

# Voices for Change: Campus Safety and Respect Survey

Researchers at the [insert university] are committed to providing a campus environment free from interpersonal violence which we define as sexual harassment, sexual assault, stalking, and dating/domestic violence. The purpose of this questionnaire is to assess the campus climate and culture in relation to interpersonal violence, including the experiences of students and the degree to which students feel safe and respected, particularly in regards to issues of interpersonal violence. We are interested in learning more about students' knowledge and satisfaction related to resources and policies on interpersonal violence. The data we collect will be used to improve campus response, intervention, and prevention efforts. This survey is completely voluntary, and you can withdraw from it at any time. You do not have to participate in this survey, and if you do choose to participate, you may skip any question you are not comfortable answering. Your responses are strictly confidential and will not be part of any academic, medical, or disciplinary record. No individually identifiable information will be reported, instead ID numbers will be used. Completing the questionnaire should take about 15 minutes. The questionnaire must be completed in one sitting; you will be unable to save the answers and return to the questionnaire.

NOTE: Some of the questions in this survey use explicit language, including anatomical names of body parts and specific behaviors, to ask about sexual situations. This survey asks about interpersonal violence including sexual harassment, sexual assault, stalking, and dating/domestic violence, which may be upsetting and/or cause emotional discomfort. If you would like to talk to someone confidentially about questions or concerns relating to interpersonal violence, please contact the [insert resource] at:

Email:

Tel:

## Survey Information

You were randomly selected from among all students at the [insert university] to complete this. To evaluate programs on the [insert university] campus, you will be asked questions about your experiences related to interpersonal violence and related campus interpersonal violence including sexual harassment, sexual assault, stalking, and dating/domestic violence. Participating in this survey is completely voluntary. The benefit to participating is that your personal beliefs/perspectives, behaviors, and knowledge will support the development of programs at the [insert university], as well as national knowledge about campus climates. Upon completion of this survey, you will have the opportunity to have your name entered in a drawing for airtime. Your answers and personal information will be kept confidential. Results of the survey will only be reported in aggregate. Your name will not be attached to any data; an ID number will be used instead. In the future, summaries of these data, which will not contain information that could identify you or any other individual participating in the survey, may be made available to others for related studies to evaluate University programs, assess University policies, improve protocols and studies of these topics, or provide background for future research on these topics. You must be at least 18 years old to complete the survey. By completing the survey, you are acknowledging that you are at least 18 years old. If you have any questions about your rights as a human research participant at any time before, during or after participation, please contact the [IRB Name and Contact Info]. If you have any questions about the study or your participation, please reach out to the study investigators:

Beginning the survey implies your consent.

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Please select "Next Page >>" to continue the survey

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Are you 18 years old or older?

- Yes  
 No

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How old are you in years?

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What is your sex?

- Male
  - Female
  - None of the above (please specify)
  - Prefer not to answer
- 

Please specify

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What is your sexual orientation (e.g. who are you attracted to)?

- Heterosexual or straight (attracted to the opposite sex)
  - Gay or lesbian (same sex attraction)
  - Bisexual (attracted to both sexes)
  - None of the above (please specify)
  - Prefer not to disclose
- 

Please Specify

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What is your discipline of study?

- Accounting, Economics, & Finance
  - Architecture & Built Environment
  - Agriculture & Environmental Sciences
  - Arts (e.g., languages, theater, music and dance)
  - Biological Sciences (e.g., biology, biochemistry, environmental science)
  - Business
  - Education
  - Health Sciences (e.g., medicine, nursing, pharmacy, public health)
  - Information Technology (e.g., computer science, IT)
  - Law
  - Mathematics & Statistics
  - Physical Sciences (e.g., chemistry, physics)
  - Religions & Philosophy
  - Science & Technology (e.g., engineering)
  - Social Sciences & Humanities
  - Other (please specify)
  - Prefer not to disclose
- 

Please Specify

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What is your specific program of study?

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Which of the following best describes your current status?

- Undergraduate - level 100 (Year 1)
  - Undergraduate - level 200 (Year 2)
  - Undergraduate - level 300 (Year 3)
  - Undergraduate - level 400 (Year 4)
  - Undergraduate - level 500 (Year 5)
  - Undergraduate - level 600 (Year 6)
  - Other (please specify)
  - Prefer not to disclose
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Please specify.

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How long have you been at University of Cape Coast?

- 0-1 year
- 2-3 years
- 4-5 years
- 6 or more years
- Unsure
- Prefer not to disclose

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What is your religion?

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- African Traditional
- No Religion
- Other (please specify)
- Prefer not to disclose

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Please specify

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What is your country of origin?

- Ghana
- Liberia
- Nigeria
- South Africa
- Rwanda
- Zimbabwe
- Other (please specify)
- Prefer not to disclose

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Which region in Ghana are you from?

- Oti Region
- Bono East Region
- Ahafo Region
- Bono Region
- North East Region
- Savannah Region
- Western North Region
- Western Region
- Volta Region
- Greater Accra Region
- Eastern Region
- Ashanti Region
- Central Region
- Northern Region
- Upper East Region
- Upper West Region

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Which region in Liberia are you from?

- North Western
- South Central
- South Eastern A
- South Eastern B
- North Central

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Which region in Nigeria are you from?

- North Central
- North East
- North West
- South East
- South South
- South West

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Which region in Rwanda are you from?

- City of Kigali
- South
- West
- North
- East

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Which region in South Africa are you from?

- Western Cape
- Eastern Cape
- Northern Cape
- Free State
- KwaZulu-Natal
- North West
- Gauteng
- Mpumalanga
- Limpopo

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Which region in Zimbabwe are you from?

- Mashonaland West
- Mashonaland Central
- Mashonaland East
- Harare
- Manicaland
- Midlands
- Matabeleland North
- Matabeleland South
- Masvingo
- Bulawayo

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Please Specify

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What is your residential status?

- Halls of residence
- University hostel
- Private hostel on campus
- Private hostel outside campus
- In a house or apartment with partner
- In a house or apartment with family members, friends, or alone
- Prefer not to disclose

**These questions will assess your knowledge related to interpersonal violence. We will be using the term interpersonal violence to capture instances of sexual harassment/assault, stalking, or dating/domestic violence in any relationship. Please select the answer that best corresponds to your knowledge.**

**Using the scale provided, please indicate your level of agreement with the following statements:**

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
If a friend or I experienced interpersonal violence, I know where to go to get help (advocacy/support/healthcare) on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a friend or I experienced interpersonal violence, I know where to go to make a report on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the next steps after reporting a claim/case of interpersonal violence at the university.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since you started attending the university, have you received any training(s) or attended any programs that provided you education on interpersonal violence?

- Yes
- No
- Don't know

What resources do you believe should be available on campus for individuals who are experiencing interpersonal violence (select all that apply)?

- Prevention programming for all incoming students
- Written policy
- Confidential reporting
- Non-confidential reporting
- Academic support
- Support for safe housing
- Safety planning
- Justice & fair punishment
- Physical and reproductive healthcare
- Mental health counseling
- Other (please specify)

Please Specify

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**These questions will assess your attitudes related to interpersonal violence. We will be using the term interpersonal violence to capture instances of sexual harassment/assault, stalking, or dating/domestic violence. We will be providing a series of statements to assess your belief in the likelihood that something may happen. Please select the answer that best corresponds to your thoughts regarding each hypothetical statement.**

**Please tell us how much you agree or disagree with each of the following statements:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel relatively safe from interpersonal violence at my university.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following statements describe how the university might handle an incident of interpersonal violence reported by a student. Use the scale provided to indicate how likely each scenario is.

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
The university would take the report seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The university would maintain the privacy of the person making the report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If requested by the victim, the university would forward the report to criminal investigators (for example, the police).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The university would take steps to protect the safety of the person making the report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The university would support the person making the report with resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The university would take action to address factors that may have led to the interpersonal violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The university would handle the report fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**We want to understand the barriers that a person making a report about interpersonal violence may experience. Use the scale provided to indicate how likely each scenario is:**

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
The person making the report may not know where to go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person making the report may not believe their situation was as bad as others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person making the report may fear others knowing, being judged, or being stigmatized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The person making the report may not want to report due to a relationship with the person who caused harm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students would label the person making the report a troublemaker.	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The alleged perpetrator(s) or 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 academic achievement of the person making the report would suffer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty, academics, and other university staff would label the person making the report a troublemaker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty, academics, and other university staff would have a hard time supporting the person who made the report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you or someone you know experienced interpersonal violence, how likely would you be to report the incident to:**

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Not Applicable
Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vice Chancellor, Registrar, or Dean of Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty/Academics (e.g., Lecturer, Chair of Department)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hall Tutor (e.g., Hall Warden, Resident Assistant, Resident Warden)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Leader (e.g., Student Representative Council)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Staff (e.g., Security)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus or local Police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Police	<input type="radio"/>	<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"/>	<input type="radio"/>

Please Specify

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**These questions will assess your behaviors. We will be using the term sexual intercourse, or sexual contact between individuals involving penetration. We will also be using the term interpersonal violence to capture instances of sexual harassment/assault, stalking, or dating/domestic violence.**

How old were you when you first had sexual intercourse (e.g., sexual contact between individuals involving penetration)?

- Age  
 I don't remember  
 Have not had sexual intercourse

Age, in years

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How would you describe what prompted you to have sexual intercourse the first time (select all that apply)?

- Wanted to have sexual intercourse  
 Did not want to but gave into verbal pressure  
 Physically forced to have sexual intercourse  
 Unable to consent/stop because was asleep or intoxicated  
 Coerced into sexual intercourse for another reason (e.g., money)  
 Not willing to share

When you were a child/growing up, was there violence in your household?

- All the time  
 Sometimes  
 No  
 Don't know

**The next questions are about things that happen to many people. We want you to answer these questions based on your experiences since you have been in the university. Has anyone:**

	Yes	No
Insulted you or made you feel bad about yourself?	<input type="radio"/>	<input type="radio"/>
Belittled or humiliated you in front of other people?	<input type="radio"/>	<input type="radio"/>
Did things to scare or intimidate you on purpose (e.g., by the way they looked at you, by yelling or smashing things)?	<input type="radio"/>	<input type="radio"/>
Threatened to hurt you or someone you care about?	<input type="radio"/>	<input type="radio"/>

**Which of the following people did this to you, and how frequently did it occur?**

	Never	Once	A few times	Many times
Partner/Past Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious Leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stranger	<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"/>

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Please Specify \_\_\_\_\_

**We want you to answer these questions based on your experiences since you have been in the university. Has anyone:**

	Yes	No
Slapped you or threw something at you that could hurt you?	<input type="radio"/>	<input type="radio"/>
Pushed you or shoved you?	<input type="radio"/>	<input type="radio"/>
Hit you with their fist or with something else that could hurt you?	<input type="radio"/>	<input type="radio"/>
Kicked you, dragged you, burnt you, or beaten you up?	<input type="radio"/>	<input type="radio"/>
Choked you on purpose?	<input type="radio"/>	<input type="radio"/>
Threatened to use or actually used a gun, knife, or other weapon against you?	<input type="radio"/>	<input type="radio"/>

**Which of the following people did this to you, and how frequently did it occur?**

	Never	Once	A few times	Many times
Partner/Past Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious Leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stranger	<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"/>

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Please Specify \_\_\_\_\_

**We want you to answer these questions based on your experiences since you have been in the university.**

	Yes	No
Has anyone physically forced you to have sexual intercourse when you did not want to?	<input type="radio"/>	<input type="radio"/>
Did you ever have sexual intercourse you did not want because you were afraid of what they might do?	<input type="radio"/>	<input type="radio"/>
Did they ever force you to do something sexual that you found degrading or humiliating?	<input type="radio"/>	<input type="radio"/>

**Which of the following people did this to you, and how frequently did it occur?**

	Never	Once	A few times	Many times
Partner/Past Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious Leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stranger	<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"/>

Please Specify \_\_\_\_\_

**For the question below, please tell us if anyone has done these behaviors to you when you didn't want them to:**

	Yes	No
Called you when you didn't want to be called.	<input type="radio"/>	<input type="radio"/>
Followed you without your knowledge.	<input type="radio"/>	<input type="radio"/>
Went to your house or showed up at places where you were even though you didn't want them to.	<input type="radio"/>	<input type="radio"/>
Sent gifts or left unwanted items without you wanting/asking for them.	<input type="radio"/>	<input type="radio"/>
Sent you unwanted letters or written correspondence (notes, etc.).	<input type="radio"/>	<input type="radio"/>
Sent you unwanted text messages or electronic messages (e.g., emails, social media).	<input type="radio"/>	<input type="radio"/>
Sent or requested your images or pictures even though you didn't want them to.	<input type="radio"/>	<input type="radio"/>
Tried to monitor or find out about you without your knowledge (e.g., reading your texts, listening to your messages).	<input type="radio"/>	<input type="radio"/>
Tried to monitor or find out about your behaviour and/or activities by checking your Facebook, Twitter, Snapchat, other social media sites.	<input type="radio"/>	<input type="radio"/>
Tried to spread false rumours about you through Facebook, Twitter, or another social networking site.	<input type="radio"/>	<input type="radio"/>
Attempted to break into your home.	<input type="radio"/>	<input type="radio"/>
Broke into your home.	<input type="radio"/>	<input type="radio"/>
Threatened to cause harm to you.	<input type="radio"/>	<input type="radio"/>
Attempted to harm you.	<input type="radio"/>	<input type="radio"/>
Threatened to cause self-harm.	<input type="radio"/>	<input type="radio"/>
Physically harmed themselves.	<input type="radio"/>	<input type="radio"/>



Made threats to your partner,  
family, or friends.

Damaged property of your  
partner, family, or friends.

Harmed your partner, family, or  
friends.

**Which of the following people did this to you, and how frequently did it occur?**

	Never	Once	A few times	Many times
Partner/Past partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stranger	<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"/>

Please Specify \_\_\_\_\_

**We would now like to learn more about the consequences and injuries that you experienced from any interpersonal violence. By injury we mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.**

Have you experienced interpersonal violence since you started in university. The term interpersonal violence means instances of sexual harassment/assault, stalking, or dating/domestic violence.

- Yes  
 Unsure  
 No

Since you have been in the university, have you experienced any of the following social repercussions as a result of interpersonal violence (select all that apply)?

- Missed or withdrew from classes  
 A drop in grades or grade point average  
 Difficulty concentrating  
 Withdrawing from social activities  
 Loss of relationships with friends or family  
 Changes in sleep  
 Other (please specify)

Please specify

Since you have been in the university, have you personally sought support for interpersonal violence from any of the following resources (select all that apply)?

- Partner  
 Friend  
 Family  
 Religious Leader  
 Vice Chancellor, Registrar, or Dean of Students  
 Academic Counsellor  
 Faculty/Academics (e.g., Lecturer, Chair of Department)  
 Hall Tutor (e.g., Hall Warden, Resident Assistant, Resident Warden)  
 Gender Center  
 Student Leader (e.g., Student Representative Council)  
 Other Staff (e.g., Security)  
 Mental Health Counsellor  
 Healthcare Provider  
 Campus or Local Police  
 National Police  
 Other (please specify)

Please specify

Since you have been in the university, what barriers personally prevented you from seeking support for interpersonal violence (select all that apply)?

- No barriers - was able to seek support  
 Didn't know where to go  
 Wasn't sure if it was an assault  
 Did not believe my situation was as bad as others/not serious enough  
 The physical location of the resource/difficulty with transportation  
 Financial concerns  
 Fear of others knowing/being judged/stigma  
 Fear of revenge by the person who harmed me  
 University delays (e.g., university was slow to act or did not act)  
 Rejection by others (please specify)  
 Other - e.g. chose not to report (please specify)

Who did you fear rejection from?

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Please Specify

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Since you have been in the university, what resources did you use after experiencing interpersonal violence (select all that apply)?

- Did not seek resources
  - Written policy
  - Confidential reporting
  - Non-confidential reporting
  - Academic support
  - Support for safe housing
  - Safety planning
  - Justice and fair punishment
  - Physical and reproductive healthcare
  - Mental health counseling
  - Other (please specify)
- 

Please specify

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Since you have been in the university, how many times has your health been negatively impacted (e.g. physical injury, infection, pregnancy, suicidal ideations) as a result of interpersonal violence?

- Never
  - 1-2 times
  - 3-5 times
  - More than 5 times
- 

Since you have been in the university, did you sustain any of the following injuries/health conditions as a result of interpersonal violence (select all that apply)?

- Cuts, punctures, bites, Scratch, abrasion, bruises
  - Sprains, dislocations
  - Burns
  - Ear or eye injuries
  - Broken bones
  - Broken teeth
  - Head injury or strangulation
  - Emotional distress (e.g., feeling depressed or anxious)
  - Suicidal ideation
  - Sexually Transmitted Infections (e.g., Chlamydia, Gonorrhea, Syphilis, Trichomoniasis)
  - HIV/AIDS
  - Pregnancy
  - Miscarriage or pregnancy loss
  - None
  - Other (please specify)
- 

Please Specify

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Did you seek healthcare because of the injury/health outcomes?

- Yes
  - No
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Did you disclose violence to a healthcare worker?

- Yes
- No