

## Brandeis University Campus Climate Survey Spring 2019

Welcome! Thank you for your interest in the Brandeis Campus Climate Survey on Sexual Violence.

**Informed Consent:** Along with many of our peers, Brandeis is taking a serious look at issues of sexual violence on our campus. As part of this effort, we are writing to invite you to contribute to the conversation through the Brandeis Campus Climate Survey. The campus climate survey is completed online. We encourage you to complete the survey in one sitting, which typically takes about 20-30 minutes though you can return to complete the survey. All students who complete the survey can either receive a \$5 gift certificate for Amazon.com or choose to donate their \$5 to one of three charities: Boston Area Rape Crisis Center (BARCC), REACH Against Domestic Violence, or the Fenway Community Health Center.

There may be some personal discomfort with the content of certain questions. Please be aware that you do not need to answer every question and you may also choose to use the “Comment” boxes to provide additional feedback or information. If you’d like to talk with someone about issues addressed in the survey, you may contact Sarah Berg, director of the Prevention, Advocacy & Resource Center, at 781-736-3626 or [sjberg@brandeis.edu](mailto:sjberg@brandeis.edu). Your participation is voluntary and anonymous. If you feel that answering specific demographic questions might reveal your identity, you may leave them blank. You may answer only some questions, or you may choose not to participate in the survey at all. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

By taking this survey, you consent to participate in the study and agree that the purpose of this study has been sufficiently explained to you. You understand you are free to discontinue participation at any time if you so choose and that the researcher will gladly answer any questions that may arise during the course of the research. Refusing or withdrawing from this study will be at no penalty or loss of benefits to you. You may contact Sarah Berg, director of the Prevention, Advocacy & Resource Center, at 781-736-3626 if you have questions or concerns about the survey. If you have questions about your rights as a research subject, please contact Brandeis Institutional Review Board at [irb@brandeis.edu](mailto:irb@brandeis.edu) or 781-736-8133. Data transmission is encrypted and firewall securities are in place. After you complete the survey, you will be directed to a landing page that is not linked to your survey responses so that you may claim your \$5 gift card or select to donate to your choice of the three charities.

If you agree to participate in the Brandeis Campus Climate survey, click on the “I AGREE” button to continue.

I agree.

Which of the following best represents your affiliation with Brandeis?

- Undergraduate
- Graduate student

What is your year?

- First Year
- Sophomore
- Junior
- Senior

If you are a graduate student, are you a:

- Master's student
- Doctoral student

If you are a graduate student, which graduate school do you attend?

- Graduate School of Arts and Sciences
- Heller School for Social Policy
- International Business School

Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning
- Asexual
- Pansexual
- An identity not listed here

Are you trans/transgender?

- No
- Yes

Do you consider yourself to be:

- Man
- Woman
- Intersex
- Non-binary
- An identity not listed here

Are you Hispanic or Latinx\*? (\*Latinx is used as a gender-neutral term in lieu of Latino or Latina)

- Yes
- No

Select one or more of the following racial categories as appropriate for you:

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

Please feel free to add any comments you may have regarding questions in this section.

Sense of Community. Using the scale provided, please indicate the extent to which you agree or disagree with the following statements about the Brandeis University Community.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can get what I need in this campus community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This campus community helps me fulfill my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like a member of this campus community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I belong in this campus community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an influence on other people in my campus community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this campus community are good at influencing each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to this campus community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good bond with others in this campus community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

University Response. Please let us know the extent to which you agree or disagree with the following statements about Brandeis University's response to crises.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
If a crisis happened at Brandeis, the university would handle it well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The university responds rapidly in difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University officials handle incidents in a fair and responsible manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brandeis does enough to protect the safety of our students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to add any comments you may have regarding questions in this section.

Harassment. Please indicate if you've ever witnessed or been the target of any of the following experiences since being a student at Brandeis and where they took place, if applicable. These unwanted experiences may have happened with anyone you consider a member of the Brandeis community, and may have occurred on or off campus. Please check all that apply.

	Yes, in class or lab or work setting at Brandeis	Yes, in a social setting at Brandeis	Yes, off campus but with Brandeis community members	Never experienced this at Brandeis
Made sexist remarks or jokes about women in your presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made remarks or jokes about men in your presence (due to their perceived sex or gender identity/gender expression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made racist jokes or inappropriate racist remarks in your presence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used term "that's gay" to refer to something in a negative way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made jokes or remarks about a person based on their (perceived) sexuality or sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made jokes or inappropriate comments about transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



sexual relationship with that person				
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Have any of the following experiences happened to you since becoming a student at Brandeis (Please check ALL that apply):

	This happened to me on campus	This happened to me off-campus, by a Brandeis community member	This happened to me off-campus, by someone who was NOT a Brandeis community member	This has not happened to me since becoming a student at Brandeis
Been stalked, followed, or received repeated unwanted messages, texts, emails, etc. from someone that made the recipient uncomfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been given dirty looks, intimidated, verbally harassed or otherwise harassed because of one's (actual or assumed) gender identity or sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been given dirty looks, intimidated, verbally harassed or otherwise harassed because of one's (actual or assumed) racial or ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in a relationship that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>was controlling or abusive (physically, sexually, psychologically, emotionally, or financially).</p> <p>Been sexually harassed, including inappropriate sexual comments, receiving unwanted sexual images via social media, text, or in email.</p> <p>Been sexually assaulted, including inappropriate sexual touching, fondling, grabbing, and groping.</p> <p>Been raped (non-consensual penetration of one's mouth, vagina, or anus by a finger, penis, or object).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to add any comments you may have regarding questions in this section.

Perceptions of Others' Reactions to Reports of Sexual Violence. The following questions are about how people would react to someone reporting an incident of sexual assault at Brandeis. Please use the scale provided to indicate how likely each scenario is.

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Students would label the person making the report (the Accuser/ Survivor) a trouble maker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students would have a hard time supporting the person who made the report (the Accuser/ Survivor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Accused/ alleged offender(s) of their friends would try to get back at the person making the report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Accused/ alleged offender(s) or their friends would try to discredit the claim(s) made by the Accuser/ Survivor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The academic achievement of the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

making the report (the Accuser/ Survivor) would suffer.					
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Knowing Where to Get Help On Campus. Using the scale provided, please indicate your level of agreement with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
If a friend or I were sexually assaulted, I know where to go to get help on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand what happens when a student reports a sexual assault to Brandeis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a friend or I were sexually assaulted, I know where to go to make a report of sexual assault.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

"Sexual assault" and "sexual violence" are both terms used to describe unwanted or nonconsensual sexual contact. These behaviors can include remarks about someone's physical appearance as well as unwanted sexual advances and physical contact including forced kissing, forced touching of private parts, fondling, grabbing, nonconsensual oral sex, sexual intercourse, anal sex, or sexual penetration with a finger or object.

Unwanted Sexual Behaviors Toward You Since Being a Student at Brandeis. The next set of questions refers to unwanted sexual experiences you have had since you became a Brandeis student. This survey is VOLUNTARY and ANONYMOUS, so please feel free to answer as many of the questions as you feel able to answer. Thank you!

	Yes, once	Yes, more than once	No	Unsure
Someone fondled, kissed, or rubbed up against the private areas of my body even though I didn't want them to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone removed some of my clothes even though I didn't want them to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone TRIED to put their finger, penis, or object into my vagina or anus even though I didn't want them to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone TRIED to perform oral sex on me or make me give them oral sex even though I didn't want them to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>Someone put their penis or finger or object inside my vagina or anus even though I didn't want them to do so.</p> <p>Someone performed oral sex on me even though I didn't want them to do so.</p> <p>Someone made me give them oral sex or performed oral sex on me even though I didn't want them to do so.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Did the person or persons who did one or more of the behaviors above do them by:

	Yes	No	Unsure
Catching you off-guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ignoring your non-verbal cues or looks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telling lies, threatening to spread rumors or end the relationship, or otherwise verbally pressuring you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving you alcohol or other drugs to incapacitate you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking advantage of you when you were already under the influence of alcohol or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking advantage of you when you were asleep or ill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatening to harm you or someone close to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using physical force?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other method? Please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where did the incident(s) take place?

- On the Brandeis campus, in a residential building or in Brandeis-affiliated housing
- On the Brandeis campus, in a non-residential building
- Off campus, at another college or university
- Off campus, not at another college or university
- Other, please specify \_\_\_\_\_

Was the person(s) who did this to you affiliated with Brandeis when the incident occurred? Check all that apply.

- Yes, Brandeis student
- Yes, Brandeis alum
- Yes, Brandeis faculty member or professor
- Yes, Brandeis research staff or postdoctoral researcher
- Yes, Brandeis visiting scholar, visiting professor or visiting researcher
- Yes, other Brandeis employee, administrator or staff member
- No, but they are/ were affiliated with another college or university
- No
- Unsure
- Other, please specify \_\_\_\_\_

Did this instance(s) of unwanted sexual activity occur on a research or study abroad trip?

- Yes, on a Brandeis research or Brandeis study abroad trip
- Yes, on a research or study abroad trip through another organization
- No
- Other, please specify

What is/was your connection to this/these person(s)? Check all that apply.

- No prior relationship
- Acquaintance, peer or colleague
- Friend
- Former dating or sexual partner or spouse
- Current dating or sexual partner or spouse
- Professor, lecturer or advisor
- Postdoc or research associate
- Teaching assistant
- Boss, manager or supervisor
- Mentor
- Family member
- Other, please specify \_\_\_\_\_



Does one or more of your identities relate to one or more of your experiences with others' sexual misconduct toward you (i.e. racialized sexual harassment or homophobia)? If YES, please select all that apply:

- No
- Yes, Gender identity
- Yes, Gender expression
- Yes, Racial or Ethnic identity
- Yes, Sexual identity
- Yes, Citizenship status
- Yes, Ability status
- Yes, Religious identity
- Yes, Other: \_\_\_\_\_

Have you ever told anyone about this incident of unwanted sexual activity? By told, we mean shared with someone in an unofficial capacity without the expectation that action would follow.

- Yes
- No

Have you ever formally reported this experience? By report, we mean tell someone in an official capacity, either with the expectation that action would follow or that your report would be kept on an official record.

- Yes
- No

If you did not formally report your experience(s), has one or more of your identities impacted whether or not you have sought out resources or reported your experience? (Please check all that apply.)

- No
- Yes, Gender identity
- Yes, Gender expression
- Yes, Racial or Ethnic identity
- Yes, Sexual identity
- Yes, Citizenship status
- Yes, Ability status
- Yes, Religious identity
- Yes, Other: \_\_\_\_\_

Please indicate all of the people that you told about this incident(s) or to whom you reported the incident(s).

	I told this person (shared with someone in an unofficial capacity without the expectation that action would follow.)	I formally reported to this person or group (told someone in an official capacity, either with the expectation that action would follow or that your report would be kept on an official record.)
A family member	<input type="checkbox"/>	<input type="checkbox"/>
A friend, classmate or peer	<input type="checkbox"/>	<input type="checkbox"/>
An advisor, supervisor, mentor or boss	<input type="checkbox"/>	<input type="checkbox"/>
A professor or faculty member	<input type="checkbox"/>	<input type="checkbox"/>
A priest, preacher, rabbi, imam or spiritual advisor	<input type="checkbox"/>	<input type="checkbox"/>
A member of the Department of Community Living (e.g, CA, AC)	<input type="checkbox"/>	<input type="checkbox"/>
A medical professional (e.g, doctor, nurse, therapist, psychiatrist, social worker)	<input type="checkbox"/>	<input type="checkbox"/>
Rape crisis counselor (off-campus)	<input type="checkbox"/>	<input type="checkbox"/>
Brandeis Police officer or local police officer	<input type="checkbox"/>	<input type="checkbox"/>
Title IX Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
Someone in the Prevention, Advocacy & Resource Center (formerly Office of Prevention Services and Rape Crisis Center)	<input type="checkbox"/>	<input type="checkbox"/>
Someone at another Brandeis student resource office	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>

What kind of responses did you receive from those you told or reported to? Please check all that apply.

- Responded in a way that made you feel supported
- Helped you gather information, or find resources or services
- Doubted you, asked questions to determine if it really happened, or refused to believe you
- Blamed you for the assault, or said you could have done something to prevent it, or asked why you didn't do something to prevent it
- Minimized the importance or seriousness of what happened
- Made excuses for the person who did this to you
- Responded in a cold or detached way
- Connected you with the Prevention, Advocacy & Resource Center
- Connected you with the Brandeis Counseling Center (the BCC at Mailman)
- Connected you with the University Title IX Officer or Dean of Students Office
- Connected you with Brandeis Public Safety
- Gave you resources you could use if you wanted to
- Told you to not talk about it, to move on, or focus on other things
- Was with you when you called a resource, or went with you to keep you company
- Told others about it without your permission
- Got so emotional or upset that you had to comfort them or the conversation became about them
- Other, please specify \_\_\_\_\_

Did any of the following occur after you shared it with or reported it to someone? Check all that apply. If you have shared and/or reported to more than one person, include all of the items that have occurred since you first shared it with someone or reported.

- Nothing happened
- My peers found out about what happened from someone else
- I lost friendships or other relationships/connections
- Family members found out about what happened from someone else
- I am/was being treated differently (e.g., as if I had done something wrong, or was fragile or damaged) by my friends, peers, classmates or other acquaintances
- The person/people who did this to me knows that I've told others about it
- Police got involved
- Someone in the Brandeis administration (not the person I told) contacted or met with me
- Someone in the Brandeis administration contacted or met with the person who did this to me
- Someone in the Brandeis administration changed my or the other person/people's class schedule or housing arrangement
- My case went through the Office of Equal Opportunity (formerly Office of Title IX)
- Other, please specify \_\_\_\_\_

Were any of these done against your wishes or because you felt pressured to do them?

- Yes
- No
- Unsure

You indicated that these actions were done against your wishes or because you felt pressured to do them. If you would like to let us know more about this situation and how we can better support students in similar circumstances, please tell us more here (Thank you!):

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

- Did not know who I should tell
- Did not want anyone to know the other things I was doing at the time (e.g., drinking underage, using drugs)
- Felt embarrassed or ashamed, didn't want anyone to know what happened
- Felt that I was at least partly at fault or it wasn't totally the other person's fault
- Afraid of retaliation by person who did it or others
- Not clear that harm was intended
- Did not think it was serious enough to share
- Lack of proof that incident happened
- Fear of being treated with hostility by person I would tell
- Fear of being blamed or not believed by the person I would tell
- Did not want the person who did it to get into trouble
- Did not want any action to be taken (i.e. arrests, legal charges, disciplinary action)
- Didn't think the Brandeis administration would do anything
- Did not want to ruin the person's life or hurt their future
- Worried that if I tell someone at Brandeis, the Brandeis administration will take action against the entire organization/ group that this person belongs to, rather than just the person who did something wrong
- Worried that if I tell someone at Brandeis, the Brandeis administration will take action on their own without my permission
- Other, please specify \_\_\_\_\_

Please indicate how much the following have impacted your life because of, since, or related to any of the unwanted experiences you may have described earlier in the survey:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Being unable to eat, eating much less than usual, eating much more than usual, binging and purging or other major changes in eating habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began or increased alcohol use, use of illicit or prescription drugs, or smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought seriously about killing yourself and made a plan for how you would do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harmed yourself without the intention of killing yourself (e.g. cutting).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged in high-risk sexual behaviors that you wouldn't have done prior to the incident(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost interest in sex or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

sexual intimacy.					
Lost interest in other kinds of intimacy, i.e. relationships with friends, family etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to drop a class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were unable to complete course assignments or other work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grades decreased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grades increased (due to intense focus on schoolwork to cope with incident(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bystander Intervention. The following questions ask about your attitude and behaviors with regard to situations involving sexual violence at Brandeis. In these questions, "sexual violence" refers to a range of unwanted behaviors, including inappropriate sexual comments, sexual advances, unwanted sharing of sexual images in social media, unwanted touching, or attempted/actual unwanted oral, vaginal, or anal penetration. These unwanted behaviors could be done by a stranger, friend, acquaintance, romantic partner, or someone else.

Since coming to Brandeis, have you had the opportunity to help another student or students in any of the following types of situations:

	Did you have the opportunity to help?		If YES, did you help?	
	Yes	No	Yes	No
Confronting someone who was hooking up with a person who had passed out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confronting someone if you heard rumors that they forced someone to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going with someone to the Dean of Students, Title IX Officer, or Public Safety to report a sexual assault.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telling a CA information you might have about a sexual assault even if pressured by others to keep silent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saying "excuse me" or otherwise interrupting someone who was telling a sexist, racist, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





or afraid of a person who is making sexual advances toward them.				
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If you had the opportunity to help, but didn't help, would you please let us know why you didn't do so? (Please feel free to check all that apply. Remember that this survey is ANONYMOUS and will NOT be linked back to your personal information, so please respond as completely as possible to help us understand the barriers to helping you faced.)

- I didn't realize until later that the situation was serious.
- I didn't know what to do/say.
- Others intervened so I didn't have to do so.
- I was afraid of what others would think of me.
- I felt pressure from a group to go along with their activities, regardless of my concerns.
- I didn't believe someone who said they were assaulted and needed help reporting or getting other help.
- I was afraid I'd get in trouble (for example, due to underage drinking, drug use, etc.).
- I didn't know the person who needed help and didn't feel comfortable helping.
- It was none of my business.
- Other (please specify): \_\_\_\_\_

Please feel free to add any comments you may have regarding questions in this section.

A bit about you. The final section below is a series of questions about you. Please remember that your responses to these survey questions are anonymous and voluntary. We're asking these questions so that we can better understand the needs of Brandeis students in terms of sexual violence prevention and support services. Thank you!

What is your citizenship status?

- U.S. Citizen
- U.S. Permanent resident
- Foreign national with temporary U.S. visa (e.g. F-1, J-1, G-4, H-4)
- Undocumented with DACA
- Undocumented without DACA
- Temporary Protected Status
- Asylum
- Other citizenship status:

Which of the following best describe your religious/philosophical tradition/denomination?  
Please check all that apply.

- Agnostic
- Atheist
- Baha'i
- Buddhist
- Catholic
- Confucian
- Eastern Orthodox
- Hindu
- Humanist
- Jewish
- Muslim/Islam
- Native People's/Indigenous tradition
- None/nonreligious
- Pagan/Neo-pagan
- Protestant of any type
- Quaker/Friends
- Shinto
- Sikh
- Spiritual, but not religious
- Taoist
- Unitarian Universalist
- Zoroastrian
- Other religion/philosophy/denomination:

Are you a student athlete? Please indicate

- Yes, varsity athlete
- Yes, club sport team member
- No

Are you affiliated with Greek life off-campus?

- Yes, I am a member of a fraternity or sorority.
- Yes, I have a best friend or roommate who is a member of a fraternity or sorority.
- Yes, I attend parties hosted by fraternities or sororities.
- No, I do not have any involvement with Greek life activities.
- I am unsure about whether I have had any contact with Greek life (fraternities or sororities).

Please feel free to add any comments you may have regarding questions in this section.