State Regulation of Student Well-Being and Safe Learning Environments in Higher Education: A Comparative Analysis

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Abstract. *Student well-being and a safe learning environment have become essential elements of higher education governance. Modern universities are expected not only to provide academic knowledge, but also to ensure students' physical safety, mental health support, protection from discrimination, prevention of harassment and violence, and access to fair complaint mechanisms. In different countries, these responsibilities are increasingly regulated by the state through legal norms, higher education standards, public health policies and institutional accountability mechanisms. The objective of this article is to compare state regulation of university activities in the field of student well-being and safe learning environments in different countries, and to identify the main regulatory models, institutional obligations and implementation challenges. The study applies qualitative comparative policy analysis and document analysis. The research is based on official legislation, government regulations, higher education regulatory documents, international organisation reports and empirical studies. The comparative analysis covers the United States, England, Australia, Canada with a focus on Ontario, Finland, France and Germany. The results show that countries use different models of regulation. The United States relies on disclosure and civil rights enforcement through the Clery Act and Title IX. England applies a higher education regulator model through the Office for Students. Australia is developing a legally enforceable national code on gender-based violence and an independent student complaints mechanism. Ontario uses mandatory institutional sexual violence policies. Finland integrates student well-being into a national student health-care system. France provides state-supported psychological assistance, while Germany combines anti-discrimination law with decentralised university-level implementation. Effective regulation of student well-being requires a combination of clear legal standards, accessible counselling and health services, independent complaint mechanisms, reliable data, student participation and institutional culture change. Further research should focus on evaluating the effectiveness of national regulatory models, students' real experiences of safety and well-being, digital safety risks, and the impact of regulatory mechanisms on inclusion, academic success and institutional trust.*

Keywords: *student well-being; safe learning environment; higher education regulation; university governance; mental health; campus safety; sexual harassment; gender-based violence; anti-discrimination policy; student support services; complaint mechanisms; comparative policy analysis.*
JEL Classification: I23; I28; I18; K32; K38
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Introduction. Student well-being and a safe learning environment have become central components of higher education governance. Universities are no longer assessed only by academic performance, research productivity or employability outcomes. They are increasingly expected to provide institutional conditions that support students' physical safety, mental health, dignity, inclusion, protection from discrimination, freedom from harassment, access to health and counselling services, and fair procedures for complaints and redress.

This shift reflects broader social and regulatory transformations. First, the mental health needs of university students have become more visible. International research shows that university students face high levels of anxiety, depression, stress, loneliness and other psychological difficulties (Auerbach et al., 2018; Healthy Minds Network, 2025). Second, public concern has grown regarding sexual harassment, gender-based violence, bullying, hazing, discrimination, racism and unsafe campus environments. Third, student protection has become closely connected with quality assurance, accreditation, institutional accountability and public trust in higher education.

State regulation in this field differs significantly between countries. Some jurisdictions regulate student safety through mandatory crime reporting and civil rights law, as in the United States. Others use higher education regulators and conditions of registration, as in England. Australia has recently moved toward a legally enforceable national code to prevent and respond to gender-based violence in higher education. Finland represents a welfare-state model in which student health care is embedded in public health legislation and delivered through a national student health service. Canada, especially Ontario, has focused on mandatory institutional policies on sexual violence. France has strengthened national psychological support schemes for students. Germany combines general anti-discrimination law with institutional university policies and federal-state governance.

The relevance of this comparison lies in the fact that student well-being is not only an institutional issue. It is increasingly a matter of public regulation. Governments define minimum standards, reporting obligations, complaint mechanisms, student health entitlements and institutional responsibilities. At the same time, universities retain autonomy in designing internal policies, prevention programmes, counselling systems and campus safety practices. Therefore, the effectiveness of student well-being regulation depends on the interaction between state requirements and institutional implementation.

Literature review. The concept of student well-being is multidimensional. In higher education research, it usually includes mental health, physical health, sense of belonging, academic confidence, social inclusion, financial security, safety, and the ability to participate in learning without fear or discrimination (Hughes & Spanner, 2019; OECD, 2025). The

World Health Organization defines mental health as a state of well-being in which individuals can realise their abilities, cope with normal stresses, work productively and contribute to their community (World Health Organization, 2022). Applied to higher education, this means that mental health is not only the absence of illness, but also the presence of supportive academic, social and institutional conditions.

The safe learning environment concept is also broader than physical security. It includes protection from violence, harassment, sexual misconduct, discrimination, bullying, cyber abuse, unsafe accommodation, exclusion and institutional neglect. UNESCO emphasises that safe, inclusive and health-promoting learning environments are essential for quality education and learner development (UNESCO, 2024). Although UNESCO guidance is often addressed to education systems broadly, its principles are relevant to universities because higher education institutions are also learning communities where health, safety and inclusion influence academic success.

Empirical research confirms the seriousness of student mental health challenges. The WHO World Mental Health International College Student project found that 35% of surveyed first-year college students screened positive for at least one lifetime mental disorder, and 31% screened positive for at least one 12-month disorder (Auerbach et al., 2018). In the United States, the Healthy Minds Study reported that in 2024-2025, 37% of students had moderate to severe depressive symptoms, 32% had moderate to severe anxiety, and 11% reported suicidal ideation (Healthy Minds Network, 2025). Although these data refer to specific survey populations, they illustrate the broader international trend of high mental health need among students.

The literature also highlights the role of institutional structures. The University Mental Health Charter in the United Kingdom promotes a whole-university approach, arguing that student mental health cannot be delegated only to counselling services. It must be integrated into learning, teaching, assessment, accommodation, social belonging, leadership and staff training (Hughes & Spanner, 2019). This approach is consistent with the public health model, which combines prevention, early intervention, specialist support and crisis response.

From a regulatory perspective, student well-being can be understood through three main models. The first is the compliance and disclosure model, where the state requires universities to publish safety data, maintain policies and comply with legal duties. The United States Clery Act is a prominent example (U.S. Department of Education, 2016). The second is the quality assurance model, where student protection becomes part of higher education registration, standards and regulatory oversight. England and Australia are examples of this approach (Office for Students, 2024; Department of Education of Australia, 2025). The third is the welfare-state service model, where student health and well-being are treated as part of public health and

social rights. Finland is a strong example, because higher education students have access to a national student health service (Kela, 2026; Ministry of Social Affairs and Health of Finland, 2026).

The literature also draws attention to the limitations of regulation. Formal policies do not automatically guarantee safety. Students may not report incidents because of fear, shame, distrust, trauma, uncertainty about procedures or concern about retaliation (Australian Human Rights Commission, 2017; Salvino, 2024). Therefore, effective regulation must include not only rules, but also trauma-informed processes, accessible reporting channels, independent complaint mechanisms, transparent data, staff training and student participation.

Aims. The aim of this article is to compare state regulation of university activities in the field of student well-being and safe learning environment in different countries, and to identify the main regulatory models, institutional responsibilities and practical challenges.

Methodology. The article uses qualitative comparative policy analysis and document analysis. The research is based on official legislation, government guidance, higher education regulatory documents, international organisation reports and selected empirical studies.

The comparative analysis covers the United States, England, Australia, Canada with a focus on Ontario, Finland, France and Germany. These countries were selected because they represent different models of state regulation: federal disclosure regulation, higher education regulator model, national enforceable code model, provincial sexual violence regulation, welfare-state health service model, national psychological support model and decentralised anti-discrimination governance.

The following sources were analysed:

- legal and regulatory documents, including the Clery Act guidance, Title IX information, Office for Students Condition E6, Australia's National Higher Education Code to Prevent and Respond to Gender-based Violence, Ontario Regulation 131/16, and Finnish student health-care provisions;
- policy documents and guidance from UNESCO, OECD, WHO and national ministries;
- statistical and empirical sources, including the WHO World Mental Health International College Student project, the Healthy Minds Study, the American College Health Association National College Health Assessment, Finnish Student Health and Wellbeing Survey information, and national policy briefings.

The methodology is presented in Figure 1.

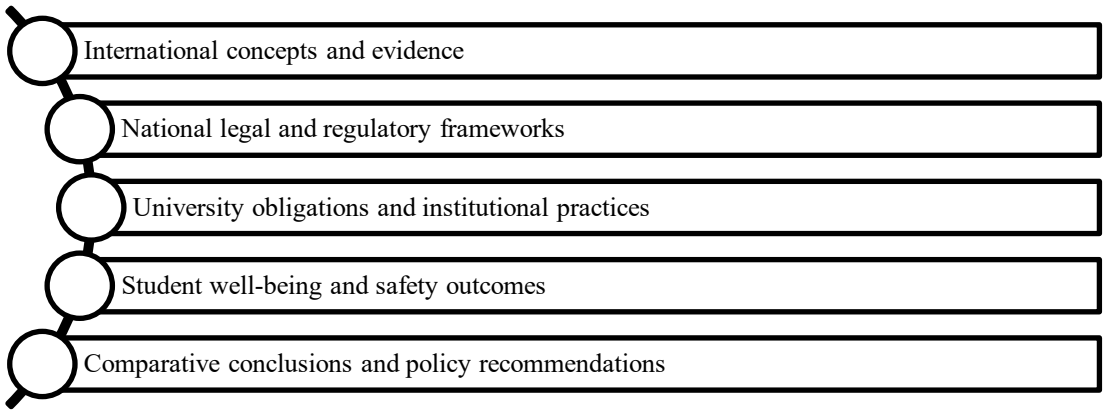

Figure 1. Research logic of the comparative analysis
Source: developed by the author based on OECD (2025), UNESCO (2024), and WHO (2022).

This approach makes it possible to compare not only the existence of legal instruments, but also their regulatory logic, scope, enforcement mechanisms and relationship with student support systems.

Results. The comparison shows that state regulation of student well-being and safe learning environments usually covers six dimensions: mental health and counselling, physical campus safety, protection from sexual harassment and gender-based violence, anti-discrimination and inclusion, complaint and redress mechanisms, and data reporting.

Table 1. Main dimensions of state regulation of university activities related to student well-being and safety

Regulatory dimension	Main purpose	Typical university obligations
Mental health and well-being	Support students' psychological health and learning capacity	Counselling, referral systems, crisis support, prevention programmes
Physical safety	Protect students from crime, violence and unsafe facilities	Campus security, emergency alerts, safety policies, incident reporting
Sexual harassment and gender-based violence	Prevent and respond to sexual misconduct and violence	Policies, reporting channels, trauma-informed response, staff training
Anti-discrimination and inclusion	Ensure equal participation in learning	Anti-discrimination policies, disability accommodations, complaints procedures
Complaint and redress mechanisms	Provide fair and accessible institutional response	Internal complaints, independent review, ombudsman mechanisms
Data and transparency	Enable monitoring and accountability	Public reporting, surveys, annual safety data, regulatory submissions

Source: developed by the author based on U.S. Department of Education (2016), Office for Students (2024), Department of Education of Australia (2025a), and OECD (2025).

These dimensions are present in most countries, but their legal form differs. In some jurisdictions, universities are legally required to report safety data. In others, they must comply with regulatory standards. In welfare-

oriented systems, universities are embedded in broader public health and student support structures.

United States. The United States has one of the most developed legal frameworks for campus safety disclosure. The Jeanne Clery Campus Safety Act requires colleges and universities participating in federal student aid programmes to disclose campus crime statistics, publish annual security reports, issue timely warnings and emergency notifications, and provide information about security policies (U.S. Department of Education, 2016). The Clery Act is based on the principle that students, families and employees have the right to transparent information about campus safety.

The United States also regulates university obligations through Title IX, which prohibits sex discrimination in education programmes receiving federal financial assistance. Title IX has been central to the regulation of sexual harassment and sexual violence in higher education. However, the regulatory environment has been unstable. The U.S. Department of Education issued 2024 Title IX regulations, but on January 9, 2025, a federal district court vacated the 2024 Final Rule, and the Department stated that the 2024 regulations are not effective in any jurisdiction (U.S. Department of Education, 2025). This illustrates a key feature of the U.S. model: strong legal enforceability, but significant policy fluctuation due to litigation and changes in federal administration.

The U.S. model is therefore based on transparency, legal compliance and civil rights enforcement. Its strength is the existence of mandatory reporting and federal oversight. Its weakness is that compliance may become procedural, while student well-being requires broader prevention, counselling and cultural change.

England. In England, higher education regulation is strongly connected with the Office for Students. A major recent development is Condition of Registration E6, which addresses harassment and sexual misconduct. The condition applies to incidents affecting students and requires higher education providers to take steps to protect students from harassment and sexual misconduct, including staff-to-student and student-to-student misconduct (Office for Students, 2024).

Condition E6 reflects a quality regulation model. Instead of treating student safety only as an internal university matter, the regulator connects it with institutional registration and compliance. This means that student protection becomes part of the formal accountability framework for higher education providers.

Student mental health policy in England also includes non-statutory and sector-based mechanisms. The University Mental Health Charter, developed by Student Minds, promotes a whole-university approach to mental health and well-being (Hughes & Spanner, 2019). The Office for Students has supported the Charter through funding, which demonstrates the combination of regulation and sector-led improvement (Office for Students, 2024b).

However, mental health duties remain less legally codified than harassment and sexual misconduct requirements.

The English model is characterised by regulatory oversight, institutional duties and sector frameworks. Its strength is the ability to link safety with higher education regulation. Its limitation is that mental health support still depends significantly on institutional resources and implementation capacity.

Australia. Australia has recently developed one of the most explicit state regulatory models in the field of gender-based violence in higher education. The National Higher Education Code to Prevent and Respond to Gender-based Violence 2025 establishes legally enforceable standards for higher education providers. It applies to prevention and response to gender-based violence, including in student accommodation. The Code sets seven standards, including accountable leadership and governance, safe environments and systems, knowledge and capability, safety and support, safe processes, data, and student accommodation (Department of Education of Australia, 2025a).

The Code begins to apply from 1 January 2026 for Table A and Table B providers and from 1 January 2027 for other registered higher education providers (Department of Education of Australia, 2025a). It represents a shift from voluntary policy commitments to legally enforceable institutional accountability. The Department of Education emphasises that the Code creates national standards and requirements for preventing and responding to gender-based violence (Department of Education of Australia, 2025b).

Australia has also established the National Student Ombudsman, launched in February 2025. It provides a free and independent complaints service for higher education students and can consider issues related to student safety and welfare, gender-based violence, course administration, disciplinary processes and reasonable adjustments (Australian Government Department of Education, 2024; National Student Ombudsman, 2025).

The Australian model is significant because it combines regulatory standards, enforcement, data obligations and independent complaints. Its strength is systemic accountability. Its challenge will be to ensure that compliance with the Code does not become bureaucratic and that procedures remain fair, trauma-informed and trusted by students.

Canada. Canada does not have a single national higher education regulatory system because education is primarily a provincial responsibility. Ontario provides a clear example of provincial regulation. Ontario Regulation 131/16 on Sexual Violence at Colleges and Universities requires publicly assisted colleges and universities to have sexual violence policies and to make training available on those policies (Government of Ontario, 2016). The regulation also requires institutions to review policies and include student input.

Ontario's model focuses on mandatory institutional policy. It does not create a single national university safety regulator, but it obliges institutions to establish formal policy frameworks. Later developments strengthened expectations regarding sexual misconduct by employees and institutional responsibilities (Legislative Assembly of Ontario, 2022).

The Ontario model shows how provincial regulation can establish minimum policy standards while leaving universities with institutional autonomy. Its strength is that it requires all institutions to have policies. Its limitation is that the quality of implementation may vary between institutions, especially in relation to survivor-centred processes, prevention and accountability.

Finland. Finland represents a distinctive welfare-state model. Student well-being is connected with public health legislation and national student health services. The Finnish Student Health Service provides student health services for higher education students, while Kela collects the student healthcare fee (Kela, 2026). The services include general health, mental health and oral health services, and the system also supports the well-being of student communities (Finnish Student Health Service, 2026).

The Ministry of Social Affairs and Health states that student health care is part of overall care provisions for youth and covers learning as well as physical, psychological and social well-being (Ministry of Social Affairs and Health of Finland, 2026). This is important because it frames student well-being not as a private institutional service, but as part of public responsibility.

Finnish survey data show the importance of this system. The Finnish Student Health and Wellbeing Survey in 2024 included 3,600 students aged 18 to 34 from universities and universities of applied sciences (Finnish Government, 2024a). Finnish government reporting also noted that about half of higher education students mainly used Finnish Student Health Service health services, and that the share of universities of applied sciences students using these services increased from 24% to 43% between 2021 and 2024 (Finnish Government, 2024b).

The Finnish model's strength is universal access to student-specific health services. Its challenge is financial sustainability and service capacity, especially as demand for mental health support grows.

France. France has strengthened student mental health support through national schemes. The Santé Psy Étudiant mechanism was established in March 2021 and allows students in recognised higher education programmes to receive free consultations with approved psychologists. The scheme was made sustainable, with renewable access each year (Service-Public.fr, 2023). In addition, France has promoted Mon soutien psy, which provides psychological support sessions and can be combined with student-specific mental health support (Campus France, 2025).

France also has Student Health Services, known as Services de Santé Étudiante, which provide prevention, health support and counselling in

universities (Campus France, 2025). The French model therefore relies on national support schemes combined with university-based services.

The strength of the French model is the state-supported accessibility of psychological consultations. Its limitation is that psychological support schemes must be connected with broader institutional prevention, academic workload management, anti-harassment policies and crisis response.

Germany. Germany's higher education governance is decentralised because the Länder have significant responsibility for education. As a result, student well-being and safety are shaped by a combination of federal law, state higher education laws and university-level policies. The German Federal Anti-Discrimination Agency states that students at public and private higher education institutions are protected by the ban on discriminatory harassment under the General Equal Treatment Act, including Section 3(3), while certain procedural protections also apply in the university context (Federal Anti-Discrimination Agency, 2026).

Empirical evidence indicates that discrimination remains a significant issue in German universities. A survey reported by the University of Konstanz found that about 26% of respondents had experienced discrimination during their studies at least once, while 46% had observed discrimination against others (University of Konstanz, 2022). This suggests that legal protection must be complemented by accessible reporting systems, counselling services and institutional culture change.

Germany's model is characterised by decentralisation and institutional responsibility. Its strength is the existence of general anti-discrimination law and university-level policies. Its limitation is potential fragmentation, because protection and support may differ between institutions and Länder.

The comparative analysis of national approaches demonstrates that, despite differences in legal traditions and governance structures, countries tend to converge around several core regulatory logics. These include the establishment of minimum legal standards, the development of institutional responsibilities for prevention and response, and the increasing use of data and accountability mechanisms. At the same time, the balance between state intervention and institutional autonomy varies significantly, shaping how effectively policies are implemented in practice.

Table 2 summarises the main regulatory models identified in the selected countries and jurisdictions. It highlights the diversity of approaches, ranging from disclosure-based systems and civil rights.

Table 2. Comparative models of state regulation of student well-being and safe learning environment

Country or jurisdiction	Main regulatory model	Key legal or policy instrument	Main strength	Main limitation
United States	Disclosure and civil rights model	Clery Act; Title IX	Strong reporting and federal legal framework	Legal instability and procedural compliance risks
England	Higher education regulator model	Office for Students Condition E6	Student safety linked to institutional registration	Mental health duties are less legally codified
Australia	National enforceable code model	National Higher Education Code on Gender-Based Violence	Legally enforceable standards, data and independent complaints	Implementation burden and need for procedural fairness
Ontario, Canada	Provincial mandatory policy model	Ontario Regulation 131/16	Mandatory sexual violence policies and student input	Implementation quality may vary by institution
Finland	Welfare-state health service model	Student health-care system and FSHS	Universal student-specific health services	Capacity and financial sustainability challenges
France	National psychological support model	Santé Psy Étudiant; Student Health Services	State-supported access to psychological consultations	Requires integration with institutional prevention
Germany	Decentralised anti-discrimination model	General Equal Treatment Act; university policies	Legal protection against discriminatory harassment	Fragmentation across Länder and institutions

Source: developed by the author based on U.S. Department of Education (2016), Office for Students (2024), Department of Education of Australia (2025a), Government of Ontario (2016), Kela (2026), Service-Public.fr (2023), and Federal Anti-Discrimination Agency (2026).

The comparative analysis shows that countries regulate student well-being and safety through different combinations of law, quality assurance, public health services and institutional policy. No single model fully solves all problems. The most effective systems appear to combine legally enforceable standards, accessible support services, reliable data, student participation and independent complaint mechanisms.

To substantiate the need for state regulation of student well-being and safety in higher education, it is necessary to consider empirical evidence that reflects the scale of existing risks. Table 3 presents selected statistical data from international and national studies on student mental health, access to psychological services, discrimination, and safety-related challenges. The indicators included in the table demonstrate that well-being and safety issues are not isolated or exceptional phenomena, but systemic concerns affecting substantial groups of students across different higher education contexts. The data also show that mental health difficulties, demand for support services, and experiences of discrimination require institutional and regulatory responses aimed at prevention, protection, and the creation of safe educational environments.

Table 3. Selected statistical evidence on student well-being and safety

Indicator	Source	Result
First-year college students screening positive for at least one lifetime mental disorder	WHO World Mental Health International College Student project	35%
First-year college students screening positive for at least one 12-month mental disorder	WHO World Mental Health International College Student project	31%
U.S. college students with moderate to severe depressive symptoms, 2024-2025	Healthy Minds Study	37%
U.S. college students with moderate to severe anxiety, 2024-2025	Healthy Minds Study	32%
U.S. college students reporting suicidal ideation, 2024-2025	Healthy Minds Study	11%
U.S. students reporting psychological or mental health services in last 12 months	ACHA-NCHA	35.2%
Finnish higher education students in KOTT 2024 survey	Finnish Government and THL	3,600 respondents
UAS students in Finland mainly using FSHS services	Finnish Government, KOTT 2024	Increase from 24% in 2021 to 43% in 2024
German students reporting discrimination during studies	University of Konstanz survey report	26%
German students observing discrimination against others	University of Konstanz survey report	46%

Source: compiled by the author based on Auerbach et al. (2018), Healthy Minds Network (2025), American College Health Association (2026), Finnish Government (2024a; 2024b), and University of Konstanz (2022).

The statistics confirm that student well-being and safety are not marginal issues. Mental health difficulties, discrimination, harassment and safety risks affect significant parts of the student population. Therefore, state regulation is justified not only as a legal obligation, but also as a condition of educational quality.

Discussion. The comparative results show that state regulation of student well-being and safe learning environments is developing in three directions: legal accountability, public health integration and institutional culture change.

The first direction is legal accountability. The United States, England and Australia show that governments increasingly require universities to demonstrate compliance with safety and protection obligations. In the United States, the Clery Act requires transparency in campus crime reporting and security policies (U.S. Department of Education, 2016). In England, Condition E6 establishes regulatory expectations related to harassment and sexual misconduct (Office for Students, 2024). In Australia, the National Higher Education Code creates legally enforceable standards on gender-based violence (Department of Education of Australia, 2025a). These models show that student safety is becoming a formal component of higher education regulation.

The second direction is public health integration. Finland and France demonstrate that student well-being can be regulated not only through

institutional compliance, but also through public health services. Finland's national student health service provides a structured and student-specific approach to physical, mental and oral health care (Kela, 2026; Finnish Student Health Service, 2026). France's psychological support schemes provide national access to mental health consultations (Service-Public.fr, 2023). These models are important because they recognise that universities alone cannot solve student mental health challenges without public health infrastructure.

The third direction is institutional culture change. Regulation is necessary, but insufficient if universities treat safety and well-being only as administrative compliance. Effective systems require student trust, staff training, trauma-informed support, prevention programmes, inclusive teaching, accessible reporting and transparent complaint procedures. This is consistent with the whole-university approach promoted by the University Mental Health Charter (Hughes & Spanner, 2019).

The comparison also reveals an important tension between university autonomy and state regulation. Universities traditionally have autonomy in academic governance, internal administration and student services. However, when student safety and well-being are at stake, the state increasingly defines minimum standards. This does not necessarily undermine autonomy. Rather, it creates a baseline of rights and protections below which institutions cannot fall.

Another important issue is data. The U.S. Clery Act model is strongly data-oriented, while Australia's new Code also emphasises data obligations. Data transparency allows regulators, students and the public to monitor risks and institutional responses. However, data must be interpreted carefully. Underreporting is common in cases of sexual violence, harassment and discrimination. A low number of complaints does not necessarily mean a safe environment. It may indicate a lack of trust in reporting systems.

The analysis also shows that mental health and safety should not be separated. Students who experience harassment, discrimination, financial insecurity, social isolation or unsafe accommodation may also experience mental health difficulties. Therefore, student well-being regulation should be integrated. It should connect mental health services, anti-discrimination policies, gender-based violence prevention, disability support, accommodation standards and academic workload management.

A further issue is the protection of vulnerable groups. International students, students with disabilities, LGBTQ+ students, racial and ethnic minorities, first-generation students, economically disadvantaged students and students living away from home may face specific risks. Effective regulation should require institutions to consider these differences. General policies may not be sufficient if they do not address unequal exposure to harm and unequal access to support.

Finally, the growth of digital learning creates new safety challenges. Online harassment, cyberbullying, digital surveillance, academic pressure, AI-related risks and data privacy concerns are now part of the safe learning environment agenda. Future regulation will need to connect physical, psychological and digital safety.

Conclusions. State regulation of university activities in the field of student well-being and safe learning environments is becoming an essential part of higher education governance. The comparative analysis shows that countries use different regulatory models, but they increasingly move toward stronger institutional accountability.

The United States relies on disclosure and civil rights enforcement through the Clery Act and Title IX. England uses a higher education regulator model through the Office for Students and Condition E6. Australia is developing a legally enforceable national code on gender-based violence and an independent National Student Ombudsman. Ontario regulates universities through mandatory sexual violence policies. Finland embeds student well-being in a national student health-care system. France provides national psychological support schemes. Germany combines general anti-discrimination law with decentralised university-level implementation.

The main conclusion is that effective regulation requires a combination of five elements: clear legal standards, accessible health and counselling services, independent complaint mechanisms, reliable data and institutional culture change. Legal rules are necessary, but they must be supported by prevention, education, trust and student participation.

The article also concludes that the concept of a safe learning environment should be interpreted broadly. It includes physical security, mental health, protection from harassment and violence, anti-discrimination, disability inclusion, safe accommodation, fair procedures and digital safety. Universities must therefore move from reactive responses to proactive well-being governance.

Future regulatory development should focus on integrated student well-being strategies, stronger monitoring of institutional implementation, student-centred complaint systems, mental health prevention, trauma-informed responses, and evidence-based evaluation of policy effectiveness. Further research should compare not only formal regulations, but also how students experience safety and well-being in practice.

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