

Vassar College Survey Exploring Sexual Misconduct, Dating Violence, and Stalking on Campus, 2015

Section 1: Intro and Consent Form

Please read the following information about this survey, and consent form, before deciding whether or not you wish to participate in this voluntary survey.

Purpose

The Offices of Equal Opportunity and Affirmative Action, Health Education/Sexual Assault and Violence Prevention (SAVP), and Residential Life, closely assisted by the Office of Institutional Research, are conducting a study to examine Vassar student views, knowledge, and experiences around issues related to sexual assault, including the incidence and prevalence of sexual assault among Vassar students. The survey also covers student perceptions of the campus climate related to sexual misconduct and assault, and the effectiveness of policies and campus prevention efforts related to these behaviors.

Through this study, we hope to gain better, deeper understandings of these issues by collecting attitudinal, behavioral, and experiential information, from the student perspective.

This is first-time information about Vassar that ultimately will be useful to better understand the Vassar community, to improve interventions and services, and to measure relevant changes over time.

Although this study may not seem to benefit you personally, or may have some content that does not seem directly relevant to you, **we hope very much that you will complete all parts of this important survey for which you are able to supply information**, your opinions, and/or experiences. These data have never been collected at Vassar. The more we can gather, from across the full spectrum of everyone here, the better our knowledge.

Findings from this project will add substantially to our knowledge about the climate and student experiences regarding sexual assault here at Vassar. Your responses here will help the College learn what is occurring, what is going well, and where we need to work for improvements. The greater the number of students who participate in this survey, and the more complete the responses to it, the more comprehensive, accurate, informative, and useful the findings will be.

Procedures and Participation

All students are invited to complete this **voluntary** and **anonymous** survey. Participation in this study will involve completing an online survey. We anticipate that your involvement will require 10-30 minutes, dependent in part of the sections of it for which you have information to report, and those sections you elect to complete. You will not receive compensation for participating.

As noted, your participation in this study is completely voluntary. You may answer as few or as many questions as you wish. You are free to decline to participate at all, to end participation at any point in the survey for any reason, or not to answer any individual question without penalty simply by leaving it blank.

If you cannot complete this survey in one session, you may exit, later follow the same link used to arrive at this page, and continue providing your responses from where you left off.

Your earlier responses will be saved. You can provide **only one** set of responses to this survey. As such, no one else has, or should use, the link sent to you, or your responses will be lost.

Risks and Benefits

Participants in this study may experience distress over the nature of some of the questions.

Some use explicit language, including anatomical names of body parts, and specific behaviors, to ask about sexual assault at Vassar. Some individuals could experience emotional discomfort while answering some of the questions.

If you experience emotional discomfort or distress as a result of your participation in this study and would like to seek support, please contact any of the campus and external resources listed at the bottom of each page.

Confidentiality

All of your responses will be recorded anonymously. That is, the survey does not record any identifying information to be included with your survey responses. To ensure confidentiality, and your privacy, we will not present any results that might profile very small groups of respondents.

Please be aware that your responses to the survey are as a research participant only. As such, and because of the anonymity, this survey is not, and cannot be, a mechanism for filing official reports of sexual misconduct, assault, harassment, or other behaviors. We will not treat the information you provide as an official report. Your responses will not be part of any academic, medical, disciplinary, or other record. Should you wish to report an incident, or seek support, please contact Vassar's Title IX Officer, Vassar's Counseling Services, or other resource(s) of your choice listed at the bottom of each page of this survey.

Use of the Data and Availability of Findings from this Study

These survey data will be kept strictly confidential and used only for the purposes of information gathering and research. The Office of Institutional Research will keep the data securely, and will coordinate all studies of them. Once responses to the survey have been well studied, likely some time in Fall, 2015, primary findings from the survey will be made available to the campus via means yet to be determined completely, but likely to involve one or more of the following: internal web-based publication, one or more open presentations to the campus, and/or hardcopy reports.

Questions and Contacts

If you have any questions about this study, they are welcome. Please contact either of the two Primary Investigators:

** Julian Williams, Title IX Officer (julwilliams@vassar.edu, (845) 437-7924), or

** David Davis-Van Atta, Director of Institutional Research (ddavisva@vassatr.ed, (845) 437-5491),

** and/or other members of the project team, all listed on the final page of this survey.

We welcome questions and suggestions.

If you would like more information on receiving sexual assault prevention training please contact Charlotte Strauss-Swanson, Sexual Assault and Violence Prevention (SAVP) Coordinator (chstrauss@vassar.edu, 845-437-7863).

If you would like to discuss your rights as a research participant, you may contact the Vassar Office of Institutional Research (ddavisva@vassar.edu, 845-437-5491), or the Vassar Institutional Review Board (IRB; see: <http://committees.vassar.edu/irb/>).

Agreement to Participate

I am at least 18 years of age, have read the information above, and fully understand the purposes of this research project and its risks and benefits. I agree to participate in this study.

- ☐ I agree to participate
 - ☐ I decline to participate
-

Section 2: Background and Demographics

Section 2: Background Questions and Demographics

What type of student are you at Vassar this semester?

- ☐ Degree-seeking undergraduate (full- or part-time)
 - ☐ Other
-

What is your class year this semester?

- ☐ 2018
 - ☐ 2017
 - ☐ 2016
 - ☐ 2015
 - ☐ Other or not applicable
-

How did you originally enter Vassar?

- ☐ As a first-year student
 - ☐ As a transfer student
 - ☐ Other
-

Where do you reside this semester?

- ☐ On-campus housing / Vassar housing
- ☐ Non-Vassar off-campus housing
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds*.

Last Click: *0 seconds*.

Page Submit: *0 seconds*.

Click Count: *0 clicks*.

What is your current gender identity? (mark all that apply)

- ☐ Cis woman (Sex assigned at birth and current gender identification are the same, both female)
- ☐ Cis man (Sex assigned at birth and current gender identification are the same, both male)
- ☐ Trans woman (Sex assigned at birth and current gender identification are not the same, now female)
- ☐ Trans man (Sex assigned at birth and current gender identification are not the same, now male)
- ☐ Genderqueer/Gender-nonconforming
- ☐ Other, please specify
- ☐ Prefer not to answer
-

Are you Hispanic or Latino/a?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
-

What is your race (as you define it)? Mark one or more, as applicable.

- ☐ American Indian or Alaska Native
- ☐ Asian

- ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Prefer not to answer
-

Are you a U.S. citizen or permanent resident (hold a permanent Visa)?

- ☐ Yes
 - ☐ No
 - ☐ Prefer not to answer
-

Which term best describes your sexual orientation? (Mark all that apply.)

- ☐ Asexual
 - ☐ Bisexual
 - ☐ Gay
 - ☐ Heterosexual/Straight
 - ☐ Lesbian
 - ☐ Queer
 - ☐ Questioning/unsure
 - ☐ Other, please specify
 - ☐ Prefer not to answer
-

Do you represent the first generation of your family to attend college?

- ☐ Yes
 - ☐ No
 - ☐ Prefer not to answer
-

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

Section 3: Perceptions of Campus

Section 3: Perceptions concerning Vassar and sexual assault

This section requests only your **perceptions** concerning Vassar and sexual assaults (incidents, reports, policies and procedures, etc.). **No direct knowledge or facts about Vassar are required.**

Please respond to the questions in the table below based on your perceptions regarding the following question:

If someone were to report a sexual assault here on campus, I believe that Vassar would ...

	1- Strongly Disagree	2- Disagree	3-Agree	4- Strongly Agree
Take the report seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep knowledge of the report limited to those who need to know in order for the college to respond properly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take steps to protect the <i>safety</i> of the person making the report .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide support for the person <u>making the report</u> . (e.g., provide counseling if desired, protection from retaliation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide support for the person <u>who is accused</u> . (e.g., provide counseling if desired, information regarding college procedures, options, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct a thorough, equitable, and unbiased investigation of the reported incident(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct a thorough, equitable, and unbiased hearing of the case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In a substantial majority of the cases heard, determine accurately what occurred regarding the alleged wrong-doing

☐ ☐ ☐ ☐

Take appropriate action against the perpetrator if it were determined that the accused was responsible for sexual misconduct

☐ ☐ ☐ ☐

Work to remedy underlying factors on campus that may have led to the sexual assault.

☐ ☐ ☐ ☐

To what extent do you agree or disagree with the following?

1- Strongly Disagree 2- Disagree 3- Agree 4- Strongly Agree

I believe that Vassar is working on measures to prevent sexual assault

☐ ☐ ☐ ☐

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 3: Perceptions of Campus, continued

How seriously do you believe that Vassar would take a formal report of sexual assault in which **the accused** was a member of the following groups?

1-Not at all 2-Somewhat 3-Moderately 4-Extremely

Students

☐ ☐ ☐ ☐

Faculty

☐ ☐ ☐ ☐

High-level administrators (such as deans, vice presidents or higher)

☐ ☐ ☐ ☐

Other staff members

☐ ☐ ☐ ☐

Other staff members

☐☐☐☐

Visitors to campus

☐☐☐☐Vassar students on other
campuses☐☐☐☐

How seriously do you believe that Vassar would take a formal report of sexual assault **filed or brought by** a member of the following groups?

	1-Not at all	2-Somewhat	3-Moderately	4-Extremely
Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High-level administrators (such as deans, vice presidents or higher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other staff members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitors to campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vassar students on other campuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 4: Bystander Practices

Section 4: Bystander Practices

In this section, there are no right answers, no wrong ones, and no correct or incorrect behaviors. These questions only attempt to ascertain levels of certain behaviors as they occur at Vassar, behaviors which sometimes can help to minimize harmful outcomes. If you haven't encountered a situation where you might have done one or more of the following, please mark "Situation has not arisen."

If you have encountered the following situations, when you have, how often have you done each of the following?

	Always	Usually	Sometimes	Never	Situations has arise
Spoke up against sexist jokes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
Tried to defuse an argument between two people you perceived to be partners (at least at the time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
Walked a friend home from a party or other social event who was impaired (alcohol, drugs, or other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
Talked to the friends of someone who was impaired (alcohol, drugs, or other) to make sure they did not leave that person behind at a party, bar, or other social event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
Tried to distract someone who was trying to take an impaired person to another room or trying to get them to do something sexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
Asked someone you didn't know who was impaired (alcohol, drugs, or other) if they needed to be walked home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

Section 5: Education and Information

Section 5: Vassar Information and Resources

Have you received education from Vassar in the prevention of sexual assault?

☐ Yes

☐ No

How satisfied were you with the information that you received?

☐ Very Satisfied

☐ Somewhat Satisfied

☐ Somewhat Dissatisfied

☐ Very Dissatisfied

Have you received education from Vassar concerning policies and procedures regarding incidents of sexual assault?

☐ Yes

☐ No

How satisfied were you with the information that you received?

☐ Very Satisfied

☐ Somewhat Satisfied

☐ Somewhat Dissatisfied

☐ Very Dissatisfied

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Please answer the following questions as they pertain to sexual harassment, assault, dating/domestic violence, stalking, etc.

	Yes	No
Do you know to whom to report such an incident at Vassar?	<input type="radio"/>	<input type="radio"/>
Do you know how to seek confidential counseling at Vassar concerning such an incident?	<input type="radio"/>	<input type="radio"/>
Do you know how to seek advocacy and/or support at Vassar concerning such an incident?	<input type="radio"/>	<input type="radio"/>
Do you know how to seek medical care at Vassar concerning such an incident?	<input type="radio"/>	<input type="radio"/>
Are you aware that you also have the full option to seek any and all such services off-campus as well, or exclusively?	<input type="radio"/>	<input type="radio"/>
Are you familiar with Vassar's reporting processes available to you should you decide to file an internal, college complaint regarding any unwelcome sexual conduct/attention?	<input type="radio"/>	<input type="radio"/>
Are you aware that you also have the full option to report such an incident to law enforcement as well (or exclusively) if desired?	<input type="radio"/>	<input type="radio"/>
Are you aware that Vassar has a formally appointed Title IX Officer?	<input type="radio"/>	<input type="radio"/>
Do you know who the Vassar Title IX Officer is?	<input type="radio"/>	<input type="radio"/>

Have you read Vassar's sexual misconduct and assault policy?

- ☐ Yes
- ☐ No

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 6: Sexual Assault Events

Section 6: Personal Experience(s)

This section asks about non-consensual or unwanted sexual contact that you may, or may not, have experienced. If so, the person with whom you had the unwanted sexual contact could have been a stranger or someone you know, including an acquaintance, friend, or someone you were dating or going out with.

These questions ask about your experiences **at Vassar** with either or both of two types of **unwanted** sexual contact:

a. sexual penetration: includes someone's penis, finger(s), or other object(s) being put in your anus or vagina, someone's mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else's genitals;

b. sexual contact other than penetration: includes forced kissing, touching of genitals, grabbing, fondling, rubbing up against you in a sexual way (even if over your clothes).

NOTE: If you respond "Yes" to any of the three questions in this section, you will be given the opportunity to provide details on the one or more events/experiences noted below. However, you also will be given the opportunity to skip, to fully opt-out, of that descriptive section of the survey. As noted in the opening page, all sections and items on this survey are entirely voluntary. So providing your full, candid responses below will enable the opportunity to provide details following this section, but only if you choose to do so.

During your time as a student at Vassar, have you experienced non-consensual and/or unwanted sexual penetration? Check **all** that apply:

- ☐ No
 - ☐ Yes, during the current academic year
 - ☐ Yes, during my time at Vassar prior to the current academic year
-

During your time as a student at Vassar, have you experienced non-consensual and/or unwanted sexual contact that ***did not*** include sexual penetration? Check **all** that apply:

- ☐ No
- ☐ Yes, during the current academic year

☐ Yes, during my time at Vassar prior to the current academic year

During your time as a student at Vassar, have you suspected (or known) that you experienced non-consensual and/or unwanted sexual penetration, sexual contact, or non-contact behaviors of a sexual nature (such as filming) when you were incapacitated by alcohol or drugs, asleep, unconscious, or otherwise unable to provide consent? Mark all that apply:

☐ No

☐ Yes, during the current academic year

☐ Yes, during my time at Vassar prior to the current academic year

You indicated a "Yes" response to at least one of the three questions above. Do you wish to proceed to the optional Section of this survey that enables respondents to provide details of one (or more) events referenced above?

** Selecting the "Yes" response below will take you to that section of the survey.

** Selecting the "No" response will omit that section of the survey, and take you to the next section following it.

☐ Yes

☐ No

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 7-1: Sexual Incident, #1

Section 7: Details of Personal Incidents (#1)

In the previous Section, you indicated that you have experienced non-consensual or unwanted sexual contact during your time at Vassar. For the questions below, please begin with ***the most recent incident*** of non-

consensual or unwanted sexual contact and/or penetration. You will have the opportunity to describe up to a total of six separate incidents.

Reminder: You are **not** obligated to answer questions in this section. As such, you may choose to respond to all, some, or none as you wish.

This information will inform the work that Vassar does related to assault and education. Please remember that your responses here are collected anonymously, and only as part of this research study. They are not, and cannot be, a formal or informal report to the College. If you would like to file a formal report, or to discuss/explore doing so, contact:

Vassar's Director of Equal Opportunity and Title IX Officer, Julian Williams,
julwilliams@vassar.edu, (845) 437-7924.

What type of non-consensual or unwanted sexual contact occurred during this incident?
(select one):

- ☐ Unsure
- ☐ Sexual penetration: includes someone's penis, finger(s), or other object being put in your vagina or anus and someone's mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else's genitals;
- ☐ Sexual contact other than penetration: includes forced kissing, touching of genitals, grabbing, fondling, rubbing up against you in a sexual way (even if it is over your clothes).
- ☐ Both of the above
-

In what academic year did the incident take place? (If the incident took place over the summer, report the incident took place in the **prior academic year**).

- ☐ 2014-15
- ☐ 2013-14
- ☐ 2012-13
- ☐ 2011-12
- ☐ 2010-11
- ☐ 2009-10
- ☐ Before 2009-10
-

How many perpetrators were involved in this incident (excluding any observers, supporters, etc.)?

- ☐ Unsure
- ☐ One
- ☐ More than one

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

At the time of the incident, what was the affiliation with Vassar of the person(s) who perpetrated this event? The perpetrator(s) were... (check all that apply).

- ☐ Unsure
- ☐ Vassar student
- ☐ Vassar alum
- ☐ Vassar faculty member or professor
- ☐ Other Vassar employee, administrator, or staff member
- ☐ None, but the perpetrator(s) were affiliated with another college or university
- ☐ None (no known college affiliation(s) at all)
- ☐ Other, please specify
-

What was your relationship to the perpetrator(s) at the time of the incident? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Student Fellow or House Team Member |
| <input type="checkbox"/> No prior relationship, but someone known to me | <input type="checkbox"/> Vassar professor, lecturer, or advisor |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Vassar administrator or staff |

- | | |
|--|---|
| <input type="checkbox"/> Acquaintance, peer, or colleague | <input type="checkbox"/> Manager, or supervisor |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> At the time, was a former dating partner, sexual partner, or spouse | <input type="checkbox"/> Family member |
| <input type="checkbox"/> At the time, was a current dating partner, sexual partner or spouse | <input type="checkbox"/> Other, please specify |
-
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

What was *your perceived* gender of the perpetrator(s)? (If more than one perpetrator, check all the apply.)

- ☐ Unsure
- ☐ Cis woman
- ☐ Cis man
- ☐ Trans woman
- ☐ Trans man
- ☐ Genderqueer/Gender-nonconforming
- ☐ Other (please specify)
-

Where did the incident occur? If possible, please select the single best location. Check multiple locations if necessary.

- ☐ Campus residence/housing (specify below, if you wish)
- ☐ Off-campus residence or location not affiliated with Vassar (specify below, if you wish)
-

☐ Vassar Campus, non-residence location (specify below, if you wish)

☐ Off-campus college-affiliated or -sponsored activity or study abroad (specify below, if you wish)

☐ Off-campus activity not affiliated or sponsored by Vassar (specify below, if you wish)

☐ Home / Permanent residence

☐ Other location or setting (specify below, if you wish)

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Did you tell **anyone** about the incident, either immediately or eventually?

☐ Yes

☐ No

Please indicate all those from the list below with whom you talked about this incident, either personally or in a more formal/official context, etc. Check all those that apply.

Also:

(a) please indicate *the very first person* you told or talked with about it, and

(b) for each person with whom you spoke, at any point in time, please indicate whether your conversation(s) were:

(i) of **primary personal** nature (e.g., support, trying to gather or discuss advice, etc.),

(ii) primarily in order to explore or initiate some form of formal investigation, student conduct process, legal process, etc., or

(iii) mark both if appropriate

First personal

Primarily

	told	Personal	Formal/Official
	Please select only one	Check all that apply	Check all that apply
Roommate or housemate	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Fellow or other peer advisor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from another school	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar's Title IX Officer	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-campus health services / medical staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus health services, hospital, etc.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you file an official report about the incident? (Check one or more, as appropriate.)

- ☐ Yes, within Vassar college
- ☐ Yes, with law enforcement
- ☐ No official report(s)

It is not uncommon 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 decided not to report or otherwise share your experience? Please check all that apply.

- ☐ Did not think the perpetrator would be found guilty
- ☐ Worried that if I told someone at Vassar, the administration would take action against an entire organization/group that this person belongs to, rather than just the person who did something wrong
- ☐ Not clear that harm was intended
- ☐ Fear of being treated with hostility by the person I would tell
- ☐ Didn't think the Vassar administration would do anything
- ☐ Did not know who I should tell
- ☐ Did not want the person who did it to get into trouble
- ☐ I thought people would try to tell me what I had to do
- ☐ Did not want any action to be taken (i.e. arrests, legal charges, disciplinary action)
- ☐ Fear of being blamed by the person I would tell
- ☐ I wanted to forget it happened
- ☐ Lack of proof that incident happened
- ☐ I did not recognize it as sexual assault at the time
- ☐ Did not want to ruin the person's life or hurt their future
- ☐ I did not have time to deal with it due to academics, work, etc.
- ☐ Worried that if I told someone at Vassar, the administration would take action on their own without my permission
- ☐ Did not think it was serious enough to share

- ☐ I did not want others to worry about me
 - ☐ Afraid I might be punished for other things I was doing at the time (e.g., drinking underage, using drugs, etc.)
 - ☐ I wanted to deal with it on my own
 - ☐ I was concerned that others would find out (e.g., friends, faculty, family, etc.)
 - ☐ Felt embarrassed or ashamed, did not want anyone to know what happened
 - ☐ Fear of not being believed by the person I would tell
 - ☐ Fear of retaliation by the perpetrator(s), or others
 - ☐ Felt that I was at least partly at fault, or that it was not totally the other person's fault
 - ☐ Other, please specify
-

Have you experienced another incident of sexual assault about which you wish to provide details?

- ☐ Yes
 - ☐ No
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 7-2: Sexual Incident, #2

Section 7-2: Details of Personal Incidents, #2

In the previous Section, you indicated that you have an additional experience of non-consensual or unwanted sexual contact during your time at Vassar about which to provide details. For the questions below, please begin with ***the next most recent incident*** of non-consensual or unwanted sexual contact and/or penetration. Following this section, you will have the opportunity to describe up to four more separate incidents.

Reminder: You are **not** obligated to answer questions in this section. As such, you may choose to respond to all, some, or none as you wish.

This information will inform the work that Vassar does related to assault and education. Please remember that your responses here are collected anonymously, and only as part of this research study. They are not, and cannot be, a formal or informal report to the College. If you would like to file a formal report, or to discuss/explore doing so, contact:

Vassar's Director of Equal Opportunity and Title IX Officer, Julian Williams,
julwilliams@vassar.edu, (845) 437-7924.

What type of non-consensual or unwanted sexual contact occurred during this incident?
(select one):

- ☐ Unsure
 - ☐ Sexual penetration: includes someone's penis, finger(s), or other object being put in your vagina or anus and someone's mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else's genitals;
 - ☐ Sexual contact other than penetration: includes forced kissing, touching of genitals, grabbing, fondling, rubbing up against you in a sexual way (even if it is over your clothes).
 - ☐ Both of the above
-

In what academic year did the incident take place? (If the incident took place over the summer, report the incident took place in the **prior academic year**).

- ☐ 2014-15
 - ☐ 2013-14
 - ☐ 2012-13
 - ☐ 2011-12
 - ☐ 2010-11
 - ☐ 2009-10
 - ☐ Before 2009-10
-

How many perpetrators were involved in this incident (excluding any observers, supporters,

etc.)?

- ☐ Unsure
- ☐ One
- ☐ More than one

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

At the time of the incident, what was the affiliation with Vassar of the person(s) who perpetrated this event? The perpetrator(s) were... (check all that apply).

- ☐ Unsure
- ☐ Vassar student
- ☐ Vassar alum
- ☐ Vassar faculty member or professor
- ☐ Other Vassar employee, administrator, or staff member
- ☐ None, but the perpetrator(s) were affiliated with another college or university
- ☐ None (no known college affiliation(s) at all)
- ☐ Other, please specify
-

What was your relationship to the perpetrator(s) at the time of the incident? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Student Fellow or House Team Member |
| <input type="checkbox"/> No prior relationship, but someone known to me | <input type="checkbox"/> Vassar professor, lecturer, or advisor |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Vassar administrator or staff |
| <input type="checkbox"/> Acquaintance, peer, or colleague | <input type="checkbox"/> Manager, or supervisor |

- ☐ Friend ☐ Mentor
- ☐ At the time, was a former dating partner, sexual partner, or spouse ☐ Family member
- ☐ At the time, was a current dating partner, sexual partner or spouse ☐ Other, please specify

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

What was *your perceived* gender of the perpetrator(s)? (If more than one perpetrator, check all the apply.)

- ☐ Unsure
- ☐ Cis woman
- ☐ Cis man
- ☐ Trans woman
- ☐ Trans man
- ☐ Genderqueer/Gender-nonconforming
- ☐ Other (please specify)

Where did the incident occur? If possible, please select the single best location. Check multiple locations if necessary.

- ☐ Campus residence/housing (specify below, if you wish)
- ☐ Off-campus residence or location not affiliated with Vassar (specify below, if you wish)
-
- ☐ Vassar Campus, non-residence location (specify below, if you wish)

☐ Off-campus college-affiliated or -sponsored activity or study abroad (specify below, if you wish)

☐ Off-campus activity not affiliated or sponsored by Vassar (specify below, if you wish)

☐ Home / Permanent residence

☐ Other location or setting (specify below, if you wish)

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Did you tell **anyone** about the incident, either immediately or eventually?

☐ Yes

☐ No

Please indicate all those from the list below with whom you talked about this incident, either personally or in a more formal/official context, etc. Check all those that apply.

Also:

(a) please indicate *the very first person* you told or talked with about it, and

(b) for each person with whom you spoke, at any point in time, please indicate whether your conversation(s) were:

(i) of **primary personal** nature (e.g., support, trying to gather or discuss advice, etc.),

(ii) primarily in order to explore or initiate some form of formal investigation, student conduct process, legal process, etc., or

(iii) mark both if appropriate

**First personal
told**

**Primarily
Personal**

Formal/Official

	Please select only one	Check all that apply	Check all that apply
Roommate or housemate	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Fellow or other peer advisor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from another school	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar's Title IX Officer	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-campus health services / medical staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus health services, hospital, etc.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you file an official report about the incident? (Check one or more, as appropriate.)

- ☐ Yes, within Vassar college
 - ☐ Yes, with law enforcement
 - ☐ No official report(s)
-

It is not uncommon 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 decided not to report or otherwise share your experience? Please check all that apply.

- ☐ Fear of being blamed by the person I would tell
- ☐ Felt embarrassed or ashamed, did not want anyone to know what happened
- ☐ Did not want the person who did it to get into trouble
- ☐ Not clear that harm was intended
- ☐ Lack of proof that incident happened
- ☐ I was concerned that others would find out (e.g., friends, faculty, family, etc.)
- ☐ I wanted to deal with it on my own
- ☐ Didn't think the Vassar administration would do anything
- ☐ Felt that I was at least partly at fault, or that it was not totally the other person's fault
- ☐ I did not have time to deal with it due to academics, work, etc.
- ☐ Worried that if I told someone at Vassar, the administration would take action against an entire organization/group that this person belongs to, rather than just the person who did something wrong
- ☐ Did not think it was serious enough to share
- ☐ Fear of not being believed by the person I would tell
- ☐ Did not know who I should tell
- ☐ Worried that if I told someone at Vassar, the administration would take action on their own without my permission
- ☐ I did not recognize it as sexual assault at the time
- ☐ Did not want any action to be taken (i.e. arrests, legal charges, disciplinary action)
- ☐ Did not think the perpetrator would be found guilty

- ☐ I did not want others to worry about me
 - ☐ Fear of being treated with hostility by the person I would tell
 - ☐ I thought people would try to tell me what I had to do
 - ☐ Did not want to ruin the person's life or hurt their future
 - ☐ Afraid I might be punished for other things I was doing at the time (e.g., drinking underage, using drugs, etc.)
 - ☐ Fear of retaliation by the perpetrator(s), or others
 - ☐ I wanted to forget it happened
 - ☐ Other, please specify
-

Have you experienced another incident of sexual assault about which you wish to provide details?

- ☐ Yes
 - ☐ No
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 7-3: Sexual Incident, #3

Section 7-3: Details of Personal Incidents, #3

In the previous Section, you indicated that you have an additional experience of non-consensual or unwanted sexual contact during your time at Vassar about which to provide details. For the questions below, please begin with ***the next most recent incident*** of non-consensual or unwanted sexual contact and/or penetration. Following this section, you will have the opportunity to describe up to three more separate incidents.

Reminder: You are **not** obligated to answer questions in this section. As such, you may choose to respond to all, some, or none as you wish.

This information will inform the work that Vassar does related to assault and education. Please remember that your responses here are collected anonymously, and only as part of this research study. They are not, and cannot be, a formal or informal report to the College. If you would like to file a formal report, or to discuss/explore doing so, contact:

Vassar's Director of Equal Opportunity and Title IX Officer, Julian Williams,
julwilliams@vassar.edu, (845) 437-7924.

What type of non-consensual or unwanted sexual contact occurred during this incident?
(select one):

- ☐ Unsure
 - ☐ Sexual penetration: includes someone's penis, finger(s), or other object being put in your vagina or anus and someone's mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else's genitals;
 - ☐ Sexual contact other than penetration: includes forced kissing, touching of genitals, grabbing, fondling, rubbing up against you in a sexual way (even if it is over your clothes).
 - ☐ Both of the above
-

In what academic year did the incident take place? (If the incident took place over the summer, report the incident took place in the **prior academic year**).

- ☐ 2014-15
 - ☐ 2013-14
 - ☐ 2012-13
 - ☐ 2011-12
 - ☐ 2010-11
 - ☐ 2009-10
 - ☐ Before 2009-10
-

How many perpetrators were involved in this incident (excluding any observers, supporters, etc.)?

- ☐ Unsure
- ☐ One
- ☐ More than one
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

At the time of the incident, what was the affiliation with Vassar of the person(s) who perpetrated this event? The perpetrator(s) were... (check all that apply).

- ☐ Unsure
- ☐ Vassar student
- ☐ Vassar alum
- ☐ Vassar faculty member or professor
- ☐ Other Vassar employee, administrator, or staff member
- ☐ None, but the perpetrator(s) were affiliated with another college or university
- ☐ None (no known college affiliation(s) at all)
- ☐ Other, please specify
-

What was your relationship to the perpetrator(s) at the time of the incident? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Student Fellow or House Team Member |
| <input type="checkbox"/> No prior relationship, but someone known to me | <input type="checkbox"/> Vassar professor, lecturer, or advisor |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Vassar administrator or staff |
| <input type="checkbox"/> Acquaintance, peer, or colleague | <input type="checkbox"/> Manager, or supervisor |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Mentor |

- ☐ At the time, was a former dating partner, sexual partner, or spouse ☐ Family member
- ☐ At the time, was a current dating partner, sexual partner or spouse ☐ Other, please specify
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

What was *your perceived* gender of the perpetrator(s)? (If more than one perpetrator, check all the apply.)

- ☐ Unsure
- ☐ Cis woman
- ☐ Cis man
- ☐ Trans woman
- ☐ Trans man
- ☐ Genderqueer/Gender-nonconforming
- ☐ Other (please specify)
-

Where did the incident occur? If possible, please select the single best location. Check multiple locations if necessary.

- ☐ Campus residence/housing (specify below, if you wish)
- ☐ Off-campus residence or location not affiliated with Vassar (specify below, if you wish)
-
- ☐ Vassar Campus, non-residence location (specify below, if you wish)
-

- ☐ Off-campus college-affiliated or -sponsored activity or study abroad (specify below, if you wish)
- ☐ Off-campus activity not affiliated or sponsored by Vassar (specify below, if you wish)
- ☐ Home / Permanent residence
- ☐ Other location or setting (specify below, if you wish)

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Did you tell **anyone** about the incident, either immediately or eventually?

- ☐ Yes
- ☐ No

Please indicate all those from the list below with whom you talked about this incident, either personally or in a more formal/official context, etc. Check all those that apply.

Also:

- (a) please indicate *the very first person* you told or talked with about it, and
- (b) for each person with whom you spoke, at any point in time, please indicate whether your conversation(s) were:
- (i) of **primary personal** nature (e.g., support, trying to gather or discuss advice, etc.),
 - (ii) primarily in order to explore or initiate some form of formal investigation, student conduct process, legal process, etc., or
 - (iii) mark both if appropriate

First personal told	Primarily Personal	Formal/Official
Please select only one	Check all that apply	Check all that apply

Roommate or housemate	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Fellow or other peer advisor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from another school	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar's Title IX Officer	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-campus health services / medical staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus health services, hospital, etc.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you file an official report about the incident? (Check one or more, as appropriate.)

- ☐ Yes, within Vassar college
 - ☐ Yes, with law enforcement
 - ☐ No official report(s)
-

It is not uncommon 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 decided not to report or otherwise share your experience? Please check all that apply.

- ☐ Lack of proof that incident happened
- ☐ Not clear that harm was intended
- ☐ Fear of being treated with hostility by the person I would tell
- ☐ Did not want to ruin the person's life or hurt their future
- ☐ I thought people would try to tell me what I had to do
- ☐ Did not want any action to be taken (i.e. arrests, legal charges, disciplinary action)
- ☐ I did not have time to deal with it due to academics, work, etc.
- ☐ Did not want the person who did it to get into trouble
- ☐ Did not know who I should tell
- ☐ Fear of not being believed by the person I would tell
- ☐ Worried that if I told someone at Vassar, the administration would take action against an entire organization/group that this person belongs to, rather than just the person who did something wrong
- ☐ I was concerned that others would find out (e.g., friends, faculty, family, etc.)
- ☐ Afraid I might be punished for other things I was doing at the time (e.g., drinking underage, using drugs, etc.)
- ☐ I did not recognize it as sexual assault at the time
- ☐ Felt embarrassed or ashamed, did not want anyone to know what happened
- ☐ Felt that I was at least partly at fault, or that it was not totally the other person's fault
- ☐ Did not think the perpetrator would be found guilty
- ☐ I did not want others to worry about me
- ☐ Fear of being blamed by the person I would tell
- ☐ Fear of retaliation by the perpetrator(s), or others

- ☐ Worried that if I told someone at Vassar, the administration would take action on their own without my permission
- ☐ Didn't think the Vassar administration would do anything
- ☐ Did not think it was serious enough to share
- ☐ I wanted to forget it happened
- ☐ I wanted to deal with it on my own
- ☐ Other, please specify
-

Have you experienced another incident of sexual assault about which you wish to provide details?

- ☐ Yes
- ☐ No
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 7-4: Sexual Incident, #4

Section 7-4: Details of Personal Incidents, #4

In the previous Section, you indicated that you have an additional experience of non-consensual or unwanted sexual contact during your time at Vassar about which to provide details. For the questions below, please begin with ***the next most recent incident*** of non-consensual or unwanted sexual contact and/or penetration. Following this section, you will have the opportunity to describe up to two more separate incidents.

Reminder: You are ***not*** obligated to answer questions in this section. As such, you may choose to respond to all, some, or none as you wish.

This information will inform the work that Vassar does related to assault and education. Please remember that your responses here are collected anonymously, and only as part of this research study. They are not, and cannot be, a formal or informal report to the College. If you would like to file a formal report, or to discuss/explore doing so, contact:

Vassar's Director of Equal Opportunity and Title IX Officer, Julian Williams,
julwilliams@vassar.edu, (845) 437-7924.

What type of non-consensual or unwanted sexual contact occurred during this incident?
(select one):

- ☐ Unsure
 - ☐ Sexual penetration: includes someone's penis, finger(s), or other object being put in your vagina or anus and someone's mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else's genitals;
 - ☐ Sexual contact other than penetration: includes forced kissing, touching of genitals, grabbing, fondling, rubbing up against you in a sexual way (even if it is over your clothes).
 - ☐ Both of the above
-

In what academic year did the incident take place? (If the incident took place over the summer, report the incident took place in the **prior academic year**).

- ☐ 2014-15
 - ☐ 2013-14
 - ☐ 2012-13
 - ☐ 2011-12
 - ☐ 2010-11
 - ☐ 2009-10
 - ☐ Before 2009-10
-

How many perpetrators were involved in this incident (excluding any observers, supporters, etc.)?

- ☐ Unsure
- ☐ One

☐ More than one

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

At the time of the incident, what was the affiliation with Vassar of the person(s) who perpetrated this event? The perpetrator(s) were... (check all that apply).

- ☐ Unsure
 - ☐ Vassar student
 - ☐ Vassar alum
 - ☐ Vassar faculty member or professor
 - ☐ Other Vassar employee, administrator, or staff member
 - ☐ None, but the perpetrator(s) were affiliated with another college or university
 - ☐ None (no known college affiliation(s) at all)
 - ☐ Other, please specify
-

What was your relationship to the perpetrator(s) at the time of the incident? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Student Fellow or House Team Member |
| <input type="checkbox"/> No prior relationship, but someone known to me | <input type="checkbox"/> Vassar professor, lecturer, or advisor |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Vassar administrator or staff |
| <input type="checkbox"/> Acquaintance, peer, or colleague | <input type="checkbox"/> Manager, or supervisor |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> At the time, was a former dating partner, sexual partner, or spouse | <input type="checkbox"/> Family member |
| <input type="checkbox"/> At the time, was a current dating partner, | <input type="checkbox"/> Other, please specify |

sexual partner or spouse

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

What was *your perceived* gender of the perpetrator(s)? (If more than one perpetrator, check all the apply.)

- ☐ Unsure
 - ☐ Cis woman
 - ☐ Cis man
 - ☐ Trans woman
 - ☐ Trans man
 - ☐ Genderqueer/Gender-nonconforming
 - ☐ Other (please specify)
-

Where did the incident occur? If possible, please select the single best location. Check multiple locations if necessary.

- ☐ Campus residence/housing (specify below, if you wish)
- ☐ Off-campus residence or location not affiliated with Vassar (specify below, if you wish)
- ☐ Vassar Campus, non-residence location (specify below, if you wish)
- ☐ Off-campus college-affiliated or -sponsored activity or study abroad (specify below, if you wish)

☐ Off-campus activity not affiliated or sponsored by Vassar (specify below, if you wish)

☐ Home / Permanent residence

☐ Other location or setting (specify below, if you wish)

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

Did you tell **anyone** about the incident, either immediately or eventually?

☐ Yes

☐ No

Please indicate all those from the list below with whom you talked about this incident, either personally or in a more formal/official context, etc. Check all those that apply.

Also:

(a) please indicate *the very first person* you told or talked with about it, and

(b) for each person with whom you spoke, at any point in time, please indicate whether your conversation(s) were:

(i) of **primary personal** nature (e.g., support, trying to gather or discuss advice, etc.),

(ii) primarily in order to explore or initiate some form of formal investigation, student conduct process, legal process, etc., or

(iii) mark both if appropriate

	First personal told Please select only one	Primarily Personal Check all that apply	Formal/Official Check all that apply
Roommate or housemate	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Romantic partner	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Fellow or other peer advisor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from another school	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar's Title IX Officer	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-campus health services / medical staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus health services, hospital, etc.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you file an official report about the incident? (Check one or more, as appropriate.)

- ☐ Yes, within Vassar college
- ☐ Yes, with law enforcement

☐ No official report(s)

It is not uncommon 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 decided not to report or otherwise share your experience? Please check all that apply.

- ☐ Didn't think the Vassar administration would do anything
- ☐ Felt embarrassed or ashamed, did not want anyone to know what happened
- ☐ Afraid I might be punished for other things I was doing at the time (e.g., drinking underage, using drugs, etc.)
- ☐ Fear of not being believed by the person I would tell
- ☐ I was concerned that others would find out (e.g., friends, faculty, family, etc.)
- ☐ I did not have time to deal with it due to academics, work, etc.
- ☐ Felt that I was at least partly at fault, or that it was not totally the other person's fault
- ☐ Worried that if I told someone at Vassar, the administration would take action on their own without my permission
- ☐ Did not want any action to be taken (i.e. arrests, legal charges, disciplinary action)
- ☐ Did not think it was serious enough to share
- ☐ Worried that if I told someone at Vassar, the administration would take action against an entire organization/group that this person belongs to, rather than just the person who did something wrong
- ☐ Did not know who I should tell
- ☐ Did not think the perpetrator would be found guilty
- ☐ Lack of proof that incident happened
- ☐ Fear of retaliation by the perpetrator(s), or others
- ☐ Fear of being blamed by the person I would tell
- ☐ Did not want to ruin the person's life or hurt their future
- ☐ I wanted to forget it happened
- ☐ I thought people would try to tell me what I had to do
- ☐ I wanted to deal with it on my own
- ☐ Not clear that harm was intended

- ☐ Fear of being treated with hostility by the person I would tell
 - ☐ Did not want the person who did it to get into trouble
 - ☐ I did not want others to worry about me
 - ☐ I did not recognize it as sexual assault at the time
 - ☐ Other, please specify
-

Have you experienced another incident of sexual assault about which you wish to provide details?

- ☐ Yes
 - ☐ No
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 7-5: Sexual Incident, #5

Section 7-5: Details of Personal Incidents, #5

In the previous Section, you indicated that you have an additional experience of non-consensual or unwanted sexual contact during your time at Vassar about which to provide details. For the questions below, please begin with ***the next most recent incident*** of non-consensual or unwanted sexual contact and/or penetration. Following this section, you will have the opportunity to describe one more separate incident.

Reminder: You are ***not*** obligated to answer questions in this section. As such, you may choose to respond to all, some, or none as you wish.

This information will inform the work that Vassar does related to assault and education. Please remember that your responses here are collected anonymously, and only as part of this research study. They are not, and

cannot be, a formal or informal report to the College. If you would like to file a formal report, or to discuss/explore doing so, contact:

Vassar's Director of Equal Opportunity and Title IX Officer, Julian Williams,
julwilliams@vassar.edu, (845) 437-7924.

What type of non-consensual or unwanted sexual contact occurred during this incident?
(select one):

- ☐ Unsure
 - ☐ Sexual penetration: includes someone's penis, finger(s), or other object being put in your vagina or anus and someone's mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else's genitals;
 - ☐ Sexual contact other than penetration: includes forced kissing, touching of genitals, grabbing, fondling, rubbing up against you in a sexual way (even if it is over your clothes).
 - ☐ Both of the above
-

In what academic year did the incident take place? (If the incident took place over the summer, report the incident took place in the **prior academic year**).

- ☐ 2014-15
 - ☐ 2013-14
 - ☐ 2012-13
 - ☐ 2011-12
 - ☐ 2010-11
 - ☐ 2009-10
 - ☐ Before 2009-10
-

How many perpetrators were involved in this incident (excluding any observers, supporters, etc.)?

- ☐ Unsure
- ☐ One
- ☐ More than one

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

At the time of the incident, what was the affiliation with Vassar of the person(s) who perpetrated this event? The perpetrator(s) were... (check all that apply).

- ☐ Unsure
 - ☐ Vassar student
 - ☐ Vassar alum
 - ☐ Vassar faculty member or professor
 - ☐ Other Vassar employee, administrator, or staff member
 - ☐ None, but the perpetrator(s) were affiliated with another college or university
 - ☐ None (no known college affiliation(s) at all)
 - ☐ Other, please specify
-

What was your relationship to the perpetrator(s) at the time of the incident? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Student Fellow or House Team Member |
| <input type="checkbox"/> No prior relationship, but someone known to me | <input type="checkbox"/> Vassar professor, lecturer, or advisor |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Vassar administrator or staff |
| <input type="checkbox"/> Acquaintance, peer, or colleague | <input type="checkbox"/> Manager, or supervisor |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> At the time, was a former dating partner, sexual partner, or spouse | <input type="checkbox"/> Family member |
| <input type="checkbox"/> At the time, was a current dating partner, sexual partner or spouse | <input type="checkbox"/> Other, please specify <input type="text"/> |

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

What was *your perceived* gender of the perpetrator(s)? (If more than one perpetrator, check all the apply.)

- ☐ Unsure
- ☐ Cis woman
- ☐ Cis man
- ☐ Trans woman
- ☐ Trans man
- ☐ Genderqueer/Gender-nonconforming
- ☐ Other (please specify)

Where did the incident occur? If possible, please select the single best location. Check multiple locations if necessary.

- ☐ Campus residence/housing (specify below, if you wish)
- ☐ Off-campus residence or location not affiliated with Vassar (specify below, if you wish)
- ☐ Vassar Campus, non-residence location (specify below, if you wish)
- ☐ Off-campus college-affiliated or -sponsored activity or study abroad (specify below, if you wish)
- ☐ Off-campus activity not affiliated or sponsored by Vassar (specify below, if you wish)

☐ Home / Permanent residence

☐ Other location or setting (specify below, if you wish)

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Did you tell **anyone** about the incident, either immediately or eventually?

☐ Yes

☐ No

Please indicate all those from the list below with whom you talked about this incident, either personally or in a more formal/official context, etc. Check all those that apply.

Also:

(a) please indicate *the very first person* you told or talked with about it, and

(b) for each person with whom you spoke, at any point in time, please indicate whether your conversation(s) were:

(i) of **primary personal** nature (e.g., support, trying to gather or discuss advice, etc.),

(ii) primarily in order to explore or initiate some form of formal investigation, student conduct process, legal process, etc., or

(iii) mark both if appropriate

	First personal told Please select only one	Primarily Personal Check all that apply	Formal/Official Check all that apply
Roommate or housemate	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other family member	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Fellow or other peer advisor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from another school	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar's Title IX Officer	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-campus health services / medical staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus health services, hospital, etc.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you file an official report about the incident? (Check one or more, as appropriate.)

- ☐ Yes, within Vassar college
- ☐ Yes, with law enforcement
- ☐ No official report(s)

It is not uncommon 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 decided not to report or otherwise share your experience? Please check all that apply.

- ☐ I did not want others to worry about me
- ☐ Fear of retaliation by the perpetrator(s), or others
- ☐ Worried that if I told someone at Vassar, the administration would take action on their own without my permission
- ☐ Did not want the person who did it to get into trouble
- ☐ I did not recognize it as sexual assault at the time
- ☐ Fear of not being believed by the person I would tell
- ☐ I was concerned that others would find out (e.g., friends, faculty, family, etc.)
- ☐ Fear of being treated with hostility by the person I would tell
- ☐ Worried that if I told someone at Vassar, the administration would take action against an entire organization/group that this person belongs to, rather than just the person who did something wrong
- ☐ Afraid I might be punished for other things I was doing at the time (e.g., drinking underage, using drugs, etc.)
- ☐ I wanted to deal with it on my own
- ☐ Lack of proof that incident happened
- ☐ Fear of being blamed by the person I would tell
- ☐ I did not have time to deal with it due to academics, work, etc.
- ☐ Felt embarrassed or ashamed, did not want anyone to know what happened
- ☐ Did not know who I should tell
- ☐ Did not think it was serious enough to share
- ☐ Did not want to ruin the person's life or hurt their future
- ☐ Didn't think the Vassar administration would do anything
- ☐ Felt that I was at least partly at fault, or that it was not totally the other person's fault
- ☐ I thought people would try to tell me what I had to do
- ☐ I wanted to forget it happened
- ☐ Not clear that harm was intended

- ☐ Did not want any action to be taken (i.e. arrests, legal charges, disciplinary action)
- ☐ Did not think the perpetrator would be found guilty
- ☐ Other, please specify
-

Have you experienced another incident of sexual assault about which you wish to provide details?

- ☐ Yes
- ☐ No
-

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 7-6: Sexual Incident, #6

Section 7-6: Details of Personal Incidents, #6

In the previous Section, you indicated that you have an additional experience of non-consensual or unwanted sexual contact during your time at Vassar about which to provide details. For the questions below, please begin with ***the next most recent incident*** of non-consensual or unwanted sexual contact and/or penetration. Following this section, you will proceed to the remainder of the survey.

Reminder: You are ***not*** obligated to answer questions in this section. As such, you may choose to respond to all, some, or none as you wish.

This information will inform the work that Vassar does related to assault and education. Please remember that your responses here are collected anonymously, and only as part of this research study. They are not, and cannot be, a formal or informal report to the College. If you would like to file a formal report, or to discuss/explore doing so, contact:

Vassar's Director of Equal Opportunity and Title IX Officer, Julian Williams,
julwilliams@vassar.edu, (845) 437-7924.

What type of non-consensual or unwanted sexual contact occurred during this incident?
(select one):

- ☐ Unsure
- ☐ Sexual penetration: includes someone's penis, finger(s), or other object being put in your vagina or anus and someone's mouth or tongue making contact with your genitals, or your mouth or tongue making contact with someone else's genitals;
- ☐ Sexual contact other than penetration: includes forced kissing, touching of genitals, grabbing, fondling, rubbing up against you in a sexual way (even if it is over your clothes).
- ☐ Both of the above
-

In what academic year did the incident take place? (If the incident took place over the summer, report the incident took place in the **prior academic year**).

- ☐ 2014-15
- ☐ 2013-14
- ☐ 2012-13
- ☐ 2011-12
- ☐ 2010-11
- ☐ 2009-10
- ☐ Before 2009-10
-

How many perpetrators were involved in this incident (excluding any observers, supporters, etc.)?

- ☐ Unsure
- ☐ One
- ☐ More than one
-

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

At the time of the incident, what was the affiliation with Vassar of the person(s) who perpetrated this event? The perpetrator(s) were... (check all that apply).

- ☐ Unsure
- ☐ Vassar student
- ☐ Vassar alum
- ☐ Vassar faculty member or professor
- ☐ Other Vassar employee, administrator, or staff member
- ☐ None, but the perpetrator(s) were affiliated with another college or university
- ☐ None (no known college affiliation(s) at all)
- ☐ Other, please specify

What was your relationship to the perpetrator(s) at the time of the incident? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Student Fellow or House Team Member |
| <input type="checkbox"/> No prior relationship, but someone known to me | <input type="checkbox"/> Vassar professor, lecturer, or advisor |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Vassar administrator or staff |
| <input type="checkbox"/> Acquaintance, peer, or colleague | <input type="checkbox"/> Manager, or supervisor |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> At the time, was a former dating partner, sexual partner, or spouse | <input type="checkbox"/> Family member |
| <input type="checkbox"/> At the time, was a current dating partner, sexual partner or spouse | <input type="checkbox"/> Other, please specify <input type="text"/> |

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

What was *your perceived* gender of the perpetrator(s)? (If more than one perpetrator, check all the apply.)

- ☐ Unsure
- ☐ Cis woman
- ☐ Cis man
- ☐ Trans woman
- ☐ Trans man
- ☐ Genderqueer/Gender-nonconforming
- ☐ Other (please specify)

Where did the incident occur? If possible, please select the single best location. Check multiple locations if necessary.

- ☐ Campus residence/housing (specify below, if you wish)
- ☐ Off-campus residence or location not affiliated with Vassar (specify below, if you wish)
- ☐ Vassar Campus, non-residence location (specify below, if you wish)
- ☐ Off-campus college-affiliated or -sponsored activity or study abroad (specify below, if you wish)
- ☐ Off-campus activity not affiliated or sponsored by Vassar (specify below, if you wish)
- ☐ Home / Permanent residence

☐ Other location or setting (specify below, if you wish)

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

Did you tell **anyone** about the incident, either immediately or eventually?

☐ Yes

☐ No

Please indicate all those from the list below with whom you talked about this incident, either personally or in a more formal/official context, etc. Check all those that apply.

Also:

(a) please indicate *the very first person* you told or talked with about it, and

(b) for each person with whom you spoke, at any point in time, please indicate whether your conversation(s) were:

(i) of **primary personal** nature (e.g., support, trying to gather or discuss advice, etc.),

(ii) primarily in order to explore or initiate some form of formal investigation, student conduct process, legal process, etc., or

(iii) mark both if appropriate

	First personal told Please select only one	Primarily Personal Check all that apply	Formal/Official Check all that apply
Roommate or housemate	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Fellow or other peer advisor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from another school	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar's Title IX Officer	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-campus health services / medical staff	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus health services, hospital, etc.	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you file an official report about the incident? (Check one or more, as appropriate.)

- ☐ Yes, within Vassar college
- ☐ Yes, with law enforcement
- ☐ No official report(s)

It is not uncommon 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 decided not to report or otherwise share your experience? Please check all that apply.

- ☐ Felt that I was at least partly at fault, or that it was not totally the other person's fault
- ☐ Fear of being treated with hostility by the person I would tell
- ☐ I did not want others to worry about me
- ☐ I thought people would try to tell me what I had to do
- ☐ Fear of being blamed by the person I would tell
- ☐ I wanted to deal with it on my own
- ☐ Did not want to ruin the person's life or hurt their future
- ☐ Did not think the perpetrator would be found guilty
- ☐ Afraid I might be punished for other things I was doing at the time (e.g., drinking underage, using drugs, etc.)
- ☐ Fear of retaliation by the perpetrator(s), or others
- ☐ Did not know who I should tell
- ☐ Did not want any action to be taken (i.e. arrests, legal charges, disciplinary action)
- ☐ Worried that if I told someone at Vassar, the administration would take action against an entire organization/group that this person belongs to, rather than just the person who did something wrong
- ☐ Worried that if I told someone at Vassar, the administration would take action on their own without my permission
- ☐ Did not want the person who did it to get into trouble
- ☐ Didn't think the Vassar administration would do anything
- ☐ Not clear that harm was intended
- ☐ I did not recognize it as sexual assault at the time
- ☐ I wanted to forget it happened
- ☐ I did not have time to deal with it due to academics, work, etc.
- ☐ Fear of not being believed by the person I would tell
- ☐ Felt embarrassed or ashamed, did not want anyone to know what happened
- ☐ I was concerned that others would find out (e.g., friends, faculty, family, etc.)

- ☐ Did not think it was serious enough to share
- ☐ Lack of proof that incident happened
- ☐ Other, please specify

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 8: Intimate Partners

Section 8 Intimate Partner Violence, Behaviors, and Experiences

During your time at Vassar, how often has a casual, steady, or serious dating or other intimate partner done any of the following to you in way(s) that were non-consensual and/or undesired?

	Never	Once	More than Once	Regularly / Often
Scratched, slapped, hit, bitten, kicked or otherwise been physically abusive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choked or tried to choke you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assaulted, tried to assault, or threatened to assault you with a knife, gun, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made other threats of physical harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was very angry towards you such that you felt threatened or genuinely fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Called you derogatory names (fat, ugly, stupid, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not want you to see, talk to, or spend time with others (e.g., family, friends, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

friends, etc.)

Tried to make, or made, decisions for you that should have been your own to make (what to wear, food to eat/not eat, acceptable friends, etc.)

☐ ☐ ☐ ☐

Kept in-depth, unwanted, or invasive track of you and your life (e.g., activities, locations, etc.)

☐ ☐ ☐ ☐

Threatened to out you in one or more way(s) (e.g., sexual orientation, undocumented status, medical condition(s), etc.) to your family, friends, or others

☐ ☐ ☐ ☐

Threatened to hurt you or your friends

☐ ☐ ☐ ☐

Threatened to hurt themselves, or commit suicide, due to events, structures, or emotions in the relationship

☐ ☐ ☐ ☐

Please indicate those from the list below (if any) with whom you may have spoken or otherwise shared about this, either in primarily personal ways, in more formal/official contexts, or both. (Mark all that apply.)

	Primarily Personal Check all that apply	Formal/Official Check all that apply
I told no one (If so, please skip the remainder of the list below, and go on to next question.)	<input type="checkbox"/>	<input type="checkbox"/>
Roommate or housemate	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="checkbox"/>	<input type="checkbox"/>
Student Fellow or other peer advisor	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Once	More than Once	Regularly / Often
another school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vassar's Title IX Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-campus health services / medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus health services, hospital, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stalking

During your time at Vassar, how often has anyone - from stranger, to friend, to current or former intimate partner - done any of the following to you in way(s) that caused you fear of harm or injury?

	Never	Once	More than Once	Regularly / Often
Maintained visual or physical proximity to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conveyed oral or written threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stolen or extorted your money or valuables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implicitly threatened physical conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made unwelcome communication, including but not limited to: face-to-face, telephone, voice message, electronic mail, social media, written letter, and/or contact; unwelcome gifts, flowers, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made threatening or obscene gestures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trespassed or vandalized your property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged in any forms of voyeurism (spying, peeping, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gained unauthorized access to personal, medical, financial, and/or other identifying information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate those from the list below (if any) with whom you may have spoken or otherwise shared about this, either in primarily personal ways, in more formal/official contexts, or both. (Mark all that apply.)

	Primarily Personal Check all that apply	Formal/Official Check all that apply
I told no one (If so, please skip the remainder of the list below, and go on to next question.)	<input type="checkbox"/>	<input type="checkbox"/>
Roommate or housemate	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>
Romantic partner	<input type="checkbox"/>	<input type="checkbox"/>
Parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="checkbox"/>	<input type="checkbox"/>
Student Fellow or other peer advisor	<input type="checkbox"/>	<input type="checkbox"/>
Campus counselor / counseling service	<input type="checkbox"/>	<input type="checkbox"/>
Private off-campus counselor / counseling service	<input type="checkbox"/>	<input type="checkbox"/>
Vassar faculty, administrator, or staff	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, administrator, or staff from another school	<input type="checkbox"/>	<input type="checkbox"/>
Campus Safety and Security officer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Local police / law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
Local or national sexual assault hotline	<input type="checkbox"/>	<input type="checkbox"/>
Pastor, minister, rabbi, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>
Campus sexual assault advocate (e.g., Sexual Assault Response Team (SART), SAVP Coordinator, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Vassar CARES hotline	<input type="checkbox"/>	<input type="checkbox"/>

Vassar CARES Hotline

Vassar's Title IX Officer

On-campus health services / medical staff

Off-campus health services, hospital, etc.

Other, please specify

☐☐☐☐☐☐☐☐☐☐

These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.

Last Click: 0 seconds.

Page Submit: 0 seconds.

Click Count: 0 clicks.

Section 9: Bystander intervention

Section 9 Bystander Intervention Behaviors and Experiences

In this section, there are no right answers, no wrong ones, and no correct or incorrect behaviors. If you haven't encountered a given experience, or a situation where you might have done one or more of the following, please mark "Has not arisen."

During your time at Vassar, how often have you experienced or engaged in each of the following:

	Never	Once	More than Once	Regularly / Often	Has Not Arisen
Had a friend or acquaintance tell me that they were the victim of a non-consensual and/or unwanted sexual experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have observed or been involved in a situation or event that I believed was, or could have led to, some form of non-consensual and/or unwanted sexual					

and/or unwanted sexual
experience.

☐ ☐ ☐ ☐ ☐

If "Once," or more often, to the
item immediately above, how
often have you done each of the
following (below):

=> Asked one or more of those
who appeared to be at risk if they
wanted help

☐ ☐ ☐ ☐ ☐

=> Confronted the person(s) who
appeared to be causing the
situation

☐ ☐ ☐ ☐ ☐

=> Created a distraction in an
attempt to get those involved to
disengage, step back, cool off

☐ ☐ ☐ ☐ ☐

=> Asked others present to step in
collectively in attempting to diffuse
the situation

☐ ☐ ☐ ☐ ☐

=> Told someone in a position of
authority about the situation or
event, either at the time or later

☐ ☐ ☐ ☐ ☐

=> Considered intervening in the
situation, but did not feel that I
could not take such action safely
for myself and/or for others
involved

☐ ☐ ☐ ☐ ☐

=> Did not take any action

☐ ☐ ☐ ☐ ☐

=> Took some other action(s):

☐ ☐ ☐ ☐ ☐

These page timer metrics will not be displayed to the recipient.

First Click: *0 seconds.*

Last Click: *0 seconds.*

Page Submit: *0 seconds.*

Click Count: *0 clicks.*

Section 10: Final Questions and Notes

Section 10: Final Items and Notes

Thank you for participating in this important survey. Your responses will help greatly to understand better the issues of sexual assault and harassment at Vassar.

If there is anything not covered in this survey, or comments on the survey itself, that you would like to offer, please use the box below to do so. We welcome your notes and comments.

If you want any form(s) of support for unwanted or non-consensual sexual behavior you have experienced, now or at any time in the future, please contact one or more of the Vassar resources:

CARES, peer listening: telephone consultation and support, 24 hours a day, 7 days a week, only when classes are in session, by calling (845) 437-7333 and asking for a CARES Listener

SART, Sexual Assault Response Team, 24 hours a day, 7 days a week by calling (845) 437-7333 and asking to speak to a SART Advisor

Vassar Safety and Security, 24 hours a day, 7 days a week, 365 days per year, by calling (845) 437-7333 (N.B.: S&S is not a confidential resource.)

You can also contact the off-campus, Poughkeepsie resource: **Family Services / Rape Crisis**, 24 hours a day, 7 days a week by calling (845) 452-7272,
<http://www.familyservicesny.org>

Again, this survey is anonymous. If you have any form of unwanted or non-consensual sexual behavior that you wish report, or discuss in order to explore possible reporting, please contact:

**Vassar's Director of Equal Opportunity and Title IX Officer, Julian Williams,
(845) 437-7924, julwilliams@vassar.edu,**

or contact local law enforcement.

If you want individual support, sexual assault prevention training, education, or other resources, for yourself or for your organization, please contact:

Vassar's SAVP, Sexual Assault and Violence Prevention services.

**Charlotte Strauss Swanson, SAVP Coordinator, can be reached at 845-437-7863, or
chstrauss@vassar.edu**

If you experience emotional discomfort or distress as a result of your participation in this study and would like to seek support, please contact any of the following resources by calling 845-437-7333, at any time (24/7, unless otherwise noted): Vassar SART Advocates (faculty/administrator/staff); Vassar CARES (peer support); Sexual Assault & Violence Prevention Coordinator: 845- 437-7863; Vassar Counseling Service: Monday-Friday, 9 a.m.-5 p.m.; 845-437-5700 or nights/weekends: 845-437-7333.

Powered by Qualtrics

