

2023–2024 HEDS Sexual Assault Campus Climate Survey for Advanced Degree Students

This is a PDF representation of the online version of the survey. It includes all questions and response options, as well as notes (in italics) about how questions will display to survey takers.

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, sexual assault, intimate partner violence, or stalking behavior.

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

Your participation is **voluntary**. We are grateful for 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.

We will ask you many questions about your identity in this survey to develop a picture of how different people experience our campus. However, your responses are **anonymous**. The survey is being administered by an independent organization, the [Higher Education Data Sharing Consortium \(HEDS\)](#). **They will exclude any personal information, such as your name, email address, student or employee identification number, and your IP address, from the data they send to our institution. We also agreed to follow the organization’s secure data handling practices.** 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. You can find information on how to delete your web browsing history is available [here](#).

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 and personal information and experiences. Should you wish to talk with someone about your experiences, you can 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 include your name or accuse anyone by name in your survey responses. If you include your name or accuse anyone by name, these names will be removed before we receive 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.

Students 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. | <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 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 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 [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"/> |

4. 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, off campus at an event or program connected with [Institution Name], or at a social activity or party near campus 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, off campus at an event or program connected with [Institution Name], or at a social activity or party near campus. | <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"/> |

5. 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"/> |

6. 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"/> |

Q7 and Q8 only appear to students who selected "Yes" to one or more of the statements in Q6.

7. 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

8. 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 Intimate Partner Violence, Stalking, Unwanted Sexual Contact and Sexual Assault

The questions in this section of the survey will ask you about sexual and personal information and experiences. You can 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 experiences you may have had since you started on an advanced degree at [Institution Name], focusing on experiences you may have had while you were:

- on the [Institution Name] campus;
- off campus at an event or program connected with [Institution Name], including internships, job shadowing, field placements, and preceptorships; or
- at a social activity or party near campus such as at an apartment, restaurant, or bar.

9. Since starting at [Institution Name], have you experienced any of the following things while you were (a) on campus; (b) off campus at an event or program connected with [Institution Name], including study abroad and internships; or (c) at a social activity or party near campus such as at an apartment, restaurant, or bar?

| | Yes | No | Unsure |
|--|--------------------------|--------------------------|--------------------------|
| Has a partner ever twisted your arm, thrown something at you that could hurt you, or pushed, grabbed, or slapped you, against your will? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a partner ever prevented you from seeing family or friends, held you captive, stalked you, or verbally threatened to hurt you or your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a partner ever slammed you against a wall, beaten you up, punched or kicked you, hit you with something that could hurt you, burned or scalded you, choked you, or used or threatened to use a knife or gun on you on purpose? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has someone followed you or kept track of your activities in a way that made you feel you were in serious danger? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. In your day-to-day life as a student at [Institution Name], how often have the following things happened to you?

| | Never | Less than once a year | A few times a year | A few times a month | At least once a week | Almost every day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| People have sent me unwanted messages asking me to sext. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People have continued to have sexual discussions with me online even after I told them to stop. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People have spread rumors about my sexual behavior online. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People have sent me unwanted messages asking for nude pictures of myself online. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People have shown me unwanted sexual images online. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have received unwanted sexual SPAM, emails or messages. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In the following questions we ask about unwanted sexual contact and sexual assault. 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 the following:

- Unwanted verbal 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
- Unwanted nonverbal behaviors – such as someone showing you sexually offensive pictures or objects; leering at you or making lewd gestures towards you; or touching him/herself 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’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

11. Since starting your advanced degree at [Institution Name], how often have you experienced the following forms of unwanted sexual contact while you were (a) on campus; (b) off campus at an event or program connected with [Institution Name], including internships, job shadowing, field placements, and preceptorships; or (c) at a social activity or party near campus such as at an apartment, restaurant, or bar?

| | Never | Rarely | Sometimes | Often | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Unwanted verbal 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 behaviors – such as someone showing you sexually offensive pictures or objects; leering at you or making lewd gestures towards 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"/> |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q12 only appears to students who selected an option other than “Never” for at least one statement in Q11.

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

- Student(s) from this institution
- Student(s) from another institution
- Faculty member(s), staff member(s), or administrator(s) from this institution
- Faculty member(s), staff member(s), or administrator(s) from another institution
- Employer(s)/supervisor(s) at this institution
- Supervisor/mentor at internship, field placement, preceptorship, or another off-campus program related to your degree
- Person or people from the local community
- Other: _____

In the next set of questions 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’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

13. Since starting your advanced degree at [Institution Name], has anyone attempted, but not succeeded in, sexually assaulting you while you were (a) on campus; (b) off campus at an event or program connected with [Institution Name], including internships, job shadowing, field placements, and preceptorships; or (c) at a social activity or party near campus such as at an apartment, restaurant, or bar?

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

Q14 only appears to students who selected “Yes” to Q13.

14. Who attempted to sexually assault you? (Check all that apply)

- Student(s) from this institution
- Student(s) from another institution
- Faculty member(s), staff member(s), or administrator(s) from this institution
- Faculty member(s), staff member(s), or administrator(s) from another institution
- Employer(s)/supervisor(s) at this institution
- Supervisor/mentor at internship, field placement, preceptorship, or another off-campus program related to your degree
- Person or people from the local community
- Other: _____

15. Since starting your advanced degree at [Institution Name], have you been sexually assaulted while you were (a) on campus; (b) off campus at an event or program connected with [Institution Name], including internships, job shadowing, field placements, and preceptorships; or (c) at a social activity or party near campus such as at an apartment, restaurant, or bar?

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

Students who select “No” or “I suspect that I was sexually assaulted, but I am not certain” and students who do not respond to Q15 skip to Section Four: Bystander Behaviors.

Q16 only appears to students who selected “Yes” to Q15.

16. Since starting your advanced degree at [Institution Name], how many incidents of sexual assault have you experienced while you were (a) on campus; (b) off campus at an event or program connected with [Institution Name], including internships, job shadowing, field placements, and preceptorships; or (c) at a social activity or party near campus such as at an apartment, restaurant, or bar?

Students will select from a drop-down menu that lists: 1, 2, 3, 4, more than 4.

Q17 only appears to students who selected “1” to Q16.

17. Where did the sexual assault occur?

- On the [Institution Name] campus, in a dormitory or other campus housing (not a fraternity or sorority house)
- On the [Institution Name] campus, in a nonresidential building or some other location on campus
- In a fraternity or sorority house, on or off campus, including college-owned housing
- Off campus, at another college or university
- Off campus, at an internship, job shadowing, field placement, preceptorship, or another off-campus program related to your degree
- Off campus, at an apartment, restaurant, bar, or another location nearby

Q18 only appears to students who selected more than one incident or did not respond to Q16.

18. Please select how many incidents of sexual assault you have experienced at each of the following locations.

For each location, students will select from a drop-down menu that lists: 1, 2, 3, 4, more than 4.

- On the [Institution Name] campus, in a dormitory or other campus housing (not a fraternity or sorority house)
- On the [Institution Name] campus, in a nonresidential building or some other location on campus
- In a fraternity or sorority house, on or off campus, including college-owned housing
- Off campus, at another college or university
- Off campus, at an internship, job shadowing, field placement, preceptorship, or another off-campus program related to your degree
- Off campus, at an apartment, restaurant, bar, or another location nearby

The following statement only appears to students who experienced multiple incidents of sexual assault.

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.

19. How many people sexually assaulted you?

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

Students who select “One person” will see questions and response options for Q20-Q36 worded to only reflect one assailant. Students who select “More than one person” or “I am not sure” and students who do not respond will see questions and response options for Q21-Q34 worded to reflect multiple assailants.

20. 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’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.

21. Did this incident of sexual assault involve:

| | Yes | No | Unsure |
|---|--------------------------|--------------------------|--------------------------|
| The other person/people threatening to use physical force against you, or using coercion or intimidation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The other person/people using physical force against you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The other person/people drinking alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The other person/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"/> |

22. 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

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 are grateful for your cooperation and willingness to provide information to help [Institution Name] ensure a safe, healthy environment for students.

23. When in the course of your work on your advanced degree did the sexual assault occur?

- During the summer before I officially enrolled
- 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
- Beyond my fourth year
- Other: _____

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

- Yes, the/at least one person was a student at [Institution Name].
- Yes, the/at least one person was a student at another institution.
- Yes, the/at least one person was a faculty member, staff member, or administrator from [Institution Name].
- Yes, the/at least one person was a faculty member, staff member, or administrator from another institution.
- The person was/people were not affiliated with [Institution Name] or another institution.
- I do not know.

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

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

26. What was the gender of the person/people who sexually assaulted you?

- Man/Men
- Woman/Women
- Non-binary or transgender
- Multiple genders (*response option only appears to students who had multiple assailants*)
- I do not know.

27. What was the biological sex of the person/people who sexually assaulted you?

- Female
- Male
- Both males and females (*response option only appears to students who had multiple assailants*)
- I do not know.

Q28 only appears to students who experienced multiple incidents of sexual assault or experienced sexual assault but didn't indicate how many incidents.

28. Where did the sexual assault occur?

- On the [Institution Name] campus, in a dormitory or other campus housing (not a fraternity or sorority house)
- On the [Institution Name] campus, in a nonresidential building or some other location on campus
- In a fraternity or sorority house, on or off campus, including college-owned housing
- Off campus, at another college or university
- Off-campus at an internship, job shadowing, field placement, preceptorship, or another off-campus program related to your degree
- Off campus, at an apartment, restaurant, bar, or another location nearby

29. Please tell us more about the location, being as specific as possible.

30. Were there any bystanders when you were sexually assaulted?

- Yes
- No
- I am not sure.

Q31 only appears to students who selected "Yes" to Q30.

31. Did they intervene?

- Yes
- No

Q32 only appears to students who selected "Yes" to Q31.

32. How did they intervene? (Check all that apply)

- They stepped in and tried to separate us.
- They asked me if I needed help.
- They confronted the person who was/people who were assaulting me.
- They tried to create a distraction.
- They asked others to step in with them and try to defuse the situation.
- They told someone in a position of authority about the situation.
- Other: _____

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

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

Q34 only appears to students who selected "No one" to Q33.

34. 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.
- 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: _____

Students who see Q34 skip to Section Five: Demographics

Q35 only appears to students who did not select "No one" to Q33.

35. Did you use [Institution Name]'s procedures to report the sexual assault?

- Yes
- No

Students who select "No" or do not respond to Q35 skip to Section Five: Demographics.

Q36 and Q37 only appear to students who selected "Yes" to Q35.

36. How satisfied were you with [Institution Name]'s process to report the sexual assault?

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

37. 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

Students who see Q37 skip to Section Five: Demographics.

Section Four: Bystander Behaviors

Bystander Branch One – Appears only to those students who did not experience sexual assault or an attempted sexual assault

Q1. Since starting your advanced degree at [Institution Name], have you observed a situation that you believe was sexual assault?

- Yes
- No
- I suspect I observed a situation that was sexual assault, but I am not certain.

Q2 only appears to students who did not select “Yes” to Q1.

Q2. Since starting your advanced degree at [Institution Name], have you observed a situation that you believe could have led to a sexual assault?

- Yes
- No
- I suspect I observed a situation that could have led to a sexual assault, but I am not certain.

Students who do not select “Yes” skip to Section Five: Demographics.

Q3 only appears to students who selected “Yes” to Q1 or Q2.

Q3. Did you intervene?

- Yes
- I considered intervening but did not feel safe doing so.
- I considered intervening but did not feel comfortable doing so.
- I considered intervening but did not know how to do so.
- I did not intervene.

Students who do not select “Yes” skip to Section Five: Demographics.

Q4 only appears to students who selected “Yes” to Q3.

Q4. How did you intervene? (Check all that apply)

- I stepped in and separated the people involved in the situation.
- I asked the person who appeared to be at risk if they needed help.
- I confronted the person who appeared to be causing the situation.
- I created a distraction to cause one or more of the people to disengage from the situation.
- I asked others to step in with me and defuse the situation.
- I told someone in a position of authority about the situation.
- Other: _____

Students who see Q4 skip to Section Five: Demographics.

Bystander Branch Two – Appears only to those students who a) suspect they were sexually assaulted, b) experienced an attempted sexual assault, or c) suspect they experienced an attempted sexual assault

Q1. Were there any bystanders during the incident?

- Yes
- No
- I am not sure.

Students who do not select “Yes” skip to Section Five: Demographics.

Q2 only appears to students who selected “Yes” to Q1.

Q2. Did they intervene?

- Yes
- No

Students who do not select “Yes” skip to Section Five: Demographics.

Q3 only appears to students who selected “Yes” to Q2.

Q3. How did they intervene? (Check all that apply)

- They stepped in and separated us.
- They asked me if I needed help.
- They confronted the person who was assaulting me/was attempting to assault me/I suspect was attempting to assault me.
- They created a distraction.
- They asked others to step in with them and defuse the situation.
- They told someone in a position of authority about the situation.
- Other: _____

Students who see Q3 next skip to Section Five: Demographics.

Section Five: Demographics

In the next section, we ask questions about your identity, background, and affiliation with [Institution Name]. You may choose not to respond to any of these questions. We use responses to these questions to develop a picture of how different people experience our campus. We will not use this information to identify individuals. In addition, the organization that is administering this survey will combine the responses to many of these questions before we receive them to obscure potentially identifiable information.

38. How do you attend classes at [Institution Name]?

- Primarily or entirely on campus
- Primarily or entirely online
- Split between on campus and online
- Prefer not to respond

39. What year are you in your graduate/certificate program?

- In my first year
- In my second year
- In my third year
- In my fourth year
- Beyond my fourth year
- Prefer not to respond

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

- Yes
- No
- Prefer not to respond

41. How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
- Prefer not to respond

Q42 and Q43 only appear to respondents who select “Monthly or less”, “2-4 times a month”, “2-3 times a week”, or “4 or more times a week” to Q41.

42. A typical alcohol drink size is 12 ounces of beer, 8-9 ounces of malt liquor, 5 ounces of wine, or 1.5 ounces of hard liquor. How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

43. How often did you have five or more drinks on one occasion in the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

44. What is your gender?

- Man
- Woman
- Non-binary, please self describe: _____
- Prefer not to respond

45. Are you transgender?

- Yes
- No
- Unsure
- Prefer not to respond

46. 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
- Prefer not to respond

47. Are you Hispanic or Latino/a?

- Yes
- No
- Prefer not to respond

48. 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
- Prefer not to respond

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

- Dormitory or other campus housing (not a 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
- Prefer not to respond

Q50 only appears to students who selected "Dormitory or other campus housing" or "Fraternity or sorority house" to Q49.

50. Is your housing single gender?

- Yes
- No
- Prefer not to respond

51. Which term best describes your sexual orientation?

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Questioning
- Straight (Heterosexual)
- Please self describe: _____
- Prefer not to respond

Q52 only appears to students who did not indicate that they experienced more than one incident of sexual assault.

52. 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 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 include your name or accuse anyone by name in your survey responses. If you include your name or accuse anyone by name, these names will be removed before [Institution Name] receives the data.

Q53 and Q54 only appear to students who indicated that they experienced more than one incident of sexual assault.

53. 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 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 include your name or accuse anyone by name in your survey responses. If you include your name or accuse anyone by name, these names will be removed before [Institution Name] receives the data.

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

****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.****

Students see a “Submit” button. The following language appears after students click the “Submit” button.

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

Your responses are anonymous. HEDS, the independent organization that is administering this survey, will exclude any personal information, such as your name, email address, student or employee identification number, and your IP address, from the data they send to our institution. We also agreed to follow their secure data handling practices.

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 People Who've Experienced Sexual Assault and Relationship 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 resources:

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 "LOVEIS" 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.

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.