

## 2026-2027 HEDS Campus Sexual Violence 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 brief survey, we will ask you about your perceptions of how [Institution Name] responds to incidents of sexual violence, its educational programming about sexual violence, and whether you have experienced sexual violence while you've been a graduate student at [Institution Name]. This survey should take less than 5 minutes to complete.

Your participation is **voluntary**. We are grateful for your cooperation and willingness to provide information that will help us ensure that [Institution Name] has a safe and healthy environment for our students.

Your responses to this survey are **anonymous**. An independent organization, the [Higher Education Data Sharing Consortium \(HEDS\)](#), is administering the survey, and they will ensure that **no personal information, such as your name, email address, student identification number, or IP address, is included in the survey data.**

You can stop taking the survey at any time or skip any questions. 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.

Two of the questions will ask you about personal experiences. If you would like to talk with someone about these experiences, we provide information about campus, local, and national resources for sexual and relationship violence at the end of the survey.

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

*[Students see a "Continue" button.]*

**1. Below are two statements about 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"/> |

**2. 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"/> |
| How to report an incident of sexual violence?                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [Institution Name]'s confidential resources for sexual violence and how to locate them on campus? | <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"/> |

*Q3 only appears to those students who selected "Yes" to one or more of the statements in Q2.*

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

- ☐ Very helpful
- ☐ Helpful
- ☐ Slightly helpful
- ☐ Not at all helpful
- ☐ I remember little or none of the information I received from [Institution Name] about sexual violence

**4. How often have you experienced either of the following during any part of your graduate program at [Institution Name]?**

|                                                                                                                                                                                                                                                       | Never                    | Rarely                   | Sometimes                | Often                    | Very often               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Unwanted verbal sexual behaviors – such as someone making sexual comments or unwelcome sexual advances, or telling you sexually offensive jokes                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unwanted nonverbal sexual behaviors – such as someone showing you sexually offensive emails, texts, or pictures; posting sexual comments about you on social media; making lewd gestures towards you; or touching themselves sexually in front of you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. Has anyone engaged in any of the following behaviors with you, *without your consent*, during any part of your graduate program at [Institution Name]?**

|                                                                                         | Yes                      | No                       | Unsure                   |
|-----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Touching of a sexual nature such as kissing, grabbing, fondling, or rubbing against you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral, vaginal, or anal sex, or any other penetrative sexual act                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Q6 and Q7 only appear to those students who selected “Yes” to any of the statements in Q5.*

**6. How many of these incidents have you experienced?**

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

**7. Did you use [Institution Name]’s procedures to report any of these incidents?**

- ☐ Yes  
☐ No

**8. What is your gender?**

- ☐ Man  
☐ Woman  
☐ Nonbinary  
☐ Prefer not to respond

*[If your institution chooses to add supplemental questions they will be inserted here, preceded by the statement below. You may customize this statement.]*

**[Institution Name] added the following questions to better understand your experiences on campus. As with the rest of the survey, you may skip any of these questions.**

**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 message appears after students click the “Submit” button.]*

Thank you for participating in the Campus Sexual Violence Survey. If you would like more 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.

## Resources for People Who’ve Experienced Sexual and/or 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 hotline numbers and resources:**

**National Sexual Assault Hotline**

<https://rainn.org/help-and-healing/hotline/>

800-656-HOPE (4673)

[Chat at RAINN.org/hotline](https://rainn.org/help-and-healing/hotline/)

Text “HOPE” to 64673

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

Text “START” to 88788

Provides 24/7 confidential, one-on-one support through call, text, and chat services. 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.

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 TAKING THIS SURVEY.