

# Student Survey on Sexual Violence

## Survey Consent

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### Statement of Anonymity

The survey will not ask you to provide any identifying information and your responses are anonymous. In the event of any publication or presentation of the survey results, no personally identifiable information will be shared. Survey responses will be reported in terms of groups of students rather than as individual cases.

### Risks and Benefits

The results of the survey will provide important information about our campus climate and will help us in our efforts to ensure that the environment at this school is safe for students. There are no risks in participating in this survey beyond those experienced in everyday life. Some of the survey questions are personal and you might experience emotional discomfort while answering them. At the end of the survey you will be given information about resources should you wish to talk with someone.

### Voluntary Participation

Participation in this survey is voluntary. If you decide to participate, you can skip questions or stop participating at any time without penalty. **Refusal to take part in the survey will not result in any negative consequences.**

If you have questions about the purpose or content of the survey, or if you have technical difficulties taking the survey, please email [climatesurvey@eab.com](mailto:climatesurvey@eab.com).

1. Do you agree to take the survey? \*

- Yes, I am 18 years of age or older and I agree to participate.
- No, I am not 18 years of age or older and/or I decline to participate.

## Demographics

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## 2. What is your current class standing?

- First year student
- Second year student
- Third year student
- Fourth year student
- Fifth year (or higher) student
- Graduate or professional student

## 3. Where do you live during the current school year?

- Residence hall
- Off-campus apartment/house
- At home with family
- Other

4. What student group(s) do you participate in? (select all that apply)

- Intercollegiate sports team
- Club sports team
- Intramural sports team
- Fraternity or sorority
- Cultural/religious/spiritual group
- Student government
- Performing arts group
- I do not participate in a student group
- Other student activities group

**Demographics**

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5. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

6. What is your race, as you define it? (select all that apply)

- Black or African American
- Asian
- White/Caucasian
- American Indian/Alaska native
- Native Hawaiian/Other Pacific Islander
- Other

## 7. What is your citizenship or residence status?

- U.S. citizen
- Permanent U.S. resident, not a citizen
- Foreign national or on a student visa
- Not a citizen and not a legal resident
- Other

## 8. What is your gender identity?

- Female
- Male
- Transgender female
- Transgender male
- Genderqueer/gender non-conforming
- Other

## 9. Which term best describes your sexual orientation?

- Gay
- Lesbian
- Heterosexual
- Bisexual
- Asexual
- Questioning
- Other - Write In

10. Do you consider yourself to have a physical disability or long-term physical health condition? These could include for example: diabetes, epilepsy, arthritis, or any physical impairment, some of which may not be readily apparent.

- Yes
- No

11. Do you consider yourself to have a mental disability or long-term mental health condition? These could include for example: dyslexia, long-term depression, attention deficit hyperactivity disorder (ADHD), some of which may not be readily apparent.

- Yes
- No

### Perception of Overall Campus Climate

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12. Please indicate your level of agreement with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I think <b>faculty</b> are genuinely concerned about my welfare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think <b>administrators</b> are genuinely concerned about my welfare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to people at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The following questions ask about sexual violence. Sexual violence refers to a **range of sexual behaviors that are unwanted by an individual**. These behaviors could be initiated **by someone known or unknown** to the individual, including someone they are in a relationship with.

13. Please indicate your level of agreement with the following statements.

If someone reported an incident of sexual violence to a campus authority:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
The school would take the report seriously.	<input type="radio"/>				
The school would take steps to protect the person making the report from retaliation.	<input type="radio"/>				
The accused or their friends would retaliate against the person making the report.	<input type="radio"/>				
The educational achievement/career of the person making the report would suffer.	<input type="radio"/>				

14. Since the **beginning of the current school year (Fall 2015)**, have you received information or training at your school in any of the following areas?

- Understanding the definition of sexual violence
  - Reporting an incident of sexual violence
  - Your school's procedures for investigating an incident of sexual violence
  - Accessing sexual violence resources
  - Sexual violence prevention strategies (e.g., asking for consent, responsible alcohol use)
  - Bystander intervention
- Yes
- No
- I do not recall

15. Did you receive sexual violence information or training as part of: (select all that apply)

- New student orientation
- Greek life participation
- Athletics participation
- Residence life programs
- Class presentations or projects
- Campus-wide events
- Student leadership training
- I do not recall
- Other

16. How useful was the training in increasing your knowledge about:

	Very Useful	Useful	Not Very Useful	Not At All Useful	Not Covered
The definition of sexual violence	<input type="radio"/>				
Reporting an incident of sexual violence	<input type="radio"/>				
The school's procedures for investigating an incident of sexual violence	<input type="radio"/>				
Sexual violence prevention strategies (e.g., asking for consent, responsible alcohol use)	<input type="radio"/>				
Bystander intervention	<input type="radio"/>				

17. How strongly do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
If a friend or I experienced sexual violence, I would know where to go to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand my school's formal procedures to address complaints of sexual violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident my school would administer the formal procedures to fairly address reports of sexual violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what confidential resources (e.g., victim advocacy, counseling) are available to me to report an incident of sexual violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Has anyone done the following to you since the **beginning of the school year (Fall 2015)**? (select all that apply)

	Yes, in a class, lab, or work setting at my school	Yes, in a social setting at my school	Yes, in other settings at my school	Have not experienced this at my school
Made sexist remarks or jokes in your presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made inappropriate comments about your or someone else's body or appearance in your presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Said crude sexual things to you, or tried to get you to talk about sexual matters when you didn't want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mailed, texted, or used social media to send offensive sexual jokes, stories, or pictures to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seemed to be bribing you with some sort of reward if you agreed to engage in a romantic or sexual relationship with that person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sexual Violence Experiences

**Trigger Warning:** The following section uses explicit language, including anatomical names of body parts and specific behaviors to ask about sexual situations, which may be upsetting. Resources for support are available at the end of the survey, should you need them.

This section asks about non-consensual or unwanted sexual contact you may have experienced. When you are asked about whether something happened, please think about what has happened since the **beginning of the current school year (Fall 2015)**. Again, this survey is completely VOLUNTARY and your responses are ANONYMOUS.

## Sexual Violence Experiences

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19. Since the **beginning of the current school year (Fall 2015)**, have you had ANY of the following experiences?

- Someone fondled, kissed, or rubbed up against the private areas of my body or removed some of my clothes even though I didn't want to
- Someone TRIED to sexually penetrate me (i.e. someone tried to put a penis or insert fingers or objects into my vagina or anus) even though I didn't want to
- Someone sexually penetrated me (i.e. someone put a penis or inserted fingers or objects into my vagina or anus) even though I didn't want to
- Someone TRIED to perform oral sex on me or make me give them oral sex even though I didn't want to
- Someone performed oral sex on me or made me give them oral sex even though I didn't want to

- Yes
- No
- Unsure

(untitled)

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20. What was the non-consensual or unwanted sexual contact you experienced?

	This happened once	This happened more than once	I think this happened, but I'm unsure
Someone fondled, kissed, or rubbed up against the private areas of my body or removed some of my clothes even though I didn't want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone TRIED to sexually penetrate me (i.e. someone tried to put a penis or insert fingers or objects into my vagina or anus) even though I didn't want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone sexually penetrated me (i.e. someone put a penis or inserted fingers or objects into my vagina or anus) even though I didn't want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone TRIED to perform oral sex on me or make me give them oral sex even though I didn't want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone performed oral sex on me or made me give them oral sex even though I didn't want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Did the person(s) who did one or more of the behaviors listed above do them by...

	Yes	No	Unsure
Catching you off guard, or ignoring non-verbal cues or looks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telling lies, threatening to end a relationship or to spread rumors about you, or verbally pressuring you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showing displeasure, criticizing your sexuality or attractiveness, or getting angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking advantage of you when you were incapacitated (e.g., too drunk, high, asleep, or out of it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatening you with being outed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatening to physically harm you or someone close to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using force or having a weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next set of questions, please pick what you feel is the **MOST SERIOUS INCIDENT** that has happened to you since the **beginning of the current school year (Fall 2015)**. If you experienced more than one incident, answer the following questions about the most serious incident.

22. Just prior to the incident, had the person: (select all that apply)

	Yes	No	Unsure
Been drinking alcohol, but wasn't drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been drinking alcohol and was drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been taking or using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been taking or using drugs other than alcohol and marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to get you drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given you a drug without your knowledge or consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. What is/was your relationship with the person who conducted this unwanted behavior? (select all that apply)

- Acquaintance or peer
- Friend
- Current romantic partner or spouse
- Ex-romantic partner or spouse
- Faculty or staff member
- No prior relationship
- Other

24. Was this person affiliated with...?

- Your college/university
- Another college/university
- No college or university
- Unsure

25. What was the sex of the individual?

- Male
- Female
- Unsure

26. Where did the incident occur? (select all that apply)

- On-campus residence (e.g., residence hall or on-campus apartment/house)
- Off-campus residence
- Bar, night club, dance club
- Outdoors
- Other on-campus location
- Other off-campus location

27. Who did you tell about the incident? (select all that apply)

- Roommate/friend/classmate
- Romantic partner
- Family member
- Campus sexual violence advocate/counselor
- Police
- Faculty or staff member
- Residence hall staff
- No one
- Other

28. What kind of responses did you receive from those you told or reported to? (select all that apply)

- Responded in a way that made you feel supported
- Doubted you, asked questions to determine if it really happened, or refused to believe you
- Blamed you for the assault, or said you could have done something to prevent it, or asked why you didn't do something to prevent it
- Helped you gather information or find resources or services
- Made excuses for the person who did this to you
- Listened sympathetically without criticizing or blaming you
- Told you to not talk about it, to move on, or to focus on other things
- Validated and believed your experience.

**(untitled)**

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29. Did you use the school's formal procedures to report the incident(s)?

- Yes
- No

30. How did the school's formal procedures resolve the issue?

- Completely resolved the issue
- Helped me a lot
- Helped, but could have helped more
- Helped me a little
- Didn't help me at all
- I'm currently going through the resolution process

31. It is common to have mixed feelings when deciding whether or not to share your experience with someone else. Did any of the following thoughts or concerns cross your mind when you were deciding whether or not to share or report your experience? (select all that apply)

- Didn't think it was serious enough to report
- Wasn't clear that the offender intended harm
- Wanted to forget it happened
- Felt ashamed or embarrassed, didn't want anyone to know what happened
- Lack of proof that the incident happened
- Didn't know who I should tell
- Feared that I would not be believed or taken seriously
- Didn't want to get the offender in trouble (e.g., disciplinary action, legal charge, arrest)
- Feared others would harass me or react negatively toward me
- Didn't want anyone to know the other things I was doing at the time (e.g., drinking underage, using drugs)
- Other

**(untitled)**

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32. Has anyone had or attempted to have unwanted sexual contact with you prior to you going to college?

- Yes
- No
- Unsure

**Relationship Dynamics**

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**Trigger Warning:** This section asks about relationship and dating experiences, which may be upsetting. No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have fights because they are in a bad mood, they are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. Resources for support are available at the end of the survey, should you need them.

33. Since the **beginning of the current school year (Fall 2015)**, have you had a casual, steady, or serious dating or intimate partner?

- Yes
- No

### Relationship Dynamics

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34. Since the **beginning of the current school year (Fall 2015)** has a casual, steady, or serious dating or intimate partner (including a spouse) done any of the following to you?

- slapped you?
  - pushed or shoved you?
  - hit you with a fist or something hard?
  - kicked you?
  - hurt you by pulling your hair?
  - slammed you against something?
  - tried to hurt you by choking or suffocating you?
  - beaten you?
  - burned you on purpose?
  - used a knife, gun, or other weapon on you?
- 
- Yes
  - No

## Relationship Dynamics

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Please answer the following questions about what you consider the MOST SERIOUS INCIDENT you indicated that happened during this current school year.

35. How concerned were you about your safety?

- Extremely
- Somewhat
- Only a little
- Not at all

36. Did you seek services or contact a hotline after the incident?

- Yes
- No

37. Were you physically injured in the incident?

- Yes
- No

38. Did you seek medical attention?

- Yes
- No

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## Relationship Dynamics

39. Since the **beginning of the school year (Fall 2015)** has anyone frightened, concerned, angered, or annoyed you by...  
(select all that apply)

- Making unwanted phone calls to you or leaving messages
- Sending unwanted e-mails or other forms of written correspondence or communication
- Posting offensive or abusive comments on your social media profile(s), blog, or other online space
- Showing up at places where you were even though he or she had no business being there
- Exposing personal information or spreading rumors about you on the Internet, in a public place, or by word of mouth
- Repeatedly asking you on dates, to go to dinner, or get a drink even after you've said no
- Sharing personal photos of you without your permission
- Threatening in an online environment to physically harm you
- No, none of the above has happened to me since the beginning of the school year

### **Relationship Dynamics**

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Please answer the following questions about what you consider the **MOST SERIOUS INCIDENT** you indicated that happened during this current school year.

40. What is/was your relationship with the person who conducted this unwanted behavior? (select all that apply)

- Acquaintance or peer
- Friend
- Current romantic partner or spouse
- Ex-romantic partner or spouse
- Faculty or staff member
- No prior relationship
- Other

41. Was this person affiliated with...?

- Your college/university
- Another college/university
- No college or university
- Unsure

42. Who did you tell about the incident? (select all that apply)

- Roommate/friend/classmate
- Romantic partner
- Family member
- Campus sexual assault advocate/counselor
- Police
- Faculty or staff member
- Residence hall staff
- No one
- Other

43. What kind of responses did you receive from those you told or reported to? (select all that apply)

- Responded in a way that made you feel supported
- Doubted you, asked questions to determine if it really happened, or refused to believe you
- Blamed you for the assault, or said you could have done something to prevent it, or asked why you didn't do something to prevent it
- Helped you gather information or find resources or services
- Made excuses for the person who did this to you
- Listened sympathetically without criticizing or blaming you
- Told you to not talk about it, to move on, or to focus on other things
- Validated and believed your experience

44. Did you use the school's formal procedures to report this incident(s)?

- Yes
- No

45. Did the school's formal procedures help you resolve the issue?

- Completely resolved the issue
- Helped me a lot
- Helped, but could have helped more
- Helped me a little
- Didn't help me at all
- I'm currently going through the resolution process

## Thank You!

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Thank you for your participation! Your responses are important for developing policies and prevention tools to reduce sexual assault on campus and to provide better support systems for people who have experienced sexual assault and domestic violence. As a reminder, your survey responses are anonymous.

If you click on any links on this page you won't be able to return to the survey. Please print this page to keep it as a resource.

As a thank you for your participation, you can enter to win prizes by clicking the link below. Your entry to win will in no way be connected to your survey responses.

[Enter to Win](#)

If you experienced discomfort while taking this survey and would like to talk to someone or learn more about these issues, the resources below can help you.

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