sexual intent; Consent-OC = That sexual consent requires ongoing communication (words or body language); Health Rel = What a healthy friendship or relationship feels like; Boundaries = Understanding other people's personal boundaries; BS-Disrespect = How to be

an active bystander to challenge disrespect; Controlling = How to spot controlling behaviour; Porn = How porn can change the way some people view others as sexual objects; Stalking = What stalking is; Help-seeking = Where to go for help for sexual harassment, abuse or an unhealthy relationship

FIGURE 3: PUPILS’ PERCEPTIONS ABOUT HOW WELL THE THINK AGAIN CONCEPTS WERE COVERED – PRESENTED SEPARATELY BY SCHOOL

TABLE 12: PUPIL AWARENESS OF THINK AGAIN–RELATED ACTIVITIES IN SCHOOL

Were you aware of the following activities in your school?	Whole Sample	School 102	School 103	School 104	School 105
An assembly	345 (62%)	93 (68%)	92 (60%)	104 (63%)	56 (55%)
A survey	189 (34%)	27 (20%)	66 (43%)	49 (30%)	47 (47%)
A school policy change	56 (10%)	8 (6%)	17 (11%)	16 (10%)	15 (15%)
New posters in school	122 (22%)	20 (15%)	27 (18%)	44 (27%)	31 (31%)
Something else	91 (16%)	16 (12%)	25 (16%)	29 (18%)	21 (21%)
None at all	91 (16%)	26 (19%)	26 (17%)	20 (12%)	19 (19%)
Aware of the AAG	320 (58%)	87 (64%)	91 (59%)	97 (59%)	45 (45%)
Pupil is an AAG member	156 (28%)	40 (29%)	38 (25%)	39 (24%)	39 (39%)
Pupil has a friend who is in the AAG	105 (19%)	25 (18%)	33 (21%)	24 (15%)	23 (23%)

Table 12 presents pupil responses regarding their awareness of activities associated with THINK AGAIN across each school and for the whole sample. The activities include assemblies, surveys, policy changes, visual materials and indicators of direct or indirect involvement with the AAG. The data provides insight into the visibility and reach of the initiative within different school contexts. Assemblies were the most widely recognised activity, with 62% of pupils across the sample reporting awareness. This suggests that assemblies are a consistently effective method for promoting THINK AGAIN messaging. Awareness of school policy changes was low overall (10%), suggesting limited pupil involvement or visibility of these changes across all schools. New posters were noticed by 22% of pupils, with higher recognition in School 104 (27%) and School 105 (31%), which may reflect differences in poster placement, design or campaign visibility.

Just over half of the pupils were aware of the existence of the AAG, and 28% reported being part of this group. As discussed later in this report, it is interesting to note that school 102 reported that they did not convene any AAG meetings; however, 64% of their pupils reported being aware of the AAG, with 29% saying they were part of it and 18% knowing someone who was a member of it. We are not able to determine whether this discrepancy was due to misreporting by the school or the pupils, whether the pupils did not understand the question or whether they believed that the AAG was something else.

Staff

We received a very low response rate to the staff survey, with only 10 members of staff across the four schools responding. Most respondents (60%) were teachers with management responsibilities, although no members of the senior leadership team responded to the survey. Most respondents (80%) said they were involved in THINK AGAIN through teaching the RSHE classroom curriculum (89%), while a third said they had participated in the AAG.

All respondents felt that THINK AGAIN was an acceptable way to teach teenagers about building healthy relationships. Over half of the respondents strongly agreed that it felt feasible to deliver the THINK AGAIN intervention in their school.

TABLE 13: ACCEPTABILITY AMONG STAFF DELIVERING THE INTERVENTION

Staff survey		School 102	School 103	School 104	School 105	Total
Reported feeling that THINK AGAIN is an acceptable way to teach teenagers about building healthy relationships	<i>Yes</i>	1/1 (100%)	1/1 (100%)	5/5 (100%)	3/3 (100%)	10/10 (100%)
	<i>No</i>	0/1 (0%)	0/1 (0%)	0/5 (0%)	0/3 (0%)	0/10 (0%)
'It felt feasible to deliver the THINK AGAIN activities in our school'.	<i>Strongly agree</i>	0/1 (0%)	0/1 (0%)	2/5 (40%)	3/3 (100%)	5/10 (50%)
	<i>Agree</i>	1/1 (100%)	1/1 (100%)	3/5 (60%)	0/3 (0%)	5/10 (50%)
	<i>Disagree</i>	0/1 (0%)	0/1 (0%)	0/5 (0%)	0/3 (0%)	0/10 (0%)
	<i>Strongly disagree</i>	0/1 (0%)	0/1 (0%)	0/5 (0%)	0/3 (0%)	0/10 (0%)

These survey analyses, combined with the qualitative findings presented below, suggest that the intervention was found to be acceptable to the majority of Year 9 pupils and staff involved in implementation. However, it should be noted that the staff surveys and interviews and the pupil focus groups involved only a small number of participants, and it is quite plausible that staff and pupils who agreed to take part in the qualitative elements were those who thought more favourably of THINK AGAIN.

Qualitative findings on the feasibility of implementation

Teacher training

Curriculum training sessions delivered by SEF (Table 9) were generally well attended and valued by school staff. These sessions seemed especially helpful in supporting teachers to understand and ‘buy in’ to the intervention.

“The way [the SEF training lead] explained it, it’s about leading [a] discussion between the students ... They want to respond to each other, and that’s what we need to encourage ... That training session really stuck with me”. (Teacher, I04_03)

One school scheduled the training on a teacher training day, which ensured teacher attendance. In other schools, the enrolment of senior teachers who prioritised RSHE also ensured teacher attendance. However, in one school, less than half of the RSHE teaching staff who had been enrolled to teach THINK AGAIN lessons attended the main training session because lesson cover was not arranged. SEF delivered an additional training session for the remaining teachers at this school, which took place online after school. Teachers who received only the shorter online training described feeling under-prepared for the session, and there was some indication that the online training was perceived as less effective by other teachers.

“Speaking with [another teacher who did the online training], I don’t think it had the same impact. I think they’ve struggled more to grasp and deliver, and have very much gone with their way of how they would teach it ... [In-person] training feels a bit more personable rather than over Teams [where] you’ve got other distractions going on”. (Teacher, I01_05)

This suggests that an important contextual factor in easing implementation is whether participating schools are able to prioritise and allocate a substantial amount of fully protected time to enable in-person teacher training ahead of delivery.

Short training sessions for AAG chairs were delivered by SEF. These were all delivered online for one hour, usually after school. The intended participants were the AAG chair and any staff who would be supporting this role. In most schools, these sessions were also well attended and again appeared to support staff in understanding and buying in to the AAG component and their role within it. Although most participants found the AAG training valuable, one teacher felt it could have included more information about how to build motivation among pupils.

“How we get [pupils] to properly buy in [to the AAG] might be a useful thing to make sure is more heavily emphasised ... How you’re going to ... make sure that they want to turn up and do it, session after session”. (School lead/AAG chair, I01_01)

In schools where teachers found it more challenging to understand and commit to the AAG, this, in turn, prevented them from effectively implementing the AAG training. For example, in school 104, no one had taken on the role of AAG chair by the autumn term, which meant that all teachers involved in THINK AGAIN attended the AAG training. Alongside technical issues, this led to confusion and a lack of focus during the training, which ultimately hindered their implementation of the AAG. School 104’s lead explained that part

of the challenge in getting teachers to commit to the AAG role was that they felt unwilling to take on substantial new responsibilities once the academic year had started. This school lead felt that earlier communication, ideally in the summer term before delivery, about this specific responsibility was needed.

Int: “*Was it clear from the start of this year which staff would be leading the Action Group?*”

“No, not from the beginning. We had the [AAG training] ... in the second part of September, where [SEF] was explaining things for us as a group. But then I spoke to some people; they didn’t want [the role] ... because doing something other than what they were planning is a challenge”. (School lead, I02_07)

This suggests that an important factor in supporting THINK AGAIN implementation is whether schools are able to allocate intervention responsibilities in a way that aligns with school responsibilities; this could be achieved more readily if schools were recruited to the study with enough time to conduct initial meetings, allocate staff and prepare before the summer holidays.

RSHE lessons

In a national context that requires statutory RSHE provision in secondary education, the curriculum lessons were highly prioritised and implemented with fidelity by all schools (Table 9). The intervention required that a member of staff in each school be designated the school lead for THINK AGAIN. The school lead was primarily responsible for understanding the intervention and communicating this to the staff members involved in collectively implementing it. All school leads recognised and were able to implement the intervention requirement to integrate at least five of the nine lessons into their broader RSHE curriculum.

RSHE teachers generally valued the interactive nature and pedagogical approaches of the THINK AGAIN lessons. In particular, many teachers referred to THINK AGAIN lessons as a new or different way of teaching RSHE compared to their schools’ previous approaches.

“Kids really struggle to sit still and listen, and the way that [THINK AGAIN] lessons are delivered involves them so much more than the way we were delivering [RSHE] lessons before”. (Teacher, I04_03)

Almost all teachers described positive experiences of adapting the curriculum, for example, by including current events or real-life anecdotes. This suggests that the extent to which the intervention materials can be easily adapted is an important factor in easing implementation.

“One of the things I did quite a lot was ... drawing on [stories], not personal to myself, but people that I know of [who] have gone through the kind of stuff that we were talking about. And that kind of engaged [the pupils] a little bit more ... I think because it feels a bit closer to home”. (Teacher, I01_05)

In schools that had previously decided to use specific pedagogical approaches across subjects, some teachers felt that it would have eased implementation further if the curriculum could have been implemented in a way that was flexible to such school-specific pedagogies.

“Here, we do a lot of what we call adaptive agile teaching; the idea that it’s a learning episode; it’s not just trying to cram everything into one lesson ... The lessons were impactful; I think it's just navigating how it works within a school that teaches in a specific way”. (Teacher, I01_05)

Given the context across schools in which teachers usually had insufficient time to prepare lessons, the comprehensive provision of information via lesson plans was an important enabling factor of the implementation of the curriculum.

“I think the lesson plans helped a lot with teachers’ understanding ... There were a lot of positive comments on the existence ... of the plans”. (Teacher, I01_01)

One teacher felt the lesson plans were particularly important in easing delivery for teachers with less RSHE experience.

“[The lesson plan] did give people who may not have had confidence in the subject ... something to look at, something to sit with and marinate on before they went into the lesson”. (Teacher, I03_04)

However, several teachers reported that although the lesson plans were useful, they found them too lengthy and detailed to use in the context of their high workloads. This was particularly a challenge for teachers who had more demanding responsibilities in their schools, such as SLTs, heads of years or cover managers. One school lead felt that this high level of expected preparation had the unproductive effect of over-burdening the participating teachers.

“Our teachers are used to spending five to 10 minutes looking at what they need to look at, perhaps adapting anything for their class. Whereas the [THINK AGAIN] lesson plans were really detailed ... There was a lot to include. Some teachers found it a little bit overwhelming”. (School lead, I04_05)

Some teachers felt that simplifying lesson resources could ease implementation, for example, by shortening the accompanying notes or integrating them into the PowerPoint to prevent teachers from having to consult a separate document during the lesson. Therefore, although the lesson notes emerged as an important resource for many teachers, the lack of preparation time described by several interviewees suggests that the intervention materials could be adapted to ensure that teachers with less capacity can still be supported in delivering the lessons effectively.

In schools where lesson periods were 50 minutes or less, most teachers felt they were not able to cover all elements of the lesson; for example, in school 104, which had 50-minute lesson periods and returned teacher logbooks, lesson coverage ranged from 87% to 97% of essential topics. Some teachers thought that the lesson plans would be more feasible to implement if more time were allocated for behaviour management.

“I did have multiple teachers tell me a lot of the timings that it suggests are just not realistic in a classroom environment”. (School lead, I01_01)

Action Aware Group (AAG)

The feasibility of implementation of AAGs was variable (Table 9). Three schools reported organising at least one AAG meeting. School 103 reported one meeting, school 104 reported three meetings and school 105 reported six meetings. This may have been a result of the limited workability of the AAG, in combination with challenging contextual factors in some schools. In all three schools where at least one AAG meeting was held, pupil membership was reported as being diverse by gender, ethnicity and academic attainment. In two schools, the AAG chair reported that at least one action had been discussed and implemented by the AAG, and the box below presents a case study of such an action.

Case study: school 105's AAG

Informed by their school's PEER data, pupils worked with staff to design actions to build better staff–pupil relationships:

1. To delve into themes they noticed in their PEER data, pupils designed, distributed and analysed a whole-school survey to explore trust between pupils and staff and fair responses to pupil behaviour. They shared the findings with staff and pupils during assemblies.
2. Pupils created a Teacher Brilliant Basics guide, which was approved by the SLT and added to the staff operating procedures, and it will be displayed in staff areas from September 2025.
3. They launched a Summer of Respect, with AAG members sharing their views and ideas in assemblies.
4. Pupils designed a RESPECT reminder poster.

They plan to continue the AAG next year, with new pupils joining.

Several contextual and intervention factors made AAG implementation more straightforward in school 105. First, teachers and pupils described a number of pre-existing structures for involving pupils in decision-making, particularly for health and wellbeing, such as a school council, anti-bullying ambassadors and prefects. Alongside the AAG training, these factors meant that pupils and staff in this school seemed to readily understand the purpose and structure of the AAG.

“[The AAG chair] had a really clear idea ... of what was involved and what it all meant, so she was then able to deliver that to the students really clearly”. (Teacher, I04_03)

Also, the AAG's chair was experienced and skilled in pupil participation and, as head of RSHE, had frequent contact with the SLT. The presence of a motivated and knowledgeable AAG chair enabled teachers to attend the AAG flexibly, as a more workable form of collective action.

“I usually miss either the first 15 or last 15 minutes of it because of other duties, but yeah, I've been to all of [the AAG meetings]”. (Teacher, I04_03)

In other schools, however, staff faced a number of challenges in implementing the AAG, partly due to issues with how the intervention worked, particularly in the context of school processes and timelines.

First, although the SEF lead held initial meetings with all school leads in the summer term before delivery, some members of staff felt that the lead-in time was still too short. This resulted in some school leads feeling confused about the expectations for the AAG, which in turn prevented them from allocating responsibilities by the start of the autumn term. This uncertainty seemed greater in schools where a meeting like the AAG was a relatively unfamiliar structure, such as those with no pre-existing structures promoting pupil participation in decision-making. Moreover, each school had a different timeline for the allocation of school-related responsibilities for the next academic year, which could clash with the intervention timeline. For example, in school 104, staff were generally reluctant to sign up for new responsibilities, such as being the AAG chair, once the academic year had started, which impeded their progress in delivering the AAG as planned.

In most schools where the AAG was unsuccessfully implemented, a lunchtime slot was chosen for the AAG meetings, which staff felt could make it more difficult for pupils to attend. One school lead felt this was a particular barrier to recruiting a diverse pupil membership.

“We were trying to loosely target people we felt would either contribute really well, might have diverse ideas about staff and ... could really benefit from looking at healthy relationships. But getting them [was difficult] because they’re not the demographic that would normally give up their lunchtimes”. (School lead, I03_02)

In contrast, in school 105, the AAG chair was able to run meetings during RSHE lesson slots in the timetable, which, combined with the provision of snacks, encouraged pupils to attend consistently. However, this relied on support from senior leadership to enable pupil AAG members to come out of RSHE lessons. In schools where this was not made possible by senior leadership, lunchtime AAG meetings could have been eased by earlier training and greater forward planning among AAG chairs.

Likewise, across all schools, the timeline for the intervention did not provide enough time to set up the AAG in the autumn term and then use this forum to plan their THINK AGAIN curriculum lessons informed by the PEER data. As a result, this decision was usually taken individually by the THINK AGAIN school lead and/or RSHE lead.

Due to limited delivery of the AAG in schools 102, 103 and 104, wider staff in these schools showed much lower awareness of the AAG component than of the curriculum component, and, in particular, staff who had not been involved in the AAG were usually unaware of the intervention provision of the PEER data. For teachers who had been either running or involved in the AAG, the feasibility of implementing the PEER appeared to vary depending upon the extent to which the AAG was delivered in the first place.

Despite the challenges it presented, when researchers described the concept of the AAG in interviews, most teachers generally supported the idea as a means of benefiting the pupils who would participate.

“Certainly [the AAG] might have impacted the students that were involved to engage in an open conversation, see other people's opinions and look at things in different ways”. (School lead, I03_02)

Teachers also reported high levels of initial interest in the AAG among the pupils invited to take part, even if they then disengaged from the meetings.

“A lot of [the pupils] said yes, but then when it come to it, they were either committed to other lunchtime things or they weren't in [school]”. (School lead, I03_02)

This suggests that teachers and pupils could be motivated to take part in the AAG if this component were modified to adapt to the timeline needs, the different levels of experience and availability of staff and pupils.

It is interesting to note that whilst one school reported not convening any AAG meetings, 64% of their pupils reported being aware of the AAG, with 29% saying they were part of it and 18% knowing someone who was a member of it (Table 12). Since the pupil follow-up survey was completed after the pupil focus groups were completed, it was not possible to ask pupils clarifying questions about this; therefore, we do not know whether these responses are inaccurate or whether the pupils still identified as being part of the AAG even if they did not formally meet.

Additional factors affecting implementation

The social role and responsibilities of the school lead for THINK AGAIN were critical in determining the overall feasibility of implementation in their school. In cases where the school lead had oversight of their RSHE curriculum and delivery, as well as existing relationships with the SLT, this supported them in implementing both components of the intervention. School leads who did not have oversight of RSHE in their schools faced additional organising and communication challenges when attempting to ensure collective action to implement the programme. It may therefore ease implementation if the intervention required that the school lead role be held by the RSHE department head or equivalent.

Most RSHE teachers tended to refer to the intervention as a set of lessons and seemed to understand it as a curriculum intervention as opposed to a whole-school intervention comprising both lessons and AAG. This may be due to the limited implementation of the AAG and the short one-year timespan of this pilot intervention, but it could also reflect broader awareness of RSHE as a re-prioritised and now statutory subject. A more integrated approach that brings together the AAG and lessons may be one way to ease the implementation of the whole-school component of this intervention. In turn, this could strengthen the teaching staff's awareness of the AAG and thereby encourage them to bring this concept into their THINK AGAIN teaching.

Although staff generally made sense of the lesson curriculum and described positive teaching experiences in the intervention, this was usually limited to teachers who had attended SEF's in-person training. Contextual barriers to staff attending training included a lack of resources to arrange teaching cover to enable teachers to miss lessons, as well as changes in RSHE teaching roles during the intervention.

“Getting cover ... has been a problem this year more than any other point in my career ... We have eight PSHE classes in a year group. Trying to get a time when [all RSHE teachers] are free [to join the training] ... was basically impossible”. (School lead, I01_01)

All schools faced issues with limited staff time. In particular, staff who had other pastoral, management or SLT responsibilities often found it difficult to engage in the delivery of the AAG, primarily due to a lack of time, combined with social norms requiring them to prioritise other tasks. For example, one teacher described the lack of regular SLT attendance at their twice-termly AAG.

“We have got a member of SLT [in the AAG], but he’s only made it to one meeting because we all know how busy senior leadership are”. (Teacher, I04_03)

Despite this, the AAG was feasible to implement in schools where key staff had the skills and experience needed to run pupil–staff collaborations and where social norms existed that supported these initiatives. Therefore, the main contextual factor diminishing the feasibility of the AAG appeared to be the absence of pre-existing social norms and staff knowledge to support pupil voice, as this prevented key staff from making sense of the AAG. The feasibility of the AAG also appeared to rely on the school having an individual with dynamic leadership skills and a strong relationship with SLT leading the group. We suggest including specific guidance in the intervention materials for school leads regarding the importance of a consistent, trained team of RSHE teachers, as well as ringfenced funds to arrange cover for teacher training.

Acceptability among pupils – lesson delivery

In FGDs, most pupils recalled having lessons on topics relating to healthy relationships, and they felt these were mostly relevant to their near future.

“It’s helpful for when we get older and we’re in those situations, and we already know what to do”. (Pupil, FG02_02)

Most pupils said they enjoyed the interactive style of these lessons, especially when they felt their teacher was motivated, confident and interested in the topic.

“[The activities] get everyone involved because in some lessons, there are people that just like kind of sit down and don’t want to do any work ... in RS [relationships and sex] lessons, everyone gets a chance to speak”. (Pupil, FG04_02)

While most teachers reported that the topics were highly relevant to the needs and experiences of Year 9 pupils, some reported that specific components needed to be made more contemporary.

“I think [one video about bystanders] was a bit too dated for the students ... It was just a bit out of kilt, I think, not as relevant to them as perhaps another video of bystanders in their own situation”. (Head of Year 9, I02_08)

A number of teachers felt that shorter TikTok-style videos or clips from recent films would provide a better hook for today’s Year 9 pupils than longer-form videos. This was particularly reported in school 104, where the RSHE curriculum (outside of THINK AGAIN) was curated using an external online platform that used more contemporary videos.

“[The school’s existing RSHE curriculum] uses lots of ... short cuts of videos from some series that [the pupils] watch on Netflix ... It’s closer to their age group and they like it”. (School lead, I02_07)

Similarly, teachers across schools felt that a section in a lesson about sexual objectification, which was told through a fairy tale of two animals, was not as relevant or impactful for their pupils as a story about two young people would be.

“You know the one about the peacock with his feathers [being pulled out] ... That one did not land with my Year 9s ... A lot of them are like, ‘We get it; it’s just ridiculous. Why can’t it just be people?’ ... I don’t think it was quite grounded enough for them”. (School lead, I01_01)

Finally, in some schools, especially those where coverage of RSHE prior to Year 9 was limited and where teachers appeared less invested or confident in the topic (school 102), some pupils found THINK AGAIN RSHE content to be too mature and too heavy. Some pupils were also more generally apathetic towards RSHE, which they often approached as general knowledge and felt they learnt more about these issues by speaking with family or friends.

Acceptability among pupils – AAG

The acceptability of the AAG varied widely between schools and among pupils. When asked why they signed up to take part in the AAG, pupils explained that confidentiality and trustworthiness of the AAG chair were key factors in their decision to join.

“[The AAG chair] asked me, and she asked [another pupil], and we both said yes because we trust her”. (Pupils, FG04_02)

While many pupils were positive about the AAG as an idea, most showed little motivation to take part.

“I mean, if [the teacher in charge] asked me, then I’d be, ‘Yeah, sure’, but I wouldn’t go up to him and say, ‘Oh, can I be a part of this?’ (FG_02_02)

This was especially the case when they did not feel that any action would be taken seriously by school staff and when they did not describe a trusting relationship with the AAG chair.

“Talking with teachers, it’s not the same [as talking] with your friends, like talking about experiences and stuff”. (Pupil, FG02_01)

Feasibility of logbook completion

We received limited logbook data from individual teachers (Table 8). We initially sent an email to all school teachers with instructions and three options for completing the logbook (paper copy from the school lead, online form or Word document). We sent regular reminders and also asked school leads to encourage their teachers to complete the logbooks. However, only one school returned any teacher logbooks, resulting in a total of five teacher logbooks. To supplement our fidelity data, we pivoted to assessing the implementation of the curriculum using a combination of available teacher logbooks, data collected through interviews with staff and curriculum lead logbooks. This suggests very low feasibility for the logbooks required for individual

teacher completion after each lesson in a future trial. Nonetheless, completion of logbooks from key intervention actors (e.g., AAG chair and curriculum lead) was feasible across schools. Ensuring that school leads organise the completion of logbooks, the study provides incentives for completing the logbooks, and the logbook process is simplified, could improve the feasibility of this data collection method.

Alignment with the logic model of behaviour change

To refine the THINK AGAIN ToC, we used qualitative research (interviews and FGDs) to explore how participants perceived and described the mechanisms of its implementation. We took a realist approach to understand what works, for whom and under what circumstances (Pawson & Tilley 1997). To do this, in interviews with school staff, we explained the theory behind the intervention and asked participants to share their perspectives on the ToC, including how mechanisms triggered by the intervention might interact with their school's context. In FGDs with pupils, we asked pupils to describe narratives of their own involvement in the programme to explore how they perceived their actions, the contexts in which these actions happened and the outcomes of these actions. The analysis, which is presented fully below, resulted in the refinement of four context-mechanism-outcome configurations (CMOCs), which are summarised in Table 14.

TABLE 14: CONTEXT–MECHANISM–OUTCOME CONFIGURATIONS (CMOCs)

CMOC	Context	Mechanism	Outcome
1 Knowledge and skills	In schools with experienced and motivated RSHE teachers who had participated in the curriculum training, and where pupils had some foundational knowledge of DRV/GBV	Lessons provided knowledge on DRV and GBV and opportunities for guided practice of skills.	Consolidating pupils' knowledge and skills for the prevention of DRV and GBV
2 Increased help-seeking	In schools that implemented the full THINK AGAIN curriculum, particularly for pupils who describe a trusting and positive relationship with their RSHE teacher	The lessons showed how one might provide help for someone experiencing DRV or GBV.	Improving pupils' motivation, knowledge and skills to seek or direct friends in need to sources of support
3 Changing social norms	In classes where girls felt they could speak up about their experiences	Lessons created safe spaces for discussion about gender and respectful behaviour.	Shifting social norms among some groups of boys by reducing their acceptance of

			disrespectful behaviour among boys
4 Developing pupils' sense of belonging	In schools that implemented the AAG, and only for pupils in the AAG	AAG meetings enabled participating pupils to design and complete tasks that could shape their school communities.	Developing pupils' sense of belonging

CMOC: Context–mechanism–outcome configurations; GBV: gender-based violence; DRV: dating and relationship violence

1) Strengthening knowledge and skills

Although most pupils felt confident in their knowledge of topics such as sexual harassment and consent, teachers and pupils often reported that THINK AGAIN lessons had extended this learning. For example, they allowed pupils to understand that DRV and GBV could happen in places and to people close to them.

“[Before the lessons] you could have seen something that you didn’t know was sexual harassment, but then now you do know it is. So it just, like, sits different in your mind”. (Pupil, FG04_02)

The lessons gave pupils the opportunity to practise skills in social interactions, and after the lessons, pupils said they felt more confident in their ability to interact appropriately in social settings, including when they encountered DRV or GBV.

“If you’re in a party and someone’s drunk, then you might know how to act and stuff ... [after the lessons]”. (Pupil, FG02_02)

Each school’s approach to RSHE could influence the outcomes of this mechanism. In three of the schools, RSHE provision was described as well-resourced and prioritised, which seemed to have given pupils pre-existing knowledge that they could deepen through the THINK AGAIN curriculum.

“You, kind of, learn the same thing every year, but ... say we did stalking, we learnt more parts of stalking each year, and it gets more in-depth ... I think everyone’s mostly done it in primary school ... but it got into different depths”. (Pupil, FG04_02)

In contrast, in one school, pupils described less exposure to RSHE prior to THINK AGAIN, and, as a result, some pupils felt that the lessons were too much.

“[RSHE] is too heavy ... It feels useful; it’s just too much”. (Pupil, FG03_01)

This mechanism appeared more likely to improve pupils’ knowledge and skills in supporting healthy relationships when they described their RSHE teacher as experienced, confident and trained in RSHE. In contrast, pupils who described their RSHE teachers as unsure or lacking class control felt they had little opportunity during THINK AGAIN to practise skills and discuss new knowledge.

“My [teacher] is quite awkward about it. Whenever he asks people questions, they just don’t answer because they either don’t want to talk about it out loud or they just can’t be bothered. And then he just takes it as if everyone’s awkward about it, so [he’ll] just move on”. (Pupil, FG01_02)

2) Improving help-seeking

Staff suggested that the implementation of THINK AGAIN lessons appeared to increase pupils’ knowledge and motivation to seek help from trusted adults when witnessing or being in unhealthy relationships. Several teachers described their experiences of providing pupils with knowledge about where they could seek support.

“Every single lesson, I went through the names of our safeguarding team, as well as ... [saying], ‘Go to the head of year or even myself if there are any issues’”. (Teacher, I02_06)

Pupils also reported learning via THINK AGAIN lessons about what constituted GBV or DRV, which they felt might help them seek or direct friends in need to sources of support:

“I think the more I know about [RSHE topics], the more I can notice signs. Like your friends, you can just look out for those signs so you can help that person”. (Pupil, FG04_02)

Across schools, there was a clear need for building pupils’ motivation to seek help, with pupils often reporting a general reluctance among their peers to report victimisation or to ask for support from teachers.

“Not many people feel comfortable enough to go to [a teacher] because they just feel like the [bully/perpetrator] will then find out that they went and talked to someone”. (Pupil, FG04_01)

In this context, the lessons could build pupils’ motivation to seek help. For example, a teacher in one school explained how one lesson had encouraged two pupils to seek support for their friend.

“[Some pupils] came to me ... and said, ‘Miss, we’re really worried about our friend. Her boyfriend, she was showing us the text messages, and he seems a little bit controlling, and we’ve tried talking to her, but we don’t think she’s quite getting it, so we’re now doing the next thing and going to a responsible adult’. And it’s meant that this girl has now been spoken to by an adult ... I did a refresher with her of some of the stuff using one of the lesson plans”. (Teacher, I04_03)

This mechanism appeared more likely to lead to increased help-seeking among pupils when they had a teacher who had delivered all nine lessons and with whom they had a positive and trusting relationship. This was therefore particularly noticeable in school 105, in which Year 9 pupils received the entire THINK AGAIN curriculum and described mostly positive relationships with the staff delivering these.

3) Changing norms about violence acceptance

Several staff members described how enactment of the intervention appeared to affect some pupils’ motivation to prevent violence in their school. This seems to have been triggered by THINK AGAIN RSHE

lessons creating a regular, safe space for pupils to discuss gender-based and dating violence and norms. One teacher recalled an example of a pupil who had reflected on their use of sexist language.

“In one of the THINK AGAIN lessons, [a male pupil] said something, and I think it came out sounding quite sexist, really. But he said, ‘No, I didn’t mean it like that’ ... The fact that it’s being talked about in front of all these people, he has the opportunity to reflect on it there and then ... I think the discussions were good for that”. (School lead, I01_01)

Most pupils also recalled lesson activities that had encouraged them to reflect on the acceptability of different behaviours in dating and other scenarios.

“[We] would have a scenario saying, ‘This happened at a party, is that okay?’ And you have to answer why it’s okay, why it’s not okay”. (Pupil, FG02_02)

This appeared to generate changes in some pupils’ injunctive norms relating to respectful behaviour, including, but not limited to, gender and dating; for example, one teacher described observing changes among some of their male pupils after the lessons.

“I’ve seen it with the boys, where they’re now calling out their mates ... If they’ve used the wrong words, they’ll just turn round and be like, ‘Stop being a *****’”. (Teacher, I04_03)

However, a limitation of this mechanism was that it was felt that it only affected social norms among bystanders, with some pupils feeling that lessons would have little actual impact on perpetrators’ mindsets.

“The people that normally do it [bullying] don’t really listen [in lessons]”. (Pupil, FG04_01)

Some pupils also reported that some of the examples of DRV/GBV in the curriculum were not relevant to their experiences, especially because most pupils thought that not many people in Year 9 were dating or in relationships.

“I don’t think there’s many relationships in the school, to be honest ... I don’t think that there’s a lot of people that are dating”. (Pupil, FG02_01)

Therefore, while this mechanism was observed to generate changes in boys’ attitudes towards their peers’ violence and behaviour more generally, building a norm of respectful behaviour and antipathy towards GBV, this mechanism seemed unlikely to affect attitudes to DRV, at least in the present, because so little dating was occurring.

This mechanism interacted with different contexts to generate different outcomes. Some teachers felt that a non-punitive approach to pupils using the ‘wrong’ language was necessary for debates in lessons to generate meaningful shifts in group-level norms.

“I think, weirdly, for the lesson to work, you need the boy that’s going to shout out the inappropriate comment ... And you trigger it from there ... You need the one that’s willing to stimulate the debate The great thing is, they’re then being challenged back by their peer group; they’re not being challenged back by an adult”. (Teacher, I01_03)

In teacher and pupil reports, an openness to letting pupils speak, regardless of their perspectives, seemed most likely in classes that had a positive or long-standing relationship with their RSHE teacher, especially when teachers had engaged in the THINK AGAIN teacher training, which included components on the facilitation of open discussion.

Reports from some teachers suggested that the kinds of discussion leading to shifts in boys' gender norms were only able to occur in classroom environments where at least one or two confident girls felt able to speak up about their experiences and beliefs.

"You've got to have somebody who's willing to push back at [the boys], and they're the [girls] that have the natural leadership or the natural sense of justice". (Teacher, I01_03)

In contrast, some girls described a feeling of being unable to speak up in RSHE lessons because of the dominating nature of boys' behaviour in their class.

"Sometimes we can't do the work [in RSHE lessons] because of how immature [the boys] are, and we can't speak about it freely because they just laugh and make jokes". (Female pupil, FG03_02)

Therefore, in contexts where girls appeared to feel they could be vocal in RSHE lessons and staff felt confident in facilitating often challenging discussions about gender norms, the basic safety mechanism seemed to shift social norms among some groups of boys by reducing their acceptance of disrespectful behaviour among friends and by improving their attitudes towards intervening.

4) Developing pupils' sense of school belonging

Staff who were involved in the AAG felt that this component appeared to increase participating pupils' motivation and skills to invest in their school's sense of community and belonging. However, due to the short one-year timeframe of this pilot intervention, we could not capture long-term outcomes of this mechanism.

This mechanism was triggered only in the one school where the AAG was delivered regularly and where there was an existing culture and capacity for pupil involvement. In schools where the AAG was not facilitated consistently or where there was no focus on pupil input, teachers described their meetings as primarily staff-led.

"[The pupils] were able to distinguish whether [this idea] would work in ... our school or not, but they weren't able to actively say, 'Add this' or 'Add that' or 'Add that picture'". (Teacher, I02_05)

In school 105, pupils and staff described how they collectively decided to improve their school environment and co-designed whole-school actions to achieve this. AAG members described their meetings and decision processes as largely pupil-led.

"[The AAG chair] gives her view, but then she doesn't tell us what to do. She lets us figure it out ... She gives us a guide and her view on it, but then she lets us make the decision and come up with the ideas ... We came up with the idea of doing the pupil questionnaire, the teacher questionnaire; she didn't input on any of it. It was all of our own decision". (Pupils, FG04_02)

Pupils described these meetings as highly collaborative and focused on each pupil's own skills and attributes. Through their involvement in such activities, pupils appeared to develop skills and motivation to invest in their school community. Staff felt that this mechanism had developed in the pupils a sense of positive achievement and community-building, potentially with long-term impacts.

"If [the pupils] have had this really positive experience of being heard in a very professional way, then that's a brilliant life lesson for them through the rest of school time and once they're out of here".
(Teacher, I04_03)

What refinements to the intervention, programme theory and implementation plan are suggested by the process evaluation?

- Given the importance of a motivated, dynamic and experienced curriculum *and* AAG lead in supporting implementation, the intervention should require that the school lead for THINK AGAIN is the school's head of RSHE or another senior member of staff.
- For the curriculum component, in-person training specific to THINK AGAIN proved essential for teachers, but some schools were unable to facilitate this due to a lack of teaching cover. The intervention materials could include specific guidance for school leads on the importance of a consistent, trained team of RSHE teachers, as well as ringfenced funds to arrange cover for training.
- Given the target age of the intervention, lesson plans should be amended to include more timing flexibility for often difficult behaviour and to ensure that initial THINK AGAIN training emphasises how important preparation time is for each lesson, despite the detailed lesson plans.
- Some lesson content, including video content (move towards TikTok or shorter video clips) and more contemporary language/slang, should be updated to improve acceptability among pupils.
- Curriculum resources could be simplified by combining lesson plans and lesson slides into a single document as a means of lightening teachers' workloads. However, doing so could make *sense-making* more challenging among less experienced RSHE teachers and departments and should be approached with substantial caution.
- For the AAG component, the study timeline should incorporate a longer lead-in time to allow for additional meetings and support for role allocation to be completed by the end of the summer term before delivery. This would enable the school and trainer to be responsive to the assessment of each school's needs and its capacity to deliver; in particular, we feel this would support AAGs in using the PEER to shape the curriculum, as planned in the intervention.
- The AAG guide should be simplified and made easy to use for very busy teachers.
- Facilitation of the AAG by the THINK AGAIN training leads should be considered to ensure greater feasibility across contexts.

Are the proposed secondary outcome measures reliable, and what refinements are suggested?

Outcome estimates were broadly reliable and feasible, particularly for primary outcomes. Estimates for baseline and follow-up data collection, as well as paired data analyses, are presented in Table 15. A description of each outcome and the corresponding reliability and validity findings are presented below.

GBV victimisation and perpetration. Analysis of baseline and follow-up data suggested that estimates of victimisation were consistently higher than estimates of perpetration. Paired analysis did not suggest any clear signal of change between pre-test and post-test.

An analysis of validity was undertaken using baseline data on GBV victimisation. The overall alpha for GBV victimisation was 0.72, which was acceptable. Two models were considered: one split the eight items into two scales corresponding to relational and physical violence, and one pooled all items. The model that pooled all items generated an RMSEA (Root Mean Square Error of Approximation) of 0.044, with a CFI (Confirmatory Fit Index) of 0.598 and a TLI (Tucker-Lewis Index) of 0.531. A model separating relational and physical violence generated an RMSEA of 0.041, with CFI of 0.660 and TLI of 0.599. The contrast between estimates of CFI and TLI, which are poor, and estimates of RMSEA, which are excellent, reflects the statistical rarity of GBV, i.e. relatively little is to be gained in model fit by pooling items.

An analysis of validity for GBV perpetration was undertaken on follow-up data, as models were not estimable on baseline data (again, due to the statistical rarity of any one GBV behaviour captured here). The overall alpha was 0.95, which was excellent. As for GBV victimisation, a model splitting items into relational and physical violence and a model pooling all items were considered. A model pooling all items generated an RMSEA of 0.077, with a CFI of 0.652 and a TLI of 0.594. A model splitting items generated an RMSEA of 0.066, with a CFI of 0.742 and a TLI of 0.696.

Our recommendation is to proceed with this measure as one scale for each of victimisation and perpetration, with sensitivity analyses by subscale in a full trial. The overall reliability of each scale is good to excellent, and improvements in fit from splitting each scale into two sets of items are not large enough to counteract the challenges that would arise from powering the trial on this basis.

TABLE 15. OUTCOME ESTIMATES FROM DATA COLLECTION

Variable	Baseline mean [95% CI] (n)	Follow-up mean [95% CI] (n)	Paired analysis mean difference [95% CI] (n)
Hostile Hallways – GBV victimisation	1.71 [1.65, 1.78] (495)	1.74 [1.68, 1.80] (536)	0.03 [–0.36, 0.43] (377)
Hostile Hallways – GBV perpetration	0.47 [0.40, 0.54] (492)	0.56 [0.49, 0.62] (532)	–0.02 [–0.22, 0.19] (375)
S-CADRI – DRV victimisation	0.54 [0.47, 0.60] (495)	2.03 [1.93, 2.13] (524)	1.46 [1.09, 1.82] (367)
S-CADRI – DRV perpetration	0.23 [0.18, 0.29] (494)	1.18 [1.08, 1.27] (522)	0.86 [0.58, 1.14] (366)
Beyond Blue School Climate Questionnaire			
Teacher–student relationships	2.70 [2.64, 2.75] (502)	2.67 [2.63, 2.72] (552)	–0.06 [–0.11, –0.01] (389)
Student sense of belonging	2.67 [2.61, 2.72] (500)	2.67 [2.62, 2.72] (552)	–0.02 [–0.07, 0.04] (388)
Student commitment to learning	3.28 [3.24, 3.33] (501)	3.28 [3.24, 3.33] (550)	0.04 [–0.01, 0.09] (388)
Student active participation	2.95 [2.89, 3.00] (500)	2.84 [2.79, 2.89] (548)	–0.11 [–0.17, –0.05] (387)
SWEMWBS (mental wellbeing)	23.40 [22.91, 23.88] (495)	23.55 [23.08, 24.03] (548)	–0.08 [–0.65, 0.49] (381)
SANDI (protective strategies)	27.41 [27.03, 27.78] (483)	27.34 [26.97, 27.70] (537)	0.02 [–0.33, 0.37] (369)
Love BITES (violence acceptance)	6.59 [6.40, 6.79] (477)	6.47 [6.28, 6.65] (534)	–0.18 [–0.40, 0.04] (367)
Injunctive social norms	9.75 [9.53, 9.97] (475)	9.59 [9.37, 9.80] (529)	–0.18 [–0.44, 0.09] (360)
Bystander self-efficacy	29.46 [29.11, 29.81] (459)	30.31 [29.97, 30.66] (523)	0.82 [0.29, 1.35] (344)

CI: confidence interval; GBV: gender-based violence; DRV: dating and relationship violence; S-CADRI: Conflict and Adolescent Dating Relationships Inventory Short Version; SWEMWBS: Short Warwick-Edinburgh Mental Wellbeing Scale; SANDI: Sexual and Negative Dating Inventory

DRV victimisation and perpetration. At baseline, very low levels of DRV victimisation and perpetration were noted, likely due to the use of a skip pattern that asked young people to report whether they had been in a relationship in the prior 12 months and only presented DRV items if they had. Subsequent feedback from young people suggested that the diversity of terms for dating may complicate respondents’ understanding. In addition, given the frequency of change in young people’s dating relationships, we noted that young people might, for example, experience more recent DRV from a less recent ex-partner. As a result, we changed the follow-up survey to present DRV items to all young people. This change is likely driving the apparent increase in DRV victimisation and perpetration between baseline and follow-up measurements.

Informed by this, we undertook an analysis of reliability using follow-up data. As for GBV, we considered models that pooled all items and models that distinguished between relational and physical violence. For **DRV victimisation**, the overall alpha was 0.90, which was excellent. A model that pooled all items generated an RMSEA of 0.113, with a CFI of 0.832 and a TLI of 0.764, whereas a model that distinguished between relational and physical violence generated an RMSEA of 0.068, with a CFI of 0.942 and a TLI of 0.914. For **DRV perpetration**, the overall alpha was 0.93, which was excellent. A model that pooled all items generated an RMSEA of 0.058, with a CFI of 0.928 and a TLI of 0.899, whereas a model that distinguished between relational and physical violence generated an RMSEA of 0.055, with a CFI of 0.937 and a TLI of 0.908.

Our recommendation is to proceed with this measure as one scale for each of victimisation and perpetration, with sensitivity analyses by subscale in a full trial. The overall reliability of each scale is excellent, and the

improvements seen in fit from splitting DRV victimisation into two scales are not mirrored in DRV perpetration, and the split introduces unhelpful complications in the context of the other co-primary outcomes.

Beyond Blue School Climate Questionnaire. Consideration of pre–post differences did not reveal any surprising patterns, though there was some suggestion of a decline in student active participation. The overall alpha for teacher–student relationships was 0.89, for student sense of belonging was 0.79, for student commitment to learning was 0.75 and for student active participation was 0.85, suggesting good to very good reliability across each subscale. A confirmatory factor analysis model that incorporated all four subscales as distinct factors generated an RMSEA of 0.058, with a CFI of 0.895 and a TLI of 0.885, indicating good performance. Exploratory analysis that correlated errors within three dyads of items generated an improvement in model fit (RMSEA 0.049, CFI 0.923, TLI 0.915). Our recommendation is to proceed with this measure in a full trial.

SWEMWBS (mental wellbeing). The consideration of pre–post differences did not reveal any surprising patterns, such as dramatic increases or decreases in scores. The scale generated an overall alpha of 0.86, which is very good, and had strong performance on additional fit indices in the confirmatory factor analysis (RMSEA 0.060, CFI 0.976, TLI 0.965). Our recommendation is to proceed with this measure in a full trial.

SANDI (protective strategies). The consideration of pre–post differences did not reveal any surprising patterns, such as dramatic increases or decreases in scores. However, the overall alpha was 0.59, and fit indices were consistently poor (RMSEA 0.137, CFI 0.507, TLI 0.343). While it appeared that the reverse coding of items caused problems for measure performance, the removal of these items did not improve key indices. An exploratory analysis of the follow-up data did not resolve these concerns. Our recommendation is not to proceed with this measure in a full trial.

LOVEBiTES (violence acceptance). Paired analyses, but not wave-level means, suggested some evidence of a reduction in violence acceptability. The scale generated an overall alpha of 0.60, which is suboptimal, but generated strong fit indices in a confirmatory factor analysis (RMSEA 0.061, CFI 0.979, TLI 0.938). This suggests that the core of the measure is, in fact, suitable but could benefit from amplification. Our recommendation is to proceed with this measure in a full trial but to consider additional items that could improve scale-level reliability.

Injunctive social norms. The consideration of pre–post differences did not reveal any surprising patterns, such as dramatic increases or decreases in scores. The overall scale had poor performance, with an overall alpha of 0.37, RMSEA of 0.166, CFI of 0.487 and TLI of 0.145. After identifying these patterns at baseline, we sought an improved scale for injunctive social norms but were unable to locate one. An analysis of follow-up data did not reveal an improvement in this measure. Our recommendation is not to proceed with this measure in a full trial but to continue to seek alternatives.

Bystander self-efficacy. The consideration of pre–post differences generated some signal of improvement on this scale in paired analyses. The overall scale had an adequate alpha of 0.77, but an exploratory analysis identified three underperforming items. The resultant scale had a good alpha of 0.84, with good fit indices

from a confirmatory factor analysis (RMSEA 0.078, CFI 0.946, TLI 0.921). Our recommendation is to proceed with a 'slimline' measure in a full trial.

Advisory group feedback on surveys

In addition to the survey data, we also consulted our young people's advisory group about the content of the surveys. This group made a number of suggestions about improvements they felt could be made. They shared detailed feedback, including suggestions to merge some similar items and expand others. For example, a statement about rumours should be expanded so that it covers rumours being spread about my friends or me. In addition, they suggested more consideration of some of the more subjective language, e.g. 'in a hurtful way', because of the lack of clarity this could lead to for young people. They told us that some young people might be less likely to answer positively to the statements if they feel that doing so will make their situation known, and they are more likely to highlight things if they are about someone they know. Therefore, they recommended that, if possible, the statements should be depersonalised, so rather than asking, 'Has this happened to you?', ask, 'Has this happened to one of your friends?' In relation to a question about forwarding a naked picture, young people suggested using the word permission instead of agreement. In relation to telling a friend where you will be on a first date, young people felt this would be important for all dates. In relation to a question about stopping a boy from hitting a girl, a young person said they would because it is the right thing to do, but they would not 'feel confident' about it, so that would change how they answered that question. In sections of the questions where there was a mixture of 'I' statements and other statements, young people felt that using 'I' statements for every question might make the questions more consistent and easier to understand.

Refinements

We considered advisory group feedback, as well as the reliability analysis, in proposing any refinements for a full trial. First and most importantly, we demonstrated that our co-primary outcomes have acceptable, and in some cases excellent, reliability, and we demonstrated that sensitivity analyses or exploratory outcomes could consider different types of DRV and GBV. Second, we found the core secondary outcomes likely to be relevant to the intervention are appropriate. Third, as presented in prior sections, no scale or item appeared to generate notable issues for item non-response.

However, in a full trial, we will present DRV items to all young people to improve data quality and measurement and to avoid misunderstandings related to whether partners were required to be current for respondents to have experienced DRV. In addition, we will drop protective strategies as an outcome and consider how best to measure group beliefs beyond existing injunctive social norms measures. Finally, we have identified an opportunity for improving efficiency by using a high-performing 'slimline' version of bystander self-efficacy.

Is an economic evaluation in a definitive trial feasible?

Parents or carers of all 729 pupils invited to take part in the study were invited to complete the resource use survey at baseline and follow-up. Surveys were sent to parents via the usual electronic messaging system

each school used to communicate with parents. The school sent the initial invite, followed by two reminders a week later.

At baseline, 55 parents or carers responded to the survey: 11 said they did not want to take part, and 44 said that they would take part; however, of these 44, only 12 provided any data. The majority of parents did not know their child's school email address; however, we were able to match nine pupils to parent data, as their names matched exactly. A further two pupils were matched through their first name, date of birth and school name. One parent provided data for a child whom we could not match to any pupil data we had received. Therefore, in total, we were able to link 11 parent responses to pupils; this represents a response rate of 2.2% (11 parent responses matched to 503 pupil responses).

At follow-up, 55 parents or carers responded to the survey: three said they did not want to take part, and 47 said that they would take part; however, of these 47, only 27 provided any data. We were able to match 18 pupils to parent data, as their names matched exactly. A further eight pupils were matched through their first name, date of birth and school name. One parent provided data for a child whom we could not match to any pupil data we had received. Therefore, in total, we were able to link 26 parent responses to pupils; this represents a response rate of 4.7% (26 parent responses matched to 556 pupil responses).

There was no missing data for the parent surveys that were completed. This data is not summarised in this report since it represents such a small proportion of the sample. With such a low return rate, it would not be possible to conduct an economic evaluation using this same methodology, and refinements would need to be made in any future trial. It may be possible to increase completion by offering a small incentive for all completed surveys, such as a £5 gift voucher. Since these surveys were sent out via the school's electronic communication, it is possible that some parents didn't see this communication or read about the survey and then forgot. It may be worth considering providing parents with physical paper copies of the survey that pupils take home to give to parents or carers.

Conclusion

TABLE 16. FEASIBILITY STUDY QUESTIONS AND HEADLINE ANSWERS

Research question	Finding
Is the THINK AGAIN intervention acceptable to school staff and pupils?	The intervention was broadly feasible and highly acceptable to both staff and pupils. Success criteria were met, except for intervention fidelity, which was achieved in only two schools due to challenges in implementing the Action Aware Groups (AAGs). Key learnings suggest that with focused optimisation, particularly around leadership, training, and the integration of AAGs, the intervention could be effectively scaled.
Are the proposed secondary outcome measures (e.g. violence acceptance, school climate) reliable, and what refinements are suggested?	With the exception of protective strategies and injunctive social norms, primary and secondary outcome measures were reliable. No scale had notable missingness patterns that would suggest issues with performance. We suggest dropping protective strategies, and we will seek other ways to measure injunctive social norms or group beliefs. In addition, we identified an efficiency for the measurement of bystander self-efficacy. Data collection methods will be refined to improve matching and completeness, including by using school email addresses and isolating pupils during survey completion.
What refinements to the intervention, programme theory and implementation plan are suggested by the process evaluation?	Ensure that schools are trained in delivering THINK AGAIN during the Summer Term before they start delivering the intervention. Leadership for the AAGs should be confirmed earlier, including the identification of a senior member of staff who can champion delivery. Additional facilitation may be important for some schools to deliver AAGs, and the integration of AAGs and classroom components should be strengthened. Teacher training should emphasise the sensitivity of topics and the need for adequate preparation time. Some smaller changes should be made to the intervention materials to ensure they are relevant to modern pupils (e.g. shorter videos, contemporary language).
Is an economic evaluation in a definitive trial feasible?	Current methods are insufficient for a full economic evaluation. Future evaluations should focus on educational resource use (e.g. attendance, teaching time lost) and involve stakeholder

	consultation to determine feasible data-collection strategies. Parent engagement via electronic surveys was ineffective.
Is progression to a definitive RCT justified?	Yes, with further optimisation and improved data-collection procedures. A definitive trial should span 24 months to detect long-term impacts and include co-primary outcomes of DRV and GBV victimisation and perpetration.

Whilst we have made some suggestions for change, we believe that this study has demonstrated that it is feasible to both implement and examine the effectiveness of the THINK AGAIN intervention in British secondary schools. Recruitment was concluded in four weeks, and no schools dropped out of the study over the year's follow-up. We were able to match a large percentage of pupils from baseline to follow-up. All schools delivered the classroom component of the intervention, and three delivered at least one AAG.

Feasibility of data collection

Our school recruitment strategy prioritised schools in areas of higher deprivation, with specialist centres set up to reduce community violence. This strategy was effective for recruiting an economically and ethnically diverse population. Two of our four schools had an average free school meal status that was more than 10% over the national average, with a further school just below this average. Two of the schools had predominantly Asian pupils, and the average proportion of White pupils across all schools was 43%, which is much lower than the national average of 66% (Department for Education, 2023).

Quantitative data collection: outcomes. Whilst we did not achieve the 80% consent rate in ≥ 3 schools at both baseline and follow-up that we set out to achieve, we did achieve response rates of greater than 80% in all four schools at both timepoints when we consider those who responded to our consent question, irrespective of how they answered. We noticed a 'contagion' effect in schools, whereby, if a group of pupils decided not to take part, pupils around them were more likely to also decide not to participate. We see this clearly in school 102 at baseline, where 15% of pupils did not participate; however, at follow-up, when the pupils were asked to sit separately from one another, only 7% did not participate. At both time points, less than 5% of pupils who started the survey completed less than 25% of the questions.

The feasibility study also offered a number of important lessons regarding data completeness in a definitive trial. Matching data from baseline to follow-up presented a number of unexpected challenges, and between 22% and 30% of collected data could not be matched due to incomplete information being provided by the pupils. It was also clear that some pupils were not taking the data collection seriously and were deliberately providing inaccurate information. In order to overcome this, we suggest that future studies request that the research team be provided with a list of school email addresses for all pupils who have not been opted out by a parent and that surveys be sent directly to these email addresses. Whilst this does involve the sharing of personal information, school email addresses do not usually contain a pupil's full name. This approach has the advantage that pupils who are absent on the day of data collection would be easily identifiable, and further visits could be made to the school to collect this missing data. It would also mean that all pupils would need to confirm their decision to take part or not, and we would lose the passive withdrawal we saw in this

feasibility study. Finally, it will make it possible to accurately record who has provided consent at one time point but not the other. This is particularly important in open cohort designs where there may be pupils at follow-up that were not present at baseline and vice versa. Schools did provide attendance data at both time points; however, it would be more informative to record pupil-level attendance since this would allow for the exploration of potential impacts on subgroups of pupils. Having a pupil list that enables the complete matching of pupil consents will ensure that, in the future, pupil-level attendance can be obtained since we can be confident about which pupils have and have not consented.

We are missing demographic data on 29.8% of the follow-up sample due to only requesting demographic information at baseline. In future studies, we would recommend that any missing demographic information be collected from participants at the follow-up time point.

Researchers reported that the behaviour of some of the pupils was not consistent with mature, thoughtful responses. Some pupils were observed randomly completing answers without reading the questions; others were laughing at the topic or discussing with their friends what they had written for certain questions. We suggest that future studies should make efforts to isolate pupils from other pupils as much as possible, one suggestion would be for pupils to listen to the survey being read out via headphones and see the questions written down on the screen. This approach would ensure that all questions were read correctly, limit the opportunity to talk to others and physically isolate pupils from one another, which we think would improve sensible engagement. Whilst having instructions read to pupils in a uniform manner via a recording, we could still recommend that researchers visit each school to explain the study to all pupils and explain their rights to decline or withdraw; however, conducting data collection in smaller class sizes does mean that fewer researchers will be needed for each visit.

Finally, we identified good to excellent performance for most outcome measures. However, we identified one outcome we would be unlikely to include in a full trial (protective strategies) and one outcome we would seek to measure differently (injunctive social norms), and we would present DRV items to all young people.

Data collection: process evaluation. Qualitative evaluation methods were broadly feasible, and we will seek to continue these into a full trial. However, monitoring of fidelity via logbooks was more challenging, with only one school returning any teacher logbooks. In contrast, key intervention actors, such as the AAG chair and the curriculum lead, did complete logbooks to a good standard. We therefore used a composite approach, drawing on broader qualitative data collection, to better understand fidelity. We will consult and optimise quantitative fidelity data collection for a definitive trial.

Data collection: economic evaluation. The very low rate of engagement among parents (less than 5% of the sample) suggests that electronic surveys sent directly from the school are not an effective method of collecting health service use. We would recommend that if further studies are to include an economic evaluation, this should primarily focus on education resource use, which can be obtained directly from the school, for example, pupil attendance or teaching time lost due to dealing with incidents. Should responses about health survey use be deemed necessary, our current methodology would need to be altered, for example, by offering a small incentive or providing parents with physical paper copies of the survey.

We did not receive an adequate return rate from schools detailing the time it took staff to plan for and to deliver the THINK AGAIN materials. Whilst we were able to obtain this information from the training lead during this study, it is unlikely that such an approach would work in a larger RCT. We feel further stakeholder engagement is required to understand the best approach to obtain intervention delivery costs.

Our data collection methods were also substantially enriched by involvement and engagement with young people and other experts. In particular, they suggested that we recognise the fluid and changing nature of young people's romantic experiences and ensure that the language keeps up with current terminology. For example, at baseline we only presented the DRV questions to pupils who responded affirmatively to the question 'Have you been in a serious or casual relationship with a boyfriend, girlfriend or partner in the last 12 months?', and our advisory group highlighted that many young people may have had romantic experiences that they would not have seen as a relationship. In addition, experts noted the lack of experience many, if not most, pupils this age have, which affects the impacts we would be likely to see in the short term. This confirms our decision to collect data over more than one school year. We also refined our surveys to make some statements less personal in order to support young people's engagement, and we made our question formatting consistent.

Conclusion. In summary, we believe it is feasible to collect data using mobile-phone- or web-based surveys over one year of follow-up. In addition to changes to measures themselves and their presentation described above, we would suggest making the following changes to the quantitative data collection process:

- Send the survey to the pupil's school email address.
- Set data collection up so that pupils are not sitting directly next to each other.
- Conduct survey completion in smaller class groups.
- Reduce the opportunity for pupils to discuss the questions among themselves by requesting that pupils listen to a recording of the survey questions being asked via headphones on school computers.
- Focus any economic evaluation on delivery costs and educational resource use.
- Collect missing key demographic information at follow-up.
- Consult with stakeholders on the best approach for collecting intervention fidelity data.

Evaluator's judgement of intervention feasibility

The intervention was broadly feasible and highly acceptable. Success criteria were all met, with the exception of intervention fidelity; in this criterion, fidelity for the AAG was achieved only in two schools. We present key learnings for intervention feasibility below, all of which we believe could be readily addressed in a focused period of further optimisation.

Leadership, school-level champions and teacher training. Learning from delivery and from the process evaluation underscored the importance of seniority and expertise in implementing schools. Thus, the school lead for THINK AGAIN should be the school's head of RSHE or another senior member of staff. In a definitive trial, we will aim to start training and role allocations in schools in the summer term before delivery. As is consistent with the broader implementation science literature, the intervention materials could include

specific guidance for school leads regarding the importance of a consistent, trained team of RSHE teachers, as well as ringfenced funds to arrange cover for uninterrupted training.

Classroom-level programme. This was generally very highly regarded, with staff and pupils responding positively to the lesson plans. In particular, the intervention was highly acceptable to both staff and pupils. However, a number of learning points could be addressed through further optimisation. First, lesson plans could be amended to include more timing flexibility for this challenging subject. In addition, some lesson content should be updated to improve acceptability among pupils, including video content (move towards TikTok or shorter video clips) and more contemporary language/slang. Girls interviewed noted the potential difficulties in openly discussing DRV and GBV topics in mixed-gender settings, suggesting that facilitation and training should attend to the creation of safe spaces for young people to engage with intervention material.

Whilst some teachers commented that the lesson plans were too detailed and required too much preparation time, it is important to remember that these topics are highly sensitive, and it is not appropriate for teachers to be able to prepare for a lesson that, for example, discusses rape with only a few minutes of preparation time. Materials and training for schools should therefore make this clearer and ensure schools understand the necessary commitment to teach such sensitive and important lessons.

AAGs. Central to the theory of this intervention is a whole-school component that is distinctive with respect to other evaluated interventions for DRV and GBV prevention in schools. AAGs were implemented with fidelity in two schools, implemented suboptimally in a third school and (it appears) not implemented in the fourth school. This finding is challenging, but we believe it does not undermine the overall relevance of AAGs to the intervention and to schools broadly. On the one hand, it could be argued that schools should be trusted and supported to take up intervention resources in ways that meet them where they are. For example, in the school that did not implement the AAG to a good standard, there was no concern regarding the implementation of the classroom programme. We believe there is room to learn about how to support schools in implementing and delivering AAGs to a good standard, and this is likely to be core to the intervention's effectiveness. Unlike the classroom component, however, it may be that schools can implement AAG more flexibly to meet their local needs.

A key finding from our qualitative process evaluation was that AAGs were feasible to implement in schools where key staff had the skills and experience needed to run pupil-staff collaborations and where social norms existed that supported these initiatives. The feasibility of the AAGs also appeared to rely on the schools having an individual leading the group who had dynamic leadership skills and a strong relationship with the SLT. Consistent with our focus on identifying leadership for THINK AGAIN early, we will work with delivery leaders in schools to understand the skills needed to lead the AAGs and will consider external facilitation to support AAG setup and delivery. We will also simplify the AAG guide and make it easy to use for teachers who face multiple scheduling pressures. Finally, the AAG is the whole-school component of this whole-school intervention. Consistent with this, we will revise teacher training to support a more integrated approach, bringing together the AAG and the lessons. This could ease the implementation of AAGs and, in turn, could strengthen teaching staff's awareness of AAGs and encourage them to bring AAG-relevant concepts into their THINK AGAIN teaching.

Interpretation

Key findings from the feasibility study are reflected in Table 16 as well as mapped against our progression criteria in Table 17. In sum, we believe they support a period of further focused optimisation, combined with additional consultation to optimise economic evaluation methods. A number of lessons have been learned with respect to data collection.

In the introduction, we described the current policy context, defined by an urgent need for empirically supported interventions to address this policy and public health priority. Recently released guidance from the Department for Education only intensifies this need. The THINK AGAIN intervention is well placed to contribute to a continuing and increasingly intensifying need for evidence-based interventions for the prevention of DRV and GBV. Our intervention takes a distinctive approach to whole-school programming that might break the gridlock in the effectiveness of existing whole-school approaches to DRV and GBV prevention and learns from a range of prior interventions that are relevant to the UK context.

A strength of our feasibility study is the recruitment of a diverse study population. We will seek to continue this in a full trial, including by partnering with organisations leading diverse school networks. Because of the diversity of our study population in terms of ethnicity and affluence, it is highly likely that our learning relating to trial procedures and intervention functioning would generalise to a wide range of UK schools. This is essential to effective research inclusion.

TABLE 17: PROGRESS AGAINST PROGRESSION CRITERIA

Criteria	Green (Go)	Red	Status
Feasibility of the research			
School study retention	≥3 schools remain at follow-up.	<3 schools remain at follow-up.	All four schools remained in the study
Survey completion baseline: percentage of pupils invited to take the survey at baseline who completed it	≥80% in ≥3 schools	<80% in <3 schools	Only in one school did >80% of pupils consent to take part in the study. However, in all four schools, we did have response rates greater than 80% when we consider those who responded to our consent question, regardless of how they answered. We are, therefore, marking this criterion as orange.
Survey completion follow-up: percentage of pupils invited to take the survey at follow-up who completed it	≥80% in ≥3 schools	<80% in <3 schools	≥80% in ≥3 schools
Feasibility of the intervention			
School intervention retention	All schools deliver some components of the intervention.	One or more schools deliver no components of the intervention.	All four schools delivered THINK AGAIN.
Intervention fidelity: how faithfully was the intervention delivered in the schools?	The intervention is implemented with fidelity	The intervention is implemented with fidelity in <3 schools.	All schools delivered the 'Assessment of school capacity and needs' and the 'Classroom-level programme'. However, only two schools faithfully delivered the action aware groups. We have presented

Criteria	Green (Go)	Red	Status
	in ≥3 schools.		key learnings for intervention feasibility and believe that with further optimisation, THINK AGAIN could be implemented with fidelity in all schools.
Intervention acceptability: how acceptable was the intervention to Year 9 pupils?	The process evaluation indicates the intervention is acceptable to ≥70% of Year 9 pupils.	The process evaluation indicates the intervention is acceptable to <70% of Year 9 pupils.	Our focus groups suggested that the majority of Year 9 pupils who took part in the focus groups found THINK AGAIN acceptable.
Intervention acceptability: how acceptable was the intervention to school staff?	The process evaluation indicates the intervention is acceptable to ≥70% of school staff.	The process evaluation indicates the intervention is acceptable to <70% of school staff.	Our interviews provided evidence that the majority of Year 9 staff found THINK AGAIN acceptable.

Limitations and lessons learned

As previously described, we have generated a number of lessons learned with respect to quantitative, qualitative and health economic data collection. In addition, we have learned considerably about the nature and timing, perhaps more than the amount, of school-focused facilitation required to deliver THINK AGAIN successfully. Specific lessons learned relating to intervention content include a possible review of how we deliver content on stalking, porn and help-seeking to ensure the content is memorable and clearly understood.

All research has limitations. Specific to this evaluation, our findings are limited by difficulties in matching data and anecdotal evidence on how seriously questionnaire completion was regarded by pupils. We have described an alternative method that we believe is likely to address these issues. These include the use of pupil emails and, where appropriate, booking an information technology suite with headphones to allow for live reading of questions to support reliable data collection. Because a future trial design would likely incorporate an open cohort (see below), we would ensure that demographic data are collected at all follow-ups.

Our data on acceptability was limited by the small number of staff respondents to the staff survey and the questions asked in the pupil survey. We would recommend that further research explicitly ask all participants about acceptability. The economic evaluation data collection rate was very limited and adjustments to the data collection methodology would need to be made if parent-completed data is required in further research, for example, by offering incentives or providing paper copies.

Future research and publications

Our dissemination plans include publications relating to the qualitative, quantitative and validation aspects of this study. We will keep the YEF apprised of these publications as they arise. More importantly, we will identify opportunities to influence ongoing policy debates with our early findings, particularly given the recency of the Department for Education guidance on healthy relationships education in schools.

Our suggestion is to undertake a definitive trial after a period of further optimisation. This should be defined as a school-randomised open cohort study with follow-up over 24 months to detect meaningful longer-term changes and to support the evaluation of longer-term intervention impacts, both quantitative and qualitative. An open cohort would mean that all relevant students present in the school are surveyed at each time point, for example, at baseline, all students in the school at the end of Year 8 and at follow-up, 24 months later, all students in the school at the end of Year 10. This is consistent with our prior systematic reviews, which demonstrated that effects only emerge over more than 12 months post-baseline. Our revised data collection procedures, described above, are designed with this in mind. An important overall finding from our study is the feasibility of an integrated quantitative and qualitative evaluation strategy. We would seek to continue this in a definitive trial. Our integrated process evaluation will use similar principles to those used in the feasibility study. Informed by May's implementation theory and realist evaluation (May, 2013; Pawson & Tilley, 1997), we will collect qualitative data from a subsample of schools and analyse this data in order to explore implementation processes and intervention mechanisms (beneficial or harmful) and how they vary between schools and students.

This trial should include co-primary outcomes of DRV and GBV victimisation and perpetration, using tools we have demonstrated perform to a very good, or excellent, standard. We also suggest that this trial include a fully specified health equity analysis to understand how the intervention impacts different subgroups by sex/gender, ethnicity and affluence. We have demonstrated that it is possible to recruit a diverse study sample. Correspondingly, our key inclusion criteria include state-funded, mixed-sex secondary schools in England with at least 100 Year 8 pupils, with a broader geographical reach than we used in this feasibility study, and again prioritising significant diversity in ethnic and free school meal percentage.

Our key research questions are as follows:

1. What is the effectiveness of THINK AGAIN, a multilevel, school-based intervention for the prevention of DRV and GBV, in addressing key primary (violence victimisation/perpetration) and secondary outcomes?
2. How does the effectiveness of THINK AGAIN vary by student and school characteristics, and is the intervention equity-generating across these characteristics?

3. What are the factors affecting the implementation of THINK AGAIN, and how do these relate to school and pupil characteristics?
4. What are the mechanisms by which THINK AGAIN generates impact (beneficial or harmful), and how do these relate to contextual characteristics?
5. What is the cost-effectiveness of THINK AGAIN based on appropriate costing perspectives?

Outcomes. With the exception of protective strategies and injunctive social norms, primary and secondary outcome measures were reliable. No scale had notable missingness patterns that would suggest issues with performance. We suggest dropping protective strategies, and we will seek other ways to measure injunctive social norms or group beliefs. In addition, we identified an efficiency for the measurement of bystander self-efficacy. We will additionally include the Strengths and Difficulties Questionnaire as a secondary outcome, consistent with YEF guidance.

Sample size. We propose a sample size of 80 clusters (schools), and we anticipate that each cluster will have an average of 200 students in Year 8. This assumes a base rate of 30% for the prevalence of GBV victimisation. The control group estimate is conservative, given our current feasibility study and our analysis of the baseline surveys. Assuming an intra-cluster correlation coefficient of 0.02 and an odds ratio of 0.80 (which reflects the average impact of clinically significant interventions identified in the STOP DRV GBV review and is equivalent here to a 4.4 percentage point reduction), our proposed sample size would generate at least 80% power. Expressed as continuous outcomes, this trial design would be linked to a minimum detectable effect size of 0.1, which has been cited as public health–relevant for similar universal interventions (Bonell et al., 2018).

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Appendices:

APPENDIX A: MEMORANDUM OF UNDERSTANDING FOR SCHOOLS AND CONSENT TO PARTICIPATE IN THE RESEARCH STUDY v1.1 06/06/2024

MEMORANDUM OF UNDERSTANDING FOR SCHOOLS AND CONSENT TO PARTICIPATE IN THE RESEARCH STUDY v1.1 06/06/2024

Aims of the research

This study aims to find out the following:

- Are schools able to make space in their timetable to teach the Think Again course?
- Are the questionnaires we are asking acceptable to students?
- Are there any changes we need to make to the Think Again course?

We want to work with four secondary schools to help us answer these questions before we attempt to run a large trial that would involve many more schools.

Dating and Relationship Violence (DRV) and Gender-Based Violence (GBV)

Dating and relationship violence includes physical, sexual, and emotional violence (for example, hitting a partner, forcing a partner to have sex, or verbal abuse and controlling behaviour). Gender-based violence includes harassment and bullying based on gender or sexuality. Both of these are major public health problems, especially for young people. Young people affected by these types of violence and young people who are violent in this way are more likely to have mental health problems, use illegal drugs, and engage in risky sex in the long-term. Young people who have been affected also report poorer mental and physical health, and are more likely to be affected by violence again.

Many young people affected by these types of violence are of school age, and a lot of these types of violence actually occur in schools. Therefore, interventions that take place within schools may be well placed to reach young people affected by these types of violence. However, we do not know the best ways to teach school age children about these types of violence. For example, there has only been one small-scale study in the UK that has looked at whether a school-based intervention for dating and relationship violence and gender-based violence is effective.

What we plan to do

We will test our newly developed Think Again programme in four secondary schools by first asking pupils in year 8 (ages 12 to 13) from what their experiences of dating and relationship and gender-based violence is. The following academic year when they are in year 9 (ages 13 to 14) we will introduce the Think Again intervention to the pupils. At the end of year 9, we will ask pupils the same questions about their experiences of dating and relationship and gender-based violence in their school.

We plan to test whether our new intervention improves experience of dating and relationship and/or gender-based violence, but first we need to find out whether the intervention and research methods are practical and acceptable. This will tell us whether a much larger study to test the effectiveness of our new intervention is worthwhile. This is important as we do not want to waste public resources if such a study is not promising. We will carry out interviews with pupils and teachers to find out if they think we need to make any changes to the intervention or the questionnaires we asked.

Use of data

In the first instance, questionnaire responses will be collected electronically. Data will be stored at secure encrypted and password-protected servers at Exeter University. Responses and any other pupil/teacher/school data will be treated with the strictest confidence. All information provided on questionnaires will be confidential.

Interviews and focus groups will be recorded, transcribed, and anonymised. This means that no individual school, student, parent, carer or teacher will be identified in any report arising from the research. All data will be stored and managed in accordance with university regulations and requirements.

Personal information

The University of Exeter is the Data Controller and is committed to protecting the rights of individuals in line with GDPR. Personal Information is stored on a secure Exeter University server, protected against unauthorised access by user authentication and a firewall. Only restricted members of the study team will have access to personal information/data.

Individual rights

School staff, pupils and parent/carers can make individual decisions about their level of involvement in the research data collection and these do not impact the school's involvement in the research in any way.

If you want more information about the trial, please contact the study manager Dr Rachel Hayes: r.a.hayes@exeter.ac.uk or 01392 722978.

Responsibilities

The research team will:

- Provide participating schools with comprehensive information about the study;
- Respect the right of any participant to withdraw their information from the study until data analyses has commenced, after which the data will be analysed and unable to be withdrawn;
- Collect, store and process all the data from the project securely and maintain participant confidentiality;
- Ensure that all staff carrying out data collection have received appropriate enhanced Disclosure and Barring Service (DBS) checks and follow all school guidelines about on-site work;

Schools will:

- Provide the researchers with information about school demographics, participant absenteeism, and contacts with the school in relation to RSHE;
- Give year 8 students and their parent/carers information provided by the study team about the research;
- Give school staff information provided by the study team about the research;
- Name a school contact that parent/carers can approach if they wish to understand more about the Think Again programme;
- Name a school contact that parent/carers can approach if they do not want their child to participate in the data collection elements of the research study;
- Provide the research team with time and physical space to visit the school to collect research data from year 8 students in the summer term 2024 and again in the following summer term 2025;
- Provide a quiet class/meeting room for interviews and focus groups to be conducted, and permission for pupils and staff to attend such interviews and focus groups during the school day;
- Allow their staff time to be trained by the Think Again training lead;
- Agree to support the formation of an Action Aware Group;
- Agree to provide space in the timetable during the academic year 24/25 to teach year 9 students at least 5 out of a possible 9 45 minute lessons.

If you agree to participate in the STOP study, please complete the following information:

School name: _____

Headteacher name: _____

Main contact for researchers:

Name: _____

Email: _____

School safeguarding lead contact:

Name: _____

Email: _____

Agreement and Consent School Participation

	Please Initial
I have read and understood the information sheet (v2.2 dated 05/06/2024, Medical School Research Ethics Committee at the University of Exeter Application ID: 5690846) for the above study and have been given a copy to keep. I have received enough information about the study and my questions have been answered.	
I understand that my school does not have to take part and I can change my mind at any time, without giving any reason.	
I understand that any research data will be stored without any information that could identify the school or participants in compliance with the University of Exeter's regulations and requirements (General Data Protection Regulation (GDPR) 2016 and the UK Data Protection Act 2018) and may be used in the final analysis of data and in research reports or publications. The data collected will be kept on secure servers and only the research team will have access to them.	
I understand that personal details of school staff, pupils and parent/carers (name, email address, staff contact number) will be stored on a secure server until October 2025.	
<p>I agree that the school will:</p> <ul style="list-style-type: none"> • Provide the researchers with information about school demographics, participant absenteeism, and contacts with the school in relation to RSHE; • Give year 8 students and their parent/carers information provided by the study team about the research; • Give school staff information provided by the study team about the research; • Name a school contact that parent/carers can approach if they wish to understand more about the Think Again programme; • Name a school contact that parent/carers can approach if they do not want their child to participate in the data collection elements of the research study; • Provide the research team with time and physical space to visit the school to collect research data from year 8 students in the summer term 2024 and again in the following summer term 2025; 	

<ul style="list-style-type: none"> • Provide a quiet class/meeting room for interviews and focus groups to be conducted, and permission for pupils and staff to attend such interviews and focus groups during the school day; • Allow their staff time to be trained by the Think Again training lead; • Agree to support the formation of an Action Aware Group; • Agree to provide space in the timetable during the academic year 24/25 to teach year 9 students at least 5 out of a possible 9 45 minute lessons. 	
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I agree to the school participating in the STOP study as detailed above.

Name: _____

Position in the school: _____

Signature: _____ Date: ____/____/____

Name of researcher taking consent: _ _____

Signature of researcher taking consent: _____

Date: ____/____/_2024____

APPENDIX B: SCHOOL INFORMATION SHEET



The STOP Study



The STOP Study: Teaching Teenagers About Healthier Relationships

Information sheet for schools v2.2 05/06/2024

Thank you for expressing an interest in the STOP research study which aims to find better ways to teach teenagers about healthy relationships. Please read this information leaflet carefully before deciding whether you would like your school to participate.

We are looking for four secondary schools to work with us to test a brand new Relationships and Sex Education programme aimed at reducing **dating and relationship violence (DRV)** and **gender based violence (GBV)** amongst teenagers. This programme is called the 'Think Again' programme.

What is the Think Again programme?

The Think Again programme is being developed through a collaboration between several partners, led by the University of Exeter and the Sex Education Forum. The latest research evidence has been used to design the resources which have then been tested in two schools. Pupil and staff feedback has been utilised to ensure that the resources are relevant, age-appropriate and workable for schools. The programme involves both classroom lessons and Action Aware Groups. Now we need to test the feasibility of the programme as a whole; this means we will be testing how the Think Again programme is used to affect school culture.

What will schools be asked to do?

This programme consists of five main elements which are described below:

1. Research Data

- Current year 8 pupils will be invited to take part in a baseline survey in the summer to determine how they think and feel about a range of issues relevant to the project. They will be invited to complete a similar survey again in Summer 2025.
- During the academic year 24/25, a maximum of 8 pupils will be invited to take part in a focus group to discuss their views of the Think Again programme.
- School staff will be invited to complete a survey in Summer 2025. A maximum of 4 staff will be invited to take part in an interview to discuss their views of the Think Again programme.

- Individual attendance data for participating pupils will be requested from the school in Summer 2025.
- Parents/carers will be invited to complete a survey asking about their child's use of health and social care services.

We have prepared information leaflets to be given to school staff, pupils and parents/carers to explain what being involved in the study would mean for them. School staff, pupils and parent/carers can make individual decisions about their level of involvement in the research data collection and these do not impact the school's involvement in the research in any way.

2. Action Aware Groups (AAGs)

During the academic year 24/25, AAGs will be formed with around 6 year-9 students and 4 staff. They will support school-level strategies for the prevention of DRV and GBV. AAGs will work together to raise awareness of relevant issues within and beyond their year group, supported by a manual of ideas and strategies. Their work is likely to include activities such as reviewing school policies on behaviour, inclusion, and safeguarding, leading assemblies, and designing surveys or school magazine articles.

3. Classroom Lessons

Schools will be able to choose a minimum of 5 classroom-based lessons from a suite of 9 to be taught to year 9 pupils. Each lesson is timetabled to last 45 minutes and will cover topics such as;

- personal boundaries
- healthy relationships
- gender
- sexual objectification
- sexual harassment
- laws around sexual violence and consent
- how to be an engaged bystander in challenging harmful language and behaviours

All lesson plans and associated resources will be provided. Where Think Again programme lessons duplicate existing lesson material that the school prefers, the preferred lessons could potentially be interwoven with Think Again programme lessons, so long as a minimum of 5 Think Again lessons are taught out of the 9 lessons available.

4. Needs Assessment

Early in the academic year 24/25, our team will work with you to conduct a needs assessment with your staff and pupils to identify what staff training will be needed and which lessons would be most useful for your school.

5. Staff Training

Staff who will be delivering these lessons and staff who will be leading AAGs will be trained by the Think Again project team. These staff will need a minimum of a half-day training for the project. Training needs of the Safeguarding Lead, PSHE lead and year 9 tutors identified during the school needs assessment will also be incorporated into staff training plans.

How will schools benefit from taking part?

All schools in the study will contribute to the evidence-base on what works to teach teenagers about healthier relationships. Involvement in research is something that Ofsted consider when assessing a school's personal development and leadership and management. Schools who complete the study will also receive a monetary incentive of £1,000.

The programme will be provided free of charge, including all supporting materials. This will include guidance about communicating with parents and compliance with statutory requirements on RSHE.

Are there any disadvantages to taking part?

It is possible that more pupils may report safeguarding concerns since the content of the teaching and the research data collection will both encourage pupils to talk about issues they are struggling with. Whilst this is not a disadvantage, it is worth noting that as a school you may have more incidents to follow-up. It will also take time to arrange the new lessons and the data collection periods.

What about safeguarding?

All researchers that visit your school or have any contact with pupils will have enhanced DBS checks and will be required to understand your safeguarding policy and know who to contact should a disclosure occur.

Pupils will be reminded regularly that if they would like support relating to DRV, GBV or anything else, they can speak privately to the researcher present, any teacher or member of staff at their school, or by calling the NSPCC Childline on 0800 1111. Participants will also be given the opportunity to provide their personal contact details should they wish a member of the research team to contact them to discuss the nature of the surveys or something else that may be worrying them. During any such call, pupils will be reminded that the research team will inform the pupil's school safeguarding lead if they say something to indicate a risk of harm to themselves or others.

What are the long term aims of this study?

We would like to run a large randomised controlled trial to test if the Think Again course is an effective way to teach teenagers about healthier relationships, including Gender-Based and Dating and Relationship Violence. However, before we do this, there are a few things we need to check are effective. We need to know the following:

- Are schools able to make space in their timetable to teach the Think Again course?
- Are the questionnaires we are asking acceptable to students?
- Are there any changes we need to make to the Think Again course?

We want to work with four secondary schools to help us answer these questions before we attempt to run a large trial that would involve many more schools. If your school takes part in this study it would be one of the first schools ever to teach the Think Again programme.

Who is conducting the study?

The University of Exeter, London School of Hygiene & Tropical Medicine and Cardiff University are conducting the study. The Sex Education Forum is leading the delivery of the Think Again course to schools. The intervention has been funded by The Bridges Impact Foundation and the evaluation by The Ending Youth Violence Lab, with the support of/funding from the Youth Endowment Fund ("YEF"), Stuart Roden and the Behavioural Insights Team. This project has been reviewed by the UEMS & Health & Care Professions Research and Ethics Committee at the University of Exeter (Reference Number 5690846).

How will the findings be used?

The research team will store all data that is collected and will analyse this data to answer our questions. We would like to publish our findings and present them at conferences so that other people can learn about our work and what we found. We will produce a summary of what we found that we can share with the schools who take part.

Confidentiality and data security

We will store all survey responses, attendance data and reports from focus groups or interviews on an encrypted password protected computer on secure servers. We will ask for permission to audio-record focus groups and interviews, we would then transcribe these audio recordings. This written transcript will then be reviewed and anything that identifies the person speaking removed, for example names, places or schools. The audio recording will then be securely deleted. This research data is not stored with the name of the individual who provided it. Each school, pupil, staff member and parent is given a unique number which we use when we save their answers. We link this unique number to the pupil's or staff's school email address. Only the researchers can match these unique numbers to the emails, so it will not be possible for anyone other than the researchers to link the answers back to any one individual.

We will keep this research data for 10 years before it is confidentially destroyed. A report will be written describing the study and what we found out. The name of your school or any of the participants will not be written anywhere in any of our reports.

What about information that identifies the school or participants?

We need to keep information that identifies the school and participants so we can contact them to send links to the surveys and to arrange focus groups and interviews, as well as give any important information. We will keep a record of the school name, address, phone number, and admin email. We will also keep a record of the name, email and contact phone number for any members of staff who choose to take part in the study. We will keep a record of participating pupils' names and school email address as well as the name and email address of any participating parents or carers. This personal data will be securely deleted 3 months after the study has finished.

Does the school have to take part?

No, whether your school takes part in the research or not is completely up to you. If you do not take part, there will be no disadvantage to your school of any kind. If you consent to the study you can also withdraw your school from the research at any time. Should your school withdraw from the research we will keep the data that we have collected up to that point and use it for our research

unless you ask us to withdraw all data as well. You have the option to remove your school's data up until the point we have started to analyse it in June 2025.

How do I sign my school up?

Please contact the research team via Rachel Hayes (01392 722978, R.A.Hayes@exeter.ac.uk) to express your interest. She will arrange a short video call with you to ensure you understand the requirements of being involved and answer any questions you may have. If you would still like your school to take part, you would sign a research agreement and consent form. As a senior member of the school's leadership team, you are consenting for the Think Again programme to be used in your school. Individual members of staff, pupils and parents or carers will be consenting for their own involvement in the STOP research study.

Who can I contact for more information?

Thank you for reading this information sheet. If you have any concerns about the way this research is being carried out you can contact the University of Exeter's Research Governance Manager, Antony Walsh, A.Walsh3@exeter.ac.uk, 01392 726621 Or the Research Ethics and Governance Mailbox cgr-reg@exeter.ac.uk.

**You can also email or telephone Rachel Hayes
(R.A.Hayes@exeter.ac.uk, 01938 722978) and she will be able to
answer any questions.**

APPENDIX C: PUPIL CONSENT FORM

- We are researchers working at your school finding out if the “STOP Course” can help teenagers to have safer and healthier relationships.
- We have called it the “STOP Course” as we are hoping that this course will help to STOP dating or relationship violence and violence that is linked to someone’s gender.
- As part of our research we are asking all year 8 students to fill in a survey on a tablet or computer.
- You were given an information leaflet about this study a couple of weeks ago that had lots of information in it. You can ask the researcher in the room any questions and they also have a copy of the information leaflet that you can keep.
- This should only take about 40 minutes, we will take a short break half way through.
- These questions ask about a serious topic and you are being trusted to provide mature and factually correct answers.
- What you say in this survey will help us to understand if the STOP course can reduce dating or relationship violence and violence that is linked to someone’s gender.
- **You can decide whether or not to take part in the survey. If you do choose to take part, you may stop taking part at any time – it is completely up to you.**
- **This is NOT a test. The answers you give will be kept confidential, this means we will not tell your parent, carer, teachers or anyone else what you say.**

If anything in the questionnaire makes you feel confused or worried, you can speak privately to the researcher present today. You could also speak to any teacher or member of staff at the school. The STOP study information leaflet lists people and organisations you can contact for support or information.

If you feel that you need help to keep you safe you can talk to the researcher present today, any member of staff at your school or the NSPCC Childline for free on 0800 1111.

- If you want to take part:
 - On the next screen you will see a list of the important things about this study and the researcher will talk you through this list.
 - If you have any questions you can raise your hand to ask a question. If you prefer you can wait until everyone else has started the survey and then privately ask the researcher a question
 - You may skip any questions you do not want to answer. If you skip a question a pop-up box will appear asking you if you mean to skip a question, this is just to make sure that didn’t accidentally miss the question. It is fine to skip a question if you don’t want to answer it.

- You may stop the survey at any point, there is a button you can press if you want to stop. You will be asked if it's OK for us to use the answers you have already given, or if you want us to delete the answers.
- If you need help to answer any question, please raise your hand and a researcher will help you.
- When you have finished, quietly complete some other school work, for example you could read your library book.
- Remember, other students will still be answering the survey, so make sure you give them the privacy to do this in silence.
- If you do not want to take part:
 - If you do not want to answer the questionnaire, that's fine, just click 'No' on the next page.
 - For the rest of the lesson you can quietly complete some other school work, for example you could read your library book.

Last Section

On the Qualtrics form, students will need to click on a box to move to the next page of the survey. There will also be a 'back' button so that students can go back and change any answers they made previously. There will also be a 'stop survey' button that students can click if they want to stop the survey. They will be asked if they would like to delete the responses they have made so far or if

Next Section

End Survey Now

The researcher will now explain what each of these statements mean. Listen carefully and ask any questions if you do not understand.

I have read and understood the information sheet (v1.0 dated 15/02/2024, Medical School Research Ethics Committee at the University of Exeter Application ID: 5690846) for the above study and have been given a copy to keep. I have received enough information about the study and my questions have been answered.

I understand that taking part is up to me and I can change my mind at any time, without giving any reason.

I understand that details of my taking part will be stored without any information that could identify me in compliance with the University of Exeter's regulations and requirements (General Data Protection Regulation (GDPR) 2016 and the UK Data Protection Act 2018) and may be used in the final analysis of data and in research reports or publications. The data collected will be kept on secure servers and only the research team will have access to them.

I understand that my name and school email address will be stored on a secure server until October 2025.

I understand that the research team will ask my school to provide information about my recent attendance at school

If I am invited to the group discussion, I agree to this being audio recorded and typed up word for word for research purposes.

I understand that if I say anything that makes the researchers concerned for my, or other people's safety, they will have to pass that information onto other people.

Yes

No

I consent to take part in the above study.

Done: If they click yes the following box appears, if they click no a 'thank you for considering the study, please sit quietly and complete some school work for the rest of this lesson' screen appears.

What is your name? _____

What is your school email address?: _____

Next Section

APPENDIX D: PUPIL INFORMATION SHEET



The STOP Study: Teaching Teenagers About Healthier Relationships

Information sheet for students v2.1 06/06/24

About us and the work we are doing at your school

We are researchers working at your school finding out if the “Think Again” course can help teenagers to have safer and healthier relationships. We have called it “Think Again” as we are hoping that this course will help you to *Think Again* about dating or relationship violence and violence that is linked to someone’s gender.

There are 3 sections to this leaflet:

- 1) Tells you about **taking part in the research**
- 2) Tells you **more about what the research is about**
- 3) Gives you information about **deciding if you want to be involved and how we keep your information confidential**

1) ABOUT TAKING PART IN THIS RESEARCH

What would taking part involve?

As part of the STOP research we are asking all year 8 students in your school if they would like to take part. This involves filling in a survey on a tablet or computer. This should only take about 40 minutes. You will complete this once this year (July 2024) and then once when you are in year 9 (July 2025). Both times it will be the same survey.

The questions will ask you about the following things:

- If you have been in an unsafe relationship
- If you have any experience of gender-based violence
- What you might do if either of the above things happen in the future
- If you liked the Think Again course
- What your school is like
- Your overall wellbeing



We will also ask your school about your attendance at school.

How will it work in practice?



You will complete these questions on a secure website which you will access either from a school computer, your smart phone or one of the STOP study tablets. You will answer the questions during one lesson in the next month, a researcher will also be in this lesson so you can ask them any questions. You will answer the questions privately and in silence, so none of the other students will know the answers you write.

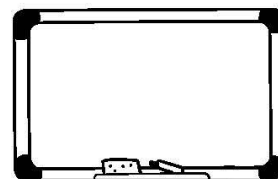
A group discussion in year 9

- We will hold a group discussion at your school and invite 8 young people to join and say what they like or don't like about the Think Again course.
- If you are asked to join this discussion, you do not have to agree. You can say no to the discussion but still answer the survey.
- During the discussion you can say if you do not want to talk about a certain topic.
- If you agree to take part in this discussion we would ask for permission to audio-record it. We would then ask a team of researchers to type up word for word what was said during the discussion.
- We will make sure that anything that identifies you is removed, for example your name, where you live, or the school you attend. Only the research team will be able to look at the written copy of the interview, then we will delete the audio recording.

2) ABOUT THE RESEARCH

What is the Think Again course?

Your school is going to be teaching you the Think Again course in year 9. It teaches you:



- How to stay safer in relationships with a boyfriend, girlfriend or partner
- How to spot and avoid an abusive relationship
- How to spot harmful behaviour linked to someone's gender

We want to know if the Think Again course is a good way to teach about healthier relationships. What you say in the survey will help us to understand if it is helpful or not.

What does Dating or Relationship Violence and Gender-Based Violence mean?



When we talk about abusive relationships we mean when one person says hurtful things to their partner, is violent, controlling, or forces them to do things that they don't want to do. We call this **Dating or Relationship Violence**. The STOP course also teaches you about harmful behaviour that is linked to someone's gender, for example fighting or bullying someone because they are trans or gay. We call this **Gender-Based Violence**.

3) DECIDING IF YOU WANT TO TAKE PART AND CONFIDENTIALITY

Do I have to take part?

You can decide whether or not to take part in the survey. If you do choose to take part at the beginning, you can stop taking part at any time – it is completely up to you. If you do not want to take part, you do not have to give us a reason why. We are also sending this leaflet to your parent or carer so they can read it and you can talk to them about it as well.



Researchers from the STOP study will visit your school in the next couple of weeks. They will explain this leaflet to you, and if you still want to take part you will be invited to answer the online questionnaire. When they visit they will explain how you can take part.

What are the possible benefits and disadvantages of taking part?

Some people find that taking part in research makes them feel good. You will learn about having healthier, safer relationships, and tools to deal with and avoid unsafe or abusive situations. If the research finds good results, it could help more young people if they are taught the Think Again course.

However, the survey is about you and some of the questions are personal, sometimes people can find it upsetting to think about these issues. If you do find it upsetting you can stop at any time and you do not have to explain why you have

stopped. If you would like to talk with someone about how you are feeling, or any issues you are going through, **you can talk to any teacher or member of staff at your school or the NSPCC Childline for free on 0800 1111**. There will also be a space on the questionnaire where you can say you would like someone from the research team to contact you to talk about something.

What will happen if you don't want to carry on with the study?

If you decide to stop being part of the STOP study, we will ask you if we can keep the answers you have already given us. You can choose to have these deleted up until we have started analysing the data which will be in June 2025.

How do we keep your questionnaire answers confidential?

- We will store your answers on an encrypted password protected computer on secure servers.
- Everyone is given a unique number which we use when we save your answers.
- We link this unique number to your school email address.
- Only the researchers can match your unique number to your email, so it will not be possible for anyone other than the researchers to link your answers back to you.
- Your name is not stored next to the answers you give.
- We will keep your answers for 10 years before they are permanently deleted.
- A report will be written describing the study and what we found out. Your name will not be written anywhere in any of our reports.



What about information that identifies you?

- We need to keep information that identifies you so we can contact you to send you links to the questionnaires as well as give you any important information.
- To safeguard your rights, we will use the minimum personally-identifiable information possible.
- We will keep a record of your name and your school email address.
- Your name and school email address will be permanently deleted 3 months after the study has finished.

Who will we share information about you with?

- The answers you give will usually be kept confidential, this means we will not tell your parent, carer, teachers or anyone else what you say.
- The only time we will share what you say is if you tell us someone is hurting you, someone is in danger, or you are doing something that might hurt yourself or others. In this case, we will share information with the safeguarding staff of your school.



Further information and contact details

- There will be time to ask any questions before you answer the survey. You can also email or call Rachel Hayes (R.A.Hayes@exeter.ac.uk, 01392 722978) and she will be able to answer any questions.
- This research is being funded by The Ending Youth Violence Lab, with the support of/funding from the Youth Endowment Fund ("YEF"), Stuart Roden and the Behavioural Insights Team.
- This project has been reviewed by the UEMS & Health & Care Professions Research Ethics Committee at the University of Exeter (Reference Number 5690846).

THANKS FOR READING

APPENDIX E: PARENT/CARER CONSENT FORM

This survey will ask you some questions about if your child has interacted with any health and social care services. This survey will take about 15 minutes to complete.

It is completely up to you whether you would like to take part in this research study. If you do not want to take part, you do not have to give us a reason why. We will ask you to complete this survey now and then in 12 months' time (June 2025). **If you do choose to take part, you may stop taking part at any time – it is completely up to you.**

I have read and understood the information sheet (v2.1 dated 06/06/2024, Medical School Research Ethics Committee at the University of Exeter Application ID: 5690846) for the above study and have been given a copy to keep. I have received enough information about the study and my questions have been answered.

I understand that taking part is up to me and I can change my mind at any time, without giving any reason.

I understand that details of my taking part will be stored without any information that could identify me in compliance with the University of Exeter's regulations and requirements (General Data Protection Regulation (GDPR) 2016 and the UK Data Protection Act 2018) and may be used in the final analysis of data and in research reports or publications. The data collected will be kept on secure servers and only the research team will have access to them.

I understand that my name, my email address, my child's name and my child's school email address will be stored on a secure server until October 2025.

I understand that relevant sections of the data collected during the study may be looked at by members of the research team or individuals from the University of Exeter, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

I understand that if I tell the researchers that someone is hurting me, someone is in danger, or I am doing something that might hurt myself or others, they will have to pass that information onto other people.

Yes

No

I consent to take part in the above study.

If they click yes the following box appears, if they click no a 'thank you for considering the study' appears and the survey ends

What is your name? _____

What is your email address?: _____

What is your child's name?: _____

What is your child's school email address?: _____

Last Section

On the Qualtrics form, parents/carers will need to click on a box to move to the next page of the survey. There will also be a 'back' button so that students can go back and change any answers they made previously. There will also be a 'stop survey' button that students can click if they want to stop the survey. They will be asked if they would like to delete the responses they

Next Section

End Survey Now

responses.

APPENDIX F: PARENT/CARER INFORMATION SHEET

Dear parents/carers

We are writing to you as you have a child in year 8 attending XXXX. The school has recently joined the STOP research study. This information sheet will explain what is involved for you and your child.

What is the Think Again Teaching Course?

The Think Again teaching course is being taught as part of XXX's Relationships, Sex and Health Education (RSHE) and has been developed through a collaboration between several partners, led by the University of Exeter and the Sex Education Forum. The latest research evidence has been used to design resources to teach our children about healthy relationships and consent, how to recognise abuse and ask for help and how to reduce gender-based violence. This teaching will also celebrate healthy relationships and won't just be focused on addressing risk or harm. Next year, when your child is in year 9, they will take part in some of the Think Again activities, your school will be able to provide you with more details about what these will be.

What is the STOP Research Study?

Since the Think Again teaching course is new, we want to understand what children think of it and test if it is a helpful way to teach about healthy relationships. The research study is separate to the teaching course and this leaflet explains your rights, including your right not to take part or withdraw your child, in relation to the STOP research study only. Your child's school can advise you further about the content of the teaching and your right to withdraw your child from any relationship and sex education. Today, your child was given an information leaflet that explains the research and what taking part would mean for them, a copy of this leaflet is provided at the end of this letter. It is your child's choice if they want to take part in the STOP research study, and the researchers will make this very clear including that they do not have to give a reason why if they do not want to.

What does the research involve for your child?

Students who take part will be asked to complete a survey on two occasions, once in the Summer of 2024 and again in the Summer 2025. This survey will ask students if they've ever been in an unsafe relationship or had any experience of gender-based violence; what they might do if either of these happen in the future,

what they thought of the Think Again programme; what their school is like; and their overall wellbeing. In addition, up to 8 students will be invited to join a group discussion about what they did or didn't like about the Think Again teaching.

We want to make sure that as parents and carers you have the same information that your child has received today. If you have any questions you can contact the study manager Rachel Hayes (01392 722978, R.A.Hayes@exeter.ac.uk). If you decide you do not want your child to take part in this research study, please can you let XXXX know before XXX and they will ensure that your child is not asked to take part when the research team visit the school. Your child can also decline to take part on the day the researchers visit, we will do this in a way that ensures your child doesn't feel singled out for not taking part.

What does the research involve for you?

As well as finding out if the Think Again programme is effective at helping teenagers understand more about healthy relationships, consent, recognising abuse and how to reduce gender-based violence, we are also interested in understanding if anything else might change for teenagers, including how often they interact with health and social care services. We think parents and carers will be able to provide this information more accurately than teenagers and so are inviting you to take part in a survey to gather this information. This survey will take about 15 minutes to complete.

It is completely up to you whether you would like to take part in this research study. If you do not want to take part, you do not have to give us a reason why. We will ask you to complete this survey now and then again in June 2025.

How do we keep your questionnaire answers confidential?

We will store your answers on an encrypted password protected computer on secure servers. Everyone is given a unique number which we use when we save their answers. We link this unique number to your child's school email address. Only the researchers can match your unique number to your child's email, so it will not be possible for anyone other than the researchers to link your answers back to your child. Neither your name nor your child's is stored next to the answers you give. We will keep your answers for 10 years before information is confidentially destroyed. A report will be written describing the study and what we found out. Your name will not be written anywhere in any of our reports and it will not be possible to identify any individual child, family or school from the report.

Can my child take part if I don't?

Yes, your child can still take part in the STOP research study if you do not complete the survey. Equally, if you take part in the survey, your child can still choose not to complete a survey.

What about information that identifies you?

We need to keep information that identifies you so we can contact you to send you a link to the survey in June 2025 as well as give you any important information. We will keep a record of your name, your email address and your child's name and school email address. Your name, email and child's name and school email address will be securely deleted 3 months after the study has finished.

Who will we share information about you with?

The answers you and your child give will usually be kept confidential, the only time we will share what you say is if you tell us someone is hurting you, someone is in danger, or you are doing something that might hurt yourself or others. In this situation we will share information with safeguarding staff within the school and/or Local Authority.

What are the possible benefits and risk of taking part?

Some people find that taking part in research makes them feel good. However, there are no direct benefits for you in completing the survey.

It will take you 15 minutes to complete the survey.

What will happen if you don't want to carry on with the study?

If you decide to take part, you can always change your mind at any time and you do not have to tell us why. If you stop being part of the study, we will ask you if we can keep the answers you have already given us. You can choose to have these deleted up until we have started analysing the data which will be in June 2025. To safeguard your rights, we will use the minimum personally identifiable information possible.

Who is organising and funding this study?

This research is being funded by The Ending Youth Violence Lab, with the support of/funding from the Youth Endowment Fund (“YEF”), Stuart Roden and the Behavioural Insights Team.

Who have reviewed this study?

This project has been reviewed by the Research Ethics Committee at the University of Exeter (ID 5690846).

What to do if you want to take part?

If you are happy to complete this survey you can do so by going to the following website:

XXXXX

What about GDPR?

In 2018 regulatory changes in the way that data is processed came into force, with the EU General Data Protection Regulation 2018 (GDPR) and the Data Protection Act 2018 (DPA 2018). Since the UK left the EU, the key principles of EU GDPR have been adopted in the UK GDPR (a ‘UK-only’ version) and the DPA 2018 still applies.

The University of Exeter terms its lawful basis to process personal data for the purposes of carrying out research as being in the ‘public interest’. The University continues to be transparent about its processing of your personal data and this participant information sheet should provide a clear explanation of how your data will be collected, processed, stored and destroyed. If you have any queries about the University’s processing of your personal data that cannot be resolved by the research team, further information can be obtained from the University of Exeter’s Data Protection Officer via the web-link; <https://www.exeter.ac.uk/aboutoursite/dataprotection/dpo/>

If you have any concerns about how your data is controlled and managed for this study, then please contact the Sponsor Representative: Antony Walsh, Research Governance Manager (Contact details at the end of the information sheet).

Further information and contact details

Thank you for reading this information sheet. If you have any concerns about the way this research is being carried out you can contact the University of Exeter's Research Governance Manager, Antony Walsh, A.Walsh3@exeter.ac.uk, 01392 726621 Or the Research Ethics and Governance Mailbox cgr-reg@exeter.ac.uk.

You can also email or telephone Rachel Hayes (R.A.Hayes@exeter.ac.uk, 01938 722978) and she will be able to answer any questions.

INFORMATION SHEET - THINK AGAIN SCHOOL STAFF INTERVIEW

We are researchers from the London School of Hygiene & Tropical Medicine (LSHTM). We have been working with your school to evaluate a health programme called THINK AGAIN. This study has been approved by the research ethics committee of the London School of Hygiene & Tropical Medicine. As part of our research, we would like to invite you to take part in an interview to discuss your experiences of the programme and how well it has worked in your school. You have been chosen to participate because of your involvement with the programme. The interview is intended to help us assess the programme and not the performance of staff, students or the school.

What does taking part involve?

The interview will take up to an hour to complete and will take place at school or by phone. If you agree to take part, it will involve you giving your views and opinions on the THINK AGAIN programme. You will **not** be asked to discuss your own health or any other personal matters.

What will we do with the information we collect?

We would like to audio-record the interview and then produce a written record of what was said. We will then delete the audio-recording. We will write reports based on what we find. Our findings will be used to assess how suitable the programme is for secondary schools in England and will contribute to improving health for young people.

Will the information I provide be kept private and confidential?

In line with ethical guidelines for research, the views and opinions you express in the interview will be kept completely confidential by the researchers. The recording, written record and any notes from the interview will be stored securely in our offices on a computer that only the research team can access. The research will be published in scientific journals and shared with policy-makers. No individual or school names will be included in any of these publications. These may contain direct quotes from participants, but these will be fully anonymised. We may share the anonymised written record of the focus groups with other researchers on reasonable request.

If you should say something during the interview that leads us to believe you or someone you know may be at risk of very serious harm we will need to tell someone else about this. If this happens, we will always discuss it with you before we tell anyone else.

Do I have to take part in this research?

It is entirely up to you if you want to take part in our research. If you decide to take part, you can stop taking part at any time and you do not have to answer any questions you do not want to. There are no financial incentives to participate. We do not anticipate that the interview will be distressing but if you do experience distress and want to stop at any point for this or any other reason this will be possible.

What do I need to do next?

If you are happy to take part in the interview, you will be given a consent form to sign on the day. If you are not happy to take part or if you have any questions about the research please contact Fran Hearing who is leading the research for LSHTM (fran.hearing@lshtm.ac.uk). If you have any concerns about the project, please email the lead investigator Chris Bonell (chris.bonell@lshtm.ac.uk) or the chair of the independent study steering committee Dr Lynne Callaghan (L.Callaghan@plymouth.ac.uk).

Alternatively, if you would rather speak to somebody outside the research team, you can contact [email] who is the programme lead at your school, to let them know you do not want to participate and/or to raise any concerns or complaints about the research.

Data protection

The London School of Hygiene & Tropical Medicine is based in the United Kingdom and is sponsor for the research, responsible for all aspects. It acts as the data controller for the research, responsible for looking after your information and using it properly. We will keep all information you provide safe and secure.

To follow data protection regulations, we must inform you of how we will use and store data you provide. All the information we collect will be kept confidential. There are strict laws which safeguard the privacy of research participants. You can find out more at <https://www.lshtm.ac.uk/files/research-participant-privacy-notice.pdf> or by sending an email to DPO@lshtm.ac.uk

Only the study staff and authorities who check that the study is being carried out properly will be allowed to look at information you provide. The personal information you provide will be stored separately from your name using password-protected files on password-protected computers. Data may be sent to other university staff collaborating in the research but this will be completely anonymised. At the end of the project, completely anonymised study data will be archived. The study results will be published in a scientific journal and/or report.

You can withdraw from the study (and data will not be recorded) up until the point that the data collection session ends. We are unable to delete data you provide after it is submitted.

The London School of Hygiene & Tropical Medicine has full insurance cover and in the extremely unlikely event of any individual associated with the school experiencing harm as a result of the study they would be entitled to seek compensation.

If you wish to complain formally about any aspect of the research, you can do this by contacting our Research Governance and Integrity Office at rgio@lshtm.ac.uk or 020 7927 2626.

Many thanks for your time,

A handwritten signature in black ink, appearing to read 'Chris Bonell', with a stylized flourish at the end.

Professor Chris Bonell (London School of Hygiene and Tropical Medicine)

APPENDIX H: INFORMATION SHEET - THINK AGAIN STUDENT FOCUS GROUP

Information Sheet - THINK AGAIN student focus group

We are researchers from a university called the London School of Hygiene & Tropical Medicine (LSHTM). We have been working with your school to test out a new health programme called THINK AGAIN. As part of our research, you have been selected to take part in a focus group to give your views on the programme and how well it has worked in your school. The focus group is intended to help us evaluate the programme itself and not the input of staff, students or the school. You've been invited to this focus group because of your experience receiving some elements of the programme.

What does taking part involve?

The focus group will last about one hour and will take place at school, during the school day. If you agree to take part, you will be asked about your views and opinions on the THINK AGAIN programme. This will involve a discussion of the THINK AGAIN Action Aware Groups and the THINK AGAIN lessons. You will **not** be asked to discuss your own health or any other personal matters.

What will we do with the information we collect?

We will audio-record the focus group and then produce a written record of what was said. We will then delete the audio-recording. We will write reports based on what we find, which will help decide how suitable the programme is for secondary schools in England and contribute to improving health for young people.

Will the information I provide be kept private and confidential?

The views and opinions you express in the focus group will be kept completely private and confidential by the researchers. The recording, written record of what is said and any notes from the focus group will be stored safely and confidentially in our offices on a computer that only the research team can access. When we write reports about the research, we will not include names or any information that may identify anyone who takes part or their school. Any direct quotes we use will be anonymised. We may share the anonymised written record of the focus groups with other researchers on reasonable request.

As the focus group will involve other participants we cannot guarantee that everything that is said in the group will remain private. We ask you to be mindful of this and not to disclose anything personal about yourself or anyone else to the group.

If you should say something during the focus group that leads us to believe you or someone you know may be at risk of very serious harm we will need to tell someone else about this.

Do I have to take part in this research?

It is entirely up to you if you want to take part in our research. If you decide to take part, you can stop taking part at any time and you do not have to answer any questions you do not want to. There are no financial incentives to participate. We do not anticipate that the focus group will be distressing but if you do experience distress and want to stop at any point for this or any other reason this will be possible.

What do I need to do next?

If you are happy to take part in the focus group, you will be given a consent form to sign on the day. If you are not happy to take part or if you have any questions, concerns or complaints about the research please contact Chris Bonell who is leading the research for LSHTM (chris.bonell@lshtm.ac.uk).

Alternatively, if you would rather speak to somebody outside the research team, you can contact [REDACTED] directly, who is the programme lead at your school, to let them know you do not want to participate and/or to raise any concerns or complaints about the research.

If you would like to talk to someone about an issue you or someone you know is going through you can speak directly to [REDACTED] who is the safeguarding lead at your school.

Data protection

The London School of Hygiene & Tropical Medicine is based in the United Kingdom and is sponsor for the research, responsible for all aspects. It acts as the data controller for the research, responsible for looking after your information and using it properly. We will keep all information you provide safe and secure.

To follow data protection regulations, we must inform you of how we will use and store data you provide. All the information we collect will be kept confidential. There are strict laws which safeguard the privacy of research participants. You can find out more at <https://www.lshtm.ac.uk/files/research-participant-privacy-notice.pdf> or by sending an email to DPO@lshtm.ac.uk

Only the study staff and authorities who check that the study is being carried out properly will be allowed to look at information you provide. The personal information you provide will be stored separately from your name using password-protected files on password-protected computers. Data may be sent to other university staff collaborating in the research but this will be completely anonymised. At the end of the project, completely anonymised study data will be archived. The study results will be published in a scientific journal and/or report.

You can withdraw from the study (and data will not be recorded) up until the point that the data collection session ends. We are unable to delete data you provide after it is submitted.

The London School of Hygiene & Tropical Medicine has full insurance cover and in the extremely unlikely event of any individual associated with the school experiencing harm as a result of the study they would be entitled to seek compensation.

If you wish to complain formally about any aspect of the research, you can do this by contacting our Research Governance and Integrity Office at rgio@lshtm.ac.uk or 020 7927 2626.

Many thanks for your time,

A handwritten signature in black ink, appearing to read 'Chris Bonell', with a stylized, sweeping flourish at the end.

Professor Chris Bonell (London School of Hygiene and Tropical Medicine)

APPENDIX I: INFORMATION SHEET FOR PARENTS/CARERS: THINK AGAIN STUDENT FOCUS GROUP

INFORMATION SHEET FOR PARENTS/CARERS: THINK AGAIN STUDENT FOCUS GROUP

We are researchers from the London School of Hygiene & Tropical Medicine (LSHTM). We are evaluating a new health programme called THINK AGAIN. This study has been approved by the research ethics committee of the London School of Hygiene & Tropical Medicine. As part of our research, your child has been invited to take part in a focus group with some other students to discuss their experiences of being involved in the programme and how well they think it has worked in their school. Your child has been chosen based on their involvement with delivering the programme and not for any other reasons.

What does taking part involve?

The focus group will last about an hour, will take place at school, during the school day. Participants will be asked to give their views and opinions on the THINK AGAIN programme. This will involve a discussion of the THINK AGAIN Action Aware Groups and the THINK AGAIN lessons. They will **not** be asked to discuss their own health or any other personal matters. There are no financial incentives or other immediate benefits to participation beyond helping improve services for young people.

What will we do with the information we collect?

The focus group will help us assess how well the programme is working at your child's school and may inform future improvements to the programme.

Will the information collected be kept private and confidential?

In line with ethical guidelines for research, the views and opinions expressed by your child will be kept completely confidential by the researchers. We would like to audio-record the focus group and will then produce a written record of what was said. We will then delete the audio-recording. The recording, written record from the focus group will be stored securely in our offices on a computer that only the research team can access. The research will be published in scientific journals and presented to policy-makers. No individual or school names will be included in any of these publications. These may contain direct quotes from participants, but these will be fully anonymised. We may share the anonymised written record of the focus groups with other researchers on reasonable request.

As the focus group will involve other participants we cannot guarantee that everything that is said in the group will remain private. We will therefore ask participants to be mindful of this and to not disclose anything personal in the group setting.

If a child should say something during the focus group that leads us to suspect that they or someone they know is at risk of serious harm, we will need to tell someone in charge of safeguarding at the school so that this child can be protected.

Does my child have to take part in this research?

No. Your child will only take part in our research if she or he agrees. Your child will receive written and verbal information about what participation involves and will be given the opportunity to ask questions before they decide whether or not to take part. There are no financial incentives to participate. We do not anticipate that the focus group will be distressing but if your child does experience distress and wants to stop at any point for this or any other reason this will be possible.

We hope you are happy for your child to participate in our research. If you are, you do NOT need to do anything. If you are not happy for your child to take part or if you have any questions, please contact Fran Hearing who is leading on the research for LSHTM (fran.hearing@lshtm.ac.uk). If you have any concerns about the project, please email the lead investigator Chris Bonell (chris.bonell@lshtm.ac.uk) or the chair of the independent study steering committee Dr Lynne Callaghan (L.Callaghan@plymouth.ac.uk).

Alternatively, if you would rather speak to somebody outside the research team, you can contact the school directly to let them know you do not want your child to participate and/or to raise any concerns or complaints about the research by calling or emailing [REDACTED], who is the programme lead at your school.

Data protection

The London School of Hygiene & Tropical Medicine is based in the United Kingdom and is sponsor for the research, responsible for all aspects. It acts as the data controller for the research, responsible for looking after your information and using it properly. We will keep all information you provide safe and secure.

To follow data protection regulations, we must inform you of how we will use and store data you provide. All the information we collect will be kept confidential. There are strict laws which safeguard the privacy of research participants. You can find out more at <https://www.lshtm.ac.uk/files/research-participant-privacy-notice.pdf> or by sending an email to DPO@lshtm.ac.uk

Only the study staff and authorities who check that the study is being carried out properly will be allowed to look at information you provide. The personal information you provide will be stored separately from your name using password-protected files on password-protected computers. Data may be sent to other university staff collaborating in the research but this will be completely anonymised. At the end of the project, completely anonymised study data will be archived. The study results will be published in a scientific journal and/or report.

You can withdraw from the study (and data will not be recorded) up until the point that the data collection session ends. We are unable to delete data you provide after it is submitted.

The London School of Hygiene & Tropical Medicine has full insurance cover and in the extremely unlikely event of any individual associated with the school experiencing harm as a result of the study they would be entitled to seek compensation.

If you wish to complain formally about any aspect of the research, you can do this by contacting our Research Governance and Integrity Office at rgio@lshtm.ac.uk or 020 7927 2626.

Many thanks for your time,

A handwritten signature in black ink, appearing to read 'Chris Bonell', with a long horizontal flourish extending to the right.

Professor Chris Bonell (London School of Hygiene and Tropical Medicine)



Consent form for intervention school staff interview

We are researchers from the London School of Hygiene & Tropical Medicine (LSHTM). We are working on a research study to evaluate the THINK AGAIN programme. As part of our research, we would like to invite you to take part in an interview to find out about your experiences with this programme in your school. You have been chosen to participate based on your role in the school, not for any other reasons.

What does taking part involve?

The interview will take under 1 hour to complete and will take place at school or by phone. If you agree to take part, it will involve you giving your views and opinions about the programme. You will **not** be asked to discuss your own health or any other personal matters.

What will we do with the information we collect?

We would like to audio-record the interview and then produce a written record of what was said. We will then delete the audio-recording. We will write reports based on what we find. Our findings will contribute to improving health for young people in England.

Will the information I provide be kept private and confidential?

In line with ethical guidelines for research, the views and opinions you express in the interview will be kept completely confidential by the researchers. The recording, written record and any notes from the interview will be stored securely in our offices on a computer that only the research team can access. When we write reports based on the information we collect, we will not include the names or any information that may otherwise identify the person who takes part in the interview or their school. Our reports may contain direct quotes from interview participants, but these will be fully anonymised. We may share the anonymised written record of the interview with other researchers on reasonable request.

If you should say something during the interview that leads us to believe you or someone you know may be at risk of very serious harm we will need to tell someone else about this. If this happens, we will discuss it with you before we tell anyone else.

Do I have to take part in this research?

It is entirely up to you if you want to take part in our research. If you decide to take part, you can stop taking part at any time and you do not have to answer any questions you do not want to. There are no financial incentives to participate. We do not anticipate that the interview will be distressing but if you do experience distress and want to stop at any point for this or any other reason this will be possible.

What do I need to do next?

If you have any questions the researcher will be happy to answer them.

If you're happy to take part, please fill in the box below.

Full Name

I have read the attached information sheet. ☐

I have been given the opportunity to ask questions. ☐

I understand that I can choose to take part or not. ☐

I understand that I can stop taking part at any time. ☐

I agree for the interview to be audio-recorded. ☐

I understand that anonymised direct quotes from me
may be used in the reporting of this study. ☐

I agree to take part in this interview. ☐

Signed **Date**



Consent form - student focus group

We are researchers from a university called the London School of Hygiene & Tropical Medicine (LSHTM). We are working on a research study to evaluate a health programme called THINK AGAIN. As part of our research, you have been selected to take part in a focus group with some other students so we can find out about your experiences of the programme in your school. You've been invited to this focus group because of your experience receiving some elements of the programme and not because of your health.

What does taking part involve?

The focus group will last up to one hour and will take place at school, during the school day. If you agree to take part, you will be asked about your views and opinions on the THINK AGAIN programme. This will involve a discussion of the THINK AGAIN Action Aware Groups and the THINK AGAIN lessons. You will **not** be asked to discuss your own health or any other personal matters.

What will we do with the information we collect?

We will audio record the focus group and then produce a written record of what was said. We will then delete the audio-recording. We will write reports based on what we find. Our research will contribute to improving health for young people in England.

Will the information I provide be kept private and confidential?

The views and opinions you express in the focus group will be kept completely private and confidential by the researchers. The recording, written record and any notes from the focus group will be stored safely and confidentially in our offices on a computer that only the research team can access. When we write reports about our research, we will not include names or any information that may identify anyone who takes part, or their school. Any direct quotes we use will be anonymised. We may share the anonymised written record of the focus groups with other researchers on reasonable request.

As the focus group will involve other participants, we cannot guarantee that everything that is said in the group will remain private. We ask you to be mindful of this and not to disclose anything personal about yourself or anyone else to the group.

If you should say something during the focus group that leads us to believe you or someone you know may be at risk of very serious harm we will need to tell someone else about this.

Do I have to take part in this research?

It is entirely up to you if you want to take part in our research. If you decide to take part, you can stop taking part at any time and you do not have to answer any questions you do not want to. There are no financial incentives to participate. We do not anticipate that the focus group will be distressing but if you do experience distress and want to stop at any point for this or any other reason please let the researcher know.

What do I need to do next?

If you have any questions, the researcher will be happy to answer them.

If you're happy to take part in our research, please fill in the box below.

Full Name [please print]

I have read the attached information sheet. ☐

I have been given the opportunity to ask questions. ☐

I understand that I can choose to take part or not. ☐

I understand that I can stop taking part at any time. ☐

I agree that the focus group can be audio-recorded. ☐

**I understand that anonymised direct quotes from me may be used in
the reporting of this study.** ☐

I agree to take part in this focus group. ☐

Signed Date

THINK AGAIN School Staff Interview Topic Guide

Materials required:

- Interview guide
- Audio recorder
- Spare batteries
- Information sheet
- Consent form
- Materials for taking notes (laptop or notebook)

Researcher Welcome – Five minutes

1. Give participant(s) 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 the London School of Hygiene & Tropical Medicine. As part of our research evaluating THINK AGAIN, we'd like to find out about your experiences of being involved in the programme and your views on it. You've been invited to this interview because of your involvement with the programme. The interview should help us understand how well THINK AGAIN has worked in your school and how we might need to improve it for other secondary schools in England. We are NOT evaluating your personal performance at all or that of the school. We will not ask questions about your own health. It's about the programme and how we can improve it.

I would like to audio-record the interview and then produce a written record of what is said. The written record will not include your name. All the data from our discussion will be stored securely in our offices at the university on a computer that only the research team can access. When we write articles and reports about THINK AGAIN, we may include direct quotes from your interview but will not include any information that could identify you, your school, or your students.

If at any point during the interview you tell me that someone is at risk of very serious harm, 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.

It is up to you whether you want to take part in the interview. You can stop taking part at any time, and you can choose not to answer any of my questions. There are no financial incentives to participate. We do not anticipate that the interview will be distressing but if you do experience distress and want to stop at any point for this or any other reason please let me know.

Please read the information sheet and consent form you have been given. If you are happy to take part, please fill in the consent form and I will collect this. 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, and ID# of school

APPENDIX M: INTERVIEW GUIDE: STAFF

Interview guide: staff

Introduction

- What is your role at the school?
- How did the school decide to be involved?
- What was your role on THINK AGAIN?

Training

- Were school staff trained as part of THINK AGAIN?
- How many staff were involved in each?
- How did staff rate the training?
- How useful was the training in implementing THINK AGAIN?

Delivery

- Which other components were you involved in? AG, lessons

Action groups

- Where AGs implemented?
- How did AGs go?
 - Were they regular? Attended by a sufficient number of people to function?
 - Diverse (staff/students)?
 - Well chaired?
 - Who spoke and who didn't?
 - How were decisions made?
- How long did AGs take?
- How much prep time and follow-up time was involved for staff?
- Did they require any other resources? Refreshments? Stationery? Other?
- Did the AG review data on student needs? Was this clear and understandable? Was it useful?
- How did AGs choose actions? Needs assessment? Student views? Staff views? Other?
- How did staff and students divide up and coordinate the work?
- Did AGs implement actions?
- What actions? How were these implemented?
- How much staff time did planning and implementing these actions take?
- Did they require any other resources?
- Did AGs reflect on their own processes? On the impact of their actions?
- Were the AGs facilitated by someone from SEF? What did this person do? Were they useful? Were they critical to the functioning of the AG?
- Did staff and students understand the purpose of the AGs?
- How engaged were staff?

- How involved were students?
- Did staff and students buy in to the AGs?

Classroom

- Did your school deliver THINK AGAIN lessons?
 - How many lessons?
 - For which years?
 - In which timetable period?
- Taught by who?
 - How were teachers selected?
 - How were they trained?
 - How engaged were staff?
- How did the lessons go?
 - How engaged were students?
 - Were students comfortable?
- Did the lesson plans and slides provide sufficient support for those teaching the lessons?
What approaches to teaching and classroom activities were used in the lessons?
- How much preparation and follow-up time did the lessons require?
- Did they need any other resources?

School context

- Are any other programmes or approaches used to prevent or respond to dating and relationships violence or other gender based violence?
- Does the school have a lead for health? For bullying prevention? For behaviour? For student participation?
 - Who? Alongside what other roles?
- Does health, gender based violence or student participation feature as priorities in a school improvement plan?
- Does the school have written policies and procedures to respond to bullying and misbehaviour, sexual harassment or gender based violence?
 - How often are the policies reviewed?
 - How are these school rules or policies communicated to pupils?
 - Are these school rules or policies communicated to parents?
- How does the school involve students in making decisions? About policy? About bullying and misbehaviour? About student health? Describe the processes involved.
- How does the school assess student needs? Does it survey students? On what and how? What other data are used?

Perspectives on the intervention

- How were the action groups/lessons affected by the characteristics of schools, staff and students?
 - e.g. resources, priorities, other commitments, values, workload, time, relationships
- How do you think THINK AGAIN might prevent dating and relationships violence or other gender based violence?
- Do you think a mechanism is plausible that involves improvement to relationships, belonging and social/emotional skills?
 - What are the contributions to this of each component? AG? Lessons?
 - What about the contributions to this mechanism of the actions chosen?
- Do you think it will have more impact in some schools?
- Do you think it will have more impact for some students?
- Could it cause any harms to health or anything else?

End

- Do you have anything you would like to add / anything you were expecting us to talk about?
- Any questions?

THINK AGAIN Focus group guide Students

Materials required:

- *Discussion guide*
- *Audio recorder*
- *Spare batteries*
- *Information sheet*
- *Consent form*
- *Materials for taking notes (laptop or notebook)*

Researcher Welcome – Five minutes

1. *Give participant(s) information sheet and consent form*
2. *Introduce the focus group. You may use the recommended text below or provide this information in your own words.*

My name is [NAME] and I am a researcher from a university called the London School of Hygiene & Tropical Medicine. I am working on a research study to evaluate a health programme for schools, called THINK AGAIN. You've been invited to take part in this focus group discussion because your school is taking part in this study and you have been involved with the programme.

As part of our research, we'd like to find out about life at your school, including what the school does to prevent dating and relationship violence and other gender based violence.

The focus group should take about an hour.

We will not ask you about your own health. We ask that you please do not discuss your own experiences or the experiences of anyone you know in the group session, because we cannot assure privacy.

However, if you 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 who is in charge of safeguarding and can help you. We ask everyone to keep anything said today private among those in this room.

However, if at any point during the focus group you tell me that you or another student are at risk of very serious harm, I will need to tell someone at the school who is in charge of safeguarding.

I would like to audio-record the focus group and then produce a written record of what is said. The written record will not include your name. All the data from our discussion will be stored securely in our offices at the university on a computer that only the research team can access. When we write articles and reports about the research, we may include direct quotes from the focus group but will not include any information that could identify you, your school or other students.

You can decide whether or not to take part, and you can stop taking part at any time with no negative consequences. There are no financial incentives to participate. The focus group shouldn't be distressing but if you do experience distress and want to stop at any point for this or any other reason please let me know.

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.

1. *Collect and check consent form*
2. *Start audio recorder and state today's date, time, type of interview (staff interview/focus group), and ID# of school*

Topics

Introduction

- Are you aware of actions the schools has been taking to prevent dating and relationship violence and/or gender based violence? If so, what?
- Are you aware of THINK AGAIN?
 - What actions have you noticed?
 - What actions have you been involved in?

Action Group

- Were you involved in the action group?
- Did staff and students know what they were meant to do on this?
- How engaged were staff?
- How involved were students?
- Did you think it was a good idea?
- How did staff and students divide up and coordinate the work?
- How did AGs go?
 - Were they regular
 - well attended?
 - Diverse (staff/students)?
 - Well chaired?
 - Who spoke and who didn't?
 - How were decisions made?
- How did AGs choose actions?
 - Needs assessment? Student views? Staff views? Other?
- Did AGs implement actions?
- Did AGs reflect on their own processes? On the impact of their actions?

Classroom

- Were you involved in any lessons on preventing dating and relationship violence and/or gender based violence?

- If so, what was taught? How many lessons?
- In what timetable period?
- Who taught the lessons?
- How did you feel about the teaching?
 - Was the teacher engaged? Interested? Embarrassed? Knowledgeable?
 - Would you have preferred someone who was not your regular teacher?
- How did you feel about the lessons?
- How much did you feel you could be open in the lessons?
 - (Examples?)
- What activities did you do in the lessons? Were these interesting or engaging?
- Were the lessons mixed or single gender? How did you feel about this?
- Do you think the lessons changed how you think, feel or act regarding dating and relationship violence and/or gender based violence?

End

- Do you have anything else you would like to share, about the THINK AGAIN activities?
- Do you have any questions?

APPENDIX O: BASELINE PUPIL SURVEY

Part One: Your experiences of school

The following questions ask about your views and experience of your secondary school. Remember that your answers will be kept confidential and will not be shared with anyone, including the teachers or your parents.

How much do you agree with the following statements?

Please select one box on EVERY line

		Yes, totally agree	Yes, I agree a bit	No, I don't really agree	No, totally disagree
1	The teachers at this school are fair in dealing with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There's at least one teacher or other adult in this school I can talk to if I have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel I can go to my teachers with the things that are on my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	In this school, teachers believe all students can learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	In this school, students' ideas are listened to and valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	In this school, teachers and students really trust one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	In this school, teachers treat students with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	This school really cares about students as individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Most of my teachers really listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I really like most of my teachers at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

Please select one box on EVERY line

		Yes, totally agree	Yes, I agree a bit	No, I don't really agree	No, totally disagree
11	I feel very different from most other students here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I can really be myself at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Other students in this school take my opinions seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I am encouraged to express my own views in my classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Most of the students in my classes enjoy being together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Most of the students in my classes are kind and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Most other students accept me as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I feel I belong at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

Please select one box on EVERY line

		Yes, totally agree	Yes, I agree a bit	No, I don't really agree	No, totally disagree
19	I try hard in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20	Doing well in school is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Continuing or completing my education is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I feel like I am successful in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

Please select one box on EVERY line

		Yes, totally agree	Yes, I agree a bit	No, I don't really agree	No, totally disagree
23	There are lots of chances for students at this school to get involved in sports, clubs and other activities outside class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Teachers at this school notice when students are doing a good job and let them know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	At this school, students have a lot of chances to help decide and plan school activities, events and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Student activities at this school offer something for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Students have a say in decisions affecting them at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Students at this school are encouraged to take part in activities, programmes and special events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part Two: You and your background

Q29. How old are you?	Please select <u>one</u> box only
12 years old	<input type="checkbox"/>
13 years old	<input type="checkbox"/>
A different age - please write this in years old

Q30. When you were born, were you described as...?	Please select <u>one</u> box only
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Q31. Which of the following best describes how you think of yourself now? (Some people's gender identity is not the same as how they were described at birth)	Please select <u>one</u> box only
Boy	<input type="checkbox"/>
Girl	<input type="checkbox"/>
Trans boy	<input type="checkbox"/>
Trans girl	<input type="checkbox"/>
Non-binary (neither male or female)	<input type="checkbox"/>

Other	<input type="checkbox"/>
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Q32. Which of the following best describes your ethnic group or background?	Please select <u>one</u> box only
White <i>(English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, Roma, any other White background)</i>	<input type="checkbox"/>
Mixed/Multiple ethnic groups <i>(White and Black Caribbean, White and Black African, White and Asian, Any other Mixed/Multiple ethnic background)</i>	<input type="checkbox"/>
Asian/Asian British <i>(Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)</i>	<input type="checkbox"/>
Black/African/Caribbean/Black British <i>(African, Caribbean, Any other Black/African/Caribbean background)</i>	<input type="checkbox"/>
Any other ethnic group <i>(Arab, Any other ethnic group)</i>	<input type="checkbox"/>

Q33. Which of the following do you consider yourself to be?	Please select <u>one</u> box only
Straight or heterosexual <i>(girl attracted to boys OR boy attracted to girls)</i>	<input type="checkbox"/>
Gay or lesbian <i>(girl attracted to girls OR boy attracted to boys)</i>	<input type="checkbox"/>
Bisexual <i>(attracted to girls AND boys)</i>	<input type="checkbox"/>
Asexual <i>(not attracted to girls or boys)</i>	<input type="checkbox"/>
Unsure/questioning	<input type="checkbox"/>
Other	<input type="checkbox"/>

Q34. Do any of the adults you live with own a car, van or truck?	Please select <u>one</u> box only
No	<input type="checkbox"/>
Yes, one car or van	<input type="checkbox"/>
Yes, two or more cars or vans	<input type="checkbox"/>

Q35. Do you have your own bedroom to yourself at home?	Please select <u>one</u> box only
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Q36. How many computers do the family members you live with own (including laptops and tablets but not including game consoles or smartphones)?	Please select <u>one</u> box only
None	<input type="checkbox"/>
One	<input type="checkbox"/>
Two	<input type="checkbox"/>
More than two	

Q37. How many bathrooms (rooms with a bath or shower) are in your home?	Please select <u>one</u> box only
None	<input type="checkbox"/>
One	<input type="checkbox"/>
Two	<input type="checkbox"/>
More than two	

Q38. Do you have a dishwasher at home?	Please select <u>one</u> box only
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Q39. During the past 12 months, how many times did you and your family travel out of the United Kingdom (UK) for a holiday/vacation?	Please select <u>one</u> box only
None at all	<input type="checkbox"/>
Once	<input type="checkbox"/>
Twice	<input type="checkbox"/>
More than twice	

Part Three: Your health and wellbeing

Below are some statements about feelings and thoughts. Please select the box that best describes your experiences of each over the last **two weeks**

	None of the time	Rarely	Some of the time	Often	All of the time
40	I've been feeling optimistic about the future				
41	I've been feeling useful				
42	I've been feeling relaxed				
43	I've been dealing with problems well				
44	I've been thinking clearly				
45	I've been feeling close to other people				
46	I've been able to make up my own mind about things				

These questions ask about your health and wellbeing today. For each question, read all the choices and decide which one is most like you **TODAY**. Then select the box next to it.

Q47. How worried are you today?	Please select <u>one box only</u>
I don't feel worried today	<input type="checkbox"/>

I feel a little bit worried today	<input type="checkbox"/>
I feel a bit worried today	<input type="checkbox"/>
I feel quite worried today	<input type="checkbox"/>
I feel very worried today	<input type="checkbox"/>

Q48. How sad are you today?	Please select <u>one</u> <u>box only</u>
I don't feel sad today	<input type="checkbox"/>
I feel a little bit sad today	<input type="checkbox"/>
I feel a bit sad today	<input type="checkbox"/>
I feel quite sad today	<input type="checkbox"/>
I feel very sad today	<input type="checkbox"/>

Q49. Are you in pain today?	Please select <u>one</u> <u>box only</u>
I don't have any pain today	<input type="checkbox"/>
I have a little bit of pain today	<input type="checkbox"/>
I have a bit of pain today	<input type="checkbox"/>
I have quite a lot of pain today	<input type="checkbox"/>

I have a lot of pain today	<input type="checkbox"/>
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Q50. How tired are you today?	Please select <u>one</u> <u>box only</u>
I don't feel tired today	<input type="checkbox"/>
I feel a little bit tired today	<input type="checkbox"/>
I feel a bit tired today	<input type="checkbox"/>
I feel quite tired today	<input type="checkbox"/>
I feel very tired today	<input type="checkbox"/>

Q51. How annoyed are you today?	Please select <u>one</u> <u>box only</u>
I don't feel annoyed today	<input type="checkbox"/>
I feel a little bit annoyed today	<input type="checkbox"/>
I feel a bit annoyed today	<input type="checkbox"/>
I feel quite annoyed today	<input type="checkbox"/>
I feel very annoyed today	<input type="checkbox"/>

Q52. How well did you sleep last night?	Please select <u>one</u> <u>box only</u>
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Last night I had no problems sleeping	<input type="checkbox"/>
Last night I had a few problems sleeping	<input type="checkbox"/>
Last night I had some problems sleeping	<input type="checkbox"/>
Last night I had many problems sleeping	<input type="checkbox"/>
Last night I couldn't sleep at all	<input type="checkbox"/>

Q53. Thinking about your school work/homework today (such as reading and writing) would you say...?	Please select <u>one box only</u>
I have no problems with my schoolwork/homework today	<input type="checkbox"/>
I have a few problems with my schoolwork/homework today	<input type="checkbox"/>
I have some problems with my schoolwork/homework today	<input type="checkbox"/>
I have many problems with my schoolwork/homework today	<input type="checkbox"/>
I can't do my schoolwork/homework today	<input type="checkbox"/>

Q54. Thinking about your daily routine (things like eating, having a bath/shower) would you say...?	Please select <u>one box only</u>
I have no problems with my daily routine today	<input type="checkbox"/>
I have a few problems with my daily routine today	<input type="checkbox"/>
I have some problems with my daily routine today	<input type="checkbox"/>
I have many problems with my daily routine today	<input type="checkbox"/>

I can't do my daily routine today	<input type="checkbox"/>
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Q55. Are you able to join in activities like playing out with your friends and doing sports?	Please select <u>one</u> <u>box only</u>
I can join in with any activities today	<input type="checkbox"/>
I can join in with most activities today	<input type="checkbox"/>
I can join in with some activities today	<input type="checkbox"/>
I can join in with a few activities today	<input type="checkbox"/>
I can join in with no activities today	<input type="checkbox"/>

Part Four: You and your relationships

Q56. Have you been in a serious or casual relationship with a boyfriend, girlfriend or partner in the last 12 months (so since [date])?	Please select <u>one</u> <u>box only</u>
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

[If they say 'no' then the questions will move straight onto question 73, if they say yes, they will see question 57 next]

The following questions ask you about things **that have happened to you** in the last **12 months in any relationship with a boyfriend, girlfriend or partner (in a casual or serious relationship)**.

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

When you answer each of these questions, please select the box that best shows how often these things have **happened to you in the last 12 months** (so, since [date]). 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 have the following things happened to you in the last 12 months with a boyfriend/girlfriend or partner?		Please select <u>one</u> box on <u>EVERY</u> line			
		Never	Rarely	Sometimes	Often
57	My partner spoke to me in a hostile or mean tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	My partner said insulting things to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	My partner said things to my friends to try and turn them against me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	My partner kicked, hit, or punched me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	My partner slapped me, pushed me, or pulled my hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	My partner threatened to hurt me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	My partner spread rumours about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	My partner threatened to hit or throw something at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

When you answer each of these questions, please select the box that best shows how often **you have done these things in the last 12 months** (so, since [date]). 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 have you done the following things in the last 12 months to a boyfriend/girlfriend or partner?		Please select <u>one</u> box on <u>EVERY</u> line			
		Never	Rarely	Sometimes	Often
65	I spoke to them in a hostile or mean tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	I said insulting things to my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	I said things to their friends to try and turn them against my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	I kicked, hit, or punched my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	I slapped them, pushed them, or pulled their hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	I threatened to hurt my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	I spread rumours about my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	I threatened to hit or throw something at my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[All students will see this reminder]

If you feel that you need help to keep you safe you can talk to the researcher present today, any teacher or member of support staff at your school or the NSPCC Childline for free on 0800 1111.

Part Five: Things that may have happened with people from school

In the last 12 months, how often, if at all, has anyone from school **done** any of the following things **to you when you did not want them to?** (This includes students, teachers, other school employees, or anyone else.)”

When you answer each of these questions, please select the box that best shows how often **you have done these things in the last 12 months** (so, since [date]). 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.

Occasionally: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

	Never	Rarely	Occasionally	Often
73				
74				
75				
76				
77				

		Never	Rarely	Occasionally	Often
78	Spied on you as you dressed or showered at school				
79	Flashed /"moonied" at you when you did not want them to (showed their private parts or exposed themselves)				
80	Touched, grabbed, or pinched you in a sexual way when you did not want them to				
81	Brushed up against you in a sexual way on purpose when you did not want them to				
82	Pulled at your clothing in a sexual way on purpose when you did not want them to				
83	Blocked your way or cornered you in a way that made you feel uncomfortable				
84	Made you kiss them when you did not want to				
85	Took a picture to see under your clothes, eg. up your skirt or down your shirt				
86	Forwarded a naked or sexual picture of you to others, without your agreement				
87	Pressured you to send them a naked (nude) or sexual picture of yourself				

In the last 12 months, how often, if at all, **have you done** any of the following things **to someone else** at your school **when they did not want you to?** (This includes students, teachers, other school employees, or anyone else.)”

When you answer each of these questions, please select the box that best shows how often **you have done these things in the last 12 months** (so, since [date]). 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.

Occasionally: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

	Never	Rarely	Sometime s	Often
88 I made sexual jokes, gestures or looks				
89 I showed them or sent them sexual images or messages that they did not want to see				
90 I wrote sexual messages / graffiti about them in public places (eg. On toilet walls, in changing rooms, in group chats)				
91 I spread sexual rumours about them online or in person				
92 I said they were gay or lesbian, bisexual or asexual, in a hurtful way				
93 I spied on them as they dressed or showered at school				

	Never	Rarely	Sometime s	Often
94	I flashed /“moonied” at them (showed your private parts or exposed yourself)			
95	I touched, grabbed, or pinched them in a sexual way when they did not want you to			
96	I brushed up against them in a sexual way on purpose when they did not want you to			
97	I pulled at their clothing in a sexual way on purpose when they did not want you to			
98	I blocked their way or cornered them in a way that made them feel uncomfortable			
99	I made them kiss me when they did not want to			
100	I took a picture to see under their clothes, eg. up their skirt or down their shirt			
101	I forwarded a naked or sexual picture of them to others, without their agreement			
102	I pressured them to send them a naked (nude) or sexual picture of themselves			

[All students will see this reminder]

If you feel that you need help to keep you safe you can talk to the researcher present today, any teacher or member of support staff at your school or the NSPCC Childline for free on 0800 1111.

Part Six: How you keep yourself safe

Please read each of the following statements about dating and new relationships carefully and then select a box to show how strongly you agree or disagree with each statement.

Strongly Agree Agree Disagree Strongly Disagree

- 103 It's important to tell a friend where you will be and at what times before you go on a first date
- 104 Parents/carers should always know where you are meeting a date
- 105 It's OK to tell someone online that you've been flirting with/ 'talking to' your real name
- 106 It's OK to tell someone online that you've been flirting with / 'talking to' information about where you live and go to school
- 107 I would encourage my friend to 'share their location' on their phone when they are going on a first date
- 108 It's important to have a plan for what I would do if my date wanted to get more physically intimate with me than I wanted them to
- 109 I think it's OK to kiss someone you've only just met

Strongly Agree	Agree	Disagree	Strongly Disagree
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110 I don't think that people should fool around sexually the first time they meet up / on a first date

111 I think it's OK to send nudes to someone you are 'talking to' / dating even if you've not met in person

Part Seven: What behaviour is acceptable?

Below are some statements about dating or going out with people. Please read each one carefully and select the box which best describes **your** opinion on the statement.

I Definitely Agree	I Generally Agree	I Generally Disagree	I Definitely Disagree
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112 If a boy hits a girl he loves because he is jealous, it shows how much he feels for her

113 When a girl hits a boy it's not really a big deal

114 Most physical violence occurs in a relationship because a partner annoys the other person

115 It's alright for someone to hit their partner if they make them look stupid in front of their friends

Please select a box that best describes whether you think **your friends** would agree or disagree with each statement

My friends would agree	My friends would neither agree nor disagree	My friends would disagree
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116 Girls sometimes deserve to be hit by their partner

117 Boys sometimes deserve to be hit by their partner

118 It is OK for a boy to hit a girl if she hit him first

119 It is **not** OK for a girl to hit a boy if he hit her first

120 If someone hits their partner, their partner should break up with them

Please select a box to show how much **you** personally agree or disagree with this statement

I strongly agree	I agree	I disagree	I strongly disagree
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121 If I hit a partner, they would break up with me

Part Eight: How would you respond to the following situations?

Please select a box to show how strongly you agree or disagree with each statement below.

I strongly agree I agree I disagree I strongly disagree

122 I would not feel confident to stop a boy I didn't know very well from hitting a girl he is dating

123 I know how to educate my friends about how to stop sexual harassment

124 I can help prevent sexual harassment against girls at my school

125 I have the skills to help support a female friend who is in an abusive/disrespectful dating relationship

126 I would tell a group of my friends about their sexist language or behaviour if I hear it or see it

127 If there was a group of boys I didn't know very well harassing a girl at school, I would not try to stop them

128 If I saw a girl I didn't know very well at school, and she was being harassed by a boy, I would help her get out of the situation.

129 I would tell my friends to stop using homophobic or anti-LGBTQ language if I heard them use it

- 130 I would **not** feel confident enough to tell a group of students at my school to stop picking on someone because of their sexual identity
- 131 I can help prevent gender-based violence against people at my school
- 132 I would stop my friends from picking on someone due to their sexual identity

[All students will see this at the end]

That was the last question, thank you for your help today. The research team will come back in 12 months' time and ask you the same questions again. If you have any questions about the research, you can contact Rachel Hayes R.A.Hayes@exeter.ac.uk. Her contact details were also in the STOP study information leaflet.

This questionnaire asked about some difficult and sensitive issues, if this had made you concerned for yourself or for anyone else and you would like to talk to someone about it you can speak privately to the researcher present today. You could also speak to any teacher or member of staff at the school. You can also call the NSPCC Childline for free on 0800 1111.

Alternatively, if you would like someone to contact you directly please tick this box

☐

[IF they tick the box, they will see this message]

Someone from the research team will contact you in the next couple of days to talk to you about what is worrying you, what is the best way for us to contact you?

Text box to write free text in

YOUR CHILD’S USE OF HEALTH SERVICES

It would be helpful for us to know if your child has used any health or social services in the last 3 months, and if so how often they have used them.

Your child may not have used any services listed in this questionnaire, but it would still be helpful for us to know this so **please tick ‘No’ if your child has not used a service**. We understand that you may not remember the exact number of appointments or times, but please give us your best guess.

1. OVERNIGHT STAY IN HOSPITAL

In the last 3 months, has your child stayed overnight in hospital for any of the reasons listed below (Mental Health or Anything Else)?

If the answer is **YES**, please tell us the total number of nights your child stayed in hospital for each of the three reasons.

	No	Don't know/don't want to say	Yes	If yes, please enter the total number of nights your child stayed in hospital for each reason
Mental Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anything else	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. HOSPITAL APPOINTMENTS WHERE YOUR CHILD DID NOT STAY OVERNIGHT

In the last 3 months, has your child had any appointments in a hospital where they did not stay overnight? This is sometimes called an outpatient or day appointment.

If the answer is **YES**, please tell us the total number of appointments for each of the three reasons (Mental Health or Anything Else).

	No	Don't know/don't want to say	Yes	If yes, please enter the total number of outpatient appointments your child had in a hospital
Mental Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anything else	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. ACCIDENT & EMERGENCY

In the last 3 months, has your child been to Accident & Emergency (A&E)? This is sometimes called Casualty or the Emergency Department.

If the answer is **YES**, please tell us the total number of times your child visited A&E.

	No	Don't know/don't want to say	Yes	If yes, please enter the total number of times your child visited A&E
Accident & Emergency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. AMBULANCE

In the last 3 months, has your child been helped by someone in an ambulance?

If the answer is **YES**, please also tell us the total number of times your child was helped by someone in an ambulance.

	No	Don't know/don't want to say	Yes	If yes, please enter the total number of times your child was helped by someone in an ambulance
Ambulance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. MEDICAL PROCEDURES

In the last 3 months, has your child had any medical procedures in hospital?

If the answer is **YES**, please tell us the total number of times your child had each procedure.

	No	Don't know/don't want to say	Yes	If yes, please enter the total number of times your child had procedure
MRI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EEG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ultrasound	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. COMMUNITY & SCHOOL HEALTH SERVICES (NOT IN A HOSPITAL)

In the last 3 months, has your child had appointments with any of the people or services listed below that took place in the community, at home or at school?

If the answer is **YES**, please tell us the total number of appointments your child had with each.

	No	Don't know/don't want to say	Yes	If yes, please enter the total number of appointments your child had
Doctor/GP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse/school nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child and adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling ('talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other therapy (for example, music therapy, drama therapy, occupational therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. MEDICATION

In the last 3 months, has your child taken any medication for epilepsy or mental health problems (such as emotional or behavioural difficulties)?

This could include medication for depression, anxiety, behavioural problems or attention deficit hyperactivity disorder (ADHD).

Medication for:	For example:	No	Don't know/don't want to say	Yes
Depression or Anxiety	Prozac/Sarafem (Fluoxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lustral (Sertraline)			
	Cipralex (Escitalopram)			
	Cimpramil (Citalopram)			
	Faverin/Luvox (Fluvoxamine)			
	Zispin (Mirtazapine)			
	Efexor (Venlafaxine)			
	Strattera (Atomoxetine)			
Attention Deficit Hyperactivity Disorder (ADHD)	Ritalin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Methylphenidate			
	Equasym			
	Conerta XL			
	Medikinet XL			
	Dexedrine (Dexamphetamine)			
	Strattera (Atomoxetine)			
Other (please specify)	<div></div>			

8. LIVING AWAY FROM HOME

In the last 3 months, has your child had to live away from home in any of the places listed below?

If the answer is **YES**, please tell us the total number of days your child spent in each place.

	No	Don't know/don't	Yes	If yes, please enter the total number of
Foster care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential care or children's home (excluding residential school)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respite care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

That was the final questions. Many thanks for spending the time to complete this questionnaire. If you have any questions about the research, you can contact Rachel Hayes (R.A.Hayes@exeter.ac.uk, 01392 722978)

CA-SUS designed by Sarah Byford at King's College London

For further information please contact: King's Health Economics, Box P024, Institute of Psychiatry, Psychology & Neuroscience King's College London, De Crespigny Park, London SE5 8AF Email: sarah.byford@kcl.ac.uk