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Attachment A: Draft of Full CCVS/SPES Instrument

# Student Perspectives and Experiences Survey (SPES) Instrument

## Campus Climate Design and Testing Study

### Student Perspectives and Experiences Survey (SPES) Instrument

#### 1. Initial Demographics

*PROGRAMMING NOTE: Text that is in ALL CAPS, red, blue, or green font will not be displayed to respondents.*

First, we'd like to ask a few questions about you.

1. How old are you? *{dropdown}*

- Under 18 *{Explain that their participation is not possible. End survey.}*
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30+

What type of student are you?

- Community or Junior college student
- Undergraduate student
- Vocational, Trade, or Technical school student
- Graduate student
- Professional student (graduate degrees in law, medicine, veterinary medicine, etc.)
- Other (please specify): \_\_\_\_\_

3. How long have you been this type of student? In other words, are you in your...

- 1<sup>st</sup> year
- 2<sup>nd</sup> year
- 3<sup>rd</sup> year
- 4<sup>th</sup> year
- 5<sup>th</sup> year
- 6<sup>th</sup>+ year
- Other (please specify): \_\_\_\_\_

4. Are you an international student?

- Yes
- No

**As a reminder, throughout the survey, we will refer to your school as “[SCHOOL].”**

5. Are you a transfer student (that is, did you transfer into [SCHOOL])?
  - Yes
  - No
  
6. When did you start taking classes at [SCHOOL]?
  - [MONTH] *{dropdown}*
  - [YEAR] *{dropdown}*
  
7. How many of the classes you have taken at [SCHOOL] in the past 12 months (since [DATE]) have been **completely online** (that is, no in-person instruction)?
  - None
  - A few
  - About half
  - Most
  - All
  - Other (please specify): \_\_\_\_\_
  
8. Do you currently live on campus?
  - Yes
  - No
  - Not applicable (school does not have a campus)
  
9. *{If Q8 = yes}* Where do you live **on campus**?
  - Residence hall or dormitory
  - Fraternity house or affiliated location
  - Sorority house or affiliated location
  - Other school-sponsored, on-campus housing (such as apartment or house)
  - Other (please specify): \_\_\_\_\_
  
10. *{If Q8 = no or not applicable}* Where do you live?
  - A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
  - An off-campus fraternity or sorority house
  - An apartment or house that is sponsored by [SCHOOL]
  - An apartment or house that is **not** sponsored by [SCHOOL]
  - At home with your parent(s) or guardian(s)
  - Other (please specify): \_\_\_\_\_
  
11. Have you been employed by [SCHOOL] at any time in the past 12 months (since [DATE])?
  - Yes
  - No
  
12. Have you ever served on active duty in the U.S. Armed Forces?
  - Never served in the military
  - Only on active duty for training in the Reserves or National Guard
  - Now on active duty
  - On active duty in the past, but not now

13. In the past 12 months (since [DATE]), which of the following groups and activities have you been a member of at [SCHOOL]? *Please select all that apply.*

- Honor society
- Professional group related to your major or field of study
- Fraternity or sorority (pledge or member)
- Intercollegiate athletic team
- Cultural group (e.g., Black Student Union, Latinx Student Association)
- Identity affiliation group (e.g., LGB, Disability, First-Generation College Student)
- Political or social action group
- Student government
- Performing arts group
- Media organization (such as newspaper, radio, magazine)
- ROTC, veterans, or other military group
- Religious or faith-based group
- Other student organization or group (please specify): \_\_\_\_\_
- None

**You have completed Section 1 of 5**

## 2. Victimization Screeners

### A. Sexual Harassment Victimization Screener

This section asks about times when anyone may have said or done something of a sexual nature that you didn't want them to say or do. These things could have happened to you on or off campus and either in-person, OR over the phone, through text message, email, social media, or online. Also, the person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers. Remember that you may skip any question or stop the survey at any time if you feel uncomfortable.

14. In the past 12 months (since [DATE]), has **anyone** done the following things to you **in-person**? Please include things no matter where you were when they happened to you.

	Yes	No
Made inappropriate or offensive comments (such as vulgar or explicit sexual comments, jokes, or stories) about your body, appearance, or sexual activities		
Tried to get you to talk about sexual things when you didn't want to		
Continued to ask you to go out, get dinner, hang out, have drinks, meet up, or hook up even though you had already said "no"		
Made you feel uncomfortable or offended you by making sexual comments, gestures, or by staring at you		
Talked about or referred to people of your sex using insulting or offensive words		
Showed you their sexual body parts when you didn't want them to and without your consent		
Watched or took photos or videos of you when you were naked or having sex, without your consent		

15. In the past 12 months (since [DATE]), has **anyone** done the following things to you **over the phone, through text message, email, social media, or online**? Please include things no matter where you were when they happened to you.

	Yes	No
Made inappropriate or offensive comments (such as vulgar or explicit sexual comments, jokes, or stories) about your body, appearance, or sexual activities		
Tried to get you to talk about sexual things when you didn't want to		
Continued to ask you to go out, get dinner, hang out, have drinks, meet up, or hook up even though you had already said "no"		
Made you feel uncomfortable or offended you by sending sexual comments, gestures, or emojis		
Talked about or referred to people of your sex using insulting or offensive words		
Showed you their sexual body parts when you didn't want them to and without your consent		
Watched or took photos or videos of you when you were naked or having sex, without your consent		
Sent you offensive sexual comments, jokes, stories, pictures, or videos that you didn't want to see or receive		

Sent or shared sexual rumors, stories, videos, or images <b>of you</b> to other people when you didn't want them to. <i>This could include deepfakes, or AI-generated videos or images.</i>		
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16. In the past 12 months (since [DATE]), has **someone in a position of authority over you** (such as a professor, supervisor, boss, teaching assistant, coach) done the following things to you either **in-person OR over the phone, through text message, email, social media, or online**? Please include things no matter where you were when they happened.

	Yes	No
Promised you better treatment or suggested you would receive favors or privileges if you hooked up with them (including kissing, sexual touching, sex)		
Threatened or suggested that you would be treated worse or differently if you didn't hook up with them (including kissing, sexual touching, sex)		

*{If all Q14 = No, all Q15 = No, and all Q16 = No, skip to Sexual Assault Victimization Screener.}*

17. *{If yes to any in Q14, Q15, or Q16}* You said someone did the following things:

- [POPULATE BULLETED LIST OF Q14, Q15, & Q16 ITEMS ENDORSED]

How many different times have you experienced these things in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

18. [IF Q17 = 1: When did it occur? / IF Q17 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Sexual Assault Victimization Screener.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don't know

19. *{If Q18 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q17 = 1: time / IF Q17 = 2 OR MORE: most recent time] someone did these things to you.

What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] *{Skip to Sexual Assault Victimization Screener.}*
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH – 6 MONTHS] [YEAR]
- Between [CURRENT MONTH – 6 MONTHS] and today

20. In the past 12 months (since [DATE]), has anyone pressured you into having sexual contact with them by:

- Threatening to tell lies or spread rumors about you,
- Threatening to break up with you or end your relationship,
- Making promises you knew or discovered were untrue, or
- Continually verbally pressuring you after you said you didn't want to?
  - Yes
  - No



## B. Sexual Assault Victimization Screener

This section asks about times when you may have experienced unwanted sexual contact. In these questions, **unwanted sexual contact** is sexual contact that you **did not consent to** and that you **did not want** to happen. Remember that you may skip any question or stop the survey at any time if you feel uncomfortable.

**Please check off each point below as you read through these descriptions to indicate that you have read each definition. For the purposes of this survey, unwanted sexual contact can happen when:**

- Someone touches or grabs your sexual body parts (such as butt, crotch, genitals, or breasts) and you did not want it to happen;
- Someone **ignores you when you say “no” or just does it when they know you don’t want them to;**
- Someone **threatens to hurt you, or someone or something you care about;**
- Someone **uses force against you**, such as holding you down with their body weight, pinning your arms, or hitting or kicking you; or
- You are **unable to provide consent because you are incapacitated, passed out, unconscious, blacked out, or asleep.** This can happen after you voluntarily used alcohol, marijuana, or other drugs, or after you were given a drug without your knowledge or consent.

Please keep in mind that anyone, regardless of sex or sexual orientation, can experience unwanted sexual contact. Also, the person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers.

21. In the past 12 months (since [DATE]), has anyone had the following types of unwanted sexual contact with you (that is, sexual contact that you did not consent to and that you did not want to happen)?

	Yes	No
Forced physical contact that is sexual (forced kissing, clothing removal, or touching/grabbing of sexual body parts, even if over one’s clothes. Sexual body parts include someone’s butt, crotch, genitals, or breasts.)?		
Oral sexual contact (that is, mouth or tongue making contact with genitals)?		
Vaginal or anal sexual contact (that is, penetration of a vagina or anus with a finger, penis, or object)?		

*{If all of Q21 = No, Skip to Stalking Victimization Screener.}*

22. {If Q21 = Yes} How many different times has someone had unwanted sexual contact with you in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

23. [IF Q22 = 1: When did it occur? / IF Q22 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Stalking Victimization Screener.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]

- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don't know

24. *{If Q23 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q22 = 1: time / IF Q22 = 2 OR MORE: most recent time] someone had unwanted sexual contact with you. What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] *{Skip to Stalking Victimization Screener.}*
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH – 6 MONTHS] [YEAR]
- Between [CURRENT MONTH – 6 MONTHS] and today

25. [IF Q22 = 2 OR MORE AND Q21 = 2+ TYPES OF CONTACT: During the most recent time, which of the following types of unwanted sexual contact did someone have with you?] *Please select all that apply, and remember, "unwanted sexual contact" is sexual contact that you did not consent to and that you did not want to happen.*

- Forced physical contact that is sexual (forced kissing, clothing removal, or touching/grabbing of sexual body parts, even if over one's clothes. Sexual body parts include someone's butt, crotch, genitals, or breasts.)
- Oral sexual contact (that is, mouth or tongue making contact with genitals)
- Vaginal or anal sexual contact (that is, penetration of a vagina or anus with a finger, penis, or object)

26. [IF Q22 = 1: When / IF Q22 = 2 OR MORE: The most recent time] you experienced unwanted sexual contact, did any of the following things happen?

	Yes	No	Unsure
They ignored you when you said "no" or just did it when they knew you didn't want them to			
They threatened to hurt you or someone you care about			
They used physical force against you, such as holding you down with their body weight, pinning your arms, strangling or choking you, or hitting or kicking you			
You were unable to provide consent or stop what was happening because you were incapacitated, passed out, unconscious, blacked out, or asleep			
Something else (please describe): _____			

[IF ANY ITEMS IN Q26 ARE BLANK]: Your responses to this question are very important. Please select a response for each item.

### C. Stalking Victimization Screener

This section asks about times when someone **repeatedly** contacted you or did things that caused you emotional distress or made you fear for your personal safety. The person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers, but please do not include bill collectors, solicitors, or salespeople.

27. In the past 12 months (since [DATE]), has someone **repeatedly** caused you emotional distress or made you fear for your personal safety by doing any of the following things?

	Yes	No
Following you around or watching you		
Waiting for you, showing up, or riding by your home, work, school, or any place else when you didn't want them to		
Sneaking into your home, dorm, car, or any other place and doing unwanted things to let you know they had been there		
Leaving or sending unwanted items, such as cards, letters, presents, or flowers		
Harassing you or repeatedly asking your friends or family for information about you or your whereabouts		
Making unwanted phone calls to you, leaving voice messages, sending text messages, or using the phone to contact you excessively		
Sending you unwanted e-mails or messages through the Internet, social media apps, or websites like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge		
Using technologies such as a listening device, camera, computer or cell phone monitoring software, or GPS tracking device to spy on you or monitor your activities or location		
Spying on you or monitoring your activities or location through social media apps like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge		

*{If all Q27 = No, skip to Dating Violence/Domestic Violence Victimization Screener.}*

28. *{If Q27 = Yes}* How many different times have you experienced these things in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

29. [IF Q28 = 1: When did it occur? / IF Q28 = 2 OR MORE: "Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Dating Violence/Domestic Violence Victimization Screener.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]

- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
  
- Don't know

30. *{If Q29 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q28 = 1: time / IF Q28 = 2 OR MORE: most recent time] someone did these things to you. What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] [YEAR]
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH - 6 MONTHS] [YEAR]
- Between [CURRENT MONTH - 6 MONTHS] and today

## D. Dating Violence/Domestic Violence Victimization Screener

31. Have you ever been in a romantic or dating relationship, such as a casual relationship, hook-up, steady or serious relationship, cohabitation, domestic partnership, civil union, or marriage?
- Yes
  - No *{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

People can treat their romantic or dating partners in many different ways, and this section asks about things your romantic or dating partners may have done to you during the past 12 months. This can include current or former partners, regardless of length and seriousness of the relationship.

As you answer the questions, please do not include times you knew the other person was just joking around. Remember that you may skip any question or stop the survey at any time if it makes you uncomfortable.

32. *{If Q31 = Yes}* In the past 12 months (since [DATE]), has a current or former romantic or dating partner of yours done the following things to you?

	Yes	No
Looked at you or used other nonverbal signals to make you think or feel like they might hurt you		
Threatened to hurt or attack you, someone or something you care about, or themselves, and you thought they would really follow through with the threat		
Pushed, grabbed, or shook you, and they were <b>not</b> joking around		
Bent your fingers or twisted your arm until it hurt		
Threw something at you, such as a rock or a bottle		
Burned, hit, punched, kicked, or slapped you		
Strangled or choked you		
Used, or threatened to use, a gun against you		
Used, or threatened to use, another type of weapon against you		
Intentionally embarrassed, humiliated, insulted, or made fun of you in front of other people		
Stole or destroyed your property		
Threatened to end your relationship or commit suicide to get you to do what they wanted, and they were <b>not</b> joking around		
Controlled you (such as keeping you from seeing or talking to your family or friends, keeping track of you by demanding to know where you were and what you were doing, or making decisions for you, such as where you went or what you wore or ate)		
Used the internet, social media, or a cell phone to monitor your whereabouts and activities		
Looked at your private information (such as text messages, emails, etc.) to check up on you		
Shared an embarrassing or private sexual photo or video of you without your permission and you didn't want them to. <i>This could include deepfakes, or AI-generated videos or images</i>		
Took or withheld money or demanded to know how money was spent		

Did things to keep you from going out or to your job or classes (such as starting a fight to make you late, taking your keys, or blocking the door)		
Hid, took, or tampered with your birth control in an effort to sabotage your contraception		
Pressured you to get pregnant		
Pressured you to end a pregnancy or get an abortion		

*{If all Q32 = No, skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

33. *{If yes to any in Q32}* You said a romantic or dating partner did the following things:

- [POPULATE BULLETED LIST OF Q32 ITEMS ENDORSED]

How many different times have these things been done to you in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

34. [IF Q33 = 1: When did it occur? / IF Q33 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don't know

35. *{If Q34 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q33 = 1: time / IF Q33 = 2 OR MORE: most recent time] someone did these things to you.

What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] [YEAR]
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH - 6 MONTHS] [YEAR]
- Between [CURRENT MONTH - 6 MONTHS] and today

*{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

**You have completed Section 2 of 5**



### 3. Victimization Follow-ups

[If a respondent experienced more than two victimization types, we plan to limit the number of victimization types someone would receive detailed follow-up questions about to two. We will likely do this randomly, although we might prioritize including some of the less common victimization types, such as sexual assault and stalking.]

#### A. Sexual Harassment Follow-Ups

36. *{If yes to any in Q14, Q15, or Q16}* Earlier in the survey, you said the following things have happened to you in the past 12 months:

- [POPULATE BULLETED LIST OF Q14, Q15, AND Q16 ITEMS ENDORSED. FOR Q14 and Q15 ITEMS, INCLUDE “Someone” AT THE BEGINNING OF THE FILL (such as “Someone made inappropriate or offensive comments...”). FOR Q16 ITEMS, INCLUDE “Someone in a position of authority over you” AT THE BEGINNING OF THE FILL (such as “Someone in a position of authority over you promised you better treatment...”).]

**When answering the next questions, please think about the** [IF Q17 = 2 OR MORE: **most recent**] **time someone did** [IF ONE ITEM LISTED: **this** / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q18: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q19: (between [RANGE]) / ELSE IF Q17 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- On campus
- Off campus
- Virtually (that is, not in-person)

37. *{If Q36 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Cafeteria or restaurant
- Parking lot, street, or other outdoor space
- Other (please specify): \_\_\_\_\_

38. *{If Q36 = Off campus}* Where did this occur **off campus**?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- Restaurant/bar/club
- Parking lot, street, or other outdoor space
- Other (please specify): \_\_\_\_\_

39. Did this happen when you were...

	Yes	No
<i>{If Q36 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q36 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q36 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

40. *{If Q36 = Virtually}* Where did this occur **virtually**?

- Text or direct message (DM)
- Email
- Video chat (FaceTime, Zoom, etc.)
- Social media
- Dating app
- Other (please specify): \_\_\_\_\_

41. How many different people did this to you [IF Q17 = 2 OR MORE: this most recent time]?

- 1 person
- 2 or more people

42. [IF Q41 = 1: Who was this person / If Q41 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- A total stranger
- A student whom you recognized but did not know
- A dating partner, boyfriend/girlfriend, or spouse (current or former)
- Someone you are/were seeing casually
- An acquaintance, friend of a friend, or someone you met recently
- A friend, classmate, or roommate (current or former)
- A teaching assistant or research/lab manager
- A professor
- Another type of school staff member
- A parent, step-parent, or foster parent
- A sibling, step-sibling, or foster sibling (such as a brother or sister)
- Some other relative
- Other (please specify): \_\_\_\_\_
  
- Don't know

43. [IF Q41 = 1: Was this person... / If Q41 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]?

- Yes
- No
  
- Don't know

44. {If Q41 = 1 person} Was the person male or female? {radio button question}

- Male
- Female
  
- Don't know

45. {If Q41 = 2 or more people} Were they male or female? {radio button question}

- All were male
- All were female
- Mix of male and female
  
- Don't know

46. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

47. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

48. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			

A hospital, health care center, or doctor’s office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

*{If none in Q47 or Q48 = “Yes, I did”, skip to Q50}*

49. *{If any in Q47 or Q48 = “Yes, I did” or “Yes, someone else did”. Loop through for each “Yes, I did” or “Yes, someone else did” responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q46/Q47/48] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

50. *{If none in Q46 or Q47 = “Yes, I did”}* You said that you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED “YES, I DID” IN Q46 AND Q47 IN BULLET FORM. DO NOT DISPLAY “OTHER” OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor’s office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor’s office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn't know how to contact them
- You thought they would not keep your situation private or didn't trust them
- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken
- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

51. *{If yes to any in Q47 or Q48}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- Yes
- No
  
- Don't know

52. *{If Q51 = Yes}* Who started the investigation? *Please select all that apply.*

- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- Health center or health care provider on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department
- Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- Other (please specify): \_\_\_\_\_

53. *{If Q51 = Yes}* Is the investigation over?

- Yes
- No
  
- Don't know

54. *{If Q53 = Yes}* What was the final decision or outcome of the investigation?

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55. *{If Q51 = Yes}* Are you satisfied with how the investigation [IF Q53 = YES: was / IF Q53 = NO: has been / IF Q53 = MISSING: has been or was] conducted?

- Yes
- No (please explain):

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56. Did what happened to you lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

57. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

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58. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

## B. Sexual Assault Follow-Ups

59. *{If Q21 = Yes}* Earlier in the survey, you said that in the past 12 months (since [DATE]), someone had unwanted sexual contact with you (that is, sexual contact that you did not consent to and that you did not want to happen).

**When answering the next questions, please think about the [IF Q22 = 2 OR MORE: most recent] time someone did this to you [IF MONTH SELECTED IN Q23: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q24: (between [RANGE]) / ELSE IF Q22 = 2 OR MORE: FILL IS EMPTY].**

Where did this occur?

- On campus
- Off campus

60. *{If Q59 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Parking lot or other outdoor space
- Cafeteria or restaurant
- Other (please specify): \_\_\_\_\_

61. *{If Q59 = Off campus}* Where did this occur **off campus**?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- Restaurant/bar/club
- Other (please specify): \_\_\_\_\_

62. Did this happen when you were...

	Yes	No
<i>{If Q59 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q59 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q59 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

63. How many different people did this to you [IF Q22 = 2 OR MORE: this most recent time]?

- 1 person
- 2 or more people



64. [IF Q63 = 1: Who was this person / If Q63 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- A total stranger
- A student whom you recognized but did not know
- A dating partner, boyfriend/girlfriend, or spouse (current or former)
- Someone you are/were seeing casually
- An acquaintance, friend of a friend, or someone you met recently
- A friend, classmate, or roommate (current or former)
- A teaching assistant or research/lab manager
- A professor
- Another type of school staff member
- A parent, step-parent, or foster parent
- A sibling, step-sibling, or foster sibling (such as a brother or sister)
- Some other relative
- Other (please specify): \_\_\_\_\_
  
- Don't know

65. [IF Q63 = 1: Was this person... / If Q63 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]?

- Yes
- No
  
- Don't know

66. {If Q63 = 1 person} Was the person male or female? {radio button question}

- Male
- Female
  
- Don't know

67. {If Q63 = 2 or more people} Were they male or female? {radio button question}

- All were male
- All were female
- Mix of male and female
  
- Don't know

68. Had [IF Q63 = 1: this person / IF Q63 = 2 OR MORE: any of these people] been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened?

- Yes
- No
  
- Don't know

69. Had you been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened? **Please keep in mind that you are not responsible for what happened, even if you had been drinking or using drugs.** Remember that your answers will remain completely confidential.

- Yes
- No

70. Do you think you were given a drug without your knowledge or consent in the hours before or during what happened? *If you are unsure, you may select "Don't know."*

- Yes
- No
- Don't know

71. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

72. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

73. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			

Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

*{If none in Q72 or Q73 = "Yes, I did", skip to Q75}*

74. *{If any in Q72 or Q73 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q71/Q72/73] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

75. *{If none in Q72 or Q73 = "Yes, I did"}* You said that you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q72 and Q73 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn't know how to contact them
- You thought they would not keep your situation private or didn't trust them
- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken
- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

76. *{If yes to any in Q72 or Q73}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- Yes
- No
  
- Don't know

77. *{If Q76 = Yes}* Who started the investigation? *Please select all that apply.*

- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- Health center or health care provider on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department
- Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- Other (please specify): \_\_\_\_\_

78. *{If Q76 = Yes}* Is the investigation over?

- Yes
- No
  
- Don't know

79. *{If Q78 = Yes}* What was the final decision or outcome of the investigation?

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80. *{If Q76 = Yes}* Are you satisfied with how the investigation [IF Q78 = YES: was / IF Q78 = NO: has been / IF Q78 = MISSING: has been or was] conducted?

- Yes
- No (If no, please explain):

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81. [IF Q22 = 1: When / IF Q22 = 2 OR MORE: The most recent time] someone had unwanted sexual contact with you [IF MONTH SELECTED IN Q23: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q24: (between [RANGE])] / ELSE IF Q22 = 2 OR MORE: FILL IS EMPTY], did you experience any of the following injuries or other things?

	Yes	No
Bruises, black eye, cuts, scratches, or swelling		
Chipped or knocked out teeth		
Broken bones, including a broken nose		
Concussion		
Internal injury from the sexual contact (such as vaginal or anal tearing)		
Sexually transmitted infections or diseases		
Pregnancy		
Other (please specify):		

82. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

83. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

84. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

### C. Stalking Follow-Ups

85. *{If yes to any in Q27}* Earlier in the survey, you said that in the past 12 months (since [DATE]), someone or a group of people acting together caused you emotional distress or made you fear for your personal safety by doing the following things more than once:

- [POPULATE BULLETED LIST OF Q27 ITEMS ENDORSED]

**When answering the next questions, please think about the** [IF Q28 = 2 OR MORE: **most recent**] **time someone did** [IF ONE ITEM LISTED: **this** / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q29: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q30: (between [RANGE]) / ELSE IF Q28 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- On campus
- Off campus
- Virtually (that is, not in-person)

86. *{If Q85 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Parking lot or other outdoor space
- Cafeteria or restaurant
- Other (please specify): \_\_\_\_\_

87. *{If Q85 = Off campus}* Where did this occur **off campus**?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- Restaurant/bar/club
- Other (please specify): \_\_\_\_\_

88. Did this happen when you were...

	Yes	No
<i>{If Q85 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q85 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q85 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

89. *{If Q85 = Virtually}* Where did this occur **virtually**? Please select all that apply.

- Text or direct message (DM)
- Email
- Video chat (FaceTime, Zoom, etc.)
- Social media
- Dating app
- Other (please specify): \_\_\_\_\_

90. How many different people did this to you [IF Q28 = 2 OR MORE: this most recent time]?

- 1 person
- 2 or more people

91. [IF Q90 = 1: Who was this person / If Q90 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- A total stranger
- A student whom you recognized but did not know
- A dating partner, boyfriend/girlfriend, or spouse (current or former)
- Someone you are/were seeing casually
- An acquaintance, friend of a friend, or someone you met recently
- A friend, classmate, or roommate (current or former)
- A teaching assistant or research/lab manager
- A professor
- Another type of school staff member
- A parent, step-parent, or foster parent
- A sibling, step-sibling, or foster sibling (such as a brother or sister)
- Some other relative
- Other (please specify): \_\_\_\_\_
  
- Don't know

92. [IF Q90 = 1: Was this person... / If Q90 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]? *Please select all that apply.*

- Yes
- No
  
- Don't know

93. {If Q90 = 1 person} Was the person male or female? {radio button question}

- Male
- Female
  
- Don't know

94. {If Q90 = 2 or more people} Were they male or female? {radio button question}

- All were male
- All were female



- Mix of male and female
- Don't know

95. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

96. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

97. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			

Other (please specify): _____			
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*{If none in Q96 or Q97 = "Yes, I did", skip to Q99}*

98. *{If any in Q96 or Q97 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q95/Q96/97] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

99. *{If none in Q96 or Q97 = "Yes, I did"}* You said you did not seek assistance or tell the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q96 AND Q95 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn't know how to contact them
- You thought they would not keep your situation private or didn't trust them

- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken
- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

100. *{If yes to any in Q96 or Q97}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- Yes
- No
- Don't know

101. *{If Q100 = Yes}* Who started the investigation? *Please select all that apply.*

- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- Health center or health care provider on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department
- Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- Other (please specify): \_\_\_\_\_

102. *{If Q100 = Yes}* Is the investigation over?

- Yes
- No
- Don't know

103. *{If Q102 = Yes}* What was the final decision or outcome of the investigation?

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104. *{If Q100 = Yes}* Are you satisfied with how the investigation [IF Q102 = YES: was / IF Q102 = NO: has been / IF Q102 = MISSING: has been or was] conducted?

- Yes

- No (If no, please explain):

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105. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about the what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

106. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

107. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

## D. Dating Violence Follow-Ups

108. *{If yes to any in Q32}* Earlier in the survey, you said that in the past 12 months (since [DATE]), a romantic or dating partner did the following things:

- [POPULATE BULLETED LIST OF Q32 ITEMS ENDORSED]

**When answering the next questions, please think about the** [IF Q33 = 2 OR MORE: **most recent**] **time a romantic or dating partner did** [IF ONE ITEM LISTED: this / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q34: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q35: (between [RANGE])] / ELSE IF Q33 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- On campus
- Off campus
- Virtually (that is, not in-person)

109. *{If Q108 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Parking lot or other outdoor space
- Cafeteria or restaurant
- Other (please specify): \_\_\_\_\_

110. *{If Q108 = Off campus}* Where did this occur **off campus**?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- Restaurant/bar/club
- Other (please specify): \_\_\_\_\_

111. Did this happen when you were...

	Yes	No
<i>{If Q108 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q108 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q108 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

112. *{If Q108 = Virtually}* Where did this occur **virtually**?

- Text or direct message (DM)
- Email
- Video chat (FaceTime, Zoom, etc.)
- Social media
- Dating app
- Other (please specify): \_\_\_\_\_

113. How many different people did this to you [IF Q33 = 2 OR MORE: this most recent time]?
- 1 person
  - 2 or more people
114. [IF Q113 = 1: Was this person... / If Q113 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]? *Please select all that apply.*
- Yes
  - No
  
  - Don't know
115. {If Q113 = 1 person} Was the person male or female? {radio button question}
- Male
  - Female
  
  - Don't know
116. {If Q113 = 2 or more people} Were they male or female? {radio button question}
- All were male
  - All were female
  - Mix of male and female
  
  - Don't know
117. Had [IF Q113 = 1: this person / IF Q113 = 2 OR MORE: any of these people] been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened?
- Yes
  - No
  
  - Don't know
118. Had you been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened? **Please keep in mind that you are not responsible for what happened, even if you had been drinking or using drugs.** Remember that your answers will remain completely confidential.
- Yes
  - No
119. Do you think you were given a drug without your knowledge or consent in the hours before or during what happened? *If you are unsure, you may select "Don't know."*

- Yes
- No
  
- Don't know

120. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

121. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

122. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

*{If none in Q122 or Q123 = "Yes, I did", skip to Q125}*



123. *{If any in Q122 or Q123= "Yes, I did". Loop through for each "Yes, I did" response.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q120/Q121/122] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

124. *{If none in Q122 or Q123 = "Yes, I did"}* You said you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q122 AND Q123 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn't know how to contact them
- You thought they would not keep your situation private or didn't trust them
- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken

- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

125. *{If yes to any in Q122 or Q123}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?
- Yes
  - No
  - Don't know

126. *{If Q126 = Yes}* Who started the investigation? *Please select all that apply.*
- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
  - A Resident Advisor (RA) or other Residence Life staff member
  - Counseling or psychological services at [SCHOOL NAME]
  - Health center or health care provider on campus
  - [SCHOOL NAME] Title IX Office
  - [SCHOOL NAME] campus security or police department
  - Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
  - Other (please specify): \_\_\_\_\_

127. *{If Q126 = Yes}* Is the investigation over?
- Yes
  - No
  - Don't know

128. {If Q128 = Yes} What was the final decision or outcome of the investigation?
- \_\_\_\_\_

129. *{If Q126 = Yes}* Are you satisfied with how the investigation [IF Q128 = YES: was / IF Q128 = NO: has been / IF Q128 = MISSING: has been or was] conducted?
- Yes
  - No (If no, please explain):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

130. [IF Q33 = 1: When / IF Q33 = 2 OR MORE: The most recent time] this happened with a romantic or dating partner [IF MONTH SELECTED IN Q34: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q35: (between [RANGE])] / ELSE IF Q33 = 2 OR MORE: FILL IS EMPTY], did you experience any of the following injuries or other things?

	Yes	No
Bruises, black eye, cuts, scratches, or swelling		
Chipped or knocked out teeth		
Broken bones, or broken nose		
Concussion		
Sexually transmitted infections or diseases		
Pregnancy		
Other (please specify):		

131. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

132. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

133. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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**You have completed Section 3 of 5. This is the longest section for most people.**

*{Skip to randomized modules – Institutional Culture}*

## 4. Institutional Culture

### A. Campus Climate & Attitudes

Reminder: All of your answers to these questions will remain private. Nobody at [SCHOOL] will ever see them.

134. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel safe when I am on the [SCHOOL] campus.				
<i>{If Q9 = residence hall or dormitory}</i> I feel safe when I am in my residence hall/dorm on campus.				
<i>{If Q8 = no or not applicable}</i> I feel safe when I am at my home off campus.				
I believe alcohol abuse is a big problem at [SCHOOL].				
I believe marijuana abuse is a big problem at [SCHOOL].				

135. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Sexual harassment</b> is a problem at [SCHOOL].				
<b>Sexual assault</b> is a problem at [SCHOOL].				
<b>Stalking</b> is a problem at [SCHOOL].				
<b>Dating or domestic violence</b> is a problem at [SCHOOL].				

136. Thinking about the overall population of [SCHOOL] students, how much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
Most [SCHOOL] students are knowledgeable about the topic of <b>sexual harassment</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>sexual assault</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>stalking</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>dating or domestic violence</b> , including its definition, frequency, and legal consequences.				

137. Since you started attending [SCHOOL], have any other [SCHOOL] students told you they experienced the following?

	Yes	No
Sexual harassment		
Sexual assault		
Stalking		
Dating or domestic violence		

138. The next question asks about your opinions on the following concepts. Please think about these things when answering.

- **Sexual harassment**
- **Sexual assault**
- **Stalking**
- **Dating or domestic violence**

How much do you agree or disagree with each of the following statements? Remember that you may skip any question or stop the survey at any time if it makes you uncomfortable.

	Strongly Agree	Agree	Disagree	Strongly Disagree
If someone reported experiencing the things listed above, [SCHOOL] would maintain the privacy of the person making the report.				
If I experienced one of these things at [SCHOOL], I would report it to administrators, faculty, or staff.				
If I experienced one of these things, administrators and staff at [SCHOOL] would treat me with dignity and respect.				
I know what services are available at [SCHOOL] to help people who experience these things.				
I understand the procedures that [SCHOOL] has for dealing with reports of these things.				

The next couple questions ask specifically about **sexual assault**.

139. If you were sexually assaulted, how likely do you think you would be to notify or reach out to the following individuals, groups, or organizations at [SCHOOL] for assistance or support?

	Very Likely	Likely	Not Very Likely	Not at all Likely	Not applicable
A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL]					
A Resident Advisor (RA) or other Residence Life staff member					
[SCHOOL] Title IX Office					
Counseling or psychological services at [SCHOOL]					

A hospital, health care center, or doctor's office on campus					
[SCHOOL] campus security or police department					
[FILL SCHOOL-SPECIFIC RESOURCES]					

140. If you were sexually assaulted, how likely do you think you would be to notify or reach out to the following outside individuals, groups, or organizations (that is, **not** at [SCHOOL]) for assistance or support?

	Very likely	Likely	Not Very Likely	Not at all Likely
A crisis hotline or helpline				
A crisis or victims services center <b>not</b> at [SCHOOL]				
A hospital, health care center, or doctor's office <b>not</b> at [SCHOOL]				
Counseling or psychological services <b>not</b> at [SCHOOL]				
Local police, such as the city, county, or tribal police department				

### B. Bystander Intervention Module

141. How likely would you be to do the following things at [SCHOOL]?

	Very Likely	Likely	Not Very Likely	Not at all Likely
If you saw or heard someone insulting or making fun of another person because of their <b>sexual orientation</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of their <b>sex</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of their <b>race, ethnicity, or national origin</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of a <b>cognitive, physical, or mental disability</b> , how likely would you be to tell them to stop?				
If you saw a person who had too much to drink, how likely would you be to talk to their friends to make sure they wouldn't leave the person behind?				
If you saw someone who looked uncomfortable and was being touched, grabbed, or pinched in a sexual way, how likely would you be to speak up or help in some other way?				
If someone told you that they had sex with someone who was passed out, how likely would you be to report the incident to a campus administrator, faculty, or police?				

If you suspected that one of your friends might be in an abusive relationship, how likely would you be to ask them if they are being mistreated or offer support?				
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### C. Prevention and Training Module

142. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
[SCHOOL] is committed to training students on preventing sexual harassment, sexual assault, dating/domestic violence, and stalking.				
[SCHOOL] is doing a good job educating students about sexual harassment, sexual assault, dating/domestic violence, and stalking (such as what consent means, how to define these things, how to look out for and help each other).				

143. Since you started attending [SCHOOL], have you attended an assembly or workshop, or received any other type of training or classes offered by [SCHOOL] that covered each of the following topics? Please include any in-person, virtual, or online training or classes you attended.

	Yes	No
The meaning of “consent” and how to respectfully ask for it from a sexual partner		
The definitions of sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Reporting sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Supporting someone who has experienced sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Who on campus is required to report sexual harassment, sexual assault, dating/domestic violence, and/or stalking to campus offices, like the Title IX Office or Student Affairs		
The services available for survivors of sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Intervening as a bystander to protect other students from sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Strategies for preventing sexual harassment, sexual assault, dating/domestic violence, and/or stalking		

144. Have you taken the following training programs offered by [SCHOOL]?

	Yes	No
<b>[INSERT SCHOOL SPECIFIC FILL]</b> Live, in-person training/classes/programming		
<b>[INSERT SCHOOL SPECIFIC FILL]</b> Live, online/virtual training/classes/programming		
<b>[INSERT SCHOOL SPECIFIC FILL]</b> On-demand, pre-recorded, online-only training/classes/programming		



145. How helpful or unhelpful were the following training programs that you took?  
 [SHOW PROGRAM FILLS FROM YES RESPONSES TO Q144]

	Very Helpful	Helpful	Not Very Helpful	Not at all Helpful
[Q144 PROGRAM NAME FILL]				
[Q144 PROGRAM NAME FILL]				
[Q144 PROGRAM NAME FILL]				

**You have completed Section 4 of 5**

## 5. Additional Demographics

We'd like to end the survey by asking just a few more questions.

146. Are you deaf or do you have serious difficulty hearing?
- Yes
  - No
147. Are you blind or do you have serious difficulty seeing even when wearing glasses?
- Yes
  - No
148. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- Yes
  - No
149. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Yes
  - No
150. Do you have serious difficulty walking or climbing stairs?
- Yes
  - No
151. Do you have difficulty dressing or bathing?
- Yes
  - No
152. *{If "Yes" to any of Q152-Q157}* Have you informed [SCHOOL NAME] that you have a disability?  
*This often involves providing additional documentation prepared by an appropriate professional, such as a medical doctor, psychologist, or other qualified diagnostician. The required documentation may include one or more of the following: a diagnosis of your disability, as well as supporting information, such as the date of the diagnosis, how that diagnosis was reached, and the credentials of the diagnosing professional; information on how your disability affects a major life activity; and information on how the disability affects your academic performance.*
- Yes
  - No
153. *{If "Yes" to Q158}* Which of the following disabilities have you informed [SCHOOL NAME] that you have? *Please select all that apply.* [ONLY LIST ITEMS SELECTED IN DISABILITY SCREENERS.]
- Deafness or serious difficulty hearing
  - Blindness or serious difficulty seeing even when wearing glasses
  - Physical, mental, or emotional condition that results in difficulty doing errands alone such as visiting a doctor's office or shopping
  - Physical, mental, or emotional condition that causes serious difficulty concentrating, remembering, or making decisions

- Serious difficulty walking or climbing stairs
- Difficulty dressing or bathing

154. Since you started attending **[SCHOOL]**, how often have you thought about quitting or dropping out of school?

- Very often
- Often
- Sometimes
- Rarely
- Never

155. Since you started attending **[SCHOOL]**, how often have you thought about transferring to another school?

- Very often
- Often
- Sometimes
- Rarely
- Never

156. What is the highest degree or level of school that your parents have completed?

	Parent 1	Parent 2
Less than high school diploma		
High school diploma or GED		
Some college but did not receive a degree		
Associate's degree		
Bachelor's degree (such as BA, BS)		
Master's, Professional, or Doctoral degree (such as MA, MS, MBA, MD, JD, PhD)		
Don't know		
Not applicable		

157. What is your race and/or ethnicity? *Please select all that apply.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

158. Which of the following best describes how you think of yourself?

- Gay or lesbian
- Straight, that is not gay or lesbian
- Bisexual
- Pansexual

- Asexual/Ace, or on the asexual spectrum
- I use a different term: \_\_\_\_\_
  
- I don't know
  
- 

159. Are you male or female?

- Male
- Female

## 6. Survey Debriefing Module

Now we just have a few final questions about the survey.

160. How easy were the survey questions for you to understand?
- Extremely easy
  - Very easy
  - Somewhat easy
  - A little easy
  - Not at all easy
161. How upsetting did you find the questions in this survey?
- Extremely upsetting
  - Very upsetting
  - Somewhat upsetting
  - A little upsetting
  - Not at all upsetting
162. How important do you think it is for students to complete surveys like this about their experiences with being harassed or assaulted?
- Extremely important
  - Very important
  - Somewhat important
  - A little important
  - Not at all important
163. What was your main motivation for taking this survey?
- I wanted my opinions to be heard by faculty, staff, and administration
  - The issues covered in this survey are important to me
  - Gift card prize
  - Other (please specify): \_\_\_\_\_
164. Do you have additional comments, suggestions, or feedback on this survey that you'd like to share with us?

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**You have completed Section 5 of 5**

## (General Resources Page)

If you are concerned about any of the topics covered in this survey, or if you would like more information on these issues, you are encouraged to contact the following organizations.

- **Rape, Abuse & Incest National Network (RAINN):** Call a victim's assistance hotline, available 24/7, at 800-656-HOPE (4673). Live chat is also available at <https://hotline.rainn.org/online/>.
- **National Domestic Violence Hotline:** Call a domestic violence hotline at 800-799-7233 (TTY 800-787-3224). To receive real-time, one-on-one support through live chat, visit <http://www.thehotline.org/what-is-live-chat/> . Chat is available 24/7.
- **National Dating Abuse Hotline:** Helpline at 1-866-331-9474 [www.loveisrespect.org](http://www.loveisrespect.org)

Attachment B: Draft CCVS/SPES Cognitive Interview Protocol

# Student Perspectives and Experiences Survey (SPES) Instrument Campus Climate Design and Testing Study Cognitive Interviewing Protocol

(Survey Home Page)

[insert study logo here]

## Introduction:

The purpose of this interview is to get your feedback on some survey questions about your opinions, perceptions, and experiences at [SCHOOL], as well as experiences you may have had with being harassed or harmed. We want to understand what these questions mean to you, and you will be helping us improve the questions and make them as clear as possible.

Taking part in the interview is up to you. I would like you to please answer these questions to the best of your knowledge and to know that there are no right or wrong answers. After some of the survey questions, I may stop and ask you follow-up questions to better understand your answer and the way you thought about the question. Most of my follow-up questions will ask what you thought about certain words or phrases or what you think a question is trying to ask.

As we are going through the survey, please feel free to tell me what you are thinking as you are answering these questions, including anything that comes to mind and asking me anything you are unclear about. We want your honest opinions about what you like and dislike and what you do and don't understand so we can improve this survey. You can also skip any questions you do not want to answer. If I ask you a question you do not want to answer, you can just say "Pass." If you decide at any point that you do not want to finish, you can ask to stop, and you will still receive the gift card.

I will share my screen and pull up the survey questions for us to review. I ask that you read it on your own and then verbally tell me which of the response options you would select. Many of the questions include a placeholder for the name of your school. This is written as "SCHOOL" in all caps within square brackets. When this appears in the question, replace it with the name of the school you are currently attending. After you read the question in your head and tell me your response, I will likely follow up with a few questions about how you came to your answer or what a specific word means to you, and then we will move on to the next question.

**Do you have any questions before we begin?**



# Student Perspectives and Experiences Survey (SPES) Instrument

## 1. Initial Demographics

*PROGRAMMING NOTE: Text that is in ALL CAPS, red, blue, or green font will not be displayed to respondents.*

First, we'd like to ask a few questions about you.

1. How old are you? *{dropdown}*

- Under 18 *{Explain that their participation is not possible. End survey.}*
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30+

2. What type of student are you?

- Community or Junior college student
- Undergraduate student
- Vocational, Trade, or Technical school student
- Graduate student
- Professional student (graduate degrees in law, medicine, veterinary medicine, etc.)
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or hard was it to choose an answer?

3. How long have you been this type of student? In other words, are you in your...

- 1<sup>st</sup> year
- 2<sup>nd</sup> year
- 3<sup>rd</sup> year
- 4<sup>th</sup> year
- 5<sup>th</sup> year
- 6<sup>th</sup>+ year
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or difficult was it to choose an answer?

4. Are you an international student?

- Yes
- No

**PROBE 1:** In this question, what does the term “international student” mean to you?

**As a reminder, throughout the survey, we will refer to your school as “[SCHOOL].”**

5. Are you a transfer student (that is, did you transfer into [SCHOOL])?

- Yes
- No

6. When did you start taking classes at [SCHOOL]?

- [MONTH] {dropdown}
- [YEAR] {dropdown}

**PROBE 1:** How easy or difficult was it for you to remember what month and year you started taking classes at your school?

7. How many of the classes you have taken at [SCHOOL] in the past 12 months (since [DATE]) have been **completely online** (that is, no in-person instruction)?

- None
- A few
- About half
- Most
- All
- Other (please specify): \_\_\_\_\_

**PROBE 1:** What does “completely online” mean to you, in your own words?

8. Do you currently live on campus?

- Yes
- No
- Not applicable (school does not have a campus)

**PROBE 1:** Thinking about where other students from your school live, how do you determine whether a particular housing situation for students at your school counts as on campus or off campus?

9. *{If Q8 = yes}* Where do you live **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or difficult was it to choose an answer?

**PROBE 2:** Are there any types of housing locations missing from the options provided or do they cover everything? *IF MISSING:* What is missing?

**PROBE 3:** What do you think is the difference between a “residence hall or dormitory” and “other school-sponsored, on campus housing”?

10. *{If Q8 = no or not applicable}* Where do you live?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- At home with your parent(s) or guardian(s)
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or difficult was it to choose an answer?

**PROBE 2:** Are there any types of housing locations missing from the options provided or do they cover everything? *IF MISSING:* What is missing?

11. Have you been employed by [SCHOOL] at any time in the past 12 months (since [DATE])?

- Yes
- No

12. Have you ever served on active duty in the U.S. Armed Forces?

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past, but not now

13. In the past 12 months (since [DATE]), which of the following groups and activities have you been a member of at [SCHOOL]? *Please select all that apply.*

- Honor society
- Professional group related to your major or field of study
- Fraternity or sorority (pledge or member)
- Intercollegiate athletic team
- Cultural group (e.g., Black Student Union, Latinx Student Association)
- Identity affiliation group (e.g., LGB, Disability, First-Generation College Student)
- Political or social action group
- Student government
- Performing arts group
- Media organization (such as newspaper, radio, magazine)
- ROTC, veterans, or other military group
- Religious or faith-based group
- Other student organization or group (please specify): \_\_\_\_\_
- None

**PROBE 1:** How do you determine if you are a “member” of a group? For example, if you only attended 1 or 2 meetings for one of these organizations, would you say you were a member?

**PROBE 2:** How easy or hard was it to decide which options to select?

**You have completed Section 1 of 5**

## 2. Victimization Screeners

### A. Sexual Harassment Victimization Screener

This section asks about times when anyone may have said or done something of a sexual nature that you didn't want them to say or do. These things could have happened to you on or off campus and either in-person, OR over the phone, through text message, email, social media, or online. Also, the person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers. Remember that you may skip any question or stop the survey at any time if you feel uncomfortable.

**PROBE 1:** Did you read all of these introductions, or skip over them? It is a lot of text, and you should know that we will understand if you say "no" to this question.

14. In the past 12 months (since [DATE]), has **anyone** done the following things to you **in-person**? Please include things no matter where you were when they happened to you.

	Yes	No
Made inappropriate or offensive comments (such as vulgar or explicit sexual comments, jokes, or stories) about your body, appearance, or sexual activities		
Tried to get you to talk about sexual things when you didn't want to		
Continued to ask you to go out, get dinner, hang out, have drinks, meet up, or hook up even though you had already said "no"		
Made you feel uncomfortable or offended you by making sexual comments, gestures, or by staring at you		
Talked about or referred to people of your sex using insulting or offensive words		
Showed you their sexual body parts when you didn't want them to and without your consent		
Watched or took photos or videos of you when you were naked or having sex, without your consent		

**PROBE 1:** Were there any items or words from the list above that you didn't understand, or were they all clear?

**PROBE 2:** The first item asks about "inappropriate or offensive comments." What does the phrase "inappropriate or offensive" mean to you?

15. In the past 12 months (since [DATE]), has **anyone** done the following things to you **over the phone, through text message, email, social media, or online**? Please include things no matter where you were when they happened to you.

	Yes	No
Made inappropriate or offensive comments (such as vulgar or explicit sexual comments, jokes, or stories) about your body, appearance, or sexual activities		
Tried to get you to talk about sexual things when you didn't want to		
Continued to ask you to go out, get dinner, hang out, have drinks, meet up, or hook up even though you had already said "no"		
Made you feel uncomfortable or offended you by sending sexual comments, gestures, or emojis		

Talked about or referred to people of your sex using insulting or offensive words		
Showed you their sexual body parts when you didn't want them to and without your consent		
Watched or took photos or videos of you when you were naked or having sex, without your consent		
Sent you offensive sexual comments, jokes, stories, pictures, or videos that you didn't want to see or receive		
Sent or shared sexual rumors, stories, videos, or images <b>of you</b> to other people when you didn't want them to. <i>This could include deepfakes, or AI-generated videos or images.</i>		

**PROBE 1:** How did you feel about being asked this question?

**PROBE 2:** How would you compare this set of questions to the previous set? Did you notice any similarities or differences?

**PROBE 3:** Were there any items or words from the list above that you didn't understand, or were they all clear?

**PROBE 4:** The third item includes the phrase "hook up." What does "hook up" mean to you?

16. In the past 12 months (since [DATE]), has **someone in a position of authority over you** (such as a professor, supervisor, boss, teaching assistant, coach) done the following things to you either **in-person OR over the phone, through text message, email, social media, or online**? Please include things no matter where you were when they happened.

	Yes	No
Promised you better treatment or suggested you would receive favors or privileges if you hooked up with them (including kissing, sexual touching, sex)		
Threatened or suggested that you would be treated worse or differently if you didn't hook up with them (including kissing, sexual touching, sex)		

**PROBE 1:** What sorts of people were you thinking about when you answered this question?

**PROBE 2:** Did you notice that this question asks about things that could have happened in-person, online, or by phone?

**PROBE 3:** What does the phrase "hook up with them" mean to you as it's used in this question?

**PROBE 3a:** Suppose the question asked about "engaging in sexual contact with them" rather than "hooking up with them." How do you think that would change the meaning of the question, if at all? Would it change your answers?

*{If all Q14 = No, all Q15 = No, and all Q16 = No, skip to Sexual Assault Victimization Screener.}*

17. *{If yes to any in Q14, Q15, or Q16}* You said someone did the following things:

- [POPULATE BULLETED LIST OF Q14, Q15, & Q16 ITEMS ENDORSED]

How many different times have you experienced these things in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times

- 4 times
- 5 or more times

**PROBE 1:** How did you come up with your answer? [PAUSE FOR FEEDBACK]

**PROBE 2:** How sure are you of your answer?

**PROBE 3:** If you experienced these **twice in the same day**, do you think that counts as 1 time or 2 times? What about twice in the same **week**?

18. [IF Q17 = 1: When did it occur? / IF Q17 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Sexual Assault Victimization Screener.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don't know

**PROBE 1:** How easy or difficult was it to recall when this incident or experience happened?

19. *{If Q18 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q17 = 1: time / IF Q17 = 2 OR MORE: most recent time] someone did these things to you. What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] *{Skip to Sexual Assault Victimization Screener.}*
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH - 6 MONTHS] [YEAR]
- Between [CURRENT MONTH - 6 MONTHS] and today

20. In the past 12 months (since [DATE]), has anyone pressured you into having sexual contact with them by:

- Threatening to tell lies or spread rumors about you,
- Threatening to break up with you or end your relationship,
- Making promises you knew or discovered were untrue, or
- Continually verbally pressuring you after you said you didn't want to?
  - Yes
  - No

## B. Sexual Assault Victimization Screener

This section asks about times when you may have experienced unwanted sexual contact. In these questions, **unwanted sexual contact** is sexual contact that you **did not consent to** and that you **did not want** to happen. Remember that you may skip any question or stop the survey at any time if you feel uncomfortable.

**Please check off each point below as you read through these descriptions to indicate that you have read each definition. For the purposes of this survey, unwanted sexual contact can happen when:**

- Someone touches or grabs your sexual body parts (such as butt, crotch, genitals, or breasts) and you did not want it to happen;
- Someone **ignores you when you say “no” or just does it when they know you don’t want them to;**
- Someone **threatens to hurt you, or someone or something you care about;**
- Someone **uses force against you**, such as holding you down with their body weight, pinning your arms, or hitting or kicking you; or
- You are **unable to provide consent because you are incapacitated, passed out, unconscious, blacked out, or asleep.** This can happen after you voluntarily used alcohol, marijuana, or other drugs, or after you were given a drug without your knowledge or consent.

Please keep in mind that anyone, regardless of sex or sexual orientation, can experience unwanted sexual contact. Also, the person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers.

**PROBE 1:** Did you read all of these introductions, or skip over them? It is a lot of text, and you should know that we will understand if you say “no” to this question.

**PROBE 2:** What’s going through your mind right now?

**PROBE 3:** The last sentence mentions “current or former dating partners.” What does the term “dating partner” mean to you, as it’s used here?

**PROBE 4:** How about the term “romantic partner”—what does that term mean to you? How does it differ from “dating partner,” if at all?

**PROBE 5:** Do you prefer one of these terms over the other? (“dating partner” versus “romantic partner”)

21. In the past 12 months (since [DATE]), has anyone had the following types of unwanted sexual contact with you (that is, sexual contact that you did not consent to and that you did not want to happen)?

	Yes	No
Forced physical contact that is sexual (forced kissing, clothing removal, or touching/grabbing of sexual body parts, even if over one’s clothes. Sexual body parts include someone’s butt, crotch, genitals, or breasts.)?		
Oral sexual contact (that is, mouth or tongue making contact with genitals)?		
Vaginal or anal sexual contact (that is, penetration of a vagina or anus with a finger, penis, or object)?		

*{If all of Q21 = No, Skip to Stalking Victimization Screener.}*

**PROBE 1:** Were there any items or words from the list above that you didn’t understand?

**PROBE 2:** Were there other forms of sexual contact that you expected to see here that weren’t listed?

22. {If Q21 = Yes} How many different times has someone had unwanted sexual contact with you in the past 12 months (since [DATE])?
- 1 time
  - 2 times
  - 3 times
  - 4 times
  - 5 or more times

**PROBE 1:** How did you come up with your answer? [PAUSE FOR FEEDBACK]

**PROBE 2:** How sure are you of your answer?

**[OPTIONAL PROBE – If YES to multiple items in Q21]** – Did these experiences occur at the same time?

[IF YES] Did you consider this “1 time”?

23. [IF Q22 = 1: When did it occur? / IF Q22 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]
- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Stalking Victimization Screener.}*
  - [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
  - [FILL MONTH: CURRENT MONTH] [YEAR]
  
  - Don't know

**PROBE 1:** How easy or difficult was it to recall *when* this incident happened?

24. *{If Q23 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q22 = 1: time / IF Q22 = 2 OR MORE: most recent time] someone had unwanted sexual contact with you. What is your best estimate of when it happened?
- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] *{Skip to Stalking Victimization Screener.}*
  - Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH – 6 MONTHS] [YEAR]
  - Between [CURRENT MONTH – 6 MONTHS] and today
25. [IF Q22 = 2 OR MORE AND Q21 = 2+ TYPES OF CONTACT: During the most recent time, which of the following types of unwanted sexual contact did someone have with you?] *Please select all that apply, and remember, “unwanted sexual contact” is sexual contact that you did not consent to and that you did not want to happen.*



- Forced physical contact that is sexual (forced kissing, clothing removal, or touching/grabbing of sexual body parts, even if over one's clothes. Sexual body parts include someone's butt, crotch, genitals, or breasts.)
- Oral sexual contact (that is, mouth or tongue making contact with genitals)
- Vaginal or anal sexual contact (that is, penetration of a vagina or anus with a finger, penis, or object)

26. [IF Q22 = 1: When / IF Q22 = 2 OR MORE: The most recent time] you experienced unwanted sexual contact, did any of the following things happen?

	Yes	No	Unsure
They ignored you when you said "no" or just did it when they knew you didn't want them to			
They threatened to hurt you or someone you care about			
They used physical force against you, such as holding you down with their body weight, pinning your arms, strangling or choking you, or hitting or kicking you			
You were unable to provide consent or stop what was happening because you were incapacitated, passed out, unconscious, blacked out, or asleep			
Something else (please describe): _____			

[IF ANY ITEMS IN Q26 ARE BLANK]: Your responses to this question are very important. Please select a response for each item.

**PROBE 1:** The second item says, "They threatened to hurt you or someone you care about." Who were you thinking about as you answered this question? Would you include pets?

**PROBE 2:** Suppose they threatened to hurt your pet. Do you think that should be reported in this question, or not? *If yes: Probe to determine which item they would report it under.*

### C. Stalking Victimization Screener

This section asks about times when someone **repeatedly** contacted you or did things that caused you emotional distress or made you fear for your personal safety. The person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers, but please do not include bill collectors, solicitors, or salespeople.

**PROBE 1:** In your own words, what does “repeatedly” mean to you as it’s used in this question?

27. In the past 12 months (since [DATE]), has someone **repeatedly** caused you emotional distress or made you fear for your personal safety by doing any of the following things?

	Yes	No
Following you around or watching you		
Waiting for you, showing up, or riding by your home, work, school, or any place else when you didn’t want them to		
Sneaking into your home, dorm, car, or any other place and doing unwanted things to let you know they had been there		
Leaving or sending unwanted items, such as cards, letters, presents, or flowers		
Harassing you or repeatedly asking your friends or family for information about you or your whereabouts		
Making unwanted phone calls to you, leaving voice messages, sending text messages, or using the phone to contact you excessively		
Sending you unwanted e-mails or messages through the Internet, social media apps, or websites like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge		
Using technologies such as a listening device, camera, computer or cell phone monitoring software, or GPS tracking device to spy on you or monitor your activities or location		
Spying on you or monitoring your activities or location through social media apps like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge		

*{If all Q27 = No, skip to Dating Violence/Domestic Violence Victimization Screener.}*

**PROBE 1:** When answering this question, “Harassing you or repeatedly asking your friends or family for information about you or your whereabouts” did you think only about things that happened to you in-person or face-to-face, or also about things that might have happened online or over the phone?

**PROBE 2:** *If any Yes responses:* Did each of these things you experienced cause you emotional distress or make you fear for your personal safety?

**PROBE 3:** Did you notice that this question is only asking about experiences that caused you emotional distress or made you fear for your personal safety?

**PROBE 4:** Are there any other social media apps or other forms of electronic communication that weren’t mentioned that we should include? For example, video game communications?

28. *{If Q27 = Yes}* How many different times have you experienced these things in the past 12 months (since [DATE])?

- 1 time
- 2 times

- 3 times
- 4 times
- 5 or more times

**PROBE 1:** How did you come up with your answer? Can you walk me through your thought process?

**PROBE 2:** When answering the question, were you thinking about every single time one of these things happened, were you thinking about separate periods during which these things happened repeatedly, or were you thinking about it some other way?

29. [IF Q28 = 1: When did it occur? / IF Q28 = 2 OR MORE: “Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Dating Violence/Domestic Violence Victimization Screener.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don’t know

**PROBE 1:** How easy or difficult was it to recall *when* this incident happened?

30. *{If Q29 = Don’t know or missing}* Your response to this question is very important. Please think about the [IF Q28 = 1: time / IF Q28 = 2 OR MORE: most recent time] someone did these things to you.

What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] [YEAR]
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH – 6 MONTHS] [YEAR]
- Between [CURRENT MONTH – 6 MONTHS] and today

## D. Dating Violence/Domestic Violence Victimization Screener

31. Have you ever been in a romantic or dating relationship, such as a casual relationship, hook-up, steady or serious relationship, cohabitation, domestic partnership, civil union, or marriage?
- Yes
  - No *{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

**PROBE 1:** Can you think of any types of relationships missing from the examples provided in this question?

**PROBE 2:** Are you familiar with the term “situationship”? Do you think that should be included in the question? Why or why not?

People can treat their romantic or dating partners in many different ways, and this section asks about things your romantic or dating partners may have done to you during the past 12 months. This can include current or former partners, regardless of length and seriousness of the relationship.

As you answer the questions, please do not include times you knew the other person was just joking around. Remember that you may skip any question or stop the survey at any time if it makes you uncomfortable.

**PROBE 1:** In your own words, what do you think this phrase means? “please do not include times you knew the other person was just joking around”

32. *{If Q31 = Yes}* In the past 12 months (since [DATE]), has a current or former romantic or dating partner of yours done the following things to you?

	Yes	No
Looked at you or used other nonverbal signals to make you think or feel like they might hurt you		
Threatened to hurt or attack you, someone or something you care about, or themselves, and you thought they would really follow through with the threat		
Pushed, grabbed, or shook you, and they were <b>not</b> joking around		
Bent your fingers or twisted your arm until it hurt		
Threw something at you, such as a rock or a bottle		
Burned, hit, punched, kicked, or slapped you		
Strangled or choked you		
Used, or threatened to use, a gun against you		
Used, or threatened to use, another type of weapon against you		
Intentionally embarrassed, humiliated, insulted, or made fun of you in front of other people		
Stole or destroyed your property		
Threatened to end your relationship or commit suicide to get you to do what they wanted, and they were <b>not</b> joking around		
Controlled you (such as keeping you from seeing or talking to your family or friends, keeping track of you by demanding to know where you were and what you were doing, or making decisions for you, such as where you went or what you wore or ate)		

Used the internet, social media, or a cell phone to monitor your whereabouts and activities		
Looked at your private information (such as text messages, emails, etc.) to check up on you		
Shared an embarrassing or private sexual photo or video of you without your permission and you didn't want them to. <i>This could include deepfakes, or AI-generated videos or images</i>		
Took or withheld money or demanded to know how money was spent		
Did things to keep you from going out or to your job or classes (such as starting a fight to make you late, taking your keys, or blocking the door)		
Hid, took, or tampered with your birth control in an effort to sabotage your contraception		
Pressured you to get pregnant		
Pressured you to end a pregnancy or get an abortion		

*{If all Q32 = No, skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

**PROBE 1:** In general, how do you feel about this question?

**PROBE 2:** How was it for you to go through that list?

**PROBE 3:** One of the items asks if a partner “strangled or choked you.” Do you think this includes all instances of strangling or choking, such as if it was done consensually during sex, or do you think it’s only asking about certain types of situations? (Probe to clarify what situations they think count.)

**PROBE 2:** One of the items asks about using the internet, social media, or a cell phone to monitor your whereabouts and activities. Can you give me some examples of things someone could do that you think would fall under this category?

**PROBE 3:** Some people set up their phone to always share their location with someone else. How do you think they should answer this question?

**PROBE 4:** This item asks about using the internet, social media, or a cell phone to monitor your whereabouts and activities. Suppose it instead asked about using the internet, social media, or a cell phone **to spy on you** or monitor your whereabouts and activities. How do you think that would change the meaning of the question, if at all? Would it change your answers?

33. *{If yes to any in Q32}* You said a romantic or dating partner did the following things:

- [POPULATE BULLETED LIST OF Q32 ITEMS ENDORSED]

How many different times have these things been done to you in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

34. [IF Q33 = 1: When did it occur? / IF Q33 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
  
- Don't know

**PROBE 1:** How easy or difficult was it to recall *when* this incident happened?

35. *{If Q34 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q33 = 1: time / IF Q33 = 2 OR MORE: most recent time] someone did these things to you.

What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] [YEAR]
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH - 6 MONTHS] [YEAR]
- Between [CURRENT MONTH - 6 MONTHS] and today

*{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

**You have completed Section 2 of 5**

**GENERAL PROBE:** Are there any other similar incidents you experienced that you didn't think the survey addressed?

### 3. Victimization Follow-ups

[If a respondent experienced more than two victimization types, we plan to limit the number of victimization types someone would receive detailed follow-up questions about to two. We will likely do this randomly, although we might prioritize including some of the less common victimization types, such as sexual assault and stalking.]

#### A. Sexual Harassment Follow-Ups

36. *{If yes to any in Q14, Q15, or Q16}* Earlier in the survey, you said the following things have happened to you in the past 12 months:

- [POPULATE BULLETED LIST OF Q14, Q15, AND Q16 ITEMS ENDORSED. FOR Q14 and Q15 ITEMS, INCLUDE “Someone” AT THE BEGINNING OF THE FILL (such as “Someone made inappropriate or offensive comments...”). FOR Q16 ITEMS, INCLUDE “Someone in a position of authority over you” AT THE BEGINNING OF THE FILL (such as “Someone in a position of authority over you promised you better treatment...”).]

**When answering the next questions, please think about the** [IF Q17 = 2 OR MORE: **most recent**] **time someone did** [IF ONE ITEM LISTED: **this** / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q18: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q19: (between [RANGE]) / ELSE IF Q17 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- On campus
- Off campus
- Virtually (that is, not in-person)

**PROBE 1:** How easy or hard was it to choose an answer?

**PROBE 2:** Did you want to select more than one option, or not?

37. *{If Q36 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Cafeteria or restaurant
- Parking lot, street, or other outdoor space
- Other (please specify): \_\_\_\_\_

**PROBE 1:** In your own words, what is the difference between a “residence hall or dormitory” and “other school-sponsored, on-campus housing”?

38. *{If Q36 = Off campus}* Where did this occur **off campus**?
- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
  - An off-campus fraternity or sorority house
  - An apartment or house that is sponsored by [SCHOOL]
  - An apartment or house that is **not** sponsored by [SCHOOL]
  - Restaurant/bar/club
  - Parking lot, street, or other outdoor space
  - Other (please specify): \_\_\_\_\_

39. Did this happen when you were...

	Yes	No
<i>{If Q36 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q36 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q36 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

40. *{If Q36 = Virtually}* Where did this occur **virtually**?
- Text or direct message (DM)
  - Email
  - Video chat (FaceTime, Zoom, etc.)
  - Social media
  - Dating app
  - Other (please specify): \_\_\_\_\_

**PROBE 1:** In this list, what does “social media” mean to you?

41. How many different people did this to you [IF Q17 = 2 OR MORE: this most recent time]?
- 1 person
  - 2 or more people
42. [IF Q41 = 1: Who was this person / If Q41 = 2 OR MORE: Who were these people]? *Please select all that apply.*
- A total stranger
  - A student whom you recognized but did not know
  - A dating partner, boyfriend/girlfriend, or spouse (current or former)
  - Someone you are/were seeing casually
  - An acquaintance, friend of a friend, or someone you met recently
  - A friend, classmate, or roommate (current or former)
  - A teaching assistant or research/lab manager
  - A professor
  - Another type of school staff member
  - A parent, step-parent, or foster parent
  - A sibling, step-sibling, or foster sibling (such as a brother or sister)
  - Some other relative



- Other (please specify): \_\_\_\_\_
- Don't know

**[IF RESPONDENT CHECKS OFF MORE THAN ONE OPTION] PROBE 1:** Can you explain how you came up with your answer?

43. [IF Q41 = 1: Was this person... / If Q41 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]?
- Yes
  - No
  - Don't know
44. {If Q41 = 1 person} Was the person male or female? {radio button question}
- Male
  - Female
  - Don't know
45. {If Q41 = 2 or more people} Were they male or female? {radio button question}
- All were male
  - All were female
  - Mix of male and female
  - Don't know

46. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

47. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			

Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

48. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

*{If none in Q47 or Q48 = "Yes, I did", skip to Q50}*

49. *{If any in Q47 or Q48 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q46/Q47/48] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

**PROBE 1:** One of these items asked if they tried to discourage you from telling anyone else. What types of people were you thinking about when you answered?

**PROBE 2:** Consider if someone else reported on your behalf. Would you be able to answer these questions?

50. *{If none in Q46 or Q47 = "Yes, I did"}* You said that you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q46 AND Q47 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn't know how to contact them
- You thought they would not keep your situation private or didn't trust them
- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken
- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or difficult was it to select your answers from the options provided? Why?

**PROBE 2:** What does “harsh consequences” mean to you as it’s used in this question?

51. *{If yes to any in Q47 or Q48}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- Yes
- No
  
- Don’t know

**PROBE 1:** In your own words, what does “investigation” mean to you as it is used in this question?

**PROBE 2:** When thinking about the investigation, were you thinking about an investigation by law enforcement, the school, or both?

52. *{If Q51 = Yes}* Who started the investigation? *Please select all that apply.*

- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- Health center or health care provider on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department
- Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How sure are you of your answer?

53. *{If Q51 = Yes}* Is the investigation over?

- Yes
- No
  
- Don’t know

54. *{If Q53 = Yes}* What was the final decision or outcome of the investigation?

\_\_\_\_\_

55. *{If Q51 = Yes}* Are you satisfied with how the investigation [IF Q53 = YES: was / IF Q53 = NO: has been / IF Q53 = MISSING: has been or was] conducted?

- Yes
- No (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. Did what happened to you lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

**PROBE 1:** Do you think all of the problems listed in this question are clear? Do you need any clarification on any of them, or are any missing?

57. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

**PROBE 1:** Do you all of the problems listed in this question are clear, or are there any that you think need clarification? Any additional ones to add?

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58. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

## B. Sexual Assault Follow-Ups

59. *{If Q21 = Yes}* Earlier in the survey, you said that in the past 12 months (since [DATE]), someone had unwanted sexual contact with you (that is, sexual contact that you did not consent to and that you did not want to happen).

**When answering the next questions, please think about the [IF Q22 = 2 OR MORE: most recent] time someone did this to you [IF MONTH SELECTED IN Q23: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q24: (between [RANGE]) / ELSE IF Q22 = 2 OR MORE: FILL IS EMPTY].**

Where did this occur?

- On campus
- Off campus

**PROBE 1:** How easy or hard was it to choose your answer?

60. *{If Q59 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Parking lot or other outdoor space
- Cafeteria or restaurant
- Other (please specify): \_\_\_\_\_

**PROBE 1:** In your own words, what is the difference between a “residence hall or dormitory” and “other school-sponsored, on-campus housing”?

61. *{If Q59 = Off campus}* Where did this occur **off campus**?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- Restaurant/bar/club
- Other (please specify): \_\_\_\_\_

62. Did this happen when you were...

	Yes	No
<i>{If Q59 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q59 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q59 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		

<i>{If Q59 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		
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63. How many different people did this to you [IF Q22 = 2 OR MORE: this most recent time]?

- 1 person
- 2 or more people

64. [IF Q63 = 1: Who was this person / If Q63 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- A total stranger
- A student whom you recognized but did not know
- A dating partner, boyfriend/girlfriend, or spouse (current or former)
- Someone you are/were seeing casually
- An acquaintance, friend of a friend, or someone you met recently
- A friend, classmate, or roommate (current or former)
- A teaching assistant or research/lab manager
- A professor
- Another type of school staff member
- A parent, step-parent, or foster parent
- A sibling, step-sibling, or foster sibling (such as a brother or sister)
- Some other relative
- Other (please specify): \_\_\_\_\_
  
- Don't know

**[IF RESPONDENT CHECKS OFF MORE THAN ONE OPTION] PROBE 1:** Can you explain how you came up with your answer?

65. [IF Q63 = 1: Was this person... / If Q63 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]?

- Yes
- No
  
- Don't know

66. *{If Q63 = 1 person}* Was the person male or female? *{radio button question}*

- Male
- Female
  
- Don't know

67. *{If Q63 = 2 or more people}* Were they male or female? *{radio button question}*

- All were male
- All were female
- Mix of male and female



- Don't know

68. Had [IF Q63 = 1: this person / IF Q63 = 2 OR MORE: any of these people] been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened?

- Yes
- No
- Don't know

**[IF YES or NO] PROBE 1:** How sure are you of your answer?

69. Had you been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened? **Please keep in mind that you are not responsible for what happened, even if you had been drinking or using drugs.** Remember that your answers will remain completely confidential.

- Yes
- No

70. Do you think you were given a drug without your knowledge or consent in the hours before or during what happened? *If you are unsure, you may select "Don't know."*

- Yes
- No
- Don't know

71. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

72. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			

[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

73. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor’s office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

*{If none in Q72 or Q73 = “Yes, I did”, skip to Q75}*

74. *{If any in Q72 or Q73 = “Yes, I did” or “Yes, someone else did”. Loop through for each “Yes, I did” or “Yes, someone else did” responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q71/Q72/73] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

**PROBE 1:** One of these items asked if they tried to discourage you from telling anyone else. What types of people were you thinking about when you answered?

**PROBE 2:** Consider if someone else reported on your behalf. Would you be able to answer these questions?

75. *{If none in Q72 or Q73 = "Yes, I did"}* You said that you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q72 and Q73 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn't know how to contact them
- You thought they would not keep your situation private or didn't trust them
- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken
- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or difficult was it to select your answers from the options provided? Why?

76. *{If yes to any in Q72 or Q73}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- Yes
- No
  
- Don't know

**PROBE 1:** In your own words, what does "investigation" mean to you as it is used in this question?

77. *{If Q76 = Yes}* Who started the investigation? *Please select all that apply.*

- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- Health center or health care provider on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department
- Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How sure are you of your answer?

**PROBE 2:** When thinking about the investigation, were you thinking about an investigation by law enforcement, the school, or both?

78. *{If Q76 = Yes}* Is the investigation over?

- Yes
- No
  
- Don't know

79. *{If Q78 = Yes}* What was the final decision or outcome of the investigation?

\_\_\_\_\_

80. *{If Q76 = Yes}* Are you satisfied with how the investigation [IF Q78 = YES: was / IF Q78 = NO: has been / IF Q78 = MISSING: has been or was] conducted?

- Yes
- No (If no, please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

81. [IF Q22 = 1: When / IF Q22 = 2 OR MORE: The most recent time] someone had unwanted sexual contact with you [IF MONTH SELECTED IN Q23: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN

Q24: (between [RANGE]) / ELSE IF Q22 = 2 OR MORE: FILL IS EMPTY), did you experience any of the following injuries or other things?

	Yes	No
Bruises, black eye, cuts, scratches, or swelling		
Chipped or knocked out teeth		
Broken bones, including a broken nose		
Concussion		
Internal injury from the sexual contact (such as vaginal or anal tearing)		
Sexually transmitted infections or diseases		
Pregnancy		
Other (please specify):		

82. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

**PROBE 1:** Do you think all of the problems listed in this question are clear, or are there any that you think need clarification?

83. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		

Drug or alcohol misuse		
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**PROBE 1:** Do you all of the problems listed in this question are clear, or are there any that you think need clarification? Any additional ones to add?

84. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

### C. Stalking Follow-Ups

85. *{If yes to any in Q27}* Earlier in the survey, you said that in the past 12 months (since [DATE]), someone or a group of people acting together caused you emotional distress or made you fear for your personal safety by doing the following things more than once:

- [POPULATE BULLETED LIST OF Q27 ITEMS ENDORSED]

**When answering the next questions, please think about the** [IF Q28 = 2 OR MORE: **most recent**] **time someone did** [IF ONE ITEM LISTED: **this** / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q29: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q30: (between [RANGE]) / ELSE IF Q28 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- On campus
- Off campus
- Virtually (that is, not in-person)

**PROBE 1:** How easy or hard was it to choose an answer?

**PROBE 2:** Did you want to select more than one option, or not?

86. *{If Q85 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Parking lot or other outdoor space
- Cafeteria or restaurant
- Other (please specify): \_\_\_\_\_

**PROBE 1:** In your own words, what is the difference between a “residence hall or dormitory” and “other school-sponsored, on-campus housing”?

87. *{If Q85 = Off campus}* Where did this occur **off campus**?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- Restaurant/bar/club
- Other (please specify): \_\_\_\_\_

88. Did this happen when you were...

	Yes	No
<i>{If Q85 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q85 = On campus}</i> At a party on the [SCHOOL] campus?		

<i>{If Q85 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q85 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

89. *{If Q85 = Virtually}* Where did this occur **virtually**? *Please select all that apply.*

- Text or direct message (DM)
- Email
- Video chat (FaceTime, Zoom, etc.)
- Social media
- Dating app
- Other (please specify): \_\_\_\_\_

**PROBE 1:** In this list, what does “social media” mean to you?

90. How many different people did this to you [IF Q28 = 2 OR MORE: this most recent time]?

- 1 person
- 2 or more people

91. [IF Q90 = 1: Who was this person / If Q90 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- A total stranger
- A student whom you recognized but did not know
- A dating partner, boyfriend/girlfriend, or spouse (current or former)
- Someone you are/were seeing casually
- An acquaintance, friend of a friend, or someone you met recently
- A friend, classmate, or roommate (current or former)
- A teaching assistant or research/lab manager
- A professor
- Another type of school staff member
- A parent, step-parent, or foster parent
- A sibling, step-sibling, or foster sibling (such as a brother or sister)
- Some other relative
- Other (please specify): \_\_\_\_\_
- Don't know

**[IF RESPONDENT CHECKS OFF MORE THAN ONE OPTION] PROBE 1:** Can you explain how you came up with your answer?

92. [IF Q90 = 1: Was this person... / If Q90 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]? *Please select all that apply.*

- Yes
- No
- Don't know



93. {If Q90 = 1 person} Was the person male or female? {radio button question}

- Male
- Female
  
- Don't know

94. {If Q90 = 2 or more people} Were they male or female? {radio button question}

- All were male
- All were female
- Mix of male and female
  
- Don't know

95. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

96. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

97. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

*{If none in Q96 or Q97 = "Yes, I did", skip to Q99}*

98. *{If any in Q96 or Q97 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q95/Q96/Q97] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

**PROBE 1:** One of these items asked if they tried to discourage you from telling anyone else. What types of people were you thinking about when you answered?

**PROBE 2:** Consider if someone else reported on your behalf. Would you be able to answer these questions?

99. *{If none in Q96 or Q97 = "Yes, I did"}* You said you did not seek assistance or tell the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED “YES, I DID” IN Q96 AND Q95 IN BULLET FORM. DO NOT DISPLAY “OTHER” OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor’s office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor’s office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn’t know how to contact them
- You thought they would not keep your situation private or didn’t trust them
- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken
- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or difficult was it to select your answers from the options provided? Why?

100. *{If yes to any in Q96 or Q97}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?
- Yes
  - No

- Don't know

**PROBE 1:** In your own words, what does “investigation” mean to you as it is used in this question?

**PROBE 2:** When thinking about the investigation, were you thinking about an investigation by law enforcement, the school, or both?

101. *{If Q100 = Yes}* Who started the investigation? *Please select all that apply.*

- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- Health center or health care provider on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department
- Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How sure are you of your answer?

102. *{If Q100 = Yes}* Is the investigation over?

- Yes
- No
  
- Don't know

103. *{If Q102 = Yes}* What was the final decision or outcome of the investigation?

\_\_\_\_\_

104. *{If Q100 = Yes}* Are you satisfied with how the investigation [IF Q102 = YES: was / IF Q102 = NO: has been / IF Q102 = MISSING: has been or was] conducted?

- Yes
- No (If no, please explain):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

105. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		

Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about the what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

**PROBE 1:** Do you all of the problems listed in this question are clear, or are there any that you think need clarification?

106. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

**PROBE 1:** Do you all of the problems listed in this question are clear, or are there any that you think need clarification? Any additional ones to add?

107. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

## D. Dating Violence Follow-Ups

108. *{If yes to any in Q32}* Earlier in the survey, you said that in the past 12 months (since [DATE]), a romantic or dating partner did the following things:

- [POPULATE BULLETED LIST OF Q32 ITEMS ENDORSED]

**When answering the next questions, please think about the** [IF Q33 = 2 OR MORE: **most recent**] **time a romantic or dating partner did** [IF ONE ITEM LISTED: this / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q34: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q35: (between [RANGE]) / ELSE IF Q33 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- On campus
- Off campus
- Virtually (that is, not in-person)

**PROBE 1:** How easy or hard was it to choose an answer?

**PROBE 2:** Did you want to select more than one option, or not?

109. *{If Q108 = On campus}* Where did this occur **on campus**?

- Residence hall or dormitory
- Fraternity house or affiliated location
- Sorority house or affiliated location
- Other school-sponsored, on-campus housing (such as apartment or house)
- Classroom, library, lab, or other academic or administrative space or office
- Gym or athletic facility
- Parking lot or other outdoor space
- Cafeteria or restaurant
- Other (please specify): \_\_\_\_\_

**PROBE 1:** In your own words, what is the difference between a “residence hall or dormitory” and “other school-sponsored, on-campus housing”?

110. *{If Q108 = Off campus}* Where did this occur **off campus**?

- A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- An off-campus fraternity or sorority house
- An apartment or house that is sponsored by [SCHOOL]
- An apartment or house that is **not** sponsored by [SCHOOL]
- Restaurant/bar/club
- Other (please specify): \_\_\_\_\_

111. Did this happen when you were...

	Yes	No
<i>{If Q108 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q108 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		

<i>{If Q108 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

112. *{If Q108 = Virtually}* Where did this occur **virtually**?

- Text or direct message (DM)
- Email
- Video chat (FaceTime, Zoom, etc.)
- Social media
- Dating app
- Other (please specify): \_\_\_\_\_

**PROBE 1:** In this list, what does “social media” mean to you?

113. How many different people did this to you [IF Q33 = 2 OR MORE: this most recent time]?

- 1 person
- 2 or more people

114. [IF Q113 = 1: Was this person... / If Q113 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]? *Please select all that apply.*

- Yes
- No
- Don't know

115. *{If Q113 = 1 person}* Was the person male or female? *{radio button question}*

- Male
- Female
- Don't know

116. *{If Q113 = 2 or more people}* Were they male or female? *{radio button question}*

- All were male
- All were female
- Mix of male and female
- Don't know

117. Had [IF Q113 = 1: this person / IF Q113 = 2 OR MORE: any of these people] been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened?

- Yes
- No

- Don't know

118. Had you been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened? **Please keep in mind that you are not responsible for what happened, even if you had been drinking or using drugs.** Remember that your answers will remain completely confidential.

- Yes
- No

119. Do you think you were given a drug without your knowledge or consent in the hours before or during what happened? *If you are unsure, you may select "Don't know."*

- Yes
- No

- Don't know

120. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

121. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

122. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*



	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

**PROBE 1:** Can you walk me through your thought process as you were answering this question?

**PROBE 2:** How easy or difficult was it to answer this question?

**PROBE 3:** Were there any options on this list that you had never heard of before?

*{If none in Q122 or Q123 = "Yes, I did", skip to Q125}*

123. *{If any in Q121 or Q122 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q120/121/122] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

**PROBE 1:** One of these items asked if they tried to discourage you from telling anyone else. What types of people were you thinking about when you answered?

**PROBE 2:** Consider if someone else reported on your behalf. Would you be able to answer these questions?

124. *{If none in Q122 or Q123 = "Yes, I did"}* You said you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q122 AND Q123 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]

- A hospital, health care center, or doctor’s office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor’s office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- You did not know they existed or didn’t know how to contact them
- You thought they would not keep your situation private or didn’t trust them
- You thought you would be treated poorly or not believed
- You thought that nothing would happen
- You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- Could not take time off of work or school
- You did not think it was serious or important enough to report
- You did not want any action taken
- You did not need any assistance
- You had already sought assistance elsewhere
- You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- You wanted to try to forget it had happened or try to move on
- You thought other people might think it was at least partly your fault
- You thought you might get in trouble or face some type of consequence
- Other (please specify): \_\_\_\_\_

**PROBE 1:** How easy or difficult was it to select your answers from the options provided? Why?

125. *{If yes to any in Q122 or Q123}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?
- Yes
  - No
  - Don’t know

**PROBE 1:** In your own words, what does “investigation” mean to you as it is used in this question?

**PROBE 2:** When thinking about the investigation, were you thinking about an investigation by law enforcement, the school, or both?

126. **{If Q126 = Yes}** Who started the investigation? *Please select all that apply.*
- A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
  - A Resident Advisor (RA) or other Residence Life staff member
  - Counseling or psychological services at [SCHOOL NAME]
  - Health center or health care provider on campus
  - [SCHOOL NAME] Title IX Office
  - [SCHOOL NAME] campus security or police department
  - Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
  - Other (please specify): \_\_\_\_\_

**PROBE 1:** How sure are you of your answer?

127. **{If Q126 = Yes}** Is the investigation over?

- Yes
- No
- Don't know

128. **{If Q128 = Yes}** What was the final decision or outcome of the investigation?

\_\_\_\_\_

129. **{If Q126 = Yes}** Are you satisfied with how the investigation [IF Q128 = YES: was / IF Q128 = NO: has been / IF Q128 = MISSING: has been or was] conducted?

- Yes
- No (If no, please explain):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

130. [IF Q33 = 1: When / IF Q33 = 2 OR MORE: The most recent time] this happened with a romantic or dating partner [IF MONTH SELECTED IN Q34: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q35: (between [RANGE]) / ELSE IF Q33 = 2 OR MORE: FILL IS EMPTY], did you experience any of the following injuries or other things?

	Yes	No
Bruises, black eye, cuts, scratches, or swelling		
Chipped or knocked out teeth		
Broken bones, or broken nose		
Concussion		
Sexually transmitted infections or diseases		
Pregnancy		
Other (please specify):		

131. Did what happened lead you to have serious problems with any of the following?

	Yes	No

Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

**PROBE 1:** Do you all of the problems listed in this question are clear, or are there any that you think need clarification?

132. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

**PROBE 1:** Do you all of the problems listed in this question are clear, or are there any that you think need clarification? Any additional ones to add?

133. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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**You have completed Section 3 of 5. This is the longest section for most people.**

*{Skip to randomized modules – Institutional Culture}*

## 4. Institutional Culture

### A. Campus Climate & Attitudes

Reminder: All of your answers to these questions will remain private. Nobody at [SCHOOL] will ever see them.

134. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel safe when I am on the [SCHOOL] campus.				
<i>{If Q9 = residence hall or dormitory}</i> I feel safe when I am in my residence hall/dorm on campus.				
<i>{If Q8 = no or not applicable}</i> I feel safe when I am at my home off campus.				
I believe alcohol abuse is a big problem at [SCHOOL].				
I believe marijuana abuse is a big problem at [SCHOOL].				

**[IF ANSWERED STRONGLY AGREE/AGREE TO “alcohol abuse is a problem”] PROBE 1:** Can you explain how you came up with your answer?

135. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Sexual harassment</b> is a problem at [SCHOOL].				
<b>Sexual assault</b> is a problem at [SCHOOL].				
<b>Stalking</b> is a problem at [SCHOOL].				
<b>Dating or domestic violence</b> is a problem at [SCHOOL].				

**PROBE 1:** In your own words, can you explain what each of these terms mean?

- a) Sexual Harassment
- b) Sexual Assault
- c) Stalking
- d) Dating or Domestic Violence

136. Thinking about the overall population of [SCHOOL] students, how much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
Most [SCHOOL] students are knowledgeable about the topic of <b>sexual harassment</b> , including its definition, frequency, and legal consequences.				

Most [SCHOOL] students are knowledgeable about the topic of <b>sexual assault</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>stalking</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>dating or domestic violence</b> , including its definition, frequency, and legal consequences.				

**PROBE 1:** How accurate would you say your answers are?

**PROBE 2:** How much thought would you say you've given this?

137. Since you started attending [SCHOOL], have any other [SCHOOL] students told you they experienced the following?

	Yes	No
Sexual harassment		
Sexual assault		
Stalking		
Dating or domestic violence		

138. The next question asks about your opinions on the following concepts. Please think about these things when answering.

- **Sexual harassment**
- **Sexual assault**
- **Stalking**
- **Dating or domestic violence**

How much do you agree or disagree with each of the following statements? Remember that you may skip any question or stop the survey at any time if it makes you uncomfortable.

	Strongly Agree	Agree	Disagree	Strongly Disagree
If someone reported experiencing the things listed above, [SCHOOL] would maintain the privacy of the person making the report.				
If I experienced one of these things at [SCHOOL], I would report it to administrators, faculty, or staff.				
If I experienced one of these things, administrators and staff at [SCHOOL] would treat me with dignity and respect.				
I know what services are available at [SCHOOL] to help people who experience these things.				
I understand the procedures that [SCHOOL] has for dealing with reports of these things.				

**PROBE 1:** How accurate would you say your answers are?

The next couple questions ask specifically about **sexual assault**.

139. If you were sexually assaulted, how likely do you think you would be to notify or reach out to the following individuals, groups, or organizations at [SCHOOL] for assistance or support?

	Very Likely	Likely	Not Very Likely	Not at all Likely	Not applicable
A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL]					
A Resident Advisor (RA) or other Residence Life staff member					
[SCHOOL] Title IX Office					
Counseling or psychological services at [SCHOOL]					
A hospital, health care center, or doctor's office on campus					
[SCHOOL] campus security or police department					
[FILL SCHOOL-SPECIFIC RESOURCES]					

**[IF YES to SEXUAL ASSAULT SCREENER] PROBE 1:** Is there anything you don't like about this question?

140. If you were sexually assaulted, how likely do you think you would be to notify or reach out to the following outside individuals, groups, or organizations (that is, **not** at [SCHOOL]) for assistance or support?

	Very likely	Likely	Not Very Likely	Not at all Likely
A crisis hotline or helpline				
A crisis or victims services center <b>not</b> at [SCHOOL]				
A hospital, health care center, or doctor's office <b>not</b> at [SCHOOL]				
Counseling or psychological services <b>not</b> at [SCHOOL]				
Local police, such as the city, county, or tribal police department				

## B. Bystander Intervention Module

141. How likely would you be to do the following things at [SCHOOL]?

	Very Likely	Likely	Not Very Likely	Not at all Likely
If you saw or heard someone insulting or making fun of another person because of their <b>sexual orientation</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of their <b>sex</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of their <b>race, ethnicity, or national origin</b> , how likely would you be to tell them to stop?				

If you saw or heard someone insulting or making fun of another person because of a <b>cognitive, physical, or mental disability</b> , how likely would you be to tell them to stop?				
If you saw a person who had too much to drink, how likely would you be to talk to their friends to make sure they wouldn't leave the person behind?				
If you saw someone who looked uncomfortable and was being touched, grabbed, or pinched in a sexual way, how likely would you be to speak up or help in some other way?				
If someone told you that they had sex with someone who was passed out, how likely would you be to report the incident to a campus administrator, faculty, or police?				
If you suspected that one of your friends might be in an abusive relationship, how likely would you be to ask them if they are being mistreated or offer support?				

**PROBE 1:** How easy or difficult was it to answer these questions?

**PROBE 2:** How sure are you of your answers?

### C. Prevention and Training Module

142. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
[SCHOOL] is committed to training students on preventing sexual harassment, sexual assault, dating/domestic violence, and stalking.				
[SCHOOL] doing a good job educating students about sexual harassment, sexual assault, dating/domestic violence, and stalking (such as what consent means, how to define these things, how to look out for and help each other).				

143. Since you started attending [SCHOOL], have you attended an assembly or workshop, or received any other type of training or classes offered by [SCHOOL] that covered each of the following topics? Please include any in-person, virtual, or online training or classes you attended.

	Yes	No
The meaning of "consent" and how to respectfully ask for it from a sexual partner		
The definitions of sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Reporting sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Supporting someone who has experienced sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Who on campus is required to report sexual harassment, sexual assault, dating/domestic violence, and/or stalking to campus offices, like the Title IX Office or Student Affairs		



The services available for survivors of sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Intervening as a bystander to protect other students from sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Strategies for preventing sexual harassment, sexual assault, dating/domestic violence, and/or stalking		

144. Have you taken the following training programs offered by [SCHOOL]?

	Yes	No
[INSERT SCHOOL SPECIFIC FILL] Live, in-person training/classes/programming		
[INSERT SCHOOL SPECIFIC FILL] Live, online/virtual training/classes/programming		
[INSERT SCHOOL SPECIFIC FILL] On-demand, pre-recorded, online-only training/classes/programming		

145. How helpful or unhelpful were the following training programs that you took?

[SHOW PROGRAM FILLS FROM YES RESPONSES TO Q144]

	Very Helpful	Helpful	Not Very Helpful	Not at all Helpful
[Q144 PROGRAM NAME FILL]				
[Q144 PROGRAM NAME FILL]				
[Q144 PROGRAM NAME FILL]				

**You have completed Section 4 of 5**

## 5. Additional Demographics

We'd like to end the survey by asking just a few more questions.

146. Are you deaf or do you have serious difficulty hearing?
- Yes
  - No
147. Are you blind or do you have serious difficulty seeing even when wearing glasses?
- Yes
  - No
148. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- Yes
  - No
149. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Yes
  - No
150. Do you have serious difficulty walking or climbing stairs?
- Yes
  - No
151. Do you have difficulty dressing or bathing?
- Yes
  - No
152. *{If "Yes" to any of Q152-Q157}* Have you informed [SCHOOL NAME] that you have a disability?  
*This often involves providing additional documentation prepared by an appropriate professional, such as a medical doctor, psychologist, or other qualified diagnostician. The required documentation may include one or more of the following: a diagnosis of your disability, as well as supporting information, such as the date of the diagnosis, how that diagnosis was reached, and the credentials of the diagnosing professional; information on how your disability affects a major life activity; and information on how the disability affects your academic performance.*
- Yes
  - No
153. *{If "Yes" to Q158}* Which of the following disabilities have you informed [SCHOOL NAME] that you have? *Please select all that apply.* [ONLY LIST ITEMS SELECTED IN DISABILITY SCREENERS.]
- Deafness or serious difficulty hearing
  - Blindness or serious difficulty seeing even when wearing glasses
  - Physical, mental, or emotional condition that results in difficulty doing errands alone such as visiting a doctor's office or shopping
  - Physical, mental, or emotional condition that causes serious difficulty concentrating, remembering, or making decisions

- Serious difficulty walking or climbing stairs
- Difficulty dressing or bathing

154. Since you started attending [SCHOOL], how often have you thought about quitting or dropping out of school?

- Very often
- Often
- Sometimes
- Rarely
- Never

155. Since you started attending [SCHOOL], how often have you thought about transferring to another school?

- Very often
- Often
- Sometimes
- Rarely
- Never

**[IF "Very Often" "Often" or "Sometimes"] PROBE 1:** Can you explain why you selected your answer?

156. What is the highest degree or level of school that your parents have completed?

	Parent 1	Parent 2
Less than high school diploma		
High school diploma or GED		
Some college but did not receive a degree		
Associate's degree		
Bachelor's degree (such as BA, BS)		
Master's, Professional, or Doctoral degree (such as MA, MS, MBA, MD, JD, PhD)		
Don't know		
Not applicable		

157. What is your race and/or ethnicity? *Please select all that apply.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

**PROBE 1:** How easy or difficult was it to respond to this question about yourself?

158. Which of the following best describes how you think of yourself?

- Gay or lesbian

- Straight, that is not gay or lesbian
- Bisexual
- Pansexual
- Asexual/Ace, or on the asexual spectrum
- I use a different term: \_\_\_\_\_
  
- I don't know

159. Are you male or female?

- Male
- Female

**PROBE 1:** In general, how do you feel about being asked these questions about yourself?

**PROBE 2:** How easy or difficult was it to respond to these items about yourself?

**PROBE 3:** Are there other terms or words that we should use for sexual orientation?

## 6. Survey Debriefing Module

Now we just have a few final questions about the survey.

160. How easy were the survey questions for you to understand?
- Extremely easy
  - Very easy
  - Somewhat easy
  - A little easy
  - Not at all easy
161. How upsetting did you find the questions in this survey?
- Extremely upsetting
  - Very upsetting
  - Somewhat upsetting
  - A little upsetting
  - Not at all upsetting
162. How important do you think it is for students to complete surveys like this about their experiences with being harassed or assaulted?
- Extremely important
  - Very important
  - Somewhat important
  - A little important
  - Not at all important
163. What was your main motivation for taking this survey?
- I wanted my opinions to be heard by faculty, staff, and administration
  - The issues covered in this survey are important to me
  - Gift card prize
  - Other (please specify): \_\_\_\_\_
164. Do you have additional comments, suggestions, or feedback on this survey that you'd like to share with us?

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**You have completed Section 5 of 5**

## (General Resources Page)

If you are concerned about any of the topics covered in this survey, or if you would like more information on these issues, you are encouraged to contact the following organizations.

- **Rape, Abuse & Incest National Network (RAINN):** Call a victim's assistance hotline, available 24/7, at 800-656-HOPE (4673). Live chat is also available at <https://hotline.rainn.org/online/>.
- **National Domestic Violence Hotline:** Call a domestic violence hotline at 800-799-7233 (TTY 800-787-3224). To receive real-time, one-on-one support through live chat, visit <http://www.thehotline.org/what-is-live-chat/> . Chat is available 24/7.
- **National Dating Abuse Hotline:** Helpline at 1-866-331-9474 [www.loveisrespect.org](http://www.loveisrespect.org)

**PROBE 1:** That is the end of the survey. Do you have any other feedback you'd like to share about the survey that we haven't already discussed?

Attachment C: Recruitment Language/Materials

## Attachment C

### Email Script for School Institution Recruitment

[School Name]

The Bureau of Justice Statistics (BJS), located within the U.S. Department of Justice, is developing a new standardized survey called the Student Perspectives and Experiences Survey (SPES), which will eventually be used by postsecondary institutions throughout the country to collect data on student victimization experiences. BJS is authorized to conduct this work under Title U.S.C. § 10132. RTI International, a non-profit research company, is working under BJS's direction on this study.

We are currently recruiting students to assist BJS's efforts to cognitively test the SPES and are reaching out to you, along with other various postsecondary institutions, to request your assistance in identifying potential respondents to participate in virtual cognitive testing interviews. Our goal of the cognitive testing is to elicit student feedback on the SPES to ensure that the terms and concepts used are easily understood by the target audience and that the survey process does not create undue burden or stress. The results will help inform decisions about the survey design and will ultimately improve the ability of schools to collect valid and reliable data about student victimization experiences.

RTI will interview students who have experienced some form of victimization, including sexual harassment, sexual assault, and dating or domestic violence. RTI will also interview non-victims. We understand that victimization is an extremely sensitive topic and will ensure the appropriate controls and procedures are used to protect student privacy and confidentiality. By law, BJS and RTI will only use the information collected during these interviews for statistical and research purposes and are required to protect respondent confidentiality. [Title 34 U.S.C. §§ 10134 and 10231] BJS will not publish or release any personally identifiable information. BJS and RTI will store survey responses on secure systems and will follow applicable federal regulations to dispose of the information.

RTI has extensive experience conducting interviews with survivors of victimization and ensure participants understand their role and how their information will be used. Students will be informed that their participation is completely voluntary and that they can skip questions or stop the interview at any time. RTI also has established procedures in place to provide support and resources if a participant becomes upset or shows signs of distress during an interview.

We expect that interviews will take no longer than one hour, and respondents will receive a \$40 Amazon gift card to thank them for their participation. Students must be at least 18 years old to participate.

I attached an FAQ that provides more information about this research project. I'm also happy to schedule a time to talk in more detail and answer questions at your convenience. For students you think may be interested in participating, please provide an email or phone number and we are happy to reach out to them. They can also email [SPES@rti.org](mailto:SPES@rti.org) if they have any questions.

Sincerely,



<RTI contact Name>

RTI International: [SPES@rti.org](mailto:SPES@rti.org)

Bureau of Justice Statistics: [AskBJS@usdoj.gov](mailto:AskBJS@usdoj.gov)

### **Email Script for Student Recruitment**

Good afternoon,

The Bureau of Justice Statistics (BJS), located within the U.S. Department of Justice, is developing a new standardized survey called the Student Perspectives and Experiences Survey (SPES), which will eventually be used by postsecondary institutions throughout the country to collect data on student victimization experiences. BJS is authorized to conduct this work under Title U.S.C. § 10132. RTI International, a non-profit research company, is working under BJS's direction to interview students to get feedback about the SPES form.

You are receiving this email because [name of institution] supports this effort and thought you may be a good candidate to help test the draft SPES to see if the questions are clear and make sense. . BJS is particularly interested in speaking with students at [insert school name] who have experienced sexual harassment, sexual assault, stalking, and/or domestic violence.

Your participation in this research is completely voluntary. The virtual interview will take no longer than one hour and **you will receive a \$40 Amazon gift card as a thank you.** By law, BJS and RTI will only use the information we collect for statistical and research purposes and your responses will be confidential [Title 34 U.S.C. §§ 10134 and 10231]. We will only ask you to share your initials or first name if interested and give us your email or phone number for scheduling purposes.

We hope you will participate because your feedback would be a great help to improving the SPES survey quality of data collected about student victimization. **If interested, please complete a brief screening form that you can access via this link <insert link>**. If you qualify for the study, RTI will contact you within the next couple of weeks to schedule a private, virtual interview. You must be at least 18 years old to participate.

I attached an FAQ that provides more information about the research project. We are also happy to answer any questions you have! Thank you for considering this important opportunity to help improve our ability to collect and report accurate and reliable statistics on student victimization.

Sincerely,

<RTI contact Name>

RTI International: [SPES@rti.org](mailto:SPES@rti.org)

Bureau of Justice Statistics: [AskBJS@usdoj.gov](mailto:AskBJS@usdoj.gov)



## Frequently Asked Questions

### What is the Student Perspectives and Experiences Survey (SPES)?

The SPES is a new survey being developed by the Bureau of Justice Statistics (BJS) to better understand students and their experiences related to interpersonal violence and safety at school. The survey covers multiple topics, including victimization, consequences of crime, reporting, institutional response, campus resources, and prevention and training. BJS is seeking students to participate in a virtual interview to share their thoughts and provide feedback on the survey.

### How was I selected for this survey?

Your university or educational institution supports this effort and identified you as someone who may be able to provide helpful feedback to inform changes and updates to the SPES form.

### What do I need to participate?

Participants must be 18 years or older to participate. The first step is to complete a short screening form<[insert link](#)>. If you are eligible to take the survey, you will get a call from RTI International (RTI) within a couple of weeks to schedule a virtual interview. RTI will ask you for your feedback about the survey content. The interview will take no more than one hour.

### Who will collect my information?

BJS is authorized by law to complete this work [34 U.S.C. § 10132]. BJS awarded funds to RTI to be the data collection agent for the SPES and conduct student interviews to collect feedback about the form.

### Why should I participate?

The SPES will provide important information to policymakers, practitioners, researchers, and the American public about student victimization in the

United States. This is a great opportunity to help inform revisions to the SPES form and help to improve its content, format, and usability to ensure universities and educational institutions can collect, produce, and report accurate and reliable data on student victimization. **You will also get a \$40 Amazon gift card if you are eligible and complete the survey!**

### How will BJS use and protect my information?

By law, BJS may only use your responses for statistical and research purposes and must maintain your confidentiality [34 U.S.C. §§ 10134 and 10132]. Any person who violates these provisions may be punished by a fine of up to \$10,000, plus other penalties.

The only personally identifiable information we will collect from you is your first name or initials and an email address or phone so we can contact you to schedule the virtual interview. We will destroy the information when the study is finished.

More information about the different authorities that govern BJS data is available in the [BJS Data Protection Guidelines](#) on the BJS website ([www.bjs.gov](http://www.bjs.gov)). As a condition of funding, RTI is required to comply with all applicable federal laws related to data use, confidentiality, and security.

### Do I have to participate?

Your participation is completely voluntary. You may also skip questions or stop the survey at any time. This collection has been approved by the Office of Management and Budget (OMB #: 1121-0339; Exp. Date: XX/XX/20XX).

### Who can I contact with questions?

BJS: [AskBJS@usdoj.gov](mailto:AskBJS@usdoj.gov)

RTI: [SPES@rti.org](mailto:SPES@rti.org)

## CCVS/SPES: Script for Recruiting Women's or Crisis Centers to Help with Cognitive Interviewing

### 1. Introduction of RTI researcher and request for time

- Hello, \_\_\_\_\_. *(Either request to speak with or confirm that you have the correct person on the phone.)*
- My name is \_\_\_\_\_. I am a researcher at RTI International, a non-profit research organization, and am calling to speak with you about some research we are conducting on sexual harassment, sexual assault, stalking, and dating violence on college/university campuses. RTI is working on behalf of the Bureau of Justice Statistics, or BJS, in the U.S. Department of Justice, to develop a new standardized form for the Student Perspectives and Experiences Survey. BJS is authorized to conduct this study under Title 34 United States Code, Section 10132. By law, BJS and RTI must maintain confidentiality and will only use the information we collect for statistical and research purposes.
- The purpose of the research is to develop a valid survey instrument and methodology for measuring the victimization experiences of college students, and we are in the process of pre-testing our survey instrument.
- We're reaching out to see if you might be able to recommend a few students at your university who would be able to help us review and improve our survey instrument. This would likely take place in February, so we wanted to go ahead and talk about this process now.
- Do you have a few minutes for me to tell you about what we're planning to do and how we're hoping you can help us?
  - *If individual says "no, not interested" = stop, say thank you, but do not continue. However, if we think they might be open to it, we should ask if there is another office or staff on campus who works with survivors and we should reach out to.*
  - *If individual says "no, don't have time" = stop, say thank you, and ask if we can schedule a time for another call or if we should call back.*
  - *If he/she says yes, then continue or make plans to revisit at a more convenient time.*

### 2. Brief statement about the purpose of the study and why it is important.

- As I mentioned, our goal is to develop and pre-test a survey instrument that can be used by colleges/universities all over the country to collect valid and reliable data on students' victimization experiences.
- In order to do this, we need help making sure that the survey instrument we have developed effectively measures the different types of victimization we are trying to collect data on, which includes sexual harassment, sexual assault, stalking, and dating or domestic violence.
- In other words, it is important that the terms used and the concepts covered in the survey are universally understood by post-secondary institution/college students, and that the process of answering the survey questions is not overwhelming from a cognitive, time, or emotional burden perspective. We want to make sure the questions are easy to follow, don't take too long to answer, and don't make students uncomfortable as they answer them. The process for achieving these goals is called cognitive interviewing.

We are going to use the survey instrument in a larger study in the fall, which will include 10,000 – 15,000 students at 12 to 15 postsecondary institutions.

**3. Brief statement about why we are contacting the [Women’s Center/Crisis Center/name of organization]**

- We are reaching out to people in different university offices who are involved in sexual assault and relationship violence prevention and response activities at their institution.
- We need help making sure that some survivors participate in our cognitive interviews and provide feedback on our survey instrument. We will also be recruiting respondents from the general population of students. In total, we are hoping to interview around 30 survivors and 30 non-victims.
- If you are willing and interested in working with us, it would entail you (and/or other staff members at your organization) thinking about survivors with whom you have worked and who you think might be ready to talk about or reflect on their experiences. We are particularly interested in students who have experienced victimization within the past 12 months. We are interested in both male and female survivors, and they would need to be at least 18 years of age.
- We would then ask you to reach out to those students about this opportunity to participate in cognitive interviewing, and give them a flyer that describes the opportunity.
  - i. The flyers will provide our phone number and email address so students who are interested in participating can contact us, and we will take it from there.
  - ii. We will explain BJS’s statutory privacy and confidentiality requirements to participants and RTI’s role in the interviews.
  - iii. Participants would receive a \$40 Amazon gift card in appreciation for their time – which is no more than 1 hour. The interview would be done virtually through a private Zoom connection by a trained interviewer who knows how to handle situations where respondents become distressed during the interview. The interviewer will obtain informed consent from the respondent before doing the interview, and the process will entail the respondent reading the interview questions, answering the questions, and offering any feedback that he or she has about the question wording and the response options. The questions ask about demographics, the student’s attitudes toward his or her school, his/her perceptions of the culture at their school, and their experiences with sexual harassment, sexual assault, stalking, and dating or domestic violence over the past 12 months. The answers provided during the interview will remain completely confidential. Also, we do not need to know anything about participants’ identity. We won’t ask for any information about who they are – they would just call or email us if they are interested after seeing the flyer and we would write down their initials or first name only.
  - iv. The only eligibility criteria are that the student experienced victimization within the past 12 months, is a student, is 18 or older, and speaks English.
- This study has already been reviewed and approved by the Institutional Review Board at RTI.
- We ask that you to hand out flyers to any potentially interested students.
- We plan to include a list of national and local resources to all respondents, with

organizations they can contact for assistance.

**4. Ask if he/she has any questions.**

- I just presented a lot of information, and I want to pause and see what questions you may have at this time. [Wait.]
- Would it be helpful if I reviewed the purpose of the study again?
- Would it be helpful if I reviewed what your role would be again, i.e., the specific things we would be asking you to help us with?

**5. Ask whether [Women's Center/ Crisis Center/name of organization] is interested in participating in the study.**

*If not interested, thank the individual for his/ her time. However, if they might be open to it, ask if there are other organizations that serve students at their institution that they would recommend we contact.*

- *If interested, then move to next steps.*
- *If s/he needs time to consider and/or discuss with other staff members, provide contact information [I can be reached at <phone number> or <email address>] and a date by which you can either follow-up or expect to hear from her/him.*

**6. Next Steps**

- *An RTI researcher will send the contact flyers and further information about the study that can be sent to out to students.*

**7. Optional: if [Women's Center/ Crisis Center/name of organization] asks about or demonstrates any hesitation about our experiences conducting similar research studies (i.e., on the subject matter, working with survivors, etc.), share about RTI's experience conducting sensitive research and our IRB protocols for handling participant distress.**

- *"Throughout the interview, the trained interviewers will employ a graduated response to detect and respond to respondent distress. First, the interviewers will periodically check in on respondents' emotional state by asking how they are doing or if they are okay. Should a participant answer no or begin to show visible signs of emotional distress, the interviewers will ask if they would like to take a break. The interviewers will also be prepared to skip ahead to another topic if the current topic seems to be distressing. If the participant continues to show signs of distress, the interviewer will end the interview, providing the participant their incentive regardless of how much of the protocol was completed. RTI has conducted similar cognitive interviews (e.g., for the National Intimate Partner and Sexual Violence Survey, juvenile crime victims for the National Crime Victimization Survey, and multiple studies of the victimization experiences of college students) and have had no occurrences of emotional distress."*

**Facebook Ad Text:**

Have you experienced interpersonal violence from either someone you know, an intimate partner, or a stranger? Interpersonal violence includes experiences with domestic violence, dating violence, sexual assault, sexual harassment, or stalking. RTI International, a non-profit research organization, is working with the Bureau of Justice Statistics (in the U.S. Department of Justice) to test a survey instrument on interpersonal violence. We are looking for people who can help make the survey better.

To participate, you must be 18 or older and currently enrolled in a 2-year or 4-year college/university, a trade/vocational school, or some other type of a postsecondary institution. Please click on the link below to complete a 2-min survey about your experiences. If you are eligible, you may be invited to participate in a 1-hour research interview, for which you will be compensated with a \$40 Amazon.com gift card.

Your participation and answers to the survey questions will remain private and confidential.

For more information and to access the survey, click the link.

**Instagram Ad Text:**

Have you experienced interpersonal violence from either someone you know, an intimate partner, or a stranger? Interpersonal violence includes experiences with domestic violence, dating violence, sexual assault, sexual harassment, or stalking. Participate in a research study to make your voice heard!

To participate, you must be 18 or older and currently enrolled in a 2-year or 4-year college/university, trade/vocational school, or some other type of a postsecondary institution.

Please click on the link below to complete a 2-min survey about your experiences. If you are eligible, you may be invited to participate in a 1-hour research interview, for which you will be compensated with a \$40 Amazon.com gift card.

Your participation and answers to the survey questions will remain private and confidential.

Attachment D: Draft of Online Screener Survey Instrument

## Attachment D: Draft of Online Screener Survey Instrument

INTRO: The Bureau of Justice Statistics (BJS), located within the U.S. Department of Justice, is developing a new standardized survey, called the Student Perspectives and Experiences Survey (SPES). We are looking for students who can help us review and improve the survey, and are willing to participate in private, one-on-one interviews using videoconferencing (online, virtual) technology to test some new questions.

This screening form asks questions about experiences you may have had in the past 12 months to help determine whether you are eligible to participate in the study. We estimate it will take you about 2 minutes to answer these questions. If you are eligible to participate, RTI will contact you soon to schedule a private, virtual interview. **Participants will be given a \$40 Amazon.com gift card as a thank you.**

Are you interested in participating in a 60-minute interview with a researcher? We need your email address or phone number to contact you and will destroy the information after the study is complete.

- a. Yes, I would be interested in participating.
  - i. First name or initials \_\_\_\_\_
  - ii. Email address \_\_\_\_\_
  - iii. Phone Number \_\_\_\_\_
- b. No, I do not want to participate in this study

BJS is authorized to conduct this work under Title U.S.C. § 10132. RTI International, a nonprofit research organization, is working as BJS's data collection agent to conduct research to improve the new survey. By law, BJS and RTI will only use the information collected during these interviews for statistical and research purposes and are required to protect respondent confidentiality. [Title 34 U.S.C. §§ 10134 and 10231]

If you have any questions, you can email [SPES@rti.org](mailto:SPES@rti.org).

### [SEXUAL HARASSMENT]

**During the past 12 months, that is, since [DATE],** has anyone done any of the following things to you either in person or by phone, text message, e-mail, or social media? Please include things no matter who did them or where you were when they happened to you.

#### YES/NO

- Made inappropriate or offensive comments (such as vulgar or explicit sexual comments, jokes, or stories) about your body, appearance, or sexual activities or tried to get you to talk about sexual things when you didn't want to; or continued to ask you to go out, get dinner, hang out, have drinks, meet up, or hook up even though you had already said "no"?
- Made you feel uncomfortable or offended you by making sexual comments, gestures, or by staring at you; talked about or referred to people of your sex using insulting or offensive words, showed you their sexual body parts when you didn't want them to and



without your consent; or watched or took photos or videos of you when you were naked or having sex, without your consent?

- Promised you better treatment or suggested you would receive favors or privileges if you hooked up with them (including kissing, sexual touching, sex) or threatened or suggested that you would be treated worse or differently if you didn't hook up with them (including kissing, sexual touching, sex)?

### [SEXUAL ASSAULT]

In these questions, **unwanted sexual contact** is sexual contact that you **did not consent to** and that you **did not want** to happen. Remember that you may skip any question or stop the survey at any time if you feel uncomfortable.

**Unwanted sexual contact** can happen when:

- Someone **has forced sexual contact with you** (vaginal/anal sexual contact, oral sex, forced kissing, removes your clothing, touches or grabs your sexual body parts (such as butt, crotch, genitals, or breasts)) and you did not want it to happen;
- Someone **ignores you when you say "no" or just does it when they know you don't want them to;**
- Someone **threatens to hurt you, or someone or something you care about;**
- Someone **uses force against you**, such as holding you down with their body weight, pinning your arms, or hitting or kicking you; or
- You are **unable to provide consent because you are incapacitated, passed out, unconscious, blacked out, or asleep**. This can happen after you voluntarily used alcohol, marijuana, or other drugs, or after you were given a drug without your knowledge or consent.

Please keep in mind that anyone, regardless of sex or sexual orientation, can experience unwanted sexual contact. Also, the person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers.

When you answer the questions in this section, please include any experience of **unwanted sexual contact** that you did not consent to and did not want to happen in the past 12 months.

**During the past 12 months, that is, since [DATE],** how many times has anyone had unwanted sexual contact with you?

- 0 times
- 1 time
- 2-5 times
- 5 or more times

### [STALKING]

**During the past 12 months, that is, since [DATE],** has someone repeatedly caused you emotional distress or made you afraid for your personal safety by...

**YES/NO**

- Following you around or watching you, waiting for you, showing up, or riding by your home, work, school, or any place else when you didn't want them to, sneaking into your home, dorm, car, or any other place and doing unwanted things to let you know they had been there, or leaving or sending unwanted items, such as cards, letters, presents, or flowers?
- Harassing you or repeatedly asking your friends or family for information about you or your whereabouts, making unwanted phone calls to you, leaving voice messages, sending text messages, or using the phone to contact you excessively, or sending you unwanted e-mails or messages through the Internet, social media apps, or websites like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge
- Using technologies such as a listening device, camera, computer or cell phone monitoring software, or GPS tracking device to spy on you or monitor your activities or location, or spying on you or monitoring your activities or location through social media apps like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge?

### **[DOMESTIC VIOLENCE/DATING VIOLENCE]**

People can treat their romantic or dating partners in many different ways, and this section asks about things your romantic or dating partners may have done to you during the past 12 months. This can include current or former partners, regardless of length and seriousness of the relationship.

As you answer the questions, please do not include times you knew the other person was just joking around.

**During the past 12 months, that is, since [DATE],** has a romantic partner...

### **YES/NO**

- Looked at you or used other nonverbal signals to make you think or feel like they might hurt you; threatened to hurt or attack you, someone or something you care about, or themselves, and you thought they would really follow through with the threat?
- Pushed, grabbed, or shook you, and they were not joking around; bent your fingers or twisted your arm until it hurt; threw something at you, such as a rock or a bottle; burned, hit, punched, kicked, or slapped you; or strangled or choked you?
- Used, or threatened to use, a gun against you; used, or threatened to use, another type of weapon against you?
- Intentionally embarrassed, humiliated, insulted, or made fun of you in front of other people?
- Stole or destroyed your property?
- Threatened to end your relationship or commit suicide to get you to do what they wanted, and they were not joking around?
- Controlled you (such as keeping you from seeing or talking to your family or friends, keeping track of you by demanding to know where you were and what you were doing, or making decisions for you, such as where you went or what you wore or ate); used the internet, social media, or a cell phone to monitor your whereabouts and activities; looked at your private information (such as text messages, emails, etc.) to check up on you; shared an embarrassing or private sexual photo or video of you without your permission and you didn't want them to. This could include deepfakes, or AI-generated videos or images?
- Took or withheld money or demanded to know how money was spent; did things to keep you from going out or to your job or classes (such as starting a fight to make you late, taking your keys, or blocking the door); hid, took, or tampered with your birth control in an effort to sabotage your

contraception?

- Pressured you to get pregnant or pressured you to end a pregnancy or get an abortion?

***The last set of questions ask about your personal characteristics.***

1. What type of current student are you?
  - Community or Junior college student
  - Undergraduate student
  - Vocational, Trade, or Technical school student
  - Graduate student
  - Professional student (graduate degrees in law, medicine, veterinary medicine, etc.)
  - Other (please specify): \_\_\_\_\_
2. Does your school have a formal designation as a Historically Black College or University, Hispanic-Serving Institution, Tribal College or University, or other minority-serving institution?
  - Yes, Historically Black College or University (HBCU)
  - Yes, Hispanic-serving Institution (HSI)
  - Yes, Tribal College or University (TCU)
  - Yes, other minority-serving institution
  - No
3. Are you male or female?
  - Male
  - Female
4. What is your race and/or ethnicity? Select all that apply.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Middle Eastern or North African
  - Native Hawaiian or Pacific Islander
  - White
5. Which of the following age groups includes your age?
  - Under 18
  - 18-25
  - 26-34
  - 35-49
  - 50 or older

Attachment E: Cognitive Interviewing Email and Phone Scripts

# Attachment E: Cognitive Interviewing Email and Phone Scripts

## SCHEDULE INTERVIEW EMAIL

Dear [First name],

Thank you for completing the screener for RTI International’s Student Perspectives and Experiences Survey (SPES) Survey. You are eligible to participate in the cognitive interviewing for this survey. We have attached a brief description of what cognitive interviewing involves.

We would like to schedule a one-hour interview with you via Zoom. Please review the available dates below and let us know if any of these work for you. If none work, feel free to suggest alternative dates and times.

### **Dates & Times:**

We have attached the informed consent form for you to review. If you have any questions, please reach out to me at [insert email].

Best,

## PRE-INTERVIEW EMAIL

Dear [First name],

Per our last email, you are scheduled to participate in a one-hour video interview with a RTI interviewer. The details for your interview are listed below.

Interview Information
<p><b>Date:</b> <b>Time:</b> <b>Interviewer:</b> <b>Case ID #:</b></p> <p>To join your video call at that time and date, you will need to click on the following link:</p>

ADD LINK

Attached is informed consent form – please review this document prior to your interview. Because of the sensitive nature of the topics that will be discussed during interviews, I have also attached a list of national and local resources.

In the meantime, if you have any other questions about the study or if your interview needs to be rescheduled, please reach out to me by email at [\[recruiter email\]](#).

**If you encounter any issues joining the virtual call or need to reach your interviewer for any other reason, you can contact her by email at [\[interviewer email\]](#)**

We greatly appreciate your interest in this survey and will look forward to speaking with you.

Best,

[\[Recruiter name\]](#)

[\[Recruiter email signature\]](#)

#### **INTERVIEW REMINDER EMAIL**

Good [\[Morning/Afternoon/Evening\]](#) [\[First name\]](#),

Thank you again for your interest in participating in the **SPES Survey**.

**This is a quick reminder that your virtual interview with [\[interviewer's name\]](#) is scheduled for [\[time of day, day of the week, month, day of the month \(ex. 3:00 PM EST, Monday June 3<sup>rd</sup>\)\]](#). To join your virtual interview at that time and date, you will need to click on the following link:  
[ADD LINK](#)**

If you encounter any issues joining your virtual interview or need to reach your interviewer for any other reason, you can contact them using the following contact information:

[interviewer's name]

[interviewer's email]

We look forward to speaking with you both!

Best,

[Recruiter name]

[Recruiter email signature]

#### **INTERVIEW INCENTIVE EMAIL**

Dear [First name],

Thank you for your participation in the **SPES Survey**. The insights we gain from interviews with students help us to better understand how students interpret and respond to questions in the **XYZ Survey**.

**To express our appreciation for your assistance, we are sending you a \$40 Amazon.com Gift Card via email.** Below is the code needed to redeem your gift card.

**Amazon GC Code:**

Thank you again for supporting our study!

Best,

[Recruiter name]

[Recruiter email signature]

Attachment F: Cognitive Interviewing Informed Consent



# **Attachment F: Cognitive Interviewing Informed Consent**

## **Consent for Student Cognitive Interview**

### **What is the research about?**

RTI is conducting a research study that involves interviewing post-secondary and trade school students for the Bureau of Justice Statistics (BJS). BJS is authorized to conduct this data collection under Title 34, United States Code, Section 10132.

As part of the study, we are interviewing up to 60 students about their experiences with being victimized while attending their school and their perspectives on the school's culture and environment.

### **What will I be asked to do?**

If you agree, you will participate in a 1-hour interview over a video call with an RTI interviewer. We ask that you take this interview in a private location where you can't be overheard. With your permission, we would like to audio record the interview to ensure that we have a complete record as we review participants' responses for our research. The interview will ask questions about sexual harassment, sexual assault, stalking, and dating violence you might have experienced while attending your school. As part of the interview, I will also talk to you about your thoughts on the survey questions. This is to help us make improvements to the questions so that all students understand what the survey questions are asking. You will receive a code to a \$40 Amazon.com Gift Card upon completion of the interview to help cover costs associated with data and internet usage.

### **How will my responses be used?**

By law, we can only use and release the information we collect for statistical and research purposes under Title 34, U.S.C. Section 10134. Your responses will be combined with the responses we get from other student participants be used to help BJS develop a standardized survey instrument that all postsecondary institutions receiving federal assistance will eventually use to collect the data and information they need to understand and address the victimization experiences of their students.

### **What are the possible benefits and risks?**

There are no known benefits to you for taking part in the interview, but your participation is vital to making this study successful and helping BJS develop a survey instrument that will collect reliable and accurate data.

Some of the interview questions might make you feel upset or uncomfortable, such as those about sexual behaviors, which use explicit language. The goal of this wording is to ensure that BJS is collecting accurate data by making sure people who respond to the survey understand what is being asked. We will provide a list of resources you can reach out to if you need assistance.

**Do I have to take part in this study?**

Participating in the interview is completely voluntary. It is entirely up to you whether you participate in the interview. You can skip any questions you do not want to answer and you can stop the interview at any time. No one will be notified of your participation and no one will be upset whether you do this or not.

**How will my information be protected?**

The Bureau of Justice Statistics and RTI are required by federal law to protect your privacy and confidentiality (Title 34 U.S.C. 10231). The information you share in the interview and the digital audio recording will remain confidential, and nobody outside the BJS/RTI study team will know what you, specifically, told us. The interview does not ask for any personally identifying information about you. When we write up the study findings, your information will be combined with information from other people who participate in the study. You will not be identified in any published or presented materials. Your contact information and the digital audio recording will be destroyed at the end of the study. It is a federal crime with serious consequences for anyone on the project team to release your confidential information.

**What if I have questions?**

If you have any questions about the study, you can contact Chris Krebs, PhD (the lead researcher) at [SPES@rti.org](mailto:SPES@rti.org) or 919-225-5439. If you have any questions about your rights as a research participant, contact the RTI Office of Research Protection at 1-866-214-2043. If you would like to speak with someone at the Bureau of Justice Statistics, please contact [AskBJS@usdoj.gov](mailto:AskBJS@usdoj.gov).

**Documentation of Decision**

Do you have any questions for me about the study or anything that we have just talked about?

Please let me know which box best matches your decision:

- I agree to do the interview, and it is **OK** to make a digital audio recording of it.
- I agree to do the interview, but it is **not OK** to make a digital audio recording of it.
- I do not want to do the study.

-----  
[FOR THE INTERVIEWER TO COMPLETE] I have explained this study to and answered questions of the potential participant whose study ID number is at the top of this form.

\_\_\_\_\_  
Signature of Research Team Member Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Research Team Member Obtaining Consent

## RESOURCES

If you are concerned about any of the topics covered in this survey, or if you would like more information on these issues, you are encouraged to contact the following organizations:

- Rape, Abuse & Incest National Network (RAINN): call a victim's assistance hotline available 24/7 at 800-656-HOPE (4673) or chat live visit <https://hotline.rainn.org/online/>.
- National Domestic Violence: call hotline at 800-799-7233, TTY 800-787-3224, or to receive real-time, one-on-one support through live chat available 24/7 visit <http://www.thehotline.org/what-is-live-chat/>
- National Dating Abuse: Helpline at 1-866-331-9474 [www.loveisrespect.org](http://www.loveisrespect.org)

Attachment G: RTI IRB Approval

# Attachment G: RTI IRB Approval



Office of Research Protection

3040 Cornwallis Road ■ PO Box 12194 ■ Research Triangle Park, NC 27709-2194 ■ USA  
Telephone 919-316-3358 ■ Toll Free 1-866-214-2043 ■ Fax 919-316-3897 ■ [www.rti.org](http://www.rti.org)

## NOT HUMAN RESEARCH DETERMINATION

April 15, 2024

Christopher Krebs  
919-485-5714  
[krebs@rti.org](mailto:krebs@rti.org)

Dear Christopher Krebs:  
On 4/12/2024, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title:	BJS Campus Climate Design and Testing Study
Investigator:	Christopher Krebs
IRB ID:	STUDY00022849
Funding Source:	Dept of Justice BJS
Customer/Client Name:	Dept of Justice BJS
Project/Proposal Number:	0219299.000.003
Contract/Grant Number:	15PBJIS-23-GK-02626-CAMP
IND, IDE, or HDE:	None

The IRB determined that the proposed activity is not research involving human subjects as defined by DOJ regulations 28 CFR 46.

Although RTI IRB oversight of this activity is not required, this determination applies only to the activities described in the IRB submission and may not apply should any changes be made. If the nature or scope of the activity changes and there are questions about whether the revised activities constitute human subjects research, you should contact the IRB to discuss whether a new submission and determination is necessary.

Sincerely,

The RTI Office of Research Protection