2026–2027 HEDS Sexual Assault Campus Climate Survey

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.

This 10-minute survey will ask you about your perceptions of how [Institution Name] addresses and responds to sexual assault and whether you have experienced unwanted sexual contact, sexual assault, intimate partner violence, or stalking. We would like to hear from you, whether or not you have experienced sexual violence.

The information from this survey will help us better understand how student life at [Institution Name] is affected by sexual violence. We are committed to ensuring a safe and healthy environment for our students, and your participation in this survey will help us in that work.

The survey includes questions about aspects of your identity to help us better understand the experiences of people with different identities on 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 ID, and your IP address, from the data they send to our institution. We have also agreed to the organization's requirements for maintaining the security and confidentiality of the data they send us.**

Your participation is **voluntary**. You may skip questions or stop taking the survey at any time. If you do not hit the "Submit" button at the end of the survey, HEDS will not record your responses, and we will not see your answers.

Should you wish to talk with someone about your experiences with sexual violence, you can access information about campus, local, and national resources by clicking on the link at the bottom of each page of the survey. This information is also included at the end of the survey.

If you include your name or accuse anyone by name in your responses, HEDS will remove these names 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 are at least 18 years old, have read and considered the above information, and agree to participate in the survey.

[Students see a "Continue" button].

Section One: General Climate

1. Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Faculty, staff, and administrators at [Institution Name] are genuinely concerned about students' welfare.	☐	☐	☐	☐	☐
Students at [Institution Name] are genuinely concerned about the welfare of other students.	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐
I do not believe that I or one of my friends is at risk of 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.	☐	☐	☐	☐	☐
I believe that students at [Institution Name] would intervene if they witnessed a sexual assault.	☐	☐	☐	☐	☐
I feel safe on this campus.	☐	☐	☐	☐	☐

2. Below are statements about 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.	☐	☐	☐	☐	☐
Campus officials would support and protect the person making the report.	☐	☐	☐	☐	☐
Campus officials would treat the accused person(s) fairly.	☐	☐	☐	☐	☐
Campus officials would conduct a careful investigation in order to determine what happened.	☐	☐	☐	☐	☐
Campus officials would take action against the offender(s).	☐	☐	☐	☐	☐
Students would support the person making the report.	☐	☐	☐	☐	☐

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

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

Q4 only appears to students who selected "Yes" to one or more of the statements in Q3.

4. Overall, how helpful was the information or education from [Institution Name] about sexual assault?

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

Section Two: Assessing Intimate Partner Violence, Unwanted Sexual Contact, and Sexual Assault

5. Since starting at [Institution Name], has a partner ever:

	Yes	No	Unsure
Physically hurt you?	☐	☐	☐
Threatened, demeaned, or screamed at you?	☐	☐	☐
Followed you or kept track of your activities in a way that felt dangerous?	☐	☐	☐
Prevented you from seeing family or friends?	☐	☐	☐

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

	Never	Rarely	Sometimes	Often	Very often
People have sent me unwanted messages asking me to sext.	☐	☐	☐	☐	☐
People have continued to have sexual discussions with me online even after I told them to stop.	☐	☐	☐	☐	☐
People have spread rumors about my sexual behavior online.	☐	☐	☐	☐	☐
People have shown me unwanted sexual images online.	☐	☐	☐	☐	☐

7. Since starting 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 study abroad and internships; 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; or telling you sexually offensive jokes	☐	☐	☐	☐	☐
Unwanted nonverbal behaviors – such as someone showing you sexually offensive pictures; leering at you or making lewd gestures towards you; or touching themselves sexually in front of you	☐	☐	☐	☐	☐
Unwanted brief physical contact – such as someone briefly groping you; rubbing sexually against you; or engaging in any other brief inappropriate or unwelcome touching of your body	☐	☐	☐	☐	☐

Q8 only appears to students who selected an option other than "Never" for at least one statement in Q7.

8. Who was responsible for this behavior? (Select 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
- ☐ Person or people from the local community
- ☐ Other

9. In this question, we ask about sexual assault, which includes five types of sexual contact which you *did not want* or for which you *did not give consent*. Since starting at [Institution Name], how many times have you experienced any of the following:
(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?

	Never	One time	Two times	Three times	Four times	More than four times
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	☐	☐	☐	☐	☐	☐

Section Three only appears to students who selected "One or more times" to any statement in Q9. Students who select "Never" to all statements in Q9 will skip to Section Four: Bystander Behaviors.

Section Three: Context and Disclosure

In the previous question, you indicated that you experienced at least one incident of sexual assault while you were at [Institution Name]. In the next set of questions, we ask for more detail about your experiences so that campus officials might better understand how and when sexual assault occurs in order to combat it. If you experienced more than one incident of sexual assault, please think about **only one of these incidents** when answering the following questions.

10. How many people sexually assaulted you?
- ☐ One person
- ☐ More than one person
- ☐ I am not sure.

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

11. 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?	☐	☐	☐
The other person/people using physical force against you?	☐	☐	☐
The other person/people drinking alcohol?	☐	☐	☐
The other person/people using drugs?	☐	☐	☐
Your drinking alcohol?	☐	☐	☐
Your voluntarily taking or using any drugs other than alcohol?	☐	☐	☐
Your being given a drug without your knowledge or consent?	☐	☐	☐

12. Were you incapacitated in some way (e.g., passed out, drugged, drunk, asleep) and unable to provide consent or stop what was happening?
- ☐ Yes
- ☐ No
- ☐ Unsure

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

- ☐ During the summer before I officially enrolled (summer bridge program, pre-orientation, etc.)
- ☐ In my first year
- ☐ In my second year
- ☐ In my third year
- ☐ In my fourth year
- ☐ Other

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

- ☐ Yes, they were a student at [Institution Name].
- ☐ Yes, they were a student at another institution.
- ☐ Yes, they were a faculty member, staff member, or administrator from [Institution Name].
- ☐ Yes, they were a faculty member, staff member, or administrator from another institution.
- ☐ They were not affiliated with [Institution Name] or another institution.
- ☐ I do not know.

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

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

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

- ☐ Man/Men
- ☐ Woman/Women
- ☐ Nonbinary
- ☐ Multiple genders
- ☐ I do not know

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 (not study abroad)
- ☐ Study abroad, study away, or other off-campus study program
- ☐ Off-campus internship
- ☐ Off campus, at an apartment, restaurant, bar, or another location nearby

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

- ☐ Yes, and they intervened to try to help me.
- ☐ Yes, but they did not intervene.
- ☐ No bystanders were present.
- ☐ I am not sure.

Q19 only appears to students who selected "Yes, and they intervened to try to help me" in Q18.

19. How did they intervene? (Select all that apply)

- ☐ They stepped in and tried to separate us.
- ☐ They asked me if I needed help.
- ☐ They confronted the person/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

20. Did you talk with someone in Title IX about this incident?

- ☐ Yes
- ☐ No

Q21 only appears to students who select "No" in Q20.

21. Why didn't you talk with someone in Title IX about the sexual assault? (Select all that apply)

- ☐ I did not think I would be believed or taken seriously.
- ☐ 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 thought they would try to tell me what to do.
- ☐ It would feel like I was admitting failure.
- ☐ I did not have time to deal with it due to academics, work, etc.
- ☐ I did not understand the complaint process.
- ☐ I feared I would be punished for other infractions or violations (e.g., underage drinking).
- ☐ I did not think they could help.
- ☐ I wanted to forget it happened.
- ☐ Other

22. Outside of Title IX, did you tell anyone about the sexual assault? (Select all that apply)

- ☐ No one
- ☐ Friend or roommate
- ☐ Romantic partner
- ☐ Family member or guardian
- ☐ Resident advisor/assistant or other peer advisor
- ☐ Counselor/therapist
- ☐ Faculty, staff, or administrator from [Institution Name]
- ☐ Other

Section Four: Bystander Behaviors

Appears only to students who selected "Never" to all items in Q9 or who skipped Q9.

23. Since starting 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.

Q24 only appears to students who selected "Yes" in Q23.

24. 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.

Q25 only appears to students who selected "Yes" in Q24.

25. How did you intervene? (Select 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/people 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

Section Five: Demographics

In the next section, we ask questions about your identity, background, and affiliation with [Institution Name]. We use responses to these questions to develop a picture of how different people experience our campus.

Respondents at 4-Year institutions will see Q26.

26. What is your current academic classification?

- ☐ Freshman/First Year
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Other academic classification
- ☐ Prefer not to respond

Respondents at 2-Year institutions will see Q27.

27. How many total academic terms (semesters, quarters, trimesters) have you been enrolled at [Institution Name]?

- ☐ This is my first academic term
- ☐ This is my second academic term
- ☐ This is my third or fourth academic term
- ☐ This is my fifth or sixth academic term
- ☐ I have been enrolled more than six academic terms
- ☐ Prefer not to respond

28. What is your gender?

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

29. Are you transgender?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Prefer not to respond

30. Which term best describes your sexual orientation?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning
- ☐ Straight (Heterosexual)
- ☐ A sexual orientation not listed here
- ☐ Prefer not to respond

31. If there is any additional information you would like to provide about [Institution Name]'s climate for sexual violence, or your experience(s) at [Institution Name] with sexual violence, please use the box below. Please do not include your name or accuse anyone by name in your survey responses. If you do, these names will be removed before [Institution Name] receives the data.

[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.

[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 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 https://www.howtogeek.com/304218/how-to-clear-your-history-in-any-browser/.

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 or copying and pasting this information into your notes or an email to yourself.

We are grateful for 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/or Relationship Violence

Campus crisis center or contact person:

[Each institution provides contact information for, and services offered by, their campus crisis center or the person someone would contact for support if they have been sexually assaulted or are 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
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.

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.