

## 2018–2019 HEDS Faculty/Staff Survey of Campus Climate for Sexual Violence

Thank you for agreeing to participate in the Faculty/Staff Survey of Campus Climate for Sexual Violence. In this survey, we will ask you about your perceptions of [Institution Name]’s climate, your perceptions of how [Institution Name] addresses and responds to incidents of sexual violence, your understandings of [Institution Name]’s procedures for reporting incidents of sexual violence, if you have talked to people in the [Institution Name] community who have experienced sexual violence, if you have reported incidents of sexual violence to the Title IX coordinator or other campus officials at [Institution Name], and finally, whether you have experienced sexual violence during the course of your work for [Institution Name].

For the purposes of this survey, we use the CDC’s definition of sexual violence as sexual acts committed against someone without that person’s freely given consent (<https://www.cdc.gov/violenceprevention/sexualviolence/definitions.html>). Sexual violence includes:

- Completed or attempted forced penetration of a victim (whether alcohol/drug-facilitated or not)
- Completed or attempted forced acts in which a victim is made to penetrate a perpetrator or someone else (whether alcohol/drug-facilitated or not)
- Non-physically forced penetration which occurs after a person is pressured verbally or through intimidation or misuse of authority to consent or acquiesce
- Unwanted sexual contact
- Unwanted sexual experiences that do not include physical contact (including verbal sexual harassment)

Experiences commonly referred to as rape, sexual assault, and sexual harassment are types of sexual violence.

We would like to hear from all faculty, staff, and administrators at [Institution Name], regardless of your experience with sexual violence, in order to get a comprehensive understanding of the campus climate for sexual violence at our institution. The survey usually takes less than 10 minutes to complete.

Your participation is **completely voluntary**. We deeply appreciate your cooperation and willingness to provide information that will help us better understand [Institution Name]’s climate around sexual violence. We are committed to ensuring that our campus has a safe and supportive environment, and your participation in this survey will help us work toward this goal.

Your responses are **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.

A few of the questions will ask you about sexual, personal, and potentially troubling information. We understand that 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 violence.

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.**

*[Respondents see a “Continue” button.]*

SAMPLE

**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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, staff, and administrators respect what other employees at [Institution Name] think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 at [Institution Name] are genuinely concerned about each other's welfare.	<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 environment in which I work.	<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 the extent to which different groups contribute to 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
The faculty contributes to a positive and supportive campus climate at [Institution Name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff contributes to a positive and supportive campus climate at [Institution Name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The administration contributes to a positive and supportive campus climate at [Institution Name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The students contribute to a positive and supportive campus climate at [Institution Name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Below are statements about your views on what might happen if someone were to report an incident of sexual violence 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 appropriate action against the offender(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section Two: Campus Training Efforts

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

	Yes	No	Unsure
What sexual violence is, and how to recognize it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Institution Name]'s confidential resources for sexual violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who on campus is required to report incidents of sexual violence to campus authorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to report an incident of sexual violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The procedures for investigating incidents of sexual violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Respondents who selected "Yes" to one or more of the items in Question 4 see Question 5. Everyone else skips to Question 6.*

**5. Overall, how much do you remember about the information or education from [Institution Name] about sexual violence?**

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

**6. How confident are you that the institution can create a safe environment for students who have experienced sexual violence?**

- Very confident
- Confident
- Somewhat confident
- Not confident

**7. How confident are you that you can effectively and appropriately support students who have experienced sexual violence?**

- Very confident
- Confident
- Somewhat confident
- Not confident

**8. If a student told you that they had experienced sexual violence, how confident are you that you could respond according to [Institution Name]’s official procedures?**

- Very confident
- Confident
- Somewhat confident
- Not confident

**9. If a staff member, administrator, or faculty member told you that they had experienced sexual violence, how confident are you that you could respond according to [Institution Name]’s official procedures?**

- Very confident
- Confident
- Somewhat confident
- Not confident

*Respondents who selected “Somewhat confident” or “Not confident” to either Question 8 or Question 9 will see Question 10. Everyone else skips to Question 11.*

**10. You indicated that you were not entirely confident in your ability to respond to incidents of sexual violence according to [Institution Name]’s official procedures. We would appreciate it if you would briefly explain your answer.**

**11. Please indicate whether you have done any of the following:**

	Yes	No
Talked with a student about sexual violence that the student experienced	<input type="checkbox"/>	<input type="checkbox"/>
Talked with a student about sexual violence that the student was accused of or perpetrated	<input type="checkbox"/>	<input type="checkbox"/>
Witnessed a student experiencing sexual violence	<input type="checkbox"/>	<input type="checkbox"/>
Made a report to the Title IX coordinator or other campus authorities about a student who experienced sexual violence	<input type="checkbox"/>	<input type="checkbox"/>
Made a report to the Title IX coordinator or other campus authorities about a student who perpetrated sexual violence	<input type="checkbox"/>	<input type="checkbox"/>

**12. Please indicate whether you have done any of the following:**

	Yes	No
Talked with a member of the faculty, staff, or administration about sexual violence that they experienced	<input type="checkbox"/>	<input type="checkbox"/>
Talked with a member of the faculty, staff, or administration about sexual violence that they were accused of or perpetrated	<input type="checkbox"/>	<input type="checkbox"/>
Witnessed a member of the faculty, staff, or administration experiencing sexual violence	<input type="checkbox"/>	<input type="checkbox"/>
Made a report to the Title IX coordinator or other campus authorities about a member of the faculty, staff, or administration who experienced sexual violence	<input type="checkbox"/>	<input type="checkbox"/>
Made a report to the Title IX coordinator or other campus authorities about a member of the faculty, staff, or administration who perpetrated sexual violence against another member of the campus community	<input type="checkbox"/>	<input type="checkbox"/>

**Section Three: Your Experience with Unwanted Sexual Contact and Sexual Violence**

The questions in this section of the 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 and sexual 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 experiences with sexual violence that you may have had *during the course of your work for [Institution Name]*.

**13. Since starting work at [Institution Name], how often have you experienced any of the following during any aspect of your work for this institution?**

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

*Respondents who selected an option other than “Never” for at least one item in Question 13 will see Questions 14 and 15. Everyone else skips to Question 20.*

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

- Faculty member(s) from this institution
- Faculty member(s) from another institution
- Staff member(s) from this institution
- Staff member(s) from another institution
- Administrator(s) from this institution
- Administrator(s) from another institution
- Supervisor(s) or administrative superior(s) at this institution
- Supervisor(s) or administrative superior(s) at another institution
- Student(s) from this institution
- Student(s) from another institution
- Person or people from the local community
- Other: \_\_\_\_\_

**15. In a previous question, you indicated you’ve experienced unwanted verbal and/or nonverbal sexual behaviors at some point(s) during your work for [Institution Name]. Did any of these experiences occur in the last year?**

- Yes
- No

*Respondents who selected “Yes” to Question 15 will see Question 16. Everyone else skips to Question 20.*

**16. Did you use [Institution Name]’s procedures for making a formal report about any of these experiences with unwanted verbal and/or nonverbal sexual behaviors that occurred in the last year?**

- Yes
- No

Respondents who selected “No” to Question 16 will see Question 17.

**17. What prevented you from reporting your experience with unwanted verbal and/or nonverbal sexual behaviors?**

**(Check all that apply)**

- I wanted to deal with it on my own.
- I was ashamed/embarrassed.
- I did not realize it was something I could report.
- I did not know the reporting procedure on campus.
- I did not think campus officials would do anything about my report.
- I did not think I would be treated fairly.
- I did not think it was serious enough to report.
- I did not want the report to impact my standing at [Institution Name].
- Other: \_\_\_\_\_

Respondents who selected “Yes” to Question 16 will see Questions 18 and 19.

**18. How satisfied were you with [Institution Name]’s process for making a formal report about unwanted verbal and/or nonverbal sexual behaviors?**

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

**19. 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

**20. Has anyone engaged in the following behaviors with you, without your consent, during any aspect of your work at [Institution Name]?**

	Yes	No	Unsure
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex (someone’s mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else’s genitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal sex (someone’s penis being put in your vagina, or your penis being put into someone else’s vagina)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex (someone’s penis being put in your anus, or your penis being put into someone else’s anus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal or vaginal penetration with a body part other than a penis or tongue, or by an object, like a bottle or candle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Respondents who selected “Yes” to one or more items in Question 20 will see Questions 21 and 22. Everyone else skips to Question 27.



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

- Faculty member(s) from this institution
- Faculty member(s) from another institution
- Staff member(s) from this institution
- Staff member(s) from another institution
- Administrator(s) from this institution
- Administrator(s) from another institution
- Supervisor(s) or administrative superior(s) at this institution
- Supervisor(s) or administrative superior(s) at another institution
- Student(s) from this institution
- Student(s) from another institution
- Person or people from the local community
- Other: \_\_\_\_\_

**22. In a previous question, you indicated you've experienced sexual violence at some point(s) during your work for [Institution Name]. Did any of these experiences occur in the last year?**

- Yes
- No

*Respondents who selected "Yes" to Question 22 will see Question 23. Everyone else skips to Question 27.*

**23. Did you use [Institution Name]'s procedures for making a formal report about any of these experiences with sexual violence that occurred in the last year?**

- Yes
- No

*Respondents who selected "No" to Question 23 will see Question 24.*

**24. What prevented you from reporting your experience with sexual violence? (Check all that apply)**

- I wanted to deal with it on my own.
- I was ashamed/embarrassed.
- I did not realize it was something I could report.
- I did not know the reporting procedure on campus.
- I did not think campus officials would do anything about my report.
- I did not think I would be treated fairly.
- Other: \_\_\_\_\_

*Respondents who selected "Yes" to Question 23 will see Questions 25 and 26.*

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

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





**26. 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

**27. Have you ever experienced any other form of sexual violence during any aspect of your work at [Institution Name]?**

- Yes
- No
- Unsure

*Respondents who selected “Yes” to Question 27 will see Question 28. Everyone else skips to Question 29.*

**28. Please briefly describe your experience with other forms of sexual violence while working at [Institution Name] and whether you used [Institution Name]’s procedures for making a formal report about the incident(s).**

**Section Four: Demographic Information**

**29. Your primary work is as:**

- Faculty
- Staff
- Administrator
- Other: \_\_\_\_\_

**30. In your position, how often do you interact with students?**

- Very often
- Often
- Sometimes
- Rarely
- Never

**31. In your position, do you supervise staff or faculty?**

- Yes
- No

**32. How long have you worked at [Institution Name]?**

- 0–5 years
- 6–10 years
- More than 10 years

**33. What is your gender identity?**

- Man
- Woman
- Another gender identity, please specify: \_\_\_\_\_

**34. What is your citizenship status?**

- U.S. citizen
- U.S. permanent resident but not a U.S. citizen
- Not a U.S. citizen or permanent resident

**35. Are you Hispanic or Latino/a?**

- Yes
- No

**36. 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

**\*\*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.\*\***

*[The following language appears after respondents click the “Submit” button.]*

Thank you for participating in the Faculty/Staff Survey of Campus Climate for Sexual Violence.

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 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 sexual 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 create a safe and supportive environment at [Institution Name].

***Resources for Sexual Violence***

**Campus crisis center or contact person:** [Each institution provides contact information for and services provided by 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.]

**Local and/or state hotline numbers and resources:** [Institutions provide local and/or state sexual assault hotlines and resources.]



**National Sexual Assault Hotline**

<https://rainn.org/about-national-sexual-assault-telephone-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.

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.

SAMPLE