



2015 HEDS Sexual Assault Campus Climate Survey

Thank you for agreeing to participate in the **Sexual Assault Campus Climate Survey**. In this survey, we will ask you about your perceptions of [Institution Name]'s climate on unwanted sexual contact and sexual assault, your perceptions of how [Institution Name] addresses and responds to sexual assault, and the extent to which you have experienced unwanted sexual contact or sexual assault.

We would like to hear from all students at [Institution name], both those who have experienced unwanted sexual contact or sexual assault and those who have not. The survey takes about 15–20 minutes to complete.

Your participation is **completely voluntary**. We deeply appreciate your cooperation and willingness to provide information that will help us better understand a critical aspect of student life at [Institution Name]. We are committed to ensuring a safe and healthy environment for our students, and your participation in this survey will help us in our work to keep all students safe.

Your responses are **completely anonymous**, and we will only report them after they are grouped together with the responses of many other individuals. Your name will not be connected in any way with your responses to this survey, and any identifying information from the computer on which you take the survey will be removed before we receive the data. Please note, if other people have access to your computer, they might be able to view your web browsing history, including a link to this survey. For information on how to delete your web browsing history, visit <http://www.computerhope.com/issues/ch000510.htm>.

You may stop taking the survey at any time or choose not to answer particular questions. You may also go back and change your responses. If you wish to stop taking the survey, simply leave the survey without hitting the "Submit" button at the end. We will not record your responses until you hit the "Submit" button.

Some of the questions will ask you about sexual, personal, and potentially troubling information. It may be emotionally difficult to answer these questions. Should you wish to talk with someone further, you may access information about campus, local, and national resources for unwanted sexual contact, sexual assault, and relationship violence at any point in the survey by clicking on the link in the footer of the survey page. This information will also be provided at the end of the survey.

The information you provide will be used to inform and improve support, policies, and practices at [Institution Name] and **will not** be used to investigate specific individuals. Disclosing an incident here does not constitute reporting the incident to your campus and will not result in any action, disciplinary or otherwise. Please do not identify anyone by name in your survey responses. If you identify anyone by name, the name will be removed before [Institution Name] receives the data. Please use [Institution Name]'s reporting procedures if you wish to report an incident of sexual assault.

The [Institution Name] leader(s) of this survey effort [is/are] [name(s)], and [he/she/they] can be reached at [email address(es) and/or phone number(s)].

By clicking on the "Continue" button below, you indicate that you have read and considered the above information about the survey and agree to participate in the survey.

[In the electronic survey, respondents see a "Continue" button]



SECTION ONE: GENERAL CLIMATE

1. Below are statements about your views on the general climate at [Institution Name]. Please indicate the extent to which you agree or disagree with each:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Faculty, staff, and administrators respect what students at [Institution Name] think.					
Faculty, staff, and administrators at [Institution Name] are genuinely concerned about students' welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, staff, and administrators on this campus treat students fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students at [Institution Name] are genuinely concerned about the welfare of other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel valued in the classroom/learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to people on this campus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I am a part of the [Institution Name] community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe on this campus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Below are statements about your views on [Institution Name]'s response to difficult or dangerous situations. Please indicate the extent to which you agree or disagree with each:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Campus officials do a good job protecting students from harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a crisis happened here, I am confident campus officials would handle it well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus officials respond quickly in difficult situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus officials handle incidents in a fair and responsible manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a good support system at [Institution Name] for students going through difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Below are statements about your views on sexual assault at [Institution Name]. Please indicate the extent to which you agree or disagree with each:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I believe that the number of sexual assaults that occur on campus at [Institution Name] or during off-campus events or programs sponsored by [Institution Name] is low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not believe that I or one of my friends is at risk for being sexually assaulted on campus at [Institution Name] or during off-campus events or programs sponsored by [Institution Name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that students at [Institution Name] would intervene if they witnessed a sexual assault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Below are statements about your views on what might happen if someone were to report a sexual assault to an official at [Institution Name]. Please indicate the extent to which you agree or disagree with each:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Campus officials would take the report seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus officials would support and protect the person making the report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus officials would conduct a careful investigation in order to determine what happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus officials would take action against the offender(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students would support the person making the report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. Have you received information or education from [Institution Name] about:

	Yes	No	Unsure
What sexual assault is and how to recognize it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to report an incident of sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Institution Name]'s confidential resources for sexual assault and how to locate them on campus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The procedures for investigating a sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The actions you can take to help prevent sexual assault, such as bystander intervention, clear communication with a potential partner, or some other action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. *[In the electronic survey, only respondents who selected "Yes" to one or more of the questions in Q5 receive Q6 and Q7.]*

Overall, how much do you remember about the information or education from [Institution Name] about sexual assault?

- Almost all, or all, of it
- Most of it
- Some of it
- Very little, or none, of it

7. Overall, how helpful did you think the information or education from [Institution Name] about sexual assault was?

- Very helpful
- Helpful
- Slightly helpful
- Not at all helpful

SECTION TWO: ASSESSING UNWANTED SEXUAL CONTACT AND SEXUAL ASSAULT

The questions in the next section of this survey will ask you about sexual, personal, and potentially troubling information. It may be emotionally difficult to answer some of these questions. You may access information about campus, local, and national resources for unwanted sexual contact, sexual assault, and relationship violence at any point in the survey by clicking on the link in the footer of the survey page. This information will also be provided at the end of the survey.

In the following questions we ask about unwanted sexual contact and sexual assault you may have experienced while you were on the [Institution Name] campus or while you were off campus at events or programs sponsored by [Institution Name].



We have the following definitions in mind when we ask about unwanted sexual contact and sexual assault. You do not need to remember these definitions. We will provide the definitions again with the questions that ask about these particular experiences.

Unwanted sexual contact includes:

- Unwanted verbal behaviors – such as someone making sexual comments about your body; someone making unwelcome sexual advances, propositions, or suggestions to you; or someone telling you sexually offensive jokes or kidding about your sex or gender-specific traits
- Unwanted nonverbal behaviors – such as sending you sexual emails, texts, or pictures; posting sexual comments about you on blogs or social media; showing you sexually offensive pictures or objects; leering at you or making lewd gestures towards you; or touching oneself sexually in front of you
- Unwanted brief physical contact – such as someone briefly groping you, rubbing sexually against you, pinching you, or engaging in any other brief inappropriate or unwelcome touching of your body

Sexual assault includes the following types of sexual contact, which you **did not want** or for which you **did not give consent**:

- Touching of a sexual nature (kissing you, touching of private parts, grabbing, fondling, rubbing up against you in a sexual way, even if it was over your clothes)
- Oral sex (someone’s mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else’s genitals)
- Vaginal sex (someone’s penis being put in your vagina, or your penis being put into someone else’s vagina)
- Anal sex (someone’s penis being put in your anus, or your penis being put into someone else’s anus)
- Anal or vaginal penetration with a body part other than a penis or tongue, or by an object, like a bottle or candle

8. Since starting at [Institution Name], how often have you experienced the following forms of unwanted sexual contact while you were on campus or while you were off campus during events or programs sponsored by [Institution Name]?

	Never	Rarely	Sometimes	Often	Very often
Unwanted verbal behaviors – such as someone making sexual comments about your body; someone making unwelcome sexual advances, propositions, or suggestions to you; or someone telling you sexually offensive jokes or kidding about your sex or gender-specific traits	<input type="checkbox"/>				



	Never	Rarely	Sometimes	Often	Very often
Unwanted nonverbal behaviors – such as sending you sexual emails, texts, or pictures; posting sexual comments about you on blogs or social media; showing you sexually offensive pictures or objects; leering at you or making lewd gestures towards you; or touching oneself sexually in front of you	<input type="checkbox"/>				
Unwanted brief physical contact – such as someone briefly groping you, rubbing sexually against you, pinching you, or engaging in any other brief inappropriate or unwelcome touching of your body	<input type="checkbox"/>				

9. [In the electronic survey, Q9 only shows to respondents who selected an option other than “Never” for at least one item in Q8.]

Who was responsible for this behavior? (Check all that apply)

- Students from this institution
- Students from another institution
- Faculty, staff, or administrators from this institution
- Faculty, staff, or administrators from another institution
- Employer/supervisor at this institution
- Other: _____

In the next set of questions we ask about experiences you may have had with sexual assault on campus at [Institution Name] or during off-campus events or programs sponsored by [Institution Name]. When we ask about sexual assault, we are referring to five specific types of sexual contact, which you **did not want** or for which you **did not give consent**.

- Touching of a sexual nature (kissing you, touching of private parts, grabbing, fondling, rubbing up against you in a sexual way, even if it was over your clothes)
- Oral sex (someone’s mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else’s genitals)
- Vaginal sex (someone’s penis being put in your vagina, or your penis being put into someone else’s vagina)
- Anal sex (someone’s penis being put in your anus, or your penis being put into someone else’s anus)
- Anal or vaginal penetration with a body part other than a penis or tongue, or by an object, like a bottle or candle



10. Since starting at [Institution Name], has anyone **attempted, but not succeeded in**, sexually assaulting you while you were on campus or while you were off campus during an event or program sponsored by [Institution Name]?

- Yes
- No
- I suspect that someone attempted to sexually assault me, but I am not certain.

11. Since starting at [Institution Name], have you been sexually assaulted while you were on campus or while you were off campus during an event or program sponsored by [Institution Name]?

- Yes
- No
- I suspect that I was sexually assaulted, but I am not certain.

12. *[In the electronic survey, only those respondents who selected “Yes” in Q11 receive Q12. All other respondents skip to Section Four: Demographics (Q28). For Q12, respondents answer by selecting a number from a drop-down menu listing the following from top to bottom: 1, 2, 3, 4, more than 4.]*

Since starting at [Institution Name], how many incidents of sexual assault have you experienced while you were on campus or while you were off campus during an event or program sponsored by [Institution Name]?

[In the electronic survey, only respondents who select more than one incident in Q12 see the following comment above Q13.]

Thinking about **one of these incidents** of sexual assault, please answer the following questions. You will have an opportunity to provide more information about additional incidents later in the survey.

13. How many people sexually assaulted you?

- One person
- More than one person
- I am not sure.

[At this point in Section Two, respondents will see a different set of questions depending on their answers to Q13. Respondents who answered “One person” in Q13 will see Branch A. Respondents who answered “More than one person” or “I am not sure” in Q13 or who saw Q13 but did not respond, will see Branch B. Items in Branch B are identical to items in Branch A, but Branch B employs the plural form. Each branch will contain the remaining questions in Section Two and the questions in Section Three.]



BRANCH A – Q14A TO Q27A

Section Two, Continued

14a. When you were sexually assaulted, which of the following happened? (Check all that apply)

- Touching of a sexual nature (kissing you, touching of private parts, grabbing, fondling, rubbing up against you in a sexual way, even if it was over your clothes)
- Oral sex (someone’s mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else’s genitals)
- Vaginal sex (someone’s penis being put in your vagina, or your penis being put into someone else’s vagina)
- Anal sex (someone’s penis being put in your anus, or your penis being put into someone else’s anus)
- Anal or vaginal penetration with a body part other than a penis or tongue, or by an object, like a bottle or candle

As you answer the following questions, please keep in mind that drinking alcohol and/or using drugs does not mean you are in any way responsible for being sexually assaulted.

15a. Did this incident of sexual assault involve:

	Yes	No	Unsure
The other person threatening to use physical force against you, or using coercion or intimidation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other person using physical force against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other person drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other person using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your voluntarily taking or using any drugs other than alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your being given a drug without your knowledge or consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16a. Were you unable to provide consent or stop what was happening because you were incapacitated in some way (e.g., passed out, drugged, drunk, asleep)?

- Yes
- No
- Unsure

SECTION THREE: CONTEXT AND DISCLOSURE (BRANCH A)

In the next set of questions we ask for more detail about the sexual assault you reported in this survey so that campus officials might better understand how and when sexual assault occurs in order to combat it. As a reminder, your participation in this survey is voluntary, and you may choose not to answer any question. All your responses are anonymous and will only be reported after they are grouped together with the responses of many



other individuals. We deeply appreciate your cooperation and willingness to provide information to help [Institution Name] ensure a safe, healthy environment for students.

17a. When in your academic career did the sexual assault occur?

- During the summer before I officially enrolled (summer bridge program, pre-orientation, etc.)
- During new student orientation
- In my first year
- Summer between my first and second years
- In my second year
- Summer between my second and third years
- In my third year
- Summer between my third and fourth years
- In my fourth year
- Other: _____

18a. Was the person who sexually assaulted you affiliated with [Institution Name] or another college or university?

- Yes, the person was a student at [Institution Name].
- Yes, the person was a student at another institution.
- Yes, the person was a faculty member, staff member, or administrator from [Institution Name].
- Yes, the person was a faculty member, staff member, or administrator from another institution.
- No, the person was not affiliated with [Institution Name] or another institution.
- I do not know.

19a. Which of the following describes your relationship with the person who sexually assaulted you at the time of the assault? (Check all that apply)

- Stranger
- Nonromantic friend or acquaintance
- Casual date or hookup
- Current romantic partner
- Ex-romantic partner
- College professor/instructor
- College staff member
- College administrator
- Employer/supervisor
- Coworker
- Family member
- Other: _____



20a. What was the sex of the person who sexually assaulted you?

- Female
- Male
- I do not know.

21a. Where did the sexual assault occur?

- On the [Institution Name] campus, in a residential building
- On the [Institution Name] campus, in a nonresidential building
- Off campus, at another college or university
- Off campus, not at another college or university

22a. Please tell us more about the location, being as specific as possible—for example, in your room, someone else's room, a classroom, the library, the athletic facilities, a common space in the dorm, a fraternity or sorority house, in an off-campus house or apartment, in a dorm room on another college campus.

23a. Whom did you tell about the sexual assault? (Check all that apply)

- No one
- Close friend
- Romantic partner
- Parent or guardian
- Other family member
- Roommate
- Resident advisor/assistant or other peer advisor
- Campus counselor
- Private counselor
- Faculty, staff, or administrator from [Institution Name]
- Faculty, staff, or administrator from another institution
- Campus security/safety/police
- Local police
- Local or national sexual assault hotline
- Campus pastor, minister, rabbi, or other clergy
- Campus sexual assault advocate
- Campus Title IX Coordinator or Deputy Coordinator
- Campus health services
- Other: _____



24a. *[In the electronic survey, only those respondents who selected “No one” in Q23a will receive Q24a. After they answer Q24a, they will then move to Section Four: Demographics (Q28).]*

What stopped you from telling anyone about the sexual assault? (Check all that apply)

- I did not think I would be believed.
- I thought I would be blamed for what happened.
- I wanted to deal with it on my own.
- I was ashamed/embarrassed.
- I was concerned others would find out.
- I did not recognize it as sexual assault at the time.
- I did not want the person who did it to get in trouble.
- I was afraid of retaliation.
- I did not think others would think it was serious.
- I thought people would try to tell me what to do.
- It would feel like I was admitting failure.
- I did not think others would think it was important.
- I did not think others would understand.
- I did not have time to deal with it due to academics, work, etc.
- I did not know the reporting procedure on campus.
- I feared I would be punished for infractions or violations (e.g., underage drinking).
- I did not think campus officials could help.
- I did not think campus officials would do anything about my report.
- I feared others would harass me or react negatively to me.
- I thought nothing would be done.
- I didn't want others to worry about me.
- I wanted to forget it happened.
- Other: _____

25a. *[Q25a appears for respondents who DID NOT select “No one” in Q23a.]*

Did you use [Institution Name]'s procedures for making a formal report about the sexual assault?

- Yes
- No

26a. *[Q26a only appears for respondents who answered “Yes” to Q25a. Respondents who answered “No” to Q25a will go to Section Four: Demographics (Q28).]*

How satisfied were you with [Institution Name]'s process for making a formal report about sexual assault?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Unsure at this time



27a. [Q27a only appears for respondents who answered “Yes” to Q25a.]

How satisfied were you with [Institution Name]’s response to your report?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Unsure at this time

[END OF BRANCH A – In the electronic survey, Branch A respondents next see Section Four: Demographics.]



BRANCH B – Q14B TO Q27B

Section Two, continued

14b. **When you were sexually assaulted, which of the following happened? (Check all that apply)**

- Touching of a sexual nature (kissing you, touching of private parts, grabbing, fondling, rubbing up against you in a sexual way, even if it was over your clothes)
- Oral sex (someone’s mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else’s genitals)
- Vaginal sex (someone’s penis being put in your vagina, or your penis being put into someone else’s vagina)
- Anal sex (someone’s penis being put in your anus, or your penis being put into someone else’s anus)
- Anal or vaginal penetration with a body part other than a penis or tongue, or by an object, like a bottle or candle

As you answer the following questions, please keep in mind that drinking alcohol and/or using drugs does not mean you are in any way responsible for being sexually assaulted.

15b. **Did this incident of sexual assault involve:**

	Yes	No	Unsure
The other people threatening to use physical force against you, or using coercion or intimidation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other people using physical force against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other people drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other people using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your voluntarily taking or using any drugs other than alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your being given a drug without your knowledge or consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



16b. Were you unable to provide consent or stop what was happening because you were incapacitated in some way (e.g., passed out, drugged, drunk, asleep)?

- Yes
- No
- Unsure

SECTION THREE: CONTEXT AND DISCLOSURE (Branch B)

In the next set of questions we ask for more detail about the sexual assault you reported in this survey so that campus officials might better understand how and when sexual assault occurs in order to combat it. As a reminder, your participation in this survey is voluntary, and you may choose not to answer any question. All your responses are anonymous and will only be reported after they are grouped together with the responses of many other individuals. We deeply appreciate your cooperation and willingness to provide information to help [Institution Name] ensure a safe, healthy environment for students.

17b. When in your academic career did the sexual assault occur?

- During the summer before I officially enrolled (summer bridge program, pre-orientation, etc.)
- During new student orientation
- In my first year
- Summer between my first and second years
- In my second year
- Summer between my second and third years
- In my third year
- Summer between my third and fourth years
- In my fourth year
- Other: _____

18b. Were the people who sexually assaulted you affiliated with [Institution Name] or another college or university? (Check all that apply)

- At least one person was a student at [Institution Name].
- At least one person was a student at another institution.
- At least one person was a faculty member, staff member, or administrator from [Institution Name].
- At least one person was a faculty member, staff member, or administrator from another institution.
- To my knowledge, no one was affiliated with [Institution Name] or another institution.
- I do not know.

19b. Which of the following describes your relationship with the people who sexually assaulted you at the time of the assault? (Check all that apply)

- Stranger
- Nonromantic friend or acquaintance
- Casual date or hookup
- Current romantic partner



- Ex-romantic partner
- College professor/instructor
- College staff member
- College administrator
- Employer/supervisor
- Coworker
- Family member
- Other: _____

20b. What were the sexes of the people who sexually assaulted you?

- Female
- Male
- Both males and females
- I do not know.

21b. Where did the sexual assault occur?

- On the [Institution Name] campus, in a residential building
- On the [Institution Name] campus, in a nonresidential building
- Off campus, at another college or university
- Off campus, not at another college or university

22b. Please tell us more about the location, being as specific as possible—for example, in your room, someone else's room, a classroom, the library, the athletic facilities, a common space in the dorm, a fraternity or sorority house, in an off-campus house or apartment, in a dorm room on another college campus.

23b. Whom did you tell about the sexual assault? (Check all that apply)

- No one
- Close friend
- Romantic partner
- Parent or guardian
- Other family member
- Roommate
- Resident advisor/assistant or other peer advisor
- Campus counselor
- Private counselor
- Faculty, staff, or administrator from [Institution Name]
- Faculty, staff, or administrator from another institution
- Campus security/safety/police
- Local police



- Local or national sexual assault hotline
- Campus pastor, minister, rabbi, or other clergy
- Campus sexual assault advocate
- Campus Title IX Coordinator or Deputy Coordinator
- Campus health services
- Other: _____

24b. *[In the electronic survey, only those respondents who selected “No one” in Q23b will receive Q24b. After they answer 24b, they will then move to Section Four: Demographics (Q28).]*

What stopped you from telling anyone about the sexual assault? (Check all that apply)

- I did not think I would be believed.
- I thought I would be blamed for what happened.
- I wanted to deal with it on my own.
- I was ashamed/embarrassed.
- I was concerned others would find out.
- I did not recognize it as sexual assault at the time.
- I did not want the people who did it to get in trouble.
- I was afraid of retaliation.
- I did not think others would think it was serious.
- I thought people would try to tell me what to do.
- It would feel like I was admitting failure.
- I did not think others would think it was important.
- I did not think others would understand.
- I did not have time to deal with it due to academics, work, etc.
- I did not know the reporting procedure on campus.
- I feared I would be punished for infractions or violations (e.g., underage drinking).
- I did not think campus officials could help.
- I did not think campus officials would do anything about my report.
- I feared others would harass me or react negatively to me.
- I thought nothing would be done.
- I didn't want others to worry about me.
- I wanted to forget it happened.
- Other: _____

25b. *[Q25b appears for respondents who DID NOT select “No one” in Q23b.]*

Did you use [Institution Name]’s procedures for making a formal report about the sexual assault?

- Yes
- No



26b. *[Q26b only appears for respondents who answered “Yes” to Q25b. Respondents who answered “No” to Q25b will go to Section Four: Demographics (Q28).]*

How satisfied were you with [Institution Name]’s process for making a formal report about sexual assault?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Unsure at this time

27b. *[Q27b only appears for respondents who answered “Yes” to Q25b.]*

How satisfied were you with [Institution Name]’s response to your report?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Unsure at this time

[END OF BRANCH B – In the electronic survey, Branch B respondents next see Section Four: Demographics.]



SECTION FOUR: DEMOGRAPHICS

28. What is your college classification for the 2014–2015 Academic Year?

- Freshman/First Year
- Sophomore
- Junior
- Senior
- Graduate Student
- Other: _____

29. Thinking about this current academic term, are you a full-time student?

- Yes
- No

30. What is your gender?

- Man
- Woman
- Fill in: _____



31. What is your citizenship status?

- US citizen
- US permanent resident but not a US citizen
- Not a US citizen or permanent resident

32. Are you Hispanic or Latino/a?

- Yes
- No

33. Please indicate the race or races with which you identify. (Choose one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

34. Which of the following best describes where you are currently living?

- Dormitory or other campus housing (not fraternity or sorority house)
- Fraternity or sorority house (including college-owned housing)
- Residence (house, apartment, etc.) *within* walking distance to the institution
- Residence (house, apartment, etc.) *farther than* walking distance to the institution
- None of the above

35. [Q35 only shows for respondents who answered “Dormitory or other campus housing” or “Fraternity or sorority house” in Q34.]

Is your housing single gender?

- Yes
- No

36. Which term best describes your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Questioning
- Fill in: _____



37. *[Q37 only shows if the respondent did not indicate in Q12 that she or he experienced more than one incident of sexual assault on campus at [Institution Name] or during an off-campus event or program sponsored by [Institution Name].]*

If there is any additional information you would like to provide about [Institution Name]'s climate for unwanted sexual contact and sexual assault, please use the box below. Like the rest of your responses to this survey, any information you provide is anonymous and will only be reported grouped with all other comments. The information you provide will be used to inform and improve support, policies, and practices at [Institution Name] and will not be used to investigate specific individuals. Disclosing an incident here does not constitute reporting the incident to [Institution Name] and will not result in any action, disciplinary or otherwise. Please do not identify anyone by name in your survey responses. If you identify anyone by name, the names will be removed before [Institution Name] receives the data.

[In the electronic survey, Q38 and Q39 only show if the respondent indicated in Q12 that she or he experienced more than one incident of sexual assault.]

38. Earlier in the survey you indicated that you have experienced more than one incident of sexual assault since starting at [Institution Name]. If you would like to provide information about incidents other than the one you described in the survey so far, please use the box below. Like the rest of your responses to this survey, any information you provide is anonymous and will only be reported grouped with all other comments. The information you provide will be used to inform and improve support, policies, and practices at [Institution Name] and will not be used to investigate specific individuals. Disclosing an incident here does not constitute reporting the incident to [Institution Name] and will not result in any action, disciplinary or otherwise. Please do not identify anyone by name in your survey responses. If you identify anyone by name, the names will be removed before [Institution Name] receives the data.

39. If there is any additional information you would like to provide about [Institution Name]'s climate for unwanted sexual contact and sexual assault, please use the box below.

****Thank you for participating in this survey. To submit your answers, please click on the "Submit" button below. We will not record your responses until you hit this button. Your name will not be connected in any way with your survey responses.****



[In the electronic survey, the following language appears at the end of the survey.]

Thank you for participating in the Sexual Assault Campus Climate Survey.

The information you have given us is anonymous. Your name is not connected in any way with your responses to this survey, and any identifying information from the computer on which you took the survey was removed before we received the data.

Please note, if other individuals (e.g., partner, roommate) have access to your computer, they might be able to view your web browsing history, including a link to this survey. For information on how to delete your web browsing history, you can visit <http://www.computerhope.com/issues/ch000510.htm>.

If you would like information or would like to talk with someone about unwanted sexual contact, sexual assault, or relationship violence, please do not hesitate to contact any of the following campus, local, and national resources. You can take this list of resources with you by printing this page.

We deeply appreciate your cooperation and willingness to provide information that will help us improve the policies and tools we use to reduce the occurrence of sexual assault and unwanted sexual contact at [Institution Name].



Resources for Sexual Assault and Relationship Violence

Campus crisis center or contact person: [Each institution provides the name, title, email address, and phone number of their campus crisis center or the person that someone would contact for support if she/he has been sexually assaulted or is in a violent relationship. Institutions should also provide a brief description of the services or support that this person or center provides. Institutions may provide information about multiple campus resources here, including information about how students can report incidents of sexual assault that they have not previously reported.]

Local and/or state hotline numbers and resources: [Institutions provide phone numbers and URLs to local and/or state sexual assault hotlines and resources, as well as resources for domestic violence and relationship violence.]

National Sexual Assault Hotline

<https://www.rainn.org/get-help/national-sexual-assault-hotline>

800-656-HOPE (4673)

The Rape, Abuse & Incest National Network (RAINN) operates the National Sexual Assault Hotline and the Online Hotline. The Online Hotline provides live, secure, anonymous crisis support for victims of sexual violence, their friends, and families. Both hotlines are free of charge and are available 24 hours per day, 7 days per week.

National Domestic Violence Hotline

<http://www.thehotline.org>

800-799-SAFE (7233)

TTY 800-787-3224

Provides 24/7 confidential, one-on-one support to each caller and person on live chat, offering crisis intervention, options for next steps and direct connection to sources for immediate safety for women, men, children, and families affected by domestic violence.

Love is Respect

<http://www.loveisrespect.org>

866-331-9474

TTY 866-331-8453

Text "campus" to 22522

Designed specifically for teens and young adults, Love is Respect provides 24/7 phone, text, and chat services and offers real-time, one-on-one confidential support from peer advocates. Message and data rates apply on text for help services.

[In the electronic survey, the following information appears after the end-of-survey message above.]

The [Institution Name] leader(s) of this survey effort [is/are] [name(s)] and [he/she/they] can be reached at [email address(es) and/or phone number(s)].

He/She/They can answer additional questions you may have about the survey.

THANK YOU AGAIN FOR YOUR PARTICIPATION IN THIS SURVEY.