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Final Report

Campus Sexual Misconduct: Using Perpetrator Risk Assessment and Tailored Treatment to Individualize Sanctioning¹

Deliverables

Final Report

STARRSA Cognitive Behavioral Treatment Manual

STARRSA Active Psychoeducation Manual

STARRSA Videos (scripted and student discussions)

STARRSA Supplemental brochures and handouts

STARRSA Databases

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John: Johnny Dellaluna

James: Rob Howard

Family Scene Cast

Mother: Mary Liz Lewis

Father: Gregory Cole

College Student Son: Joe Feldman

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Counselor: Ava Serene Portman

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Sam: Dan Conroy

Emma: Monica K. Ross

Jake: Josh LoBue

Mike: Thomas Foster

Chris: JaQwan J. Kelly

Samantha: Jasia Ries

Liz: Olivia Ford

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Female receptionist counseling center: Byanjana Thapa

Voice of Sarah's mother: Mary Liz Lewis

Dr. Mendelsohn: Annemarie Hagenaaars

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Female on keg at party: Sabrina Jennings

Students at the party: Lyndsey Creed, Ashley Farrell, Chelcie Rollock, Tyler C. Glover, Nicholas Krentz Jr.,

Doobie Dong: Tyrone O'Garro

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INTRODUCTION

Introduction

Statement of the Problem

College students are clearly a high-risk population for sexual misconduct (Koss, 1988; Kilpatrick & McCauley, 2009). The high incidence of sexual misconduct on college campuses is neither surprising nor is it new. A half century ago, Kanin (Kanin, 1957; Kirkpatrick & Kanin, 1957) documented that a significant proportion of college women (20-25%) reported being sexually coerced and assaulted. Indeed, Kanin's estimates were remarkably similar to what is reported today (Cantalupo, 2012). Abbey (1991) observed a quarter century ago that, "An extensive literature documents the high rates of acquaintance rape on college campuses," (p. 165). Berkowitz (1992) similarly noted, "A substantial proportion of college women are at risk of becoming victims of acquaintance rape on campus," (p. 175).

Although sexual assault on college campuses is not new, there is still no consensus on how educational institutions should respond to reported sexual misconduct. In fact, responding to complaints of campus sexual misconduct is one of the most contentious issues institutions of higher education must address. Title IX, the federal civil rights law enacted in 1972, prohibits any kind of gender-related discrimination for all institutions receiving federal funding for educational programs. On April 4, 2011, the United States Department of Education's Office for Civil Rights (OCR) issued a "Dear Colleague Letter" (DCL) highlighting the epidemic of sexual violence on college campuses and described OCR's expectations regarding how institutions should respond once a report of sexual misconduct is received (Ali, 2011). It has been interpreted that an institution's obligation to respond begins when it has knowledge of the reported misconduct. At

most institutions, the student conduct professional receiving the report is likely to be situated in the office, department, or division of student affairs, and could well be the institution's Title IX Coordinator. After the student conduct professional receives notice of the alleged misconduct, he/she typically review all available information, which will include the victim's complaint, as well as, possibly, police reports, witness statements, pictures, incident reports filed by campus personnel such as resident advisors, and other available information. The student conduct professional's initial review primarily seeks to determine: a) whether the behavior, if substantiated, would constitute a violation of institutional policy, such as the Student Code of Conduct, b) whether there are any immediate support or safety needs, such as separating the students involved to protect them and the larger community, and c) if the incident activates a response under the Clery Act of 1990.

The 2011 DCL did not explicitly prescribe a mechanism by which institutions should evaluate the underlying facts of a report (Ali, 2011). As a result, universities and colleges vary significantly in the ways they address and sanction those found responsible for misconduct. Regardless of the approach, accused students are generally found either responsible or not responsible for sexual misconduct that violates institutional policy. Sanctions in response to the offense may be sole prerogative of the investigator, may be within the purview of the judicial board, or a blend of the two. The generally applied response to a finding of responsibility has been either suspension or expulsion. Although both may be viewed as consistent with punishment for wrong-doing as well as enhancement in campus safety, neither diminishes the risk of the *responsible* student, who may carry his (or her) proneness to sexual assault elsewhere – to other campuses if expelled or to other relationships if not. The issue of a persistent and

pervasive “high victim non-reporting rate that is likely caused in large part by survivors’ documented fear and distrust of law enforcement’s and other school officials’ attitudes towards survivors” (Cantalupo, 2012, p. 525) must be addressed if we are ever to make inroads in campus sexual misconduct.

At the federal level, to address the marked under-reporting of sexual misconduct and encourage victims to come forward, there was a call in 2011 for the decriminalization of Title IX and Clery (DCL) by reducing the standard of proof to a “preponderance of the evidence” when deciding the sanction for a student found responsible for sexual misconduct, and again in 2014, President Obama called for renewed attention to the alarming rates of sexual assault on campuses (White House Council on Women and Girls, 2014). These documents, although focusing on services, investigation, fact-finding, and prevention, once again lacked specific expectations or recommendations regarding the sanctions to be imposed on students found responsible of sexual misconduct. In 2017, believing that accused students were not given a fair hearing, the U.S. Department of Education (DOE) recommended that colleges and universities should be permitted to change the standard of proof to “clear and convincing evidence.” Shortly after, in September, 2017, Secretary of Education DeVos announced “new guidance,” which resulted in the 2011 DCL and a 2014 Q&A letter being rescinded. The new guidance of the DOE grants educational institutions the freedom to choose the preferred standard of proof (i.e., “preponderance of the evidence” standard of proof versus the higher “clear and convincing evidence” standard) when investigating sexual misconduct complaints. Furthermore, colleges and universities also enjoy more flexibility in how to address sexual misconduct on campus. Common approaches include primary prevention programs and victim-focused interventions.

Only rarely do implemented services focus on the students found responsible for sexual misconduct, and never with any concerted attempt to mitigate the factors deemed responsible for the misconduct.

Whereas effective primary prevention and victim services are indispensable, providing students access to interventions *after* engaging in sexual misconduct is crucial for the *prevention of further such conduct in the future*. Depending on the severity of the misconduct, students may be suspended or simply instructed to write a reflection paper, receive psychoeducation or are perhaps recommended for generic counselling that does not target the risk factors associated with sexual misconduct. In severe cases, students found responsible for sexual misconduct are more often expelled. Although the immediate removal of at-risk students may increase the safety on a particular campus by removing 1 student, those expelled students will often transfer to another campus. In such a case, the student carries with him (or her) the cognitive and emotional risk factors that initially contributed to the misconduct that led to the expulsion. In addition, students who faced an expulsion or suspension as a result of their misconduct may respond with anger, frustration or embarrassment to the consequences of their behavior, increasing their risk for re-offense. Appropriate treatment provided to students responsible for sexual misconduct after the 1st known incident could decrease this risk.

Goals of the Grant

The primary goal of this grant was to create an evidence-based treatment program for students found responsible of sexual misconduct. In addition, this grant gathered, analyzed, and reported feedback related to the implementation of the treatment program and provided recommendations for improving campus safety.

The project had the following six principle goals:

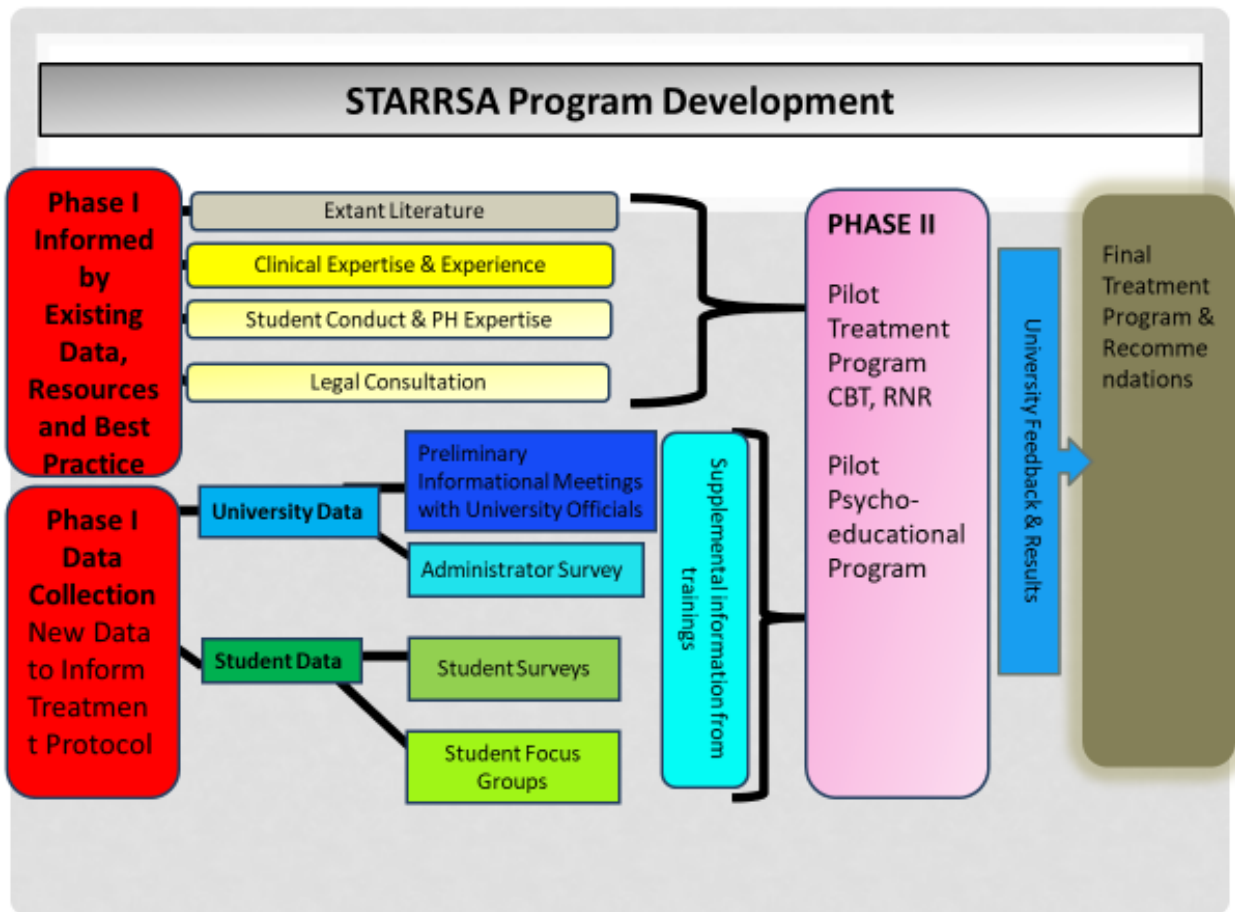
- Identify the risk factors and treatment needs that distinguish students with a greater likelihood of committing sexual assault by surveying a diverse sample of 1,000+ male undergraduates. We also surveyed 1,000+ female undergraduates regarding campus climate, perceptions of risk, and reasons for not reporting unwanted sexual behavior.
- Design a risk and needs assessment protocol and an evidenced-based treatment curriculum that are informed by the results of the survey of the males as well as the empirical literature.
- Educate and train student conduct professionals to use the program to individualize therapeutic sanctions.
- Train clinicians to administer the treatment curriculum with fidelity in accordance with RNR principles.
- Pilot-test the treatment model within the judicial sanctioning process at diverse educational institutions guided by direct consultation with the project staff.
- Evaluate the implementation via debriefings at the end of the 12-month pilot period.

Methods & Program Development

This project was broken down into two main phases. In Phase I, we gathered information on best practice in juvenile and adult sex offender risk assessment, general treatment, student conduct, public health and campus sexual assault. We consulted existing data, resources and experts in the field of sex offender risk assessment, treatment and public health. In addition, we collected

new data through survey administration. This included surveying colleges about their adjudication procedures and current sanction options, as well as surveying college students. Phase II focused on the development and implementation of an evidence-based treatment program based on the information obtained in Phase I (note Figure 1).

Figure 1. STARRSA Program Development.



Phase I – Stage 1

The first step of Phase I consisted of assembling a panel of consultants with expertise in clinical treatment of sex offenders, risk assessment with sex offenders, public health as related to campus safety for students, and expert legal input on governing federal regulations and related considerations for campus student conduct professionals (e.g., scope of Title IX & Clery, prevailing standards of confidentiality, due process considerations, etc.). The next step was a review of the extant applicable literature on risk assessment and treatment of juvenile and adult sex offenders, known risk factors based on college student samples, such as peer pressure, alcohol consumption, and cognitive distortions (e.g., rape myths, hostile / misogynistic attitudes toward women), barriers to treatment engagement and legal issues / law reviews on campus sexual misconduct.

Extant Literature on Risk Assessment with Juvenile and Adult Sex Offenders

To intervene effectively with those engaging in sexual misconduct, it is critical to understand the factors that give rise or increase the likelihood of such behavior. Investigations aimed at accomplishing an understanding of such factors have often focused on the characteristics of men who commit such sexually aggressive acts in contrast to the characteristics of men who apparently do not, leading to the identification of risk factors that increase the likelihood of committing sexually coercive and other sexually inappropriate acts. In the first phase of the project, we focused on identifying such risk factors in the expectation that such knowledge would help guide intervention efforts. We were guided by previous findings in the scientific literature, which we sought to replicate, as well as to extend and improve upon previous knowledge.

The Logic of Focusing on Adolescents

We reviewed existing research on adult and juvenile sex offender risk assessment with a *primary focus on juvenile offender populations*. We focused on juveniles as they are most developmentally analogous to a college-age population. Adolescence is a time of extraordinary maturational change in virtually all domains of development, from physical and biological to emotional, cognitive, neuro-cognitive, social, sexual, and behavioral (e.g., Bonnie & Scott, 2013; Casey, Getz, & Galvan, 2008; Cauffman & Steinberg, 2000; Dahl, 2003, 2004; Iselin, DeCoster, & Salekin, 2009; Spear, 2000; Steinberg, 2004, 2007; Steinberg & Cauffman, 1996; van den Bos, van Dijk, Westenberg, Rombouts, & Crone, 2011). The New York Academy of Sciences devoted a 2003 conference entirely to the topic of Adolescent Brain Development (Dahl & Spear, 2004). Recently, an entire Special Issue of *Current Directions in Psychological Science* (2013) was devoted to the “teenage brain,” featuring fourteen articles. Risk-taking, sensation-seeking, impulsivity, poor decision-making, illegal behaviors, and intense, unstable emotions are all *normative* in adolescence, not something idiosyncratic to delinquent youth. The relevance to a focus on “the teenage brain” is the timeframe for maturity of the prefrontal cortex (PFC), extending into the mid-twenties, in some cases age 25 (Dahl & Spear, 2004). The PFC is critically important in controlling impulsive decision-making. The breadth of what we have previously considered “adolescence” (13 – 17) has expanded at both the bottom end of the range as age of onset of puberty drops (in males in some cases down to as young as 10) and at the upper end of the range as we have learned about the maturation of the PFC (mid-twenties). This age range fully embraces the vast majority of undergraduate college students. As Steinberg (2004) pointed out, the hedonic motive during this period of development “overshadows rational recognition of

adverse outcomes” and “is normative, biologically driven and inevitable” (Steinberg, 2004).

Extant Treatment Literature

We approached the review of the treatment literature with the following questions:

- What works and what is effective in treatment? From previous research, we know that a risk-needs-responsivity (RNR) framework is an effective treatment for known offenders, including those who have committed sexual offenses. The RNR model permits individualization for each client. Targeting “risk” factors for the sexual misconduct and the optimal treatment “needs” for mitigating the risk was the primary objective of this program. Moreover, “responsivity” factors could be introduced that further optimize treatment effectiveness.
- Based on treatment in forensic contexts (e.g., a penal environment or under probation in the community), there are clear and distinct limits to confidentiality; in the present context, the scope of confidentiality presents significant questions that must be addressed, namely what information can be reported to the institution, to whom it must be reported, who has access to the information, how the information is stored, for how long it is stored, and, if requested, can the information can be shared with another institution.
- In treating juveniles and young adults, it is critically important to emphasize strengths. This age group is very receptive to change. As we will spell out, they are still very much in the throes of development, and, as much, are amenable to constructive help and to change. Working with this age group, however, necessitates a clear understanding of what is “normative” and not pathologizing what all adolescents, in varying degrees, are struggling with. One critical part of this normativity is fully appreciating consequences, the impact and the wrongfulness of behavior, understanding cause and effect, controlling impulses, and

making sound decisions. Treatment can help provide the scaffolding for such skills. The juvenile and young adulthood time period is a prime time to intervene, because treatment is more likely to have a lasting influence.

- What works specifically with changing, or more specifically reducing, unwanted sexual behaviors? With respect to the treatment literature, we know that cognitive behavior therapy is an approach with demonstrated efficacy for treating sexual offending behaviors.
- What are potential barriers to treatment and how can we overcome them? In developing a treatment program, we needed to think about *context* – how to embed treatment into a college environment, knowing that there is no “fixed” environment. Of the 4,000+ colleges and universities in the country, there are “that many” policies and procedures, and with those diverse policies and procedures there are an equal diversity of obstacles and challenges.
- Just as there are institutional challenges, there also might be barriers to engagement, challenges for the referred students. Referral occurs after a finding of responsibility or as possibly part of a mandated condition; students are rarely, if ever, following through with the mandated referral because they voluntarily elected to be “in treatment.” How best to work with resistance, often expressed in resentment, embarrassment and /or anger, is a significant problem for the therapist / treatment program. At the outset, when beginning the process of designing the program, and developing resources and guidance, we put together a team of consultants with deep expertise, ranging from risk assessment to treatment, to public health, to relevant law. Above all, it was apparent that the need was for maximum flexibility to accommodate the highly variable needs of different institutions.

Extant Campus Sexual Misconduct Literature

Our review of the literature on campus sexual misconduct, resulted in the identification of seven converging risk factors: population and social culture, victim access, availability of alcohol and drugs, developmental immaturity of respondents, coercion-supporting peer groups, victim characteristics, and a perceived sense of immunity. These factors are described in detail above (see section titled “What The Problem Is” – Do you mean “Statement of the Problem”?). The explanation would seem to be best captured by the remarkable number of converging risk factors that forge something of a “perfect storm” for rape on college campuses:

- 1) **College Students / Social Culture:** In colleges, there is an abundance of very young adults in their sexual prime who are drawn to a social culture that promotes, and indeed places emphasis on, informal, casual “dating” (“hooking-up,” “friends with benefits”), including those few (most often young men) who are rape-prone; Abbey (1991) noted that, “More than 80% of the rapes that occur on college campuses are committed by someone with whom the victim is acquainted; approximately 50% are committed on dates,” (p. 165);
- 2) **Victim Access:** In addition to partying, there are numerous opportunities for easy access to potential victims; many of these opportunities facilitate socializing – from meeting in classes to sports, going to the gym, meeting in residence halls, at clubs, at social gatherings, just walking across campus;
- 3) **Alcohol & Drugs:** Alcohol is ever-present on campus. The critical role of alcohol as a disinhibitor has been documented numerous times (e.g., Abbey, Jacques-Tiura, & Lebreton, 2011; Abbey, Parkhill, Jacques-Tiura, & Saenz, 2009; Abbey, Wegner, Pierce, & Jacques-Tiura, 2012; Adams-Curtis & Forbes, 2004; Jacques-Tiura, Abbey, Parkhill, & Zawacki, 2007; Parkhill & Abbey, 2008; Purdie, Abbey, & Jacques-Tiura, 2010; Schwartz & Leggett, 1999; Wechsler,

Davenport, Dowdall, Moeykens, & Castillo, 1994). Moreover, drugs are easy to come by, including drugs used to facilitate rape by inducing anterograde amnesia, such as the benzodiazepine Rohypnol and the Central Nervous System depressant GHB (gamma-hydroxybutrate);

4) Developmental Immaturity of the Respondents: The vast majority of undergraduate men are in the age range of 18 to 21; as discussed above, they themselves are still in adolescence, with the same psychosocial, psychosexual, cognitive, and neuro-cognitive immaturity of juveniles, with all of the predictable sequelae of risk taking, impulsivity, poor decision-making, increased proneness to disregarding or breaking the law, and intense, often poorly-managed emotions. The combination of poor decision-making, insensitivity to risk, poorly managed emotions, peer pressure, and the ubiquitous disinhibiting agent alcohol are a bad combination;

5) Coercion-Supporting Peer Groups: Groups that support sexual coercion, or that promote the message of sexual entitlement and the end goal, beyond all else, of having sex, can be a risk factor for sexual misconduct. These are the students that are most likely to espouse and condone rape-supportive attitudes, minimization and trivialization of sexual misconduct, and attitudes characterized by hostile and negative masculinity. The influence of these students can be highly persuasive for those students that may not hold such attitudes but value group acceptance and “having a good time” over momentary hesitance that “it isn’t right.” At that point, a little alcohol is all that is needed to lower their inhibitions. Although there appears to be an over-representation of male athletes and fraternity members among those alleged

to have committed sexual misconduct, we are talking about a relatively small subgroup of fraternity members and athletes that clearly support sexual coercion;

6) **Victim Pool:** As with undergraduate men, undergraduate women are in the same age group – adolescents. Although typically more mature than the men, they, nevertheless, tend to be naïve and trusting. College men do not raise instinctive red flags of a threat; they are just kids out for a good time (most are). The women too are away from home for the first time and just out looking for a good time themselves;

7) **The Setting:** The campus, moreover, is seen as a safe haven, a sanctuary of sorts, protected from the dangerous “trouble-makers” found elsewhere. There are no obvious “red flags,” no warning signs. It is, after all, the “ivory tower.” This intuitive sense of safety is coupled with the impression that since everyone is doing “it” (partying), it can’t be wrong or risky. To a large extent, this is all true. The vast majority of college students have no intention – or inclination – to hurt someone. What the literature consistently reports, however, is that in confidential surveys roughly 20% of boys disclose otherwise.

Phase I Data

Preliminary Feedback from University Administrators and
Officials

Campus Administrator Surveys

Student Surveys

Student Focus Groups

Phase 1 Stage 2 Data Collection

Stage 2 involved the collection of new data from students and campus administrators through surveys, in-person meetings and focus groups.

Preliminary Feedback from University Administrators and Officials

In addition to the literature review, we consulted with many stakeholders (Title IX coordinators, Deans of Students, Risk Managers, Attorneys representing the Title IX office, Counselors, etc.) to ascertain their needs, logistical problems, anticipated barriers or hurdles and concerns related to implementing treatment interventions.

The input from numerous campus administrators was of particular importance. It is this group of professionals that serve as keys to effective implementation, refer students to the program and essentially oversee the program's correct use. Their perspective and concerns were instrumental in garnering information about diverse policies and procedures at different campuses, as well as needs and barriers to a treatment intervention sanction.

There is a notable gap in the way that sexual misconduct on college campuses is approached; interventions tend to either focus on preventing sexual assaults (primary prevention) or on assisting the victims/survivors of sexual assault. The STARRSA program appears to be the first program of its kind to focus on treating students found responsible for sexual misconduct. Based on initial conversations with various institutional stakeholders, reactions to the program were generally very positive; during initial conversations, numerous schools and stakeholders agreed that there is a need, in some cases, an *urgent* need was expressed, for a treatment program for students found responsible for sexual misconduct.

Stakeholders typically had many questions about the treatment program and concerns about potential barriers to implementing such a program. They wanted to know what the *content* of the treatment program would include, how the program would be administered, and who would administer it. We were asked many times, in this regard, if the program would be administered by internal or external providers, on campus or off campus, and how referring to the program would work within their existing system. Some schools expressed concerns about not having adequate manpower to implement the program. The potential cost of implementing the program, as well to whom the payment would be made was another frequently cited area of concern.

As noted in an article describing this project (Lamade, Lopez, Koss, Prentky, & Brereton, 2017), many stakeholders from different schools expressed considerable concern about the applicability of the program for a growing rash of bullying and assaults on homosexual students and other members of the LGBTQ community. Each school presented their most troublesome cases and wanted to know if our program would address those cases. One school even inquired as to whether we would “consult” on a series of narrowly specific race-based assaults that they were experiencing. A number of schools wanted to make sure that the program covered female students found responsible for sexual misconduct. In sum, the message was that this should not be just about heterosexual males.

Schools also presented with rather idiosyncratic needs, such as varied preferences for the location of treatment. Some institutions wanted to administer the program at their counseling center or psychology training clinic while others wanted the treatment to be administered off campus through an independent provider or a therapist associated with the university. For

example, some schools require that students found responsible for sexual misconduct do not return to campus until their suspension is over. Thus, these students could not obtain treatment on campus. Stakeholders preferring an outside provider expressed a variety of reasons, ranging from limited staff capacity to concerns about the victim and perpetrator receiving treatment in the same location. Notably, some schools said quite clearly that they could not “mandate” treatment as a sanction and wanted to know if our program could be strictly psychoeducational.

Taken together, we found ourselves trying to be responsive to a multitude of different needs and requests. The program obviously would have to be flexible enough to be adapted to existing college and university policies and procedures. We ultimately developed a Cognitive-Behavior Treatment (CBT) program that included numerous ancillary resources and training materials. In response to the concern about mandating treatment, we developed a mirror-image of the CBT Program that was devoid of therapy and focused exclusively on “Active” Psychoeducation, hence our AP program. This AP Program was explicitly designed for the use with students who were deemed to be lower risk. We called it “active” psycho-education, because it requires the active engagement of the student. The student is not just a passive receptacle for “facts.” As the literature clearly demonstrates, facts alone rarely change behavior. We make very clear, however, that the AP Program is **not** advised for students with deeply entrenched, negative, hostile misogynistic attitudes or beliefs about women. There is a distinct risk of “reactance,” or what has been called more colloquially a “boomerang” effect, in which the student’s perception that the facilitator is “preaching” at him backfires and has the opposite effect by arousing anger (Malamuth, Huppín, & Linz, 2018).

Campus Administrator Surveys

An online survey to college officials (Appendix A) was created to obtain information about their adjudication procedures and current sanction options. Campus conduct professionals (e.g., student conduct professionals, deans, counselors) were also surveyed to obtain information about policies, and the needs and barriers of treatment intervention sanctions. Specifically, we asked about methods of adjudication, who makes the decisions regarding sanctions, suspension ranges, and types of sanctions utilized (e.g., is treatment an option? modality?). We also asked about potential barriers to treatment implementation, what might be needed to successfully implement a treatment option, and what prevention models are most helpful. The survey administration was developed and administered by Fairleigh Dickinson University's PublicMind public opinion & research center. PublicMind sent emails to over 3,000 college administrators, Title IX coordinators and student counselors. An email requesting participation was sent with a Dear Colleague Letter explaining the nature and purpose of the surveys and a direct link to the survey. Survey email blasts were sent three times over the course of approximately a year.

Of the respondents, 34.6% were from a college, and 61.5% were from a university, 53.8% were from a public institution, 15.4% were from a private, not religiously affiliated institution, and 26.9% were from a private, religiously affiliated institution. Of the public institutions, 27 (96.4%) respondents were from state institutions, and only one respondent (3.6%) was from a community college. With respect to geographic location, 12.2% of respondents were from the Northeast, 26.5% were from the Mid-Atlantic, 16.3% were from the South Atlantic, 10.2% were from the South, 22.4% were from the Mid-West, 6.1% were from the Mountain region, 6.1% were from the Pacific region. Data was missing for one participant.

In terms of adjudication, 6.4% of schools used a prosecutorial model, 12.8% used a model code, 8.5% used an investigation-only model, 48.9% used an investigation-recommendation model. A total of 10.6% did not know what model their institution used, and 12.8% used a different method of adjudication. Data was missing for three participants.

Sanctions varied widely, and ranged from administrative holds and no-contact orders to probation, suspension, counseling, and possible expulsion. Approximately one-third of institutions surveyed (36.6%) used a panel approach to decide sanctions. Aside from the panel approach, 7.3% of respondents indicated that the Title IX Coordinator decided the sanction, and 9.8% of respondents indicated that the Dean of Students decided the sanctions. Other individuals that decided the sanction including the Hearing Officer, Director of Student Conduct, or Vice President for Student Life.

The vast majority of institutions (92.7% of those who responded) provide individual sanctions for students. Similarly, 87.8% of those who responded indicated that the length of time for suspensions was variable based on the behavior for which the student was found responsible. Length of time of suspensions ranged from the remainder of the semester to one term/semester to five years or until the victim has graduated or left campus.

Behaviors at the lowest and highest ends of the suspension range also varied. Behaviors that merited shorter suspensions included offensive sexist language, non-consensual groping/inappropriate touching, no penetration or physical harm, situations where there was confusion about consent, threats of assault or violence, sexual harassment, and stalking. Behaviors meriting the longest suspensions included repeated violations of stalking or harassment, sexual intercourse without consent, physical harm or mental harm, and the use of

predatory behavior or force.

Over half of the individuals who responded (59.5%) indicated that their institution either required or recommended psychological treatment as a sanction. Almost one-fourth (24.3%) of those who responded indicated that psychological treatment was not an option. Psychological treatment was either required or recommended after suspension at two-thirds of institutions surveyed (64.9%). With respect to treatment providers, many schools use independent providers, especially if the student is suspended and cannot be on campus.

Only 34.8% of individuals surveyed indicated that they were certain that therapists were required to have obtained specialized training in working with college students or working with individuals responsible of sexual misconduct.

Treatment was most often provided as individual therapy, but some institutions also utilized group therapy. Most schools (85.7%) provided at least general guidelines for what the therapist was required to report back to the college/university. Approximately 80% of institutions required feedback in the form of a written report. Schools also varied in how frequently they required feedback; 19% of the schools had specific feedback requirements (e.g., monthly, quarterly, semi-annually), while two-thirds only required feedback at the end of treatment.

Almost half of the individuals surveyed indicated that the treatment provider decided the nature and duration of treatment, based on whether the student has met treatment goals and objectives. Nineteen percent of individuals indicated that the nature and duration of treatment was determined collaboratively between the student and treatment provider, while another 19% indicated that the college or university determined the nature and duration of treatment, which is also specific to the nature and severity of the misconduct.

Almost half of institutions surveyed (48.5%) indicated that they either were already using treatment as a sanction, or would consider treatment if a program was available. Only 8.6% of respondents reported that they would not use a treatment program. One-fourth of respondents surveyed (25.7%) indicated that they were unsure if their institution would adopt a treatment program. Reasons for the uncertainty ranged from (a) counseling being ineffective if students are not invested, (b) not enough staff, and that (c) it would not be a suitable sanction for all students.

Barriers for implementing a program ranged from budget concerns, not allowing students found responsible to remain on campus, and concerns about having appropriate staff to administer the program.

With respect to the most helpful prevention modalities, 36.5% of respondents indicated that psychoeducational seminars/lectures would be helpful; 34.6% indicated that web-based psychoeducational tutorials would be helpful. A voluntary lecture/presentation for all incoming students was thought to be helpful by 15.4% of respondents, while 42.3% thought a mandatory lecture would be helpful. Almost half of respondents (46.2%) indicated that a mandatory 1-unit class for all freshman on sexual assault would be a helpful preventative measure. A resource table at campus events was suggested by 28.8% of respondents. Approximately one-third (36.5%) of individuals indicated that policies that regulate alcohol would be helpful, and almost two-thirds (61.5%) indicated that programs and seminars that promote healthy relationships would be helpful. Half of the respondents (51.9%) indicated that on-line trainings would be helpful, while 63.5% indicated that bystander prevention training would be helpful.

Of the schools surveyed, 19.2% had at least one NCAA D-I team, 19.2% had at least one D-2 team, 21.2% had at least one D-III team. One school had an NAIA team. Less than half of the

institutions surveyed (42.3%) had an active Greek System.

Student Surveys

Participants

Data from this survey was collected to help inform the development of an empirically based treatment intervention for college students found responsible for sexual misconduct. Fifteen schools were approved to survey students, 13 returned completed surveys. Approximately 1,223 male surveys were returned but upon initial review, 52 were eliminated due to concerns about validity. Approximately 1,405 female surveys were returned but upon initial review, 13 were eliminated due to concerns about validity. This included significant proportions of the survey being incomplete, flags for rapid completion in an implausibly short amount of time, and those marked by the protocols for other concerns (e.g., comprehension). A total of 1,171 male and 1,392 female identified undergraduate students from thirteen U.S. colleges passed this initial review and were entered into the database. The final sample consisted of two schools located in Northeast, three in the Mid Atlantic, one in the Southeast, two in the Southwest, four on the West coast, and one in the Midwest. Students that were over age 30 were eliminated, resulting in a final sample of 1148 male students and 1342 female students.

Of the male student sample, 90.5% (n=1039) identified as heterosexual, 5.5% (n=63) identified as homosexual, and 3.2% (n=37) identified as bisexual. In terms of their class standing, 32.4% (n=372) were Freshman, 26.0% (n=298) were Sophomore, 23.9% (n=274) were Juniors, 16.6% were Seniors (n=191) and 0.7% (n=8) were in a Graduate or combined BA/MA program. The majority of the students surveyed lived on campus, 42.1% (n=483), 6.6% (n=72) lived at

fraternity housing, 29.5% (n=339) lived off campus and 20.5% (n=235) lived at home or with a family member. The mean age of the sample was 20.09 (SD=2.16), ranging from age 16 to age 30. The final female sample comprised 1342 students between the ages of 17 and 27 ($M=19.75$, $SD= 1.741$). Of this sample, 40.7% identified as White/Caucasian, 18% as Asian, 15.8% as Hispanic/Latino, 10.5% as Mixed race, 2.2% as Other, and 0.8% identified as Pacific Islander. Ninety participants reported to be international students. With regard to sexual orientation, the vast majority identified as heterosexual (90.8%), whereas 6.4% identified as bisexual, 2.7% as homosexual, and 0.1% identified as Pansexual. In terms of year in college, 35.5% indicated to be in their Freshman year, 23.8% identified as Juniors, 22.2% as Sophomores, 18.4% as Seniors, and 0.3% also identified as Graduate students. The majority of the sample lived on campus (44.5%), whereas 27.2% lived off campus, 26.5% lived at home with family members, and 1.8% in resided in fraternities or sororities. Of those living on campus and in sororities/fraternities, 56.1% lived in same sex accommodations and 43.9% lived in co-ed accommodations.

Administration Procedure

Fairleigh Dickinson University's Institutional Review Board (IRB) served as primary IRB for this study and provided oversight. All sites had their internal IRB boards review the project. Some data collection sites completed a full review and others opted to have Fairleigh Dickinson University's IRB serve as the IRB of record. Each site had a primary site investigator who monitored the data collection and management of all site proctors. All site investigators and proctors received training on the administration protocol by the project managers to ensure inter-site consistency and to uphold privacy (i.e., DOJ Privacy Certificate and IRB protocol) and mental health safeguards (e.g., all participants received a list of mental health resources specific

to their college/university and geographic region). This also included that all site investigators and proctors signed a confidentiality agreement and completed CITI or an equivalent approved human subjects training. Project managers were available for questions and concerns throughout the entire data collection phase.

To ensure a wide range of participants, in addition to the standard psychology subject pools, some sites actively recruited students through other departments (e.g., business, health sciences, communications), and beyond subject pools through campus organizations, fraternities and athletics. The study was advertised through subject pool recruitment systems, emails, and through department and organizational leaders. All methods of recruitment were reviewed and received IRB approval.

To guarantee confidentiality and insure privacy as well as “noninterference”, the survey was administered “in person” by paper and pencil rather than online. With online administration, the concern was raised that some students might complete the survey in the company of their roommates or friends and answers would be subject to jest and “communal” responses. The surveys were generally administered in groups of 10 to 30 participants in a classroom. At times, surveys were administered individually in cubicles depending on the logistics at each site.

Sessions were proctored by two trained graduate students. Upon arrival, proctors arranged seating for every participant, ensuring enough space (minimum of 1 seat vacant) between participants for privacy. Once seated, the survey booklets and informed consent statements were distributed face down. To enhance privacy and secure the anonymity of participating students, this study was granted *an overall waiver of documentation of consent* (i.e., verbal consent rather than a signed record). For individual sites where their IRB required a signed

consent, these signed consent forms were collected and kept separately from completed surveys to ensure that the consent could not be linked to the survey. Students were instructed not to put any personal identifying information on the booklet, such as their student ID #. At the beginning of the survey, participants read the informed consent form along with the proctors. Subsequently, participants were instructed to raise their hands in case of questions and to direct all questions to the proctors. In addition, they were instructed to take their time and to answer each question carefully and honestly. They were instructed to raise their hand should they have a question during the administration, and a proctor would go with them outside the classroom to answer the question. Participants were also asked to not discuss the survey outside of the administration.

Upon completion of the survey, students were told to place their survey into a box face down as they exited the room, and **not** to hand their survey to a proctor. These steps assuring confidentiality were emphasized. Administrations were timed and surveys completed under a 20-minute time frame for males and under 15-minutes for females were flagged. The time of the start of the administration was noted and the number of surveys dropped into the box counted within the designated window (e.g., the number of surveys deposited in the box within the first twenty minutes in the case of the men). Proctors removed that number of surveys, from the bottom up, and flagged them. These surveys were subsequently reviewed by the team to ensure their validity.

Participants were debriefed outside the classroom by one of the proctors; they received information on the name and purpose of the project and were handed a resource sheet with campus and local mental and physical health resources, and contact information for the IRB and

primary investigator of the study. The surveys were stored in a locked file cabinet at each site and then returned to the Principle Investigator's office, where all surveys were similarly stored in locked file cabinets in a locked office.

Materials and Analysis

Two extensive surveys (a male version and a female version) were created by the project's core team of experts in sexual misconduct, treatment, campus sexual assault, and public health, and contained existing questionnaires as well as new questionnaires developed by the team to tap into specific experiential domains for this population. In designing these surveys, we drew from the empirical literature and aimed to test the risk factors associated with campus sexual assault. Given the low base rate phenomena (i.e., concerns about having a large enough sample size), time constraints based on feedback from the pilot (too long to give both males and females victim and perpetrator questions), and observing that many campus sexual assaults occur in the context of male perpetrators with female victims, we decided to create a male survey that focused on perpetration, and a female survey that focused on victimization. However, we recognize that assault is not limited to these situations.

The male student survey was designed to be a comprehensive measure containing all known and hypothesized risk factors for campus sexual assault and other potentially relevant treatment factors using known tools and instruments created by the team (see table for complete listing). The final male questionnaire scales were chosen or designed to capture all of the known offense-relevant areas examined in the literature on college students, campus sexual misconduct, the broader literature on sexual aggression among juvenile offenders, the public health literature of campus sexual misconduct, and the literature on risk assessment with juvenile

sex offenders as part of Phase I. The purpose of this questionnaire was to fill in gaps in the understanding of the broader array of factors that aggravate risk among college students, and how those risk factors relate directly to the “needs” addressed in treatment.

The female student survey tapped into questions about campus climate, situational experiences, their perceptions of risk and reasons for not reporting sexual misconduct and their experiences with sexual misconduct resulting in 10 unique scales. Of these scales, six were designed in-house and four were adapted from existing scales (see table for complete listing).

Initial male and female surveys were pilot tested with a small group of students. Based on the feedback obtained, surveys were modified and reviewed again. The modifications included modifying language and questions to improve clarity, as well as formatting changes to enhance readability. The final male surveys took about 45-75 minutes to complete and the female surveys took about 40-45 minutes to complete.

Table 1. Composition of Male Survey.

#	Section	# Items
1.	Demographics (In house: Lamade, Lopez, Prentky, & Koss)	8
2.	Situational Factors/ Clubs, Campus Activities & Organizations (In house: Lamade, Prentky, Koss, & Lopez)	13
3.	Sexual Experiences History (SEHx; In house Malamuth & Prentky*)	48
4.	Environmental & Situational Experiences (ESE; In house: Lamade & Prentky)	18
5.	Alcohol/Drug Use History (SAHx; Adapted from Thompson & Kingree, 2006)	11
6.	Conduct Disorder/Delinquent Behavior (CDHx; In house: Prentky & Lamade)	13
7.	International Personality Item Pool, “Big Five” Personality Factors – (Mini-IPIP; Donnellan, Oswald, Baird, & Lucas, 2006; Goldberg, 1992; Milojevic, Osborne, Greaves, Barlow, & Sibley, 2013)	20
8.	Toronto Empathy Questionnaire (TEQ; Spreng, McKinnon, Mar, & Levine, 2009)	16
9.	Adult Attachment Scale (AAS; Collins & Read, 1990)	18
10.	Short Dark Triad (SD3; Jones & Paulhus, 2014)	27
11.	Hostile Masculinity Scale (MHM; Malamuth, Sockloskie, Koss, & Tanaka, 1991; Malamuth, 2005)	34
12.	Self-Report Psychopathy (SRP-SF; Neumann & Pardini, 2012)	29

13. Resisting Peer Influence (RPI; Adapted from Steinberg & Monahan, 2007)	10
14. Rape Myth Scale (Schwartz & Nograd, 1996) http://www.d.umn.edu/cla/faculty/jhamlin/3925/Readings/fraternityMyths.html	6
15. Attraction to Sexual Aggression (ASA; Malamuth 1989a, 1989b, 1998)	9
16. Sexual Perpetration (SES-SFP; Koss et al., 2007; Koss & Oros, 1982; Koss & Gidycz, 1985)	19
17. Additional questions specific to sexual misconduct (In House)	4
18. Textbox for open comments	1

***Adapted from research conducted under Grant # 2006-JW-BX-K069 awarded by the Office of Juvenile Justice and Delinquency Prevention to Robert Prentky, Ph.D.**

Table 2. Composition of Female Survey.

#	Section	# Items
1.	Demographics (DEMO; In house: Lamade, Lopez, Prentky, & Koss)	8
2.	Social Factors/ Clubs, Campus Activities & Organizations (SF; In house: Lamade & Prentky)	12
3.	Student Safety Perceptions (SSP; Adapted from climate section of OVW Climate Survey and U of AZ 2009 Survey on Safe Campus Culture)	8
4.	General Climate Survey (GCQ; Informed by McNeely, Nonnemaker, & Blum, 2002; Sulkowski, 2011; Defense Equal Opportunity Climate Survey; Carleton College’s Campus Climate Survey, developed by Rankin & Assoc.; White House Task Force to Protect Students from Sexual Assault, 2014; McMahan, 2014 – Rutgers Campus Climate Survey)	34
5.	Sexual Experience Survey (SES; Koss & Oros, 1982; Koss & Gidycz, 1985)	10
6.	Opinions on Reporting (OOR; Lamade & Prentky)	8
7.	Failure to Report Unwanted Sexual Behavior (FRUSB; Adapted from OVW, which was adapted from Banyard et al., 2009)	5
8.	Impact of Decision to Report (IOD-TR; Lamade & Prentky)	26
9.	Textbox about what was useful to recovery/healing (Lamade & Lopez)	1
10.	Environmental- Situational Experiences (ESE; Lamade & Prentky)	18
11.	Textbox for open comments	1

Synopsis of the Findings from the Female Survey Data

Results indicated that 50% of the students reported receiving training in policies, procedures and prevention. The most commonly utilized campus safety services were campus safety escorts and police. The majority of students reported that they would know where to go

to obtain help if they experienced sexual misconduct (58%). Approximately 48% of students said that they understand their institutions formal procedure to address sexual misconduct complaints. Approximately 69% said that they are confident that the formal procedures administered by their institution would be fair. Approximately 90% felt that the institution would take the report seriously, would maintain knowledge of the report limited to those who need to know (~85%), and over three quarters stated that the institution would forward the complaint to the police outside of the campus. With respect to supporting the student making the complaint, approximately 86% said that their institution would support the person making the report and approximately 85% said that their institution would take steps to protect the safety of the person making the report.

The following is a summary of sexual misconduct experiences:

Nonconsensual sexual experiences prior to college (between age 14 and first year of college):

- 40.8% reported at least one unwanted non-penetrative sexual experience (i.e., fondling, kissing, rubbing against private body parts or undressing)
- 11.8% reported at least one incident of nonconsensual oral sex, and 10% indicated being the victim of attempted nonconsensual oral sex
- 16% reported at least one experience of nonconsensual sexual penetration (13.9% vaginal; 2.1% anal), while 13.8% endorsed having experienced at least one attempt of nonconsensual sexual penetration (12.2% vaginal; 1.6% anal)

Nonconsensual sexual experiences since starting college:

- 34.5% reported at least one unwanted non-penetrative sexual experience (i.e., fondling, kissing, rubbing against private body parts or undressing)
- 9.7% reported at least one incident of nonconsensual oral sex, and 9.2% indicated being the victim of attempted nonconsensual oral sex
- 18% reported at least one experience of nonconsensual sexual penetration (9.9% vaginal; 9.1% anal), while 11.5% endorsed having experienced at least one attempt of nonconsensual sexual penetration (9.3% vaginal; 2.3% anal)

When asked whether any of the described nonconsensual sexual incidents (executed and attempted) had happened to them at least one time, 43.9% of the entire sample responded with yes.

In terms of perpetrator sex the sample reported the following:

- 52.9% indicated having been victimized by males only
- 2.8% reported having been victimized by both, male and females
- 1% reported having been victimized by females only

Of the whole sample, 8.6% reported having been raped at any point in their lives.

Results indicated that women are MORE likely to report sexual assault when...

- The offense happened someplace other than a campus party
- The offense is severe
- They receive support after informal disclosure

Results indicated that women are LESS likely to report when...

- The offense happened at a fraternity party
- They had been drinking, independent of whether they were intoxicated or not
- The perpetrator was known
- Perpetrator was a popular athlete

Synopsis of the Findings from the Male Survey Data

Overview

This first phase of the project yielded intriguing information, both successfully supporting previous findings in the literature and significantly extending our knowledge about risk factors, predicting various types of sexual misconduct among college students. Below is a summary of these findings, with more detailed statistical analyses available upon request.

Rates

The percentage of male students who endorsed engaging in any type of sexual harassment, including verbal and noncontact (SES items 1-11) during college is 62.8%. With respect to contact sexual offenses 17.6% of males endorsed perpetrating a contact sexual offense during college, and 10.1% endorsed attempting to commit a contact sexual offense during college.

Theoretical Framework

We were guided by a “Person by Situation” interactional framework, which assumes that fully understanding what motivates behavior requires a consideration of the interaction between personality characteristics unique to the individual and situations / circumstances in which the behavior was manifested. Stated otherwise, we examined the interaction of specific psychological characteristics of men *at risk* and the situations that may have been critical in eliciting the unwanted behavior. A broad (non-specific) example might be an individual with a “short fuse,” a trigger temper, a tendency to respond aggressively or angrily to minor frustrations. Generally, such individuals would not “lash out” unless they were confronted by situations that were a catalyst for their anger. Those who do not have anger control problems would most likely not react in a similar way under those same conditions. A more specific, germane example would be a fraternity party with lots of music, dancing, socializing and of course drinking. Those at the party harboring misogynistic attitudes are likely to be much more inclined to take advantage of “the situation,” especially when egged on by their friends. Those not holding such attitudes will be far less inclined to do so, perhaps relenting only under considerable peer pressure. It is thus this *interaction* that is vital for evoking the behavior. In the first phase of this project we sought to identify the range of personality-by-situation interactions that were most predictive of sexual misconduct in order to more carefully understand the full complement of triggers – or risk factors – needing to be addressed.

Historical Background

Historically, investigations focusing on convicted rapists had been guided by the following simplistic question: Are sexually aggressive individuals those who commit a wide range of

antisocial acts, including sexual coercion (e.g., generic antisocial offenders) or are they “specialists,” individuals with characteristics that make them prone uniquely to commit acts of coercion against women? Although research eventually yielded a far more nuanced understanding of sexual aggression, revealing the flaws of misguided parsimony, there continues to be considerable data supporting the general view that sexually aggressive men are more likely to harbor antisocial traits than men that are not sexually aggressive. This is logical. It stands to reason that we are much less likely to physically assault another person without the benefit of personality traits associated with Antisocial Personality Disorder. Simply stated, causing intentional, severe physical harm to another person, be it sexual or physical, is greatly assisted by having a callous indifference to the individual being harmed, as evidenced by a lack of guilt, remorse and empathy, as well as, of course, a lack of responsibility for the harm done, and a sound contrived story about how it happened and why it was all in self-defense (or in the case of sexual assault, asked for). More recently, some researchers have been employing measures of Psychopathy and/or the “Dark Triad” (Psychopathy, Machiavellianism and Narcissism) to assess men in the general population, including college students, to identify those most at risk for sexual aggression. These characteristics, exemplified by Facet I of the Psychopathy Checklist, include conning, deceptive, manipulative behavior, narcissism and entitlement, and callous indifference to others, the same personality traits referenced above.

Although some previous theorizing has suggested an integration of both of these “conceptualizations,” it has largely been at the behavioral level, indicating that many rapists are “versatile” (i.e., depending on opportunities to engage in antisocial behavior, they may commit a wide range of antisocial acts). It is widely reported, for instance, that when rapists reoffend

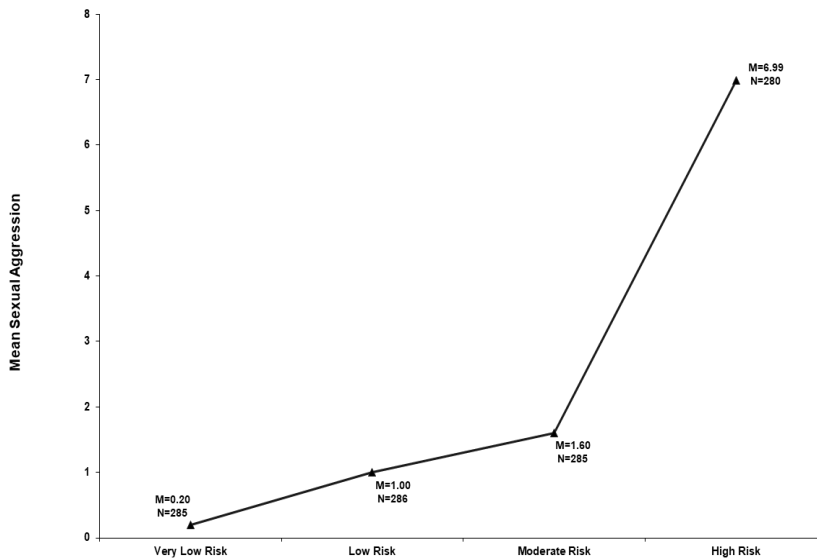
they are much more likely to commit a nonsexual offense, compared with child molesters, who are more likely to reoffend sexually. In the literature on convicted rapists, however, programmatic classification research yielded a taxonomic system (Knight & Prentky, 1990, MTC:R3) with nine subtypes, all varying in the degree of nonsexual antisocial behavior in adolescence and in adulthood, as well as the central role of sexual motivation.

We divided the sample into four levels of risk based upon their scores on these three factors (HM – Hostile Masculinity, IS – Impersonal Sex, and Delinquency). Each factor was z-transformed (standardized) and centered above zero by adding three. A risk factor score was computed by taking the product of all three transformed factors. Participants were grouped as “Very Low Risk”, “Low Risk”, “Moderate Risk” and “High Risk” if they scored in 25th, 50th, 75th, and above the 75th percentile on the risk factor scores, respectively. Table 3 and Figure 2 shows the average levels of sexual aggression for each of those groups. Figure 2 depicts the dramatic increase in Mean Sexual Aggression rating (Y-axis) based on self-report of behavior and a cross-product of HM, IS and self-reported history of delinquency (X-axis). The jump from Moderate Risk (M=1.60) to High Risk (M=6.99) is enormous.

Table 3. Sexual Aggression Descriptive Statistics by Risk Group (Cross product of Hostile Masculinity, Impersonal Sex, and Adolescent Delinquency)

	N	Mean	SD	SE
Very Low Risk	285	0.20	0.54	0.03
Low Risk	286	1.00	7.29	0.43
Moderate Risk	285	1.60	6.16	0.36
High Risk	280	6.99	17.89	1.07

Figure 2. Sexual Aggression Descriptive Statistics by Risk Group (Cross product of Hostile Masculinity, Impersonal Sex, and Adolescent Delinquency)



Confluence Model Risk (Cross-Product of Hostile Masculinity, Impersonal Sex, and Adolescent Delinquency)

The findings of the present project, focusing on college students, as opposed to the convicted rapists that formed the basis for MTC:R3, illustrated that we can further identify the important role of general antisocial traits and those that appear to be more specific to *sexual* coercion in this population as well (e.g., sexual drive vs. anger, hostility, resentment toward women, attitudes condoning violence against women, rape myths, etc.). Such findings fit well within the complex taxonomic models of rapists generally developed by Knight & Prentky (1990) by showing which subgroup(s) the vast majority of sexual aggressors within the general population fall into. This correspondence between two otherwise seemingly very different populations (college students and imprisoned rapists) is noteworthy.

Major Findings and The Confluence Model

Our analyses were largely guided by the Confluence Model (CM) of sexual aggression (e.g.,

Malamuth & Hald, 2017) and, as described in more detail below, the findings successfully supported key predictions of this model. As suggested by the term “confluence,” the model emphasizes the *convergence* of various risk factors rather than focusing on a linear combination of risk factors (as is the case in most risk assessment scales for sex offenders).

We found considerable support for the model’s predictions that the critical risk factors include both certain general antisocial factors and particularly ones more specific to sexual aggression. At the core of the Confluence Model (CM) are two constellations of characteristics labeled “Impersonal Sex” (IS) and “Hostile Masculinity” (HM). The IS set of characteristics is viewed as “setting the stage” for the use of coercive sex by virtue of its presumed underpinnings in what is fundamentally the desire (or lack thereof) for an emotional connection to those we are intimate with, as opposed to treating intimacy as more of a mechanical procedure devoid of any emotional attachment. The HM path is a personality profile combining two inter-related components: (a) a narcissistic, insecure, defensive, hypersensitive, and hostile-distrustful orientation, particularly towards women, and (b) sexual gratification that appears to come from controlling or dominating women. It is viewed as a set of characteristics that particularly motivate the use of coercion and force as an expression of anger, hostility, fixed, misanthropic, derisive, scornful attitudes about the “place” of women and the “role” of sexuality, and intertwined related attitudes supporting the use of aggression. Generally, relatively high levels on these characteristics are considered risk factors, whereas relatively low levels are likely to function as protective factors. In addition to these “central” or “primary” factors, CM posits various additional “secondary” factors affecting the likelihood of sexual aggression; these are considered moderators and mediators. These include the personality factor of empathy, alcohol

consumption, heavy pornography consumption (particularly violent and/or “extreme” pornography), and friends’ approval / peer pressure.

The following are two of the key CM hypotheses that were supported by our findings in the present project:

- First, the model includes risk factors that a) contribute to antisocial behavior generally (e.g., Factor I traits of psychopathy) (as relatively distal factors), the impact of which is largely mediated via b) risk factors that are more specific to sexual aggression (as more proximate factors). It is suggested that such a model provides a better profile of the characteristics of men more likely to commit sexual aggression than either set of characteristics alone.
- Second, the interaction of the two primary constellations (i.e., IS x HM) is particularly predictive of sexual aggressive behavior (Malamuth, Hald, & Koss, 2012). In other words, if a man is relatively high on the factors comprising **both** constellations of characteristics, he is particularly at risk for being sexually aggressive. *However, the interaction suggests that this is more than an additive increase in risk. It is in fact, a multiplicative one* (i.e., IS only makes a notable impact on sexual aggression when it interacts with the characteristics of HM). Absent HM, IS alone is likely to be associated with a socially and emotionally disconnected individual, perhaps associated with social anxiety, low self-esteem and avoidance of attachment. Absent IS, HM alone might predispose to sustained but highly “traditional” relationships characterized by gender inequality and gender stereotypic roles; in the extreme, HM alone will predispose to domestic violence. The two

conditions (IS & HM) together are a catalyst for forced sex in the context of non-bonded, emotionally unattached encounters.

Additional Findings

Empathy

The lack of emotions, most notably anxiety, empathy and remorse, is one of the key core Factor I characteristics of psychopaths and paramount as an element in their aggressive behavior (e.g., Lee and Lee, 2016). Absent feelings of empathy, guilt and remorse, it is much easier to harm other people, women or men. In the Confluence Model, it has been largely treated as a “secondary” risk factor, primarily in its ability to mitigate the impact of HM on sexual aggression (e.g., Malamuth, 2003). Several studies have shown that it can add to the prediction of sexual aggression.

In the present investigation we found support for the role of empathy (i.e., lack thereof) as a significant contributor to HM. This is encouraging as it is a characteristic that has to date been shown to be potentially amenable to treatment, especially with adolescents. One of the arguments long made about adolescent sex offenders is that they are much more amenable to treatment than adult sex offenders.

Alcohol

In addition to the role of personality dimensions related investigations have pointed to the importance of situational variables that may affect the extent to which the risk for sexual aggression is manifested in behavior. There have been numerous studies looking at alcohol consumption, pornography use, and peer influence. Alcohol consumption has been found as an added predictive factor for the Confluence Model in a series of studies by Antonia Abbey and her

colleagues (c.f., Abbey, 2002; Abbey, 2017; Abbey, Jacques-Tiura, LeBreton, 2011; Abbey, McAuslan, & Ross, 1998; Parkhill & Abbey, 2008). However, a recent longitudinal study by Testa and Cleveland (2017a,b) found that drinking *context* rather than drinking alcohol per se, was predictive of college men’s sexual assault perpetration (also Giancola, 2002; Koss & Gaines, 1993; Testa, Parks, Hoffman, Crane, Leonard, & Shyhalla, 2015). In reflecting on these findings, George and Davis (2017) suggest that such men experience alcohol as a “stage-setting accompaniment” for sexual assault proclivities that they are already motivated to engage in. In the present study, we examined separately the added predictive value of alcohol consumption per se versus the frequency of attendance at parties where excessive drinking or substances were used. *We found the latter (frequency of attendance) to be more important than the former, presumably reflecting a primary underlying motivation with alcohol being only one of the obvious anticipated dividends.*

“Extreme” Pornography Use

Another “situational” or “secondary” risk factor that has been studied extensively in the context of sexual aggression in college students, as well as in relation to the Confluence Model, has been pornography use (Carr & VanDeusen, 2004; Davis, Norris, George, Martell, & Heiman, 2006; Malamuth & Hald, 2017; Malamuth, Addison, & Koss, 2000; Malamuth & Vega, 2007; Thompson, Kingree, Zinzow, & Swartout, 2015). Multiple studies now have found that for men who are already at relatively high risk for sexual aggression, heavy pornography consumption may add to the prediction of sexual aggression (see Malamuth & Hald, 2017). This is particularly true for what may be labelled “more extreme” forms of pornography (e.g., pornography depicting real or feigned harm to others) and particularly violent pornography, although some studies did not differentiate between types of pornography (e.g., Vega & Malamuth, 2007). In

the present study, we attempted to differentiate between the potential contribution to the prediction of sexual aggressiveness from relatively more “common” or benign versus “extreme pornography,” as well as to examine violent pornography separately. We found that only consumption of “extreme pornography” (i.e., violent pornography, sadism, urination/defecation, etc.) was a contributing risk factor to sexual aggression. This is not the least surprising. For relatively low risk men, bizarre or weird pornography might be a momentary curiosity, but it would not be sexually arousing (or viewed repeatedly). Attraction to pornography that is sexually degrading, humiliating or violent is much more likely to be associated with anger and misogynistic feelings.

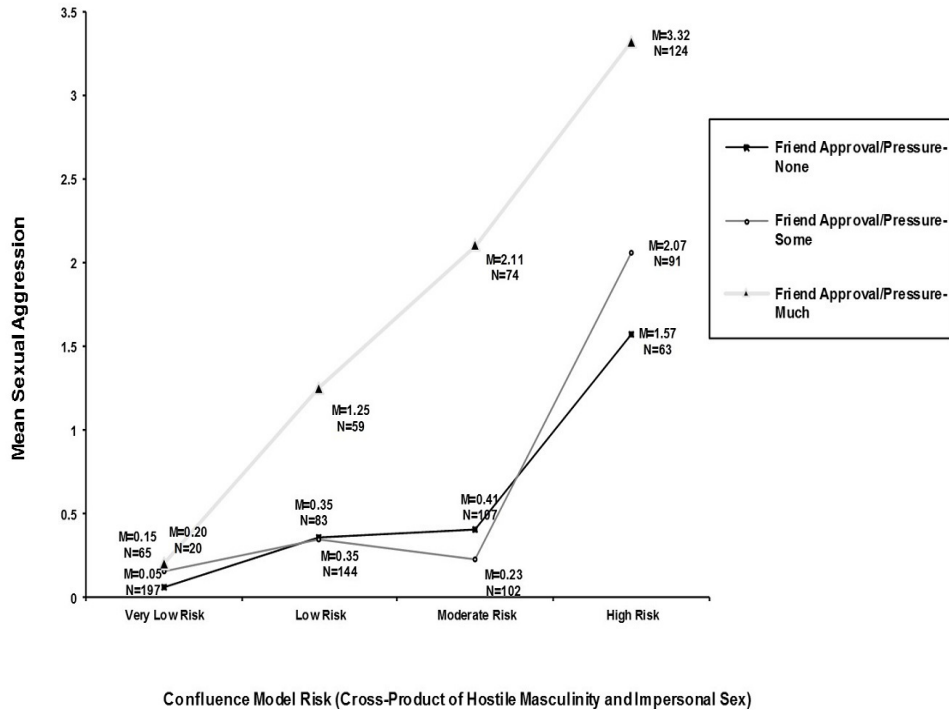
Friends’ Support and Approval

The role of supportive friends and perceived peer norms supportive of sexual aggression, as well as peer pressure have also been studied as “situational” predictive factors for sexual aggression in general and specifically in the context of the Confluence Model. For example, Abbey and colleagues (2001) reported that sexually assaultive men had more friends who strongly approved of, and pressured them to, engage in forced sex than non-assaultive men. Similarly, Franklin, Bouffard, and Pratt (2012) also reported that sexually aggressive men received more pressure to have sex and more support from their peers for sexually abusive acts. In a longitudinal study, Megens and Weerman (2010) examined the importance of peer pressure and approval on delinquent behavior, although they did not specifically focus on sexual aggression. The researchers initially studied personal beliefs and perceived peer norms and a year later they examined delinquent behavior, thereby ensuring that personal beliefs and perceived peer norms preceded the delinquent behavior. After the follow-up a year, adolescents with perceived peer

support for delinquency were more likely to be delinquent than those who did not perceive such peer support. Another longitudinal study that specifically focused on sexual aggression was reported by Koss, Kingree, Goree, and Rice (2011). Among other constructs that were assessed, they examined whether perceived peer norms assessed in the first year of college predicted sexual aggression in the second year of college. Perceived peer norms were assessed by focusing on peer pressure and approval of forced sex. The researchers found that perceived peer norms did predict subsequent sexually aggressive behavior, but that the effect was mediated by beliefs in rape myths, a key component of the hostile masculinity constellation. Similar conclusions were found in another longitudinal study by Thompson, Swartout, and Koss (2013) who included other aspects of hostile masculinity in addition to rape myth acceptance, as well as in a cross-sectional Canadian study by White (2015).

Our findings indeed showed an important role of friends' support and approval as an important risk factor interacting with the key elements of the Confluence Model. For those men who were at high risk, perceived support of friends was indeed highly predictive of whether they committed sexually aggressive acts. Peer support is a highly "predictable" correlate. We gravitate toward those who believe what we believe, and their expressed beliefs reify or reinforce what we already think. Proximity of supportive peers is a powerful exhortation enjoining us, or at least encouraging us, to engage in behavior that we might otherwise have hesitated to engage in if alone. Similarly, our need "to belong" and to "be accepted," especially among college-age youth, places a very high premium on approval. Self-esteem is measured in "number of high-5s."

Figure 3. Hostile Masculinity, Sexual Aggression, and Impersonal Sex



On the X-axis are four levels of risk (Very Low to High) created by using the cross-product of HM and IS. The Y-axis shows the mean levels of self-reported sexual aggression. Within the graph, participants are divided into three levels of perceived support from their friends for sexual aggression (None, Some, Much). The graph shows that the highest levels of sexual aggression occur for men who are at the highest risk level (based on their HM and IS scores) **and** who perceive strong support for aggression from their friends.

Summary of Male Survey Findings

In summary, our findings supported the following conclusions:

- Risk factors may be organized in a hierarchical structure incorporating both “general” antisocial characteristics (e.g., traits reflecting duplicity, conning, manipulation, relative

indifference to harm done to others, lack of remorse or empathy, tendency to shirk responsibility), as well as “specialized” characteristics (e.g., misogynistic attitudes), with the role of the former being mediated by the latter. This suggests that persons who have certain general antisocial characteristics are, not surprisingly, more prone to develop the specialized risk factors that lead to sexual aggression. For example, a globally hostile individual is more likely than one who is not similarly hostile to develop hostility towards women. If hostility towards women is present, he is at much greater risk of becoming sexually aggressive than the hostile person who does not develop hostility specific to women (e.g., global anger vs. misogynistic anger).

- The interaction between the HM and IS constellations of risk predictors is a particularly useful way to organize the basic structure of the risk factors. Consistent with earlier findings, our Phase 1 survey supported the conclusion that preferring an “impersonal sexual” orientation, where sexual intimacy is unconnected to some degree of emotional intimacy, is likely to “set the stage” for sexual aggression; HM characteristics can then increase dramatically the likelihood that the person will become sexually aggressive.
- The additional interaction among the “person” characteristics of Hostile Masculinity and situational factors, including having peers supportive of aggression, and attending alcohol- based parties, increases further the likelihood of committing sexual aggression.
- There is support for a common underlying latent structure to both sexual harassment and sexual aggression, suggesting common causes for both. Latent variables are “hidden,” as opposed to observable variables. Since latent variables are not observed, they must be inferred, typically through mathematical modelling. Using a latent model that included

the manifest indicators of two forms of sexual aggression, as well as sexual harassment, the elaborated Confluence Model accounted for 49% of the latent variance. This analysis also provided considerable support for the existence of a common latent variable underlying all three of these overt manifestations of sexual misconduct. In other words, these findings suggest that it is appropriate to conclude that the full range of sexual misconduct, including harassment, sexual pressure, unwanted touching, stalking, mild coercion and high levels of coercion, have common causes.

Figure 4. Path model of risk factors.

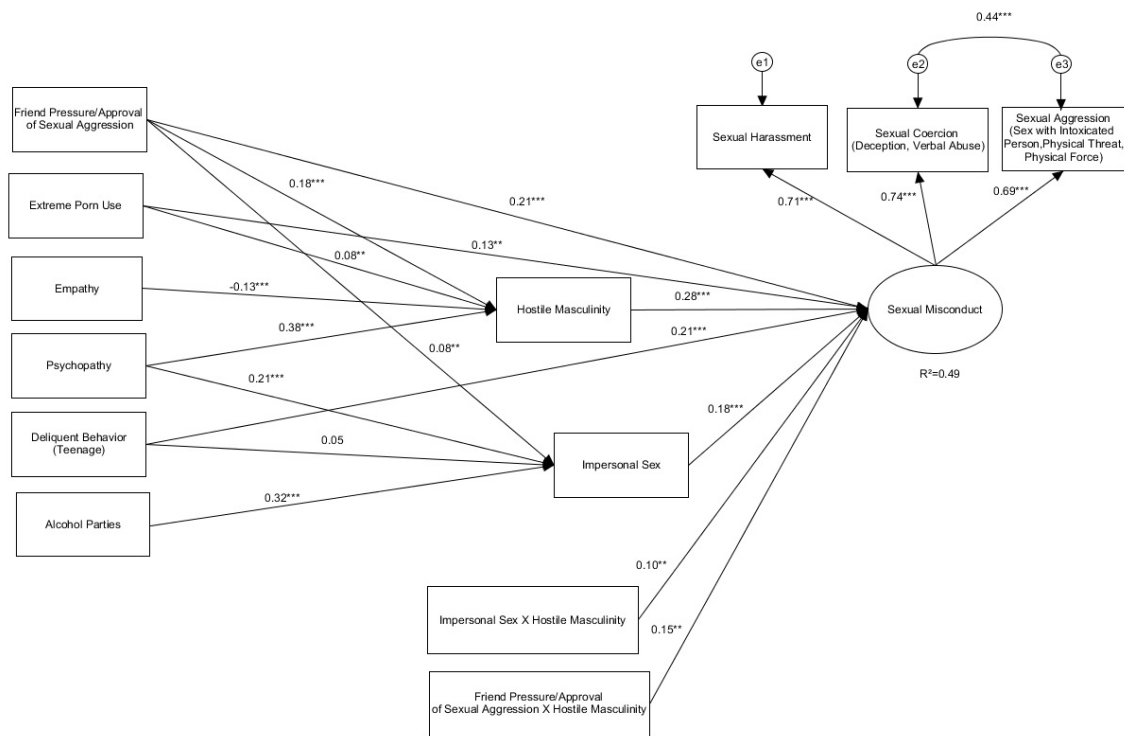


Figure 4 depicts a path model with most of the risk factors in the left column that were discussed previously. The strongest predictor in each case is bolded.

- Four of the risk factors significantly predicted Hostile Masculinity (1. Peer Pressure / Friends with beliefs that endorse sexual coercion, 2. Extreme Porn Use, 3. Lack of Empathy, 4. **Psychopathy**)
- Four risk factors predicted Impersonal Sex (1. Peer Pressure / Friends with beliefs that endorse sexual coercion, 2. Psychopathy, 3. Delinquent Behavior, 4. **Alcohol / Parties**).
- The second noteworthy point is observed in the upper right quadrant. When Sexual Misconduct is partitioned into three “components” (Harassment, Sexual Coercion involving deception and/or verbal abuse, and Sexual Aggression, all three have an equal and strong independent relation to the global construct of Sexual Misconduct (r^2 values ranging from 0.69 to 0.74), providing statistical confirmation that varying expressions of sexual misconduct falling along a continuum of severity can be considered as part of the same construct.

Although we have every reason to be more concerned about behaviors that are more egregious and more harmful than other behaviors, the fact that a common construct embraces all of these behaviors suggests common underlying personality dynamics. The way that these unwanted, at times very harmful, behaviors are expressed may reflect the circumstance / situation coupled with the degree of anger and antisocial traits of the individual.

Table 4. Sexual Aggression Descriptive Statistics by Risk Group (Hostile Masculinity by Impersonal Sex).

	N	Mean	SD	SE
Very Low Risk	285	0.22	0.68	0.04
Low Risk	286	1.36	8.97	0.53
Moderate Risk	285	1.95	8.03	0.48
High Risk	280	6.24	16.52	0.99

Table 5. Sexual Aggression Descriptive Statistics by Risk Group: (Cross Product of all Unmediated Predictors)

	N	Mean	SD	SE
Very Low Risk	283	0.60	7.12	0.42
Low Risk	284	0.40	0.96	0.06
Moderate Risk	283	1.27	3.08	0.18
High Risk	278	7.60	18.63	1.12

Tables 4 and 5 provide simple descriptive statistics for 4 levels of increasing risk, reflecting in both cases the risk comparability for groups 1 – 3 and the enormous jump in risk from group 3 to 4.

Student Focus Groups

Another important source of information that was sought to develop the treatment curriculum was feedback from students about treatment (i.e., their reactions and receptiveness to treatment for students found responsible of sexual misconduct). We felt that this might provide a complement to the type of feedback from the surveys. The focus groups consisted of exclusively female, or exclusively male, or mixed-gender groups. The intent of these focus groups was to obtain opinions directly from the population being served (i.e., the students themselves) about treatment needs, perceived barriers to treatment, and campus climate. Without support from the students, including students found responsible and the general student body, including victim advocacy groups, the value of the treatment program would be limited.

The successful development and implementation of effective intervention programs requires the engagement and support of multiple stakeholders. As direct recipients and beneficiaries of campus sexual misconduct interventions, feedback directly obtained from college students presents a particularly important step in the development of a more practically-oriented intervention approach that is tailored to the needs, difficulties, and expectations of college students. To obtain a better understanding of students' perceptions of the scope of sexual misconduct on U.S. colleges, as well as their suggestions for university sanctions and treatment of students found responsible of sexual misconduct, we conducted three diverse student focus groups in addition to our male and female surveys. We considered focus groups as particularly suitable for this purpose as they allow and encourage unrestrained discussions of opinions, thoughts and concerns in a confidential environment (Bletzer et al., 2011; Butler 1996;

Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Furthermore, the social nature of focus group discussions is thought to reinforce a sense of connectedness among participants, and can thereby promote the discussion of personal experiences and sensitive topics that may remain undisclosed in more structured quantitative approaches (Peters, 1993; Onwuegbuzie et al., 2009).

Method

Participants

Undergraduate students from a college in the Eastern United States participated in the focus groups. The mean age was 20 years, ranging from age 19 years to age 21 years. Participants were diverse in their college majors and involvement in campus-related activities.

Procedure

IRB approval for the focus groups was obtained from the university that hosted the focus groups, as well as from the grantee university. Participants were recruited through advertisement in undergraduate classes. Eligible students were invited to partake in one of three focus group meetings and self-selected either into a same-sex or mixed-sex group. Each focus group met individually and was conducted by two group facilitators who engaged and directed discussion of 16 target questions that were developed by the grant project managers and consultants. The questions related to sexual misconduct, factors and barriers related to reporting, and opinions about how educational institutions should handle incidents of sexual misconduct, including treatment options for those students directly involved in sexual misconduct. In addition, students in each group were presented with follow-up scenarios and answered questions pertaining to their perception of appropriate sanctions for responsible students (for a detailed overview of the procedure please refer to Schaaf, Lamade, Burgess, Koss, Lopez, & Prentky (in press).

Analysis

Each group discussion was transcribed and all identifying information was removed. Each transcript was reviewed for significant key terms. Using the software MAXQDA Analytics Pro, identified key terms were entered and an automatic content analysis was conducted for each group transcript. Each coded key segment was manually reviewed and sorted into different categories based on content overlap and frequency analyses were conducted in each group. Subsequently, the frequency counts of the coded segments were transformed into quantitative variables and Pearson chi-square tests of independence were conducted for each category to examine sex-group differences (cf. Schaaf et al., in press).

Results

Despite the small sample, the focus groups yielded very informative feedback and provided important insights into student perceptions of sexual misconduct. The students gave sophisticated feedback about their perceptions of the current climate on U.S. college campuses, the nature of campus sexual assault, their satisfaction with the handling of campus sexual assault by the college administration, as well as specific needs and obstacles that students directly involved in sexual misconduct may face. A few of key points from the students bear reporting here:

- First, there were important differences between male and female “issues” that were raised and discussed in same-sex only groups and in the mixed-sex group. For instance, the male-only group did not address a need for a clear definition of sexual assault or for the need to address age and victim-offender relationships. Although victim characteristics and victim reactions were discussed in the male group, these issues were raised by less

than a fifth of those in the female only and mixed-sex groups. However, all groups discussed equally peer influence, alcohol use, context of sexual assault, and suggestions for reporting.

- Second, the mixed-sex group discussed how educational institutions frequently “swept [sexual misconduct] under the rug,” a response that local law enforcement occasionally refers to as “brooming.” There was a tendency to view sexual assault as a “women’s health issue” rather than anything that might also affect males.
- Third, the students provided thoughtful, decisive suggestions for approaching the problem of campus sexual assault. More specifically, they warned about four critical areas: (1) the “hook-up culture” and the need to provide protection to younger students (i.e., freshman), (2) “bad dynamics” in interpersonal relationships, (3) higher-risk groups, such as fraternities, and (4) severe alcohol consumption, such as binge drinking. The students also offered advice regarding sanctioning for students found responsible of sexual assault. They suggested (1) evaluating all complaints on a case-to-case basis, especially when alcohol was involved and cases that do not present a first-time incident, (2) define different levels of sanctions that apply to different types of sexual misconduct, and (3) provide on-campus therapy for the students directly involved in the misconduct. However, the students did not offer suggestions for how best to manage a returning student of sexual misconduct.

Other Key Factors

Relevant to the development of the
STARRSA programs

Consideration of Three Other Key Factors

University System

Our goal was not to impose or dictate to universities about their system and policies, but to provide a program that can be integrated into their existing campus framework. Formal discussions with various university systems enabled us to obtain a clear understanding of their differences and needs. Although colleges and universities are regulated by the same federal laws and guidelines, such as Title IX / Cleary Act/ FERPA/HIPAA, Dear Colleague Letters, federal and state law, they have unique ways of addressing, managing, and resolving reports of sexual misconduct. In addition, we came to understand that each school has idiosyncratic needs, preferences and aspects that they would like to emphasize. As a consequence, we developed a program sufficiently flexible to be integrated into existing campus procedures while adhering to evidence-based practice.

Clinicians

In addition to the aforementioned instances, we also recognized the importance of consulting with the clinicians who are delivering the services as they might provide valuable feedback about the program, which aspects they consider as effective and which ones should be refined. In particular, we asked for their opinions on who should provide treatment to students found responsible of sexual misconduct, what kind of training and experiences should be required and where the program should be offered (i.e., off campus vs. on campus)

Grantor

As a cooperative agreement, we worked collaboratively with the DOJ SMART Office to

consider goals and strategies for reducing sexual misconduct. Later in the course of program development, after the pilot materials were finalized, the DOJ provided valuable feedback about the program and the materials. This feedback was reviewed by the core team and recommendations from the DOJ were included in the final materials and programs.

PHASE II

Phase II: Treatment Programs

Logic Underlying the Development of two Treatment Programs.

For both the CBT Program and for the AP Program, the fundamental principles guiding and driving the development of these interventions was always the same:

- 1. The Programs must be designed only to target sexual misconduct. Other identified problems that appeared unrelated to the sexual misconduct would have to be referred out.*
- 2. The Programs must be fairly quick, limited to an estimated 8-10 sessions. We are mindful that campus resources are limited and students could not be expected to be attending sessions for any lengthy period of time. We acknowledge, however, that some students may require more sessions, a judgment that must be left to the therapist in the case of CBT. If further sessions are deemed necessary by the therapist or the facilitator (in the case of AP), this would be noted in the feedback to the institution and the client / student informed.*
- 3. To adhere to the above (#2) principle, the first task on intake (Session #1) must focus on identifying the risk factors most critically related to the sexual misconduct. This task is facilitated with the use of the Risk Needs Inventory completed by the therapist in Session 1 and by the facilitator of AP in a Basic Knowledge Screen in Session 1.*
- 4. To further increase efficiency, a table, or chart, was created that linked the identified risk factors to specific interventions intended to mitigate those risk factors. This chart*

provides direct linkage between risk factors and all of the sessions in all the manuals that address recommended interventions for those risk factors.

5. *The Programs must be defensible from the standpoint of the empirical literature, principally on what is known about treatment of juvenile offenders. Not only are juveniles considered more analogous developmentally to college students, but adolescents are considered more likely than adults to be rehabilitated, which is why the juvenile justice system has long been more focused on rehabilitation than the adult court (Grossi, Brereton, & Prentky, 2016). This perception is due in part to medical and psychological research indicating that juveniles are in fact more amenable to treatment than adults (Salekin, 2002).*
6. *Relatedly, both Programs follow, in theory and in substance, the Risk-Needs-Responsivity model (RNR; Andrews & Bonta, 2010). Following #3, the focus must be on identifying established interventions for “Needs” based on identified “Risks,” consistent with known Responsivity considerations.*

The Challenges of Examining Treatment Efficacy with College Students.

The obvious question to be asked is whether any intervention, or perhaps more precisely, which intervention, can be demonstrated empirically to reduce the risk of repetition of sexual misconduct (otherwise typically referred to as “re-offense”). When it comes to college students, this question cannot be answered, since it has never been examined other than in a handful of laboratory studies using a brief psychoeducation module. An example is the old study by Schewe & O’Donohue (1996) in which participants were classified as High vs. Low Risk using Malamuth’s (1989 a,b) Attraction to Sexual Aggression Scale and were randomly assigned to one of three

conditions: 1) a no-treatment control group, 2) a condition in which they viewed a 50-minute videotape presentation designed to facilitate empathy towards victims of sexual abuse and to increase awareness of the destructive consequences of rape for the male aggressor, or to 3) a 50-minute videotape presentation describing the importance of cognitions in preventing sexual assault. Students in the two treatment groups also participated in a behavioral exercise designed to increase their involvement in the program. At a two-week follow-up, students in the condition describing the importance of cognitions in preventing sexual assault but not in the condition designed to increase awareness of the destructive consequences of rape for the male aggressor showed clinically significant improvement on multiple measures assessing rape supportive cognitions, acceptance of interpersonal violence, and attraction to sexual aggression.

A more recent, albeit similar, study was reported by Stephens and George (2009). They examined the impact of a rape prevention intervention on Low vs. High Risk male college students. Similar to all prior studies with college students, risk level was determined by confidential disclosures about engaging in sexually aggressive behavior. The intervention was a 50-minute video that included various components. *The researchers found that men in general showed reductions in rape myth acceptance and an increase in victim empathy at a five-week follow-up.* Subgroup analyses, however, indicated that *only low-risk men were responsible for these findings. High-risk men showed no reliable attitudinal changes from the intervention.* More concerning was that the high-risk men in the intervention group were *more likely at follow-up to report higher sexually coercive behaviors than prior to the intervention,* although the sample size within this group was small. Similarly, in another study that presented men a bystander sexual violence prevention program consisting of multi-faceted training and skills development, rape

myth acceptance and sexually coercive behavioral intentions were reduced among low-risk men (Elias-Lambert & Black, 2015). The program was ineffective with High Risk men, however.

The authors suggested that the condition highlighting negative consequences to the perpetrator may have been relatively ineffective because rape myths were not directly addressed. In light of possible reactance processes (Malamuth et al., 2017) we would point out also that this condition, which appeared to be aimed at “scaring” the students by emphasizing possible negative personal consequences (e.g., harming one’s reputation, arrest, conviction, imprisonment, negative impact upon future career), may have led to greater hostile reactance by challenging or threatening the participants. Below we discuss the issue of reactance as it may impact the Psychoeducation (AP) Program in particular.

Both of these studies involve psychoeducation, not psychotherapy, and the follow-up was very short, two weeks and five weeks, respectively. We have no way of determining whether those classified as “High Risk” and subject to an intervention reoffended at a different rate from those also deemed High Risk but were not subject to the intervention.

The question of any meaningful follow-up with college students in itself raises numerous methodological, if not insurmountable, problems. Since the vast majority of college students have not been indicted, no less convicted, of *any* crime, and thus are not under the watchful eye of the criminal justice system, retrieving reliable input about recurrences of unwanted sexual behavior years into the future is a track record and cannot reliably be tracked.

There are, however, numerous studies of treatment efficacy with juvenile sex offenders. Meta-analyses of treatment with adolescents who have offended sexually suggest that treatment

can reduce the likelihood of sexual recidivism. Reitzel and Carbonell (2006) conducted a meta-analysis of 9 published and unpublished studies, finding an 11.5% difference in sexual recidivism rates between adolescents who completed a sex offense specific treatment program (7.4%) and those receiving no treatment (18.9%). Comparisons regarding treatment modality (e.g., cognitive behavioral treatment (CBT) vs. other treatment methods) were not significant. Reitzel and Carbonell noted, however, that Multisystemic Therapy (MST) was not included as a cognitive behavioral intervention. In their analysis, MST was categorized as a socio-ecological intervention and was found to be the most robust treatment method. Thus, this categorization of MST as a non-cognitive behavior therapy may explain this study's finding regarding CBT and suggests socio-ecological interventions that utilize CBT may be most effective.

Heilbrun, Lee, & Cottle (2005) identified nine published studies to include in their meta-analysis focusing on risk factors and needs of adolescents who had offended sexually. They found that too few of the studies provided sufficient information about the specific types of treatment that were offered. Therefore, they created a composite "intervention" item that included studies that provided information about outcomes from any type of treatment which had reducing sexual recidivism as a goal. Their findings indicated that this intervention variable was significantly related to sexual recidivism, suggesting that treatment efforts were effective at reducing sexual recidivism.

Walker, McGovern, Poey, and Otis (2004) included 10 published and unpublished studies. Findings indicated that all of the treatments utilized in their aggregated pool of studies positively reduced sexual recidivism. CBT had the strongest effects and MST appeared promising.

Results from individual studies of MST for Problematic Sexual Behavior (MST-PSB) were

noteworthy and encouraging. MST-PSB is an adaptation of the MST model that is designed specifically for youths who engage in sex offending behaviors. MST is the only treatment approach for adolescents who have offended sexually that has been empirically validated by several randomized controlled studies, albeit with very small samples (Borduin, Schaeffer, & Heiblum, 2009, n = 48). At present, it appears “that the only treatment approach that has been empirically demonstrated to reduce recidivism and other negative outcomes for adolescent sexual offenders, using the gold standard evaluation design of randomized clinical trials, is multi-systemic therapy,” (Pullman & Seto, 2012, p. 206).

Additional support for community-based sex offense specific treatment that involve caregivers is provided by Worling, Littlejohn, & Bookalam’s (2010) 10 year follow-up of an outpatient sex offense-specific treatment program. The study involved 58 adolescents (53 males and 5 females) who participated in at least 10 months of specialized sex offense-specific treatment. The adolescents were followed for 12 to 20 years. Recidivism rates for youths in the specialized treatment group were 9% for sexual recidivism and 21% for the comparison group. Because the Worling et al. (2010) study was not a randomized trial, it is not possible to rule out inadvertent bias in assignment to the treatment group or the comparison group.

It is apparent that many of the risk and protective factors related to juvenile sex offending are those that are relevant for juvenile offending in general. Definitive evidence of the need for specialized sex offense specific treatment is lacking. In the one study that specifically investigated this question, Lab, Shields, and Schondel (1993) compared sex offense-specific treatment with treatment typically provided for adolescents who committed non-sex offenses. They found low recidivism rates for both groups.

In sum, the most effective interventions are those that provide the most intensive interventions to those with the greatest needs and fewest protective factors, are assessment driven and match interventions to relevant criminogenic and responsivity needs, are based on the best available evidence, and are applied with fidelity to the treatment model.

We have sought to meet these basic requirements with the CBT treatment program that we developed. Unfortunately, some of these lessons learned from treatment studies with juvenile sex offenders are non-transferable to college students: treatment that lasts for many months, systematic follow-ups that last for many years, and (occasional) involvement of family members. Regarding the last point, one of the most promising interventions, MST is an intensive, family-focused and community-based intervention that for obvious reasons would not be possible with college students.

The Base Rate Problem

Prentky, Righthand, & Lamade (2015) discussed the “daunting base rate challenge” with further reducing sexual re-offense with juvenile sex offenders, as well as accurately forecasting risk of re-offense. Reported rates of sexual reoffending by juveniles are generally around 10% over 5 years (e.g., Caldwell, 2007, 2010; Heilbrun et al., 2005; McCann & Lussier, 2008; Reitzel & Carbonell, 2006; Viljoen, Mordell, & Beneteau, 2012). Caldwell (2010) examined 63 data sets comprising 11,219 youth that committed sexual offenses. Over a 5-year follow-up period, the average sexual re-offense rate was 7%, with most rates falling between 5% and 15%. Caldwell (2010) further found that when these juveniles did re-offend, the offense was more likely to be nonsexual than sexual. A long-term (20-year) prospective follow-up study by Worling, Litteljohn, and Bookalam (2010) found similarly low rates even over the long term. A long-term (10-year)

follow-up study of pre-adolescent children with sexual behavior problems also found very low repetition, ranging from 2% to 10%, depending on type of treatment received (Carpentier, Silovsky, & Chaffin, 2006). From the standpoint of treatment, it means further reducing an already low number of known reoffenders. The re-offense rate will never reach zero. Inevitably, there will always be some who reoffend, some whose problems are so deeply entrenched that not therapy in adolescence, not chronological maturity, not time alone touch. Fortunately, these seem to be few in number, but expecting interventions to drive down that number further may be unrealistic. From a risk assessment perspective, such a low base rate for sexual re-offense makes accuracy of risk assessment extraordinarily difficult, with a high rate of false positive classifications unavoidable.

Potential Implications for the use of Psychoeducation

We have thus far not addressed, other than briefly above, the role of the Psychoeducation (AP) Program. As noted, we acceded to the request of several universities for a program that was strictly psychoeducational (i.e., knowledge-based only). As further noted above, evidence supporting behavior change, particularly deeply embedded behaviors, rarely are influenced by the simple presentation of “knowledge.” Although we attempted to “add” resources that would engage the student in learning, we still have little confidence that such a fact-based intervention alone will mitigate deeply held misogynistic attitudes. In a recent article, Malamuth, Huppin & Linz (2017) addressed the question of whether current interventions on college campuses designed to reduce the likelihood of sexual aggression may be more harmful than not. After a thorough review of the available literature, they concluded:

1. Based on the Center for Disease Control report on sexual violence prevention (<https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html>), most interventions are probably largely *ineffective* and there is only one program that has been shown to be effective. This particular program is designed to change bystander intervention and not to directly modify risk factors or behaviors of the men who actually commit sexual aggression and other acts of sexual misbehavior. Two other programs that “show promise” also involve bystander intervention. This finding is remarkably noteworthy given what we reported above from our own data gathered for this project. As we depicted rather dramatically in a figure, having friends that support you, encourage you, goad you, and pressure you to engage in certain activities and negative behaviors is crucially related to sexual misconduct. The obverse would be friends or simply peer bystanders at a party who clearly and vocally were derisive, scornful, mocking, and disdainful. In most instances, that alone would likely be enough to thwart an attack, especially if one of the bystanders threatened to call the police.
2. Currently used interventions on college campuses do not specifically target nor assess the impact on high risk males. There is, however, evidence suggesting that current interventions on college campuses may be doing more harm than good with high risk males. More specifically, there is scientific support for the concern that such interventions may be causing “boomerang” effects with such men, resulting from men’s hostile reactance to messages experiencing as lecturing or “preaching” that what he believed was wrong and that learning the “correct” beliefs and attitudes was

the mission of the intervention. Such interventions could be increasing the risk for perpetrating sexual aggression among these high risk men by ratcheting up their anger.

3. It is for this reason that we have strongly recommended that the AP Program **not** be used with high risk individuals, defined as those with deeply entrenched beliefs and attitudes that are centrally related to the sexual misconduct (i.e., misogynistic attitudes, rape myths, cognitive distortions about women, sexuality, and relationships).

The findings of the first phase of this project complement the conclusions of Malamuth and colleagues (2017) in highlighting the central importance of the constellation of Hostile Masculinity (HM) characteristics as predictive of sexual aggression. Not only did these HM risk factors predict sexual aggression directly, but they interacted with several other risk factors, including Impersonal Sex, Friends Supportive of Sexual Aggression, and frequent Attendance at Alcohol Parties to add further prediction to who is, and who is not, prone to commit sexual assault. In other words, men who are relatively high in the characteristics of HM and IS, *who have friends that they perceive support their sexually aggressive behavior and who frequently go to parties where there is much drinking*, are the ones particularly prone to commit sexually aggressive acts.

Are Central Elements Characterized as Risk Factors Modifiable?

One of the central elements of Hostile Masculinity is a constellation of attitudes and beliefs about women, about sexuality, about women's and men's historically ordained "roles" in society and in relationships, and men's entitlement, about rape myths, and what it means to be a "man," or what it

means to be “masculine.” This constellation is a core part of the treatment program designed for both adult and juvenile sex offenders dating back to the early 1980s. This treatment “model” is an adaptation of Relapse Prevention (RP) and is a form of cognitive behavior therapy (CBT). The more recent competing treatment model for sex offenders, the Good Lives Model (GLM), also uses a variant of CBT and is administered within the Risk-Needs-Responsivity framework. Both of these treatment models recognize the critical importance of the constellation of attitudes described here. The RP model has long relied on a CBT technique called Cognitive Restructuring as the intervention for addressing such attitudes. GLM does as well, but the overarching philosophy and approach is different. GLM sees its approach as positivist, assiduously avoiding all negative terms, such as *deviance*, *deficit*, *distortion*, *risk*, and even *prevention*. GLM avoids negative evaluations and hence negative expectancies, such as recidivism. Despite these, and other differences, both models regard the issue of “attitudes” as fundamentally in need of attention. The treatment literature has struggled with the best ways to truly alter “attitudes.”

Attitudes tend to be rock solid by the time we reach adulthood, mostly because we gravitate only to those friends, those peers, those news channels, those media outlets, those newspapers and magazines, those social groups and those narratives and “facts” that support and thus reinforce our existing beliefs and attitudes. The more entrenched our attitudes become, the more hostile we are to those that hold different beliefs. *This is why the younger our clientele, in this case, young college students, the better chance we have of modifying their misogynistic attitudes. This is also the reason for our caveat about the use of AP with those students having deeply held attitudes.* The more deeply held the beliefs, the more the student will struggle to defend them. This struggle can become adversarial, the death knell of a constructive, trusting, working relationship. As we have already expressed, the likelihood of this

happening is exponentially greater with a facilitator that is “teaching” a student about why his beliefs are errant. The interchange, if not careful, can devolve into a heated debate.

Another risk factor that we have touched upon and that has been commonly included in the treatment of sex offenders is lack of empathy. Victim Empathy Training (VET) is a routinely used module. Unlike Cognitive Restructuring, however, VET is much more nuanced and success much more limited. Empathy, by its very nature, is a complex construct; it is not univocal and hence a variety of quite different interventions have all been used under the single rubric of VET. Typically, clinicians conceptualize VET as addressing a lack of compassion or sympathy for the victim. A different facet of VET, however, is the inability to take on the perspective of another – in this case your victim. In response, one of the prominent theorists in the field has suggested an intervention with three “conditions”: a) the relationship with the victim may be described as adversarial or as simply indifferent / detached / apathetic / emotionless, b) there are evident deficits in perspective- taking, c) the individual appears to have inappropriate or flawed or unhealthy methods for coping with the distress of others, and in this case, the victim (Hanson, 2003). Clearly, this facet of treatment needs help. A meta-analysis of 82 recidivism studies involving 29,450 sex offenders (1,620 findings) revealed the average d value for “lack of victim empathy” was -.08 (Hanson & Morton-Bourgon, 2005). By contrast, antisocial orientation was the major predictor. [Cohen’s d is a standardized measure of effect size, in this case, the “effect” of lack of empathy on recidivism] The interpretation? Victim empathy has no relationship with sexual recidivism. Given the complexity of our empathic capacity to connect emotional with others, this finding is not surprising, nor of course is it the least surprising that those who engage in sexual misconduct have deficits in empathy with their victims. We simply have not found effective ways to measure empathy or to instill it when it is absent.

Improving the receptivity of higher-risk males to sexual misconduct intervention programs is something we have devoted much time to. General findings about the central

role of HM attitudes, particularly hostility toward women and justifications for the hostility, reveal the critical importance of overcoming reactive anger and increasing receptivity to interventions aimed at reducing risk. Part of the problem is recognizing the paradoxical nature of the problem – frequently the hostility or anger derives from diminished self-esteem as a man and thus vulnerability to feeling being discounted, rejected, snubbed, put down by a woman. Paradoxically, it is the woman that holds all the cards; she determines the outcome, and the man is helpless, awaiting her verdict. So the tactic early on is often not confronting any of these beliefs head on, but working around issues of self-esteem.

It can, however, erupt in anger if the student now feels he is being diminished by a facilitator or therapist that is experienced as critical, fault-finding and judgmental, resulting in a predictable emotional “backlash” (i.e., reactance) to protect one’s self-esteem. Blame as well as responsibility become externalized. This is all the more likely to occur if one targets broad domains of self-identity, such as “masculinity” or what it means “to be a man” or how the feeling of “dominance” relates to being in a relationship. Moreover, as we noted earlier, our findings in this first phase of the project, clearly supported other studies in the literature regarding narcissism and an inflated sense of entitlement in higher risk men, leaving these men open to narcissistic anger in response to feeling challenged or “put down,” especially around a subject as sensitive as their masculinity. One of the best ways to circumvent alienating – or antagonizing – higher risk men is to talk about *healthy* masculinity, not focusing on negative masculinity.

In the PowerPoint presentation on Negative Masculinity, we stress that the very icons or symbols of masculinity, our heroes, both real and fictional, are heroic because they protect

(or save) others from harm, not subject others to harm. We are strongly endorsing a masculine self-identity by pointing out the numerous exemplary cases of masculinity and *why* we consider them heroic. In doing so, we are *affirming* these men's self-identity, and simply "reminding" them of why they regard our masculine heroes as heroic. This, unfortunately, is not the job of psychoeducation.

Finalizing Pilot Materials

Testing Pilot Draft Materials During Trainings

Information Gathered from Trainings

Feedback was gathered from colleges and universities after on-site trainings for the STARRSA program. Overall, many individuals who underwent the trainings felt that the program fills a need in colleges and universities. At one school, therapists specifically commented that the RNI was consistent with risk assessment and treatment in the juvenile and adult sexual offender literature. Individuals differed on their individual perceptions of the training; some felt the training was too long and others felt that the training was too short. Trainings also had to be adjusted with respect to language; for example, some student conduct professionals were not always familiar with clinical acronyms and required repetition and additional explanation.

During the trainings, some schools raised questions and concerns about the tools and materials developed for the program. For example, one school was concerned about using all of the information in a student's file to code the Contributing Factors Checklist (CFC), and preferred to code it strictly based on the incident for which the student was found responsible, and another school was concerned about implicit biases associated with the CFC (e.g., African American men tend to be perceived as more aggressive for certain behaviors than their White counterparts). Further clarification was required regarding coding the CFC for 'unknown' versus 'possible'. Clarification was also required regarding the appropriate uses of the CFC; for example, it is important to not use the CFC in isolation when making decisions. There was also some confusion

regarding specific items and how they should be scored. With respect to the RNI, there was a need to highlight the specifiers and provide some clarification for coding guidelines. There were even some inconsistencies between schools regarding how they defined and conceptualized terms. While one school thought it best to normalize short term relationships and the “hook up” culture, another school did not want to normalize such behavior. While many individuals thought that the sample interview questions for the RNI were helpful, others requested a full corresponding interview. In terms of the Risk Needs Screen (revised in the final pilot version to the Baseline Knowledge Assessment), one school noted that individuals providing psychoeducation may not receive enough information about student conduct to properly score the measure, and there was some clarification required to differentiate between “no need” and “current/significant need.” It was this, in conjunction with feedback from the DOJ, including a more educational emphasis that led to a major revision of this tool, now the Baseline Knowledge Assessment tool. Participants also requested additional guidance for what could be considered an “other” item on the RNI and RNS. Based on feedback received regarding the RNI and CFC, the tools were revised, and the team provided additional information regarding the tools. One school also requested additional guidance regarding how to not venture into therapy during the AP program. Overall, there was also a lot of positive feedback for the tools associated with the STARRSA programs.

Site-specific logistic issues were also discussed. For example, one school inquired about the possibility of administering the AP program via an online platform for students that were suspended. Other schools required additional guidance regarding conversations and the release of information between student conduct professional and clinicians. Another school inquired

about the possibility of tangible incentives for completing the program (e.g., a certificate). However, there were concerns about giving a student something that could link them to a program for sexual misconduct.

Phase II - Pilot

Phase II Focus and Goals

Phase II focused on the development and implementation of the treatment program. In particular, Phase II comprised five goals:

1. Using the results of the male surveys and the empirical literature to design a risk and needs assessment protocol and an evidence-based treatment curriculum.
2. Education and training of student conduct professionals (e.g., Title IX coordinator, conflict resolution officers, judicial panel members) for the implementation of these tools to individualize therapeutic sanctions.
3. Training clinicians to administer the treatment curriculum with fidelity to intervention modality and dosage recommendations.
4. Pilot test the model within the judicial sanction process at seven diverse (referring to size, governance, location) educational institutions guided by direct consultation (on-site or via iTV) for the first three cases and monthly thereafter.
5. Evaluating the implementation through a structured debriefing in form of ??? after 12 months.

Each goal presented with unique challenges. One of the main challenges in designing a risk

and needs assessment protocol for college students found responsible of sexual misconduct was the uniqueness of the population. There is currently no empirical research on risk and related treatment needs. The protocol must take into account contextual factors (i.e., the college environment), the research regarding campus sexual assault, juvenile sex offenders, and adult sex offenders. In addition, legal and clinical aspects needed to be taken into consideration. To address this issue, the Phase I male survey targeted the possible risk factors and related treatment needs of college males.

In creating an evidenced-based treatment curriculum, we had to balance flexibility across a range of schools while maintaining fidelity to an empirical treatment protocol. Some universities requested “psychoeducation” due to concerns about sanctioning (e.g., mandating) therapy. Universities could use either the therapy program or the psychoeducation program. Both programs included on-site training so that providers can administer the program with fidelity. The program was pilot-tested over two semesters, with feedback regarding logistics and implementation incorporated into the final pilot manuals. This project was not human subjects research; no identifying information about students receiving either intervention was collected. Due to confidentiality and the privacy certificates, pilot sites were prohibited from sharing such information with project personnel and others outside of the project.

Further, the interventions had to be implemented within existing university structures. There were also specific resource limitations and requests from universities (e.g., a need for outside clinicians due to the overload of clinical staff at campus counseling centers). Concerns about the victim and perpetrator interacting on campus, as well as the logistics of the referral of the student

into treatment and their eventual reintegration into the college campus were also considered. To evaluate the implementation of the program, we met with sites to solicit their initial feedback about the program, their needs, and what they saw as barriers to implementation.

Overview of the Pilot Products

*****Please see STARRSA CBT AND AP Manuals**

- Tool for student conduct professionals – Contributing Factors Checklist (CFC)
- Two Program Manuals: Cognitive Behavioral Therapy (CBT) and Active Psychoeducation (AP), each comprising:
 - Risk-Needs Assessment (for the CBT Program)
 - Baseline Knowledge Assessment (for the AP Program)
 - 10 Modules
 - Materials and resources, including videos (scripted and student discussions), experiential exercises, PP presentations, sample informed consent, sample agreement
 - Information about goals, purpose, mission, provider qualifications, and use
- Team consultation for logistical and treatment/administration issues throughout the pilot
- Flash drive with electronic versions of all materials
 - Training video
 - Power point slides from training
- Brochures and CERTS cards

PILOT RESULTS

Pilot Results

Results of the pilot were compiled through two mechanisms, online, using a survey programmed into RedCap for all participants who attended the training and follow up telephone interview(s) with each site. There were three different RedCap survey versions to assess implementation and logistics as well as to solicit feedback about STARRSA program materials and products. One survey was administered to student conduct professionals and administrators referring students, a second survey was for therapists and mental health providers who administered the STARRSA CBT program and a third survey was for facilitators who administered the STARRSA AP program. A summary of findings is provided below.

All seven of the student conduct professionals who responded to the survey indicated that the CFC was quite helpful in highlighting factors that were important to student conduct adjudicators. Six of the seven reported that the scoring of CFC items was clear and straightforward. Only one individual reported that their institution was able to administer the CFC to the same individual twice; that individual reported that there was generally somewhat good agreement between the scores by the two separate individuals. Length of time to complete the CFC ranged from 20 minutes to 60 minutes. One individual noted that some of the language of the CFC may not be developmentally appropriate, such as asking about student marriages, since many traditionally-aged students are not married. Of the respondents who reported using the program, none of them reported difficulties with transferring a student to either the CBT program or AP program. Two institutions noted that FERPA guidelines required additional consideration prior to transferring the student to a psychoeducation facilitator. Across all respondents (some using the CBT program, some using the AP program, and some using both),

there were 208 reported incidents during the pilot program when the CBT program was available, and 428 reported incidents during the pilot program when the AP Program was available. Of all those incidents, four resulted in a finding of responsibility. Two respondents reported that students were sanctioned to CBT or AP. Some individuals also reported that students found not responsible were recommended to treatment or psychoeducation. Across all respondents, one student investigated reportedly had prior experience of sexual misconduct and one reportedly had prior experience of non-sexual misconduct. Of all the students investigated, five cases involved the use of alcohol. Based on the information received, only one student completed the psychoeducation program and returned to school. Of those in the CBT program, one student saw an on-campus therapist, and of those in the AP program, two saw an on-campus facilitator. The therapist, but not the facilitators, were trained on and administering STARRSA. In total, one therapist used some parts of the STARRSA CBT program, and seven facilitators used some parts of the STARRSA AP? program. Seven students failed to complete the treatment program and left school, and five failed to complete the psychoeducation program and left school. Overall, respondents reported that the STARRSA programs fill a need, but they were unable to implement the program during the pilot period.

Nine facilitators completed the survey regarding the AP program. Eight of the facilitators reported having previous experience providing interventions for college students, and four of them had prior experience providing interventions for students found responsible for sexual misconduct. In total, the facilitators reported that 2 clients were seen during the pilot period, with 15 total meetings held during the pilot period. Overall, the feedback regarding specific modules was positive. One facilitator noted that it was challenging to balance tailoring sessions

to individual clients and using specific session materials. The sole facilitator who administered the program found that the RNS was useful in identifying risk factors, needs, and target areas. Over feedback from all of those individuals who completed the survey, even those who did not administer the program, was positive, and those who were not able to use the program wish they had been able to use it. Of note, one respondent reported that they wished the training was more clinically oriented instead of focused on the “nuts and bolts,” and another wished that the researchers took a more active role in implementing the program at schools in the future.

Ten therapists completed the survey regarding the CBT program. Six of the 10 respondents had a doctoral degree. Eight of the 10 respondents had prior experience treating college students, and seven had previous experience working with adjudicated sex offenders. More specifically, four respondents had previous experience treating students found responsible for sexual misconduct. One of the individuals who did not have prior experience reported that it was an impediment to implementing the program. Across all respondents, 16 students were seen for treatment during the pilot period, for a total of 100 sessions. The two providers who treated students had positive feedback about all of the modules, especially Module 8, which was described by one provider as “one of the most widely accepted modules.” However, of note, one provider reported that the negative masculinity module was not received well by a client (who identified as ‘non-binary’), and it was not considered a major factor at one university. The RNI was found to be useful with respect to identifying risk factors and treatment needs by the one individual who had the opportunity to utilize it. One provider also noted that, when providing clients with feedback on the RNI, the clients appreciated seeing their risk factors articulated. Overall, all individuals surveyed had positive feedback about the program, and thought the

program was useful and well thought out.

Summary of feedback obtained from Pilot Sites through follow up telephone calls

Phone conversations were conducted with key personnel at each site to receive feedback from the pilot period. Generally, most schools that utilized the STARRSA program during the pilot period had positive feedback. Many people reported that there is a huge need for the program and that the program fulfills a gap. Based on this feedback, all professionals who used this program said they would recommend it, requested copies of the final project materials, and all expressed the wish to retain and have access to the materials after the pilot period.

Most of the staff surveyed felt that training was valuable and helpful, but some individuals felt that it was difficult to schedule, and others felt that there was an overwhelming amount of information to process regarding the program. In particular, some individuals indicated feeling overwhelmed after the training and that they would have liked more information and training before implementing the program. This was especially true for individuals without a clinical or psychology background. Some schools felt that regular trainings would be helpful in getting new staff trained due to high staff turnover.

With respect to implementation, multiple schools felt that the program was easy to implement into the existing framework/structure. Many schools found that the transfer process was very smooth. One provider was able to successfully XXX? One school brought up the importance of control with respect to sanctions and potential roadblocks. This individual noted that it does not matter who does the investigation or the actual investigatory process; the important part is who is responsible for making the determination to remedy the effects and

decrease the potential for harm (i.e., the decision maker for the sanction/consequences). Another potential roadblock was that it was difficult to get buy in for the program (e.g., from the sanctioning office), especially since they did not see or engage in the materials. One school also found that their previous system of having a board make decisions about sanctions tended to rely on past precedent without consideration of empirical evidence.

One school that ended up not implementing the program did not realize how much work it would take to implement the program, and felt that they did not have enough time to implement it. Some schools requested more guidance with what to do during sessions. While this desire is understandable, it is hard to have extremely structured sessions and stay within an RNR framework. Other difficulties to implementation included a lack of resources (e.g., manpower, budget restrictions). Only one school during the pilot period had an existing treatment program for campus sexual assault. In this case, the school ultimately used the STARRSA programs within their existing program as a supplement; officials at the school felt that the programs added value to their curriculum and filled a gap.

Another concern (and related dilemma) that arose was that some schools wanted to see information regarding the efficacy and benefits of the program, and some specifically requested an evaluation of the program's effectiveness. Evaluating program efficacy was not part of the original mandate in the RFP. More to the point, however, such an evaluation would be exceptionally difficult, unless follow-up was restricted to the time that the student remained on campus after the intervention. As we noted earlier, follow-up, in any formal sense, is virtually impossible unless the students agree to initiate contact with grant program personnel long after they leave campus. And in those cases, the highest likelihood is that any students bothering to

follow-up would be those students that were doing well and were grateful for the help they received. Otherwise, program effectiveness would be restricted to the brief time the student was on campus, and for those students, one would imagine hyper-vigilance with respect to behavioral monitoring to avoid “any further trouble” before graduation.

In terms of materials, most schools felt that they had everything they needed to implement the program, and the modular format of the program was well-liked. One student conduct professional voiced a wish to be more familiar with the program material in order to feel more comfortable referring to the program. Another individual wished that the Psychoeducation Manual was more structured and concise. The feedback about the RNI, BKA, and CFC was generally very positive. Many institutions used these tools at intake to help determine which modules would be appropriate. One individual noted that the CFC helped give providers a better sense of *where the student currently is* and how much ownership/responsibility the student was taking. One school thought the CFC was good, but were unable to use it due to a lack of buy in from officials responsible for sanctioning. Another individual noted that the CFC helped provide consistency when looking at individual cases. The program brochures were also well-received. Despite the general positive response, there were some suggestions about how to improve project materials. For example, one school believed that the RNI could be streamlined and that there should be guidance on which modules to use based on specific CFC or RNS responses. Some individuals also felt that there was some ambiguity regarding the question mark option. Further, one school reported that the RNS was not used as frequently, because it was sometimes easier to just use the CFC and make a determination of what modules to assign. All of these comments seemed to reflect a lack of clarity with respect to the distinct difference in purpose between the

CFC and RNS. The CFC was intended solely as a guide for student conduct professionals to assist with the determination of the assignment of treatment, psychoeducation or neither. The RNS was intended solely for clinicians to assist with developing a focused treatment plan.

There was also feedback regarding the videos, modules, and other resources. The student group discussion videos consistently received good feedback. The “groupthink” PowerPoint, and the decision making and personal values modules also received good feedback. Some schools thought that, while having students in the discussion group videos was helpful, the videos should be more interactive and higher quality than just people sitting around talking. One school in particular felt that some of the slides (e.g., some of the slides in the healthy / negative masculinity PP) were shaming and too focused on the heteronormative aspect of masculinity. These PPs were edited and revised based on the feedback. In particular, the Healthy Sex Module in the AP program was cited as being very helpful, and facilitators wished to see other similar modules. Some students who were no athletes reportedly had difficulty relating to the Locker Room video, although the entire focus of the video is on consent and has little to do with the fact that the actors were depicted as athletes. One school felt that the PowerPoints would not be useful in a one-on-one session, and that another format for delivering the information might be more helpful.

Multiple schools considered using treatment as an alternative resolution (AR). However, one school brought up concerns about “forcing” students to complete treatment in an AR context. The same school indicated that Psychoeducation would be difficult as an AR due to staffing issues. One individual also expressed concerns about implementation and believed that it is a “full-time role.” Similarly, due to budget issues, one school reported that they had to

outsource the therapy program. However, another school reported that they had difficulty finding off campus therapists to administer the program. It was also noted that it is difficult to administer a program that might last more than 8 to 10 sessions within a semester. One provider also brought up a concern about language; sexual assault and sexual abuser may not always be appropriate in these types of cases.

One provider noted that he received positive feedback from students who underwent the program, and that they were receptive to the material. One school brought up the concern that if a student gets referred halfway through the semester, there is not enough time to finish the program or do extensive work. Other roadblocks included internal staffing issues (e.g., getting some staff to work outside of normal office hours, staff turnover rates, staff not being informed about the nature and purpose of the trainings, etc.).

With respect to future recommendations, one school recommended that certain aspects of the modules could be adapted for online use that students could use before sessions. Another school suggested surveying students after treatment to determine what they found particularly helpful or unhelpful. A reintegration module or session was also suggested for students returning to campus at the end of treatment. Notably, multiple schools have also mentioned that there was a need for a program for faculty members found responsible for sexual misconduct. This feedback was more than timely as it came around the September, 2018 report of four sociology and anthropology professors at John Jay College of Criminal Justice being accused of sexual harassment.

DISCUSSION AND RECOMMENDATIONS

Discussion and Recommendations

The overwhelming majority of colleges and universities that we spoke to throughout all stages of this project said that there is a need for evidence-based interventions and options for students found responsible of sexual misconduct. Many sites reported that the only options are administrative. Many colleges and universities felt that it was important to offer students found responsible opportunities to help, as opposed to expulsions or long periods of suspensions (1+ years) wherein students are in limbo. Post-pilot, participating sites who implemented the program all stated that they wish to continue and asked to receive final products. Of the colleges and universities who did not implement the program, they still agreed that STARRSA programs are useful. Since the inception of the pilot up to present, we continue to receive requests for materials and trainings, and obtain inquiries about how to extend the program.

Challenges and Barriers

At the beginning of the pilot program, many colleges and universities shifted their focus to immigration issues, due to students who were concerned about their visa status, DACA, or who were concerned about family and friends.

Pilot sites under-utilized the team consultation part of the pilot period. As part of the pilot implementation, the STARRSA team offered consultation about logistical hurdles, as well as assistance with using STARRSA materials and programs to deliver services. STARRSA team members provided regular check ins with pilot sites but wanted to balance this without seeming overbearing. There was a general tendency that it is not surprising for sites to go with existing

options and a preference for existing programs. Once, however, the program was in use, the feedback was generally positive and referrals specifically to STARRSA increased.

Many sites had cases that did not progress to an investigation. Often times, this was a function of the complainant not wanting to proceed, but still wanting the respondent to obtain help and services. We were asked about the application of STARRSA as a voluntary option for students who were not found responsible. Another inquiry we received was a comparable program for staff and faculty involved in sexual misconduct allegations. We did have the fundamental problem of a ceiling effect, that is, more serious cases on the high end of the misconduct spectrum were not referred to STARRSA because the students were expelled as per university policy.

Recommendations for Implementation and Sustainability

It was evident that buy in from all levels of university leadership and administration are necessary to successfully implement STARRSA. Throughout this process, it was important for us to engage all levels of individuals involved in the program, from those who make the decisions to those actually implementing and administering the program. We had to listen to and address concerns from all perspectives and find a way to make the program meet as many needs and wants as possible while balancing the empirical basis of effective interventions. Understanding the many perspectives and forces at work within and across institutions was important and taking the time upfront to meet with stakeholders helped shed light on this. It was important for us to recognize that, for many schools, implementing this program would often require additional work from staff who are often already overworked and overburdened (e.g., facilitators, therapists). We were aware of the pressure for institutions to expel students who are found

responsible for sexual misconduct due to liability concerns, such as if a student who underwent treatment reoffends (Lamade et al., 2017). Some colleges and universities had concerns about how to recommend students to treatment.

Having one high executive in a leadership position who was committed to STARRSA helped orchestrate the overall implementation and essentially serve as the point person at that site. At sites where this was not firmly established or there were staff changes, the result was a breakdown at some step of the process, resulting in students not being referred to the appropriate program. At colleges and universities where multiple departments are involved, it was crucial to obtain buy in and coordination between the sanctioning/decision making department and the program implementation (i.e., the department that oversees the delivery of or directly administers the intervention). Here too, lack of support from one key department resulted in students not being referred. Another key factor related to the two points is organizational readiness. In addition to buy in, engagement and a strong leader, the college and university must have a plan to implement STARRSA within their existing framework. This leader can serve to organize trainings between the multiple departments and staff members involved in this process. We recognized the need to have the multiple departments and parties together at trainings and a strong leader was instrumental in facilitating this. Because STARRSA requires multiple professionals (administrators, student conduct professionals, clinicians, facilitators) and because all are crucial in the process, it is important that all understand the process at their college/university and a basic understanding of the terminology from the student conduct side and the clinical/intervention side. The STARRSA team provided this at the trainings and this helped foster more collaboration and understanding of the roles of staff and departments.

Training materials should be relevant as well as engaging to promote conversation that will bring the university/college team together to discuss logistics to ensure a successful pilot period. There was a balance with providing enough information for therapists and facilitators to feel prepared and competent to administer the program and not overwhelming training participants. During the training, we had one portion where all stakeholders and those involved with any stage of sexual misconduct reports were involved to facilitate discussion, coordination and implementation. Throughout the trainings and pilot period, we learned about the importance of sites identifying a strong point person. Overall, we found that the program was easier to implement at sites where everything was handled in one office (e.g., referral, sanctioning). Interoffice sites required more work and coordination with respect to implementing the program. We found that it was also important for the staff to understand at least the basic clinical aspects of the program, just as it was important for clinicians to understand the student conduct process. Without this understanding, there were occasional breakdowns in communication and implementation.

Some sites had difficulty implementing the program due to staff turnover and new staff being unfamiliar with the program. We also found that sites did not adequately use all of the resources available to them. While many sites were excited about the materials associated with the program, few sites called the STARRSA team for consultation, or discussed any hurdles or barriers with the team. We also had to contend with the availability heuristic (the tendency to rely or focus on the first things that come to mind when thinking about a specific topic). We found that there was a tendency of sanctioning bodies to refer to programs they know and are familiar with over new, unknown programs such as ours, even when our program is more comprehensive

and has a stronger empirical basis than other programs.

Despite the trainings and availability of the STARRSA team to provide logistical and implementation assistance, some sites reported that they were not adequately prepared and needed to internally resolve institutional questions about implementation, including having the basic resources available. This is crucial given the variety of not only the different policies and procedures of sexual misconduct complaints, but also the structure and organization of how sexual misconduct complaints are handled. In addition to policies and procedures, coordination between the various departments and staff involved at every step of the process will assist in continuity of care so students do not fall through the cracks. Basic resources include structural framework, but personnel and money. Many sites do not have the personnel to administer STARRSA, and if the budget does not allow them to hire additional staff, they would have to outsource STARRSA interventions to outside providers and facilitators. If STARRSA is outsourced, then the college or university will need to develop and maintain relationships with referral providers in the community. Ultimately if STARRSA is to be implemented, whether outsourced or internal, then fiduciary and time (to review and prepare) support for trainings and materials will be required.

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APPENDIX A

Phase I Surveys

Male Student Survey

Female Student Survey

Administrator Survey

This is an anonymous, confidential survey.

Do NOT place your name, your college ID# or any other identifying information on this booklet.

Please answer all questions honestly and to the best of your ability.

When you are finished, drop the completed booklet face down in the box. Do NOT give the booklet to the proctor.

If you have any questions, raise your hand, and the proctor will come over and answer your question.

College Student Survey

This Survey asks many different questions about your current social and dating life, your sexual experiences and relationships, and about your experiences as a teenager. A member of our research team will be available as you leave to answer any questions that you may have. If you have any questions while you are filling out the survey, please raise your hand or simply walk up to the front and the proctor will gladly answer your questions.

Your answers are completely confidential and anonymous. Do **NOT** put any identifying information on this survey. When you complete the survey, place it face down in the box as you leave. In exchange for protecting the confidentiality of what you share with us, we ask for your most honest answers.

Demographics

1. What is your age? _____
2. What is your gender:
 Male Female Transgender (identifying with a different gender than the one you were born with)
3. Sexual orientation/preference:
 Heterosexual Homosexual Bisexual
4. Year of study: Freshman Sophomore Junior Senior Grad Student
5. Current living situation:
 On Campus Specify if: ___ Same sex ___ Coed
 Fraternity/Sorority Specify if: ___ Same sex ___ Coed
 Off campus Specify if: ___ Alone ___ With Roommates ___ With Friend/Partner
 At home/with family
6. Race / Ethnicity (check all that apply):
 White/Caucasian Black/African American Asian Hispanic/Latino
 Hawaiian/ Pacific Islander Native American/Alaska Native
 Other, specify _____

7. Are you an international student Yes No

8. If you were born and/or raised abroad, please indicate the country you resided in and the duration of time in years:

I was not born or raised outside the United States

I was born/resided outside of the United States. **Please fill in the line below**

I was born/resided (circle) in _____ for _____year(s),
from age_____to age _____.

PART SF

Please indicate below the amount of time that you spend in each of these recreational, athletic, social, & club-related activities at school.

Activity	Never	Seldom: 1-2/month	Regularly: once a week	Frequently: 2-4 times a week	Very frequently: 5-7 times a week
Academic Clubs / Honor Societies (e.g., Phi Beta Kappa, Psychology club)					
Community Service or Volunteer Work					
Fraternity (If you live in a fraternity house, rate degree of involvement as "Very Frequent")					
Intramural Sports					

Intercollegiate Varsity Sports: Football or Basketball					
Intercollegiate Varsity Sports: Baseball, Soccer, Lacrosse					
Intercollegiate Varsity Sports: cross-country, swimming, tennis					
Martial Arts					
Military clubs / organizations (e.g., ROTC, Veterans)					
Religious Groups					
Student government / Political organizations					
Jobs					
Other (write in):					

PART SEHx

Part 1

1. What was the earliest age that you can recall engaging in any sexual activity with someone else? _____
2. What is your best guess of the number of different people that you have been sexual with (making out, manual stimulation like stroking of genitals but nothing beyond that)? _____
3. How old were you the first time that you were involved in sexual activity that included vaginal and /or anal intercourse or penetration with fingers, a penis, or object? _____
4. What is your best guess of the number of different people that you have been sexual with (including oral sex but not intercourse or penetration)? _____
5. What is your best guess of the number of different people that you have been sexual with (including vaginal and / or anal intercourse or penetration)? _____
6. What is the longest that you have ever dated the same person? _____
7. How many different people have you dated, even if you only dated that person once? _____
8. Have you ever sexted? Y ___ N ___
9. Have you ever had “friends with benefits”? Y ___ N ___
10. If yes, how many “friends with benefits” have you had? _____
11. When the “benefits” stopped, did the “friendship” go on?
No, Definitely Not ___ Sort of, Not Like Before ___ Yes, it went on like before ___
12. Have you had more than one “friend with benefits” at the same time?
No, just one at a time ___ Yes, a couple ___ Yes, more than a couple ___

13. What is the most “friends with benefits” that you have had at the same time? _____

Part 2

	Definitely Not	Maybe	Probably	Definitely Yes
For me, sex without love would be very <u>unsatisfying</u> .	1	2	3	4
Absolute faithfulness to one’s partner throughout life is nearly as silly as celibacy (not having sex at all).	1	2	3	4
Threesomes or group sex appeals to me (with your preferred gender).	1	2	3	4
If I were invited to take part in a threesome or group sex with people I found attractive, I would probably do it.	1	2	3	4
One night stands have never appealed to me.	1	2	3	4
I can imagine myself really enjoying casual sex with different partners.	1	2	3	4
I would have to be closely attached to someone emotionally before I would feel comfortable enjoying sex with that person.	1	2	3	4
It would be difficult for me to enjoy having sex with someone I didn’t know very well.	1	2	3	4
I could enjoy having sex with someone I was attracted to physically, even if I didn’t feel anything emotionally for that person.	1	2	3	4
Meeting someone new on a blind date and having a one-time fling would be a lot of fun.	1	2	3	4

Part 3

	Never	Rarely (1 - 2 x)	Occasionally (3 - 4 x)	Fairly Often (9 - 10 x)	Very Often (>10 x)
How frequently during the day do your thoughts turn to sex?	1	2	3	4	5
When you see someone on campus that you find attractive how frequently do you think about sex with that person?	1	2	3	4	5
	Weak (1x month)	Low Moderate 2-3x month	Moderate 1 - 3 x week	High 4-5 x week	Very High at least once a day
How often do you have urges to have sex?	1	2	3	4	5
	Never	Once a Month	1-2 x week	3-5 x week	Every day or more
Ideally, how often would you prefer to have sex?	1	2	3	4	5

Part 4

How old were you the first time you saw pornography of any kind? _____

	Never	Rarely (1 - 2 x)	Occasionally (3 - 5 x)	Fairly Often (6 - 10 x)	Very Often (>10 x)
How frequently did you watch pornography as a child (age 10 or younger)?	1	2	3	4	5
How frequently did you watch pornography as a teenager (age 11 - 17)?	1	2	3	4	5
How frequently do you watch pornography <u>now</u> ?	1	2	3	4	5
How often do you watch pornography to gratify yourself sexually?	1	2	3	4	5
How often do you watch pornography before or while having sex?	1	2	3	4	5
	N / A	Alone	During Sex	with friends / at parties	
Do you watch pornography mostly (circle all that apply)	1	2	3	4	

Over the past year, on average, how many minutes per week have you spent watching pornography? _____

PART 5

TYPE/ CONTENT AREA – <i>Place an X in the box to the left of the <u>type</u> of sexual images / scenes you have seen <u>ANYTIME</u> during your life (even once). <u>Shade in the circle that best represents your average frequency of use.</u></i>		
	Naked models—no sexual acts (e.g. Playboy)	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Hard core pornography (including oral sex and vaginal intercourse)	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Anal intercourse	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Lesbian sex	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Homosexual sex	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Sexual “themes” (school girls, etc).	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Child pornography (age 10 of younger) naked and/or in sexual acts.	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)

	Bondage/Sadism/Masochism	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Sex with animals	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Rape depicted	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Snuff (sex ending in murder)	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Sex involving urine/feces/vomit	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	“Revenge” porn	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)
	Other: Specify _____	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Rarely (10% of the time) <input type="radio"/> Occasional (25%) <input type="radio"/> Fairly often (50%) <input type="radio"/> Very often (75%)

PART ESE

Each of the following items is a situation that starts with the prompt in the left hand box. For each item, please indicate the frequency with which this situation has occurred and the number of college peers with which this has happened.

		On a scale of 1-5, please circle how often this has happened to you 1=not at all, 2=occasionally, less than 10 times, 3=somewhat frequently, on at least a weekly basis 4=frequently, multiple times per week 5= a regular occurrence					Number of times this has occurred with peers. In other words, you were <u>not</u> there, <u>but heard</u> about these incidents from your peers.
I.	While attending college/ university, have you ever been at a party on or off campus...						
A.	where students were severely intoxicated from alcohol or other drugs.	1	2	3	4	5	
B.	where friends discouraged excessive drinking/substance use.	1	2	3	4	5	
C.	where students engaged in sexual activities in public view.	1	2	3	4	5	
D.	where women students were visibly drunk while engaging in sexual activities.	1	2	3	4	5	
E.	where women students were unconscious.	1	2	3	4	5	
F.	where excessive drinking was encouraged by fellow students.	1	2	3	4	5	
G.	where sexual activity was encouraged by fellow students.	1	2	3	4	5	
H.	where someone took sexual advantage of another student who was visibly under the influence of alcohol or a substance.	1	2	3	4	5	

Each of the following items is a situation that starts with the prompt in the left hand box. For each item, please indicate the frequency with which this situation

has occurred and the number of college peers with which this has happened.

		<i>On a scale of 1-5, please circle how often this has happened to you 1=not at all, 2=occasionally, less than 10 times, 3=somewhat frequently, on at least a weekly basis 4=frequently, multiple times per week 5= a regular occurrence</i>					<i>The number of DIFFERENT college peers with which this has happened.</i>
I.	<i>Have you ever been involved in conversations with your college peers where...</i>						
A.	<i>they bragged about their sexual experiences.</i>	1	2	3	4	5	
B.	<i>they pressured you to discuss your sexual experiences.</i>	1	2	3	4	5	
C.	<i>you revealed a sexual experience and others tried to impress you with a wilder sexual experience.</i>	1	2	3	4	5	
D.	<i>you felt inadequate because of your lack of sexual experiences compared to your friends.</i>	1	2	3	4	5	
E.	<i>sex with multiple partners was encouraged.</i>	1	2	3	4	5	
F.	<i>you felt like you were in a contest to have the most sexual encounters, or more outrageous sexual experiences.</i>	1	2	3	4	5	
G.	<i>you heard information about a friend who was intoxicated during a sexual act.</i>	1	2	3	4	5	
H.	<i>you heard about a campus sexual assault.</i>	1	2	3	4	5	
I.	<i>you felt like there was pressure to be highly sexually active.</i>	1	2	3	4	5	
J.	<i>you felt like there was pressure to engage in unsafe sex.</i>	1	2	3	4	5	

PART SAHx

Please check the box next to the answer choice that best describes your experiences with alcohol. Some questions will ask you to fill in the blank. There are no right or wrong answers. If you're not sure of an answer, please make your best guess.

These first questions are about your past experiences with alcohol.

- 1. When you were a child (age 10 or younger), did you ever feel buzzed or drunk from drinking alcohol?**
 - No
 - Yes, but only with family
 - Yes, but only with friends
 - Yes, but only alone
 - Yes, sometimes with friends, sometimes alone
- 2. What was the youngest age you remember feeling a buzz or drunk? _____ years old**
- 3. As a teenager, did you ever drink alcohol (even if you didn't feel buzzed or drunk)?**
 - Never
 - Once in a while
 - A moderate amount (e.g., on the weekends, at parties)
 - A lot/ frequently
- 4. As a teenager, did you ever get drunk?**
 - Never
 - Once
 - A few times
 - Many times
- 5. Would you say that anyone in your close family is a current or former "problem drinker" or "alcoholic"? (For example, a grandparent, parent, sibling, uncle, aunt, or cousin?) Choose ALL that apply.**
 - No, no one in my close family
 - Yes, one or more grandparents
 - Yes, one or more uncles, aunts, or cousins
 - Yes, one or more parents
 - Yes, one or more siblings

The following questions ask about how much you currently drink. A “drink” means any of the following: a 12-ounce can or bottle of beer; a 4-ounce glass of wine; a 12-ounce bottle or can of wine cooler; a shot of liquor straight or in a mixed drink.

1. How would you best describe yourself in terms of your current alcohol use? (choose ONE answer)

- Abstainer (I don't drink)
- Abstainer (former problem drinker in recovery)
- Infrequent drinker
- Light drinker
- Moderate drinker
- Heavy drinker
- Problem drinker

2. In the past 6 months, on average, what was the most occasions in any 30 day period that you had a drink of alcohol while on campus? (choose ONE answer)

- None at all
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

3. In the past 6 months, on those occasions where you drank alcohol, how many drinks did you usually have? (choose ONE answer)

- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 or more drinks

4. In the past 6 months, how often did you drink enough to get drunk? (By drunk, we mean unsteady, dizzy, or sick to your stomach.) (choose ONE answer)

- Not at all
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40 or more occasions

5. What is the largest number of drinks that you drank within a 24-hour period in the past 6 months? (choose ONE answer)

- No drinks
- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 or more drinks

6. In the last two weeks, how many times have you had five or more drinks in a row in a two hour period? (Choose ONE answer)

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

PART CDHx

Please check all that apply, regardless of whether anyone knew or whether you ever had contact with the police. For those that you check, please write in the number of times that it occurred. For those that do not apply, please leave blank.

	As a Child	As an Adolescent	As an Adult

	(Age 10 or younger)	(Age 11 - 17)	(Age 18 and up)
Running Away from Home			
Truancy			
Property Damage			
Vandalism			
Stealing / Theft			
"Drunk & Disorderly"			
"Driving while Under the Influence"			
Fighting at school with peers			
Fighting outside of school			
Bullying other kids			
Being Bullied by other kids			
Delinquency			
Being involved in any gangs			

PART IPIP

Below are phrases describing people's behaviors. Please use the rating scale below to describe how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age

	Very inaccurate	Moderately inaccurate	NEITHER Accurate or Inaccurate	Moderately Accurate	Very Accurate
I am the life of the party	1	2	3	4	5
I sympathize with others' feelings	1	2	3	4	5
I get chores done right away	1	2	3	4	5
I have frequent mood swings	1	2	3	4	5
I have a vivid imagination	1	2	3	4	5
I don't talk a lot	1	2	3	4	5
I am not interested in other	1	2	3	4	5

people's problems					
I often forget to put things back in their proper place	1	2	3	4	5
I am relaxed most of the time	1	2	3	4	5
I am not interested in abstract ideas	1	2	3	4	5
I talk to a lot of different people at parties	1	2	3	4	5
I feel others' emotions	1	2	3	4	5
I like order	1	2	3	4	5
I get upset easily	1	2	3	4	5
I have difficulty understanding abstract ideas	1	2	3	4	5
I keep in the background	1	2	3	4	5
I am not really interested in others	1	2	3	4	5
I make a mess of things	1	2	3	4	5
I seldom feel blue	1	2	3	4	5
I do not have a good imagination	1	2	3	4	5

PART TEQ

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described. Circle your answer on the response form. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can.

		Never	Rarely	Sometimes	Often	Always
1.	When someone else is feeling excited, I tend to get excited too.	0	1	2	3	4
2.	Other people's misfortunes do not disturb me a great deal.	0	1	2	3	4
3.	It upsets me to see someone being treated disrespectfully.	0	1	2	3	4
4.	I remain unaffected when someone close to me is happy.	0	1	2	3	4
5.	I enjoy making other people feel better.	0	1	2	3	4
6.	I have tender, concerned feelings for people less fortunate than me.	0	1	2	3	4
7.	When a friend starts to talk about his\her problems, I try to steer the conversation towards	0	1	2	3	4

	something else.					
8.	I can tell when others are sad even when they do not say anything.	0	1	2	3	4
9.	I find that I am "in tune" with other people's moods.	0	1	2	3	4
10.	I do not feel sympathy for people who cause their own serious illnesses.	0	1	2	3	4
11.	I become irritated when someone cries.	0	1	2	3	4
12.	I am not really interested in how other people feel.	0	1	2	3	4
13.	I get a strong urge to help when I see someone who is upset.	0	1	2	3	4
14.	When I see someone being treated unfairly, I do not feel very much pity for them.	0	1	2	3	4
15.	I find it silly for people to cry out of happiness.	0	1	2	3	4
16.	When I see someone being taken advantage of, I feel kind of protective towards him\her.	0	1	2	3	4

PART AAS

Please select to what extent you agree or disagree with the following statements.					
	Strongly Disagree	Disagree	Neutral Neither agree nor disagree	Agree	Strongly Agree
1. I find it difficult to allow myself to depend on others.					
2. People are never there when you need them.					
3. I am comfortable depending on others.					
4. I know that others will be there when I need them.					
5. I find it difficult to trust others completely.					
6. I am not sure that I can always depend on others to be there when I need them.					
7. I do not often worry about being abandoned.					
8. I often worry that my partner does not really love me.					
9. I find others are reluctant to get as close as I would like.					
10. I often worry my partner will not want to stay with me.					
11. I want to merge completely with another person.					
12. My desire to merge sometimes scares people away.					
13. I find it relatively easy to get close to others.					
14. I do not often worry about someone getting					

close to me.					
15. I am somewhat uncomfortable being close to others.					
16. I am nervous when anyone gets too close.					
17. I am comfortable having others depend on me.					
18. Often, love partners want me to be more intimate than I feel comfortable being.					

PART SD3

Please indicate how much you agree with each of the following statements by circling your choice.

	Disagree Strongly	Disagree	Neither Agree Nor Disagree	Agree	Agree Strongly
It's wise to keep track of information that you can use against people later.	1	2	3	4	5
People often say I'm out of control.	1	2	3	4	5
I avoid dangerous situations.	1	2	3	4	5
Whatever it takes, you must get the important people on your side.	1	2	3	4	5
I have never gotten into trouble with the law.	1	2	3	4	5
People see me as a natural leader.	1	2	3	4	5
Make sure your plans benefit yourself, not others.	1	2	3	4	5
I insist on getting the respect I deserve.	1	2	3	4	5
I am an average person.	1	2	3	4	5
I like to get acquainted with important people.	1	2	3	4	5
Many group activities tend to be dull without me.	1	2	3	4	5
It's not wise to tell your secrets.	1	2	3	4	5
It's true that I can be mean to others.	1	2	3	4	5
I'll say anything to get what I	1	2	3	4	5

want.					
People who mess with me always regret it.	1	2	3	4	5
I know that I am special because everyone keeps telling me so.	1	2	3	4	5

	Disagree Strongly	Disagree	Neither Agree Nor Disagree	Agree	Agree Strongly
I feel embarrassed if someone compliments me.	1	2	3	4	5
I hate being the center of attention.	1	2	3	4	5
I like to get revenge on authorities.	1	2	3	4	5
You should wait for the right time to get back at people.	1	2	3	4	5
There are things you should hide from other people to preserve your reputation.	1	2	3	4	5
Avoid direct conflict with others because they may be useful in the future.	1	2	3	4	5
Most people can be manipulated.	1	2	3	4	5
Payback needs to be quick and nasty.	1	2	3	4	5
I like to use clever manipulation to get my way.	1	2	3	4	5
I have been compared to famous people.	1	2	3	4	5
I enjoy having sex with people I hardly know.	1	2	3	4	5

Part MHM

Instructions: Below there are a variety of questions. Please answer all to the best of your ability. If you are unsure of the answer to a question, please give your best guess. It is important that all of the questions which are applicable to you be answered. There are no right or wrong answers, and no "trick" questions. Please work quickly and do not think too long about the exact meaning of the questions. Please be as HONEST as possible. Your responses will be kept completely confidential.

People have sexual relations (kissing, caressing, oral sex, intercourse, etc.) with others for many reasons. The following list includes some of the reasons others have given for their sexual behavior. Some of you will find that nearly all these reasons are important in your own sexual behavior and some of you will find only a few important. We would like to know all the reasons that are involved in your own sexual behavior, and how important each of these reasons is to you. After considering each of the reasons listed below carefully, circle the number that best corresponds to how important that reason is in your own sexual behavior:

1) Because it's how I show that I really care for someone.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

2) Because I enjoy the feeling of being overwhelmed by my partner.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

3) Because I like the feeling that I have someone in my grasp.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

4) Because, like many, I enjoy the conquest.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

5) Because sex allows me to feel vulnerable.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

6) Because it makes me feel like someone cares about me.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

7) Because it makes me feel masterful.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

8) Because I like the feeling of having another person submit to me.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

9) Because I enjoy the feeling of giving in to my partner.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

10) Because I like teaching the less experienced people how to get off.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

11) Because in the act of sex more than at any other time I get the feeling that I can really influence how someone feels and behaves.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

12) Because I like the feeling of being out of control and dominated by another.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

13) Because of the feelings of closeness it brings to a relationship.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

14) Because I like it when my partner is really open and vulnerable to me.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

15) Because when my partner finally surrenders to me I get this incredible satisfying feeling.

1	2	3	4	5	6	7
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Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly
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Please indicate the extent to which you agree or disagree with the following statements:

1) Sometimes the only way a man gets a cold woman turned on is to use force.

1 Disagree Strongly	2 Disagree Slightly	3 Disagree	4 Undecided	5 Agree	6 Agree Slightly	7 Agree Strongly
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2) A wife should move out of the house if her husband hits her.

1 Disagree Strongly	2 Disagree Slightly	3 Disagree	4 Undecided	5 Agree	6 Agree Slightly	7 Agree Strongly
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3) A man is justified in hitting his wife.

1 Disagree Strongly	2 Disagree Slightly	3 Disagree	4 Undecided	5 Agree	6 Agree Slightly	7 Agree Strongly
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4) I feel that "I'm the greatest" and better than other people.

1 Disagree Strongly	2 Disagree Slightly	3 Disagree	4 Undecided	5 Agree	6 Agree Slightly	7 Agree Strongly
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5) Being roughed up is sexually stimulating to many women.

1 Disagree Strongly	2 Disagree Slightly	3 Disagree	4 Undecided	5 Agree	6 Agree Slightly	7 Agree Strongly
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6) I feel upset even by slight criticism from women in general.

1 Disagree Strongly	2 Disagree Slightly	3 Disagree	4 Undecided	5 Agree	6 Agree Slightly	7 Agree Strongly
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7) Women appear to tell the truth, but I know otherwise.

1 Disagree Strongly	2 Disagree Slightly	3 Disagree	4 Undecided	5 Agree	6 Agree Slightly	7 Agree Strongly
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8) A number of women seem to dislike me.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

9) I think that women always seem to get all the breaks.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

10) I am not easily angered by women.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

11) I am sure I get a raw deal from the women in my life.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

12) When I look back at my life and what's happened to me, I don't feel at all resentful toward women.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

13) In my life, I have been rejected and treated poorly by too many women.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

14) When women go around braless and wearing short skirts and tight tops they are just asking for trouble.

1	2	3	4	5	6	7
Disagree Strongly	Disagree Slightly	Disagree	Undecided	Agree	Agree Slightly	Agree Strongly

15) A woman will only respect a man who will lay down the law to her.

1	2	3	4	5	6	7
Disagree	Disagree	Disagree	Undecided	Agree	Agree	Agree

Part SRP-SF

Please rate the degree to which you agree with the following statements by circling the number associated with your rating.

	Disagree Strongly	Disagree	Neutral	Agree	Agree Strongly
1. I'm a rebellious person.	1	2	3	4	5
2. I have never been involved in delinquent gang activity.	1	2	3	4	5
3. Most people are wimps.	1	2	3	4	5
4. I've often done something dangerous just for the thrill of it.	1	2	3	4	5
5. I have tricked someone into giving me money.	1	2	3	4	5
6. I have assaulted a law enforcement official or social worker.	1	2	3	4	5
7. I have pretended to be someone else in order to get something.	1	2	3	4	5
8. I like to see fist-fights.	1	2	3	4	5
9. I would get a kick out of 'scamming' someone.	1	2	3	4	5
10. It's fun to see how far you can push people before they get upset.	1	2	3	4	5
11. I enjoy doing wild things.	1	2	3	4	5
12. I have broken into a building or vehicle in order to steal something or vandalize.	1	2	3	4	5
13. I don't bother to keep in touch with my family any more.	1	2	3	4	5
14. I rarely follow the rules.	1	2	3	4	5
15. You should take advantage of other people before they do it to you.	1	2	3	4	5
16. People sometimes say that I'm cold-hearted.	1	2	3	4	5
17. I like to have sex with people I barely know.	1	2	3	4	5
18. I love violent sports and movies.	1	2	3	4	5
19. Sometimes you have to pretend you like people to get something out of them.	1	2	3	4	5
20. I was convicted of a serious crime.	1	2	3	4	5
21. I keep getting in trouble for the same things over and over.	1	2	3	4	5
22. Every now and then I carry a weapon (knife or gun) for protection.	1	2	3	4	5
23. You can get what you want by telling people what they want to hear.	1	2	3	4	5
24. I never feel guilty over hurting others.	1	2	3	4	5
25. I have threatened people into giving me money, clothes, or makeup.	1	2	3	4	5
26. A lot of people are "suckers" and can easily be fooled.	1	2	3	4	5
27. I admit that I often "mouth off" without thinking.	1	2	3	4	5
28. I sometimes dump friends that I don't need any more.	1	2	3	4	5
29. I purposely tried to hit someone with the vehicle I was driving.	1	2	3	4	5

PART RPI

For each question, decide which sort of person you are most like — the one described on the right or the one described on the left. Then decide if that is “sort of true” or “really true” for you, and mark that choice. For each line mark only ONE of the four choices.

Really True for Me	Sort of True for Me			Sort of True for Me	Really True for Me
<input type="checkbox"/>	<input type="checkbox"/>	Some people go along with their friends just to keep their friends happy.	BUT	Other people refuse to go along with what their friends want to do, even though they know it will make their friends unhappy.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people think it’s more important to be an individual than to fit in with the crowd.	BUT	Other people think it is more important to fit in with the crowd than to stand out as an individual.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	For some people, it’s pretty easy for their friends to get them to change their mind.	BUT	For other people, it’s pretty hard for their friends to get them to change their mind.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people would do something that they knew was wrong just to stay on their friends’ good side.	BUT	Other people would not do something they knew was wrong just to stay on their friends’ good side.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people hide their true opinion from their friends if they think their friends will make fun of them because of it.	BUT	Other people will say their true opinion in front of their friends, even if they know their friends will make fun of them because of it.	<input type="checkbox"/>

Really True for Me	Sort of True for Me			Sort of True for Me	Really True for Me
<input type="checkbox"/>	<input type="checkbox"/>	Some people will not break the law just because their friends say that they would.	BUT	Other people would break the law if their friends said that they would break it.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people change the way they act so much when they are with their friends that they wonder who they “really are”.	BUT	Other people act the same way when they are alone as they do when they are with their friends.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people take more risks when they are with their friends than they do when they are alone.	BUT	Other people act just as risky when they are alone as when they are with their friends.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people say things they don’t really believe because they think it will make their friends respect them more.	BUT	Other people would not say things they didn’t really believe just to get their friends to respect them more.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Some people think it’s better to be an individual even if people will be angry at you for going against the crowd.	BUT	Other people think it’s better to go along with the crowd than to make people angry at you.	<input type="checkbox"/>

Please circle your answer for the following items

To what extent would your friends approve of:	Not at all	A little bit	A good bit	A lot
1. Getting a woman drunk or high to have sex with her	1	2	3	4
2. Lying to a woman in order to have sex with her	1	2	3	4
3. Forcing a woman to have sex	1	2	3	4

How much pressure have you felt from your friends to:	Not at all	A little bit	A good bit	A lot
4. Get a woman drunk in order to have sex with her	1	2	3	4
5. Lie to a woman in order to have sex with her	1	2	3	4
6. Force a woman to have sex	1	2	3	4

PART ASA

INSTRUCTIONS: On the following pages there are a variety of different questions. Please answer all the questions to the best of your ability. If you are unsure of the answer to a question, please give your best guess. It is important that all of the questions be answered. There are no right or wrong answers, and no “trick” questions. Please answer the questions by placing a mark in the box of your choose. Other questions will ask you to circle your answer. Please work quickly and be as honest as possible. *Your responses are completely confidential.*

1. People frequently think about different activities, even if they never do them. For each kind of activity listed, please indicate how often you have thought of trying it:

	Never	Sometimes	Often
Necking (deep kissing)			

Petting (Caressing, rubbing another's erogenous zones/genitals)			
Oral sex			
Heterosexual intercourse (penis/vagina)			
Anal intercourse (with a male OR female)			
Homosexual acts (male/male)			
Group sex			
Bondage sex			
Whipping/spanking sex			
Robbing a bank			
Raping a woman			
Forcing a female to do something sexual she didn't want to			
Being forced to do something sexual you didn't want to			
Transvestism (wearing women's clothes)			
Sex with children			
Killing someone			
Selling illegal drugs			

2. Whether or not you have ever thought of it, do you find the idea of:

	Very Unattractive	Somewhat Unattractive	Somewhat Attractive	Very Attractive
Necking (deep kissing)				
Petting				
Oral sex				
Heterosexual intercourse				
Anal intercourse				
Homosexual acts				

Group sex				
Bondage sex				
Whipping/ spanking sex				
Robbing a bank				
Raping a woman				
Forcing a female to do something sexual she didn't want to				
Being forced to do something sexual you didn't want to				
Transvestism (wearing women's clothes)				
Sex with children				
Killing someone				
Selling illegal drugs				

3. What percentage of males do you think would find the following activities sexually-arousing? (Circle one option per line)

- a. Anal intercourse
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- b. Group sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- c. Homosexual acts
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- d. Armed robbery
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%

e. Bondage sex	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
f. Whipping/spanking sex	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
g. Rape	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
h. Robbing a bank	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
i. Forcing a female to do something she really didn't want to	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
j. Killing someone	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
k. Transvestism	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
l. Sex with a child	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
m. Being forced to do something sexual they didn't want to	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%

4. What percentage of females do you think would find the following activities sexually-arousing? (Circle one option per line)

a. Anal intercourse	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
b. Group sex	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
c. Homosexual acts	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
d. Armed robbery	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
e. Bondage sex										

	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
f. Whipping/spanking sex	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
g. Rape	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
h. Robbing a bank	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
i. Forcing a male to do something he really didn't want to	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
j. Killing someone	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
k. Transvestism	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
l. Sex with a child	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
m. Being forced to do something sexual she didn't want to	0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%

5. How sexually-arousing do you think you would find the following activities if you engaged in them (even if you have never actually engaged in them and never would)?

	Not arousing at all (1)	(2)	(3)	(4)	(5)	(6)	Very Arousing (7)
Oral sex							
Heterosexual intercourse							
Anal intercourse							
Homosexual acts							
Group sex							
Bondage sex							
Whipping/spanking sex							
Robbing a bank							
Raping a female							

Forcing a female to do something sexual she didn't want to do							
Transvestism							
Being forced to do something sexual you didn't want to do							
Sex with children							
Killing someone							

6. If you were sure that no one would ever find out and that you'd never be punished for it, how likely would you be to do the following?

	Very Unlikely (1)	(2)	(3)	(4)	(5)	(6)	Very Likely (7)
Oral sex							
Heterosexual intercourse							
Anal intercourse							
Homosexual acts							
Group sex							
Bondage sex							
Whipping/spanking sex							
Robbing a bank							
Raping a female							
Forcing a female to do something sexual she didn't want to do							
Transvestism							
Being forced to do something sexual you didn't want to do							
Sex with children							
Killing someone							
Selling illegal drugs							

7. If your best male friend were assured that no one would ever find out and that he'd never be punished for it, how likely do you think he would be to do the following?

	Very Unlikely (1)	(2)	(3)	(4)	(5)	(6)	Very Likely (7)
Oral sex							
Heterosexual intercourse							
Anal intercourse							
Homosexual acts							
Group sex							
Bondage sex							
Whipping/spanking sex							
Robbing a bank							
Raping a female							

Forcing a female to do something sexual she didn't want to do									
Transvestism (wearing women's clothes)									
Being forced to do something sexual you didn't want to do									
Sex with children									
Killing someone									
Selling illegal drugs									

8. Approximately what percentage of your male friends would you estimate have done the following?

- a. Anal intercourse
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- b. Group sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- c. Homosexual acts
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- d. Armed robbery
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- e. Bondage sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- f. Whipping/spanking sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- g. Rape
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- h. Robbing a bank
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- i. Forcing a male to do something he really didn't want to
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- j. Killing someone
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- k. Transvestism
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%

- l. Sex with a child
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- m. Being forced to do something sexual they didn't want to
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- n. Selling illegal drugs
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%

9. How likely do you think it is that at some point in the future you might try the following activities?

- a. Oral sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- b. Heterosexual intercourse
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- c. Anal intercourse
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- d. Homosexual acts
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- e. Group sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- f. Bondage sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- g. Whipping/spanking sex
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- h. Robbing a bank
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- i. Raping a female
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- j. Forcing a female to do something sexual she didn't want to do
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%
- k. Transvestism (wearing women's clothes)
0% Between 1-5% 10% 20% 30% 40% 50% 60% 70%- 80% 90- 100%

- l. Sex with children

0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
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- m. Killing someone

0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
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- n. Selling illegal drugs

0%	Between 1-5%	10%	20%	30%	40%	50%	60%	70%- 80%	90- 100%
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V:F

Part SES-SFP

The following questions concern sexual experiences. We know these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope this helps you to feel comfortable answering each question honestly. Place a check mark in the box showing the number of times each experience has happened. If several experiences occurred on the same occasion, you would check each applicable box. “Between the ages of 14 and 17 or 18 (before entering college)” refers to your life starting on your 14th birthday and stopping the day before you started college. “Since you started college” refers to the time period between the day you started college up to today.

		How many times between the ages of 14 and 17 or 18 (<u>before</u> entering college)?	How many times since you started college?
1.	I stared at someone in a sexual way or looked at the sexual parts of their body after they had asked me to stop	0 1 2 3+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	I made teasing comments of a sexual nature about someone’s body or appearance after I was asked to stop	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	I sent sexual or obscene materials such as pictures, jokes, or stories in the mail or by phone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.	I made sexual or obscene phone calls to someone when they had not agreed to talk with me this way.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.	I showed someone pornographic pictures when they had not agreed to look at them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		How many times between the ages of 14 and 17 or 18 (<u>before</u> entering college)?	How many times since you started college?
6.	I made sexual motions to someone, <i>such as</i> grabbing my crotch, pretending to masturbate, or imitating oral sex without their permission.	0 1 2 3+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	I took photos or videotapes of someone when they were undressing, nude, or having sex, without their permission.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8.	I posted pictures of someone nude or having sex on social media without their permission.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.	I watched someone while they were undressing, nude, or having sex, without their permission.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10.	I showed someone the private areas of my body (ex. butt, penis, or breasts) without their permission.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11.	I masturbated in front of someone without their permission.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the ages of 14 and 17 or 18 (before entering college)?	How many times since you started college?
12.	I fondled, kissed, or rubbed up against the private areas of someone's body (lips, breast/chest, crotch or butt) or removed some of their clothes without their consent (but did not attempt sexual penetration) by:	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage when they were too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm them or someone close to them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the ages of 14 and 17 or 18 (before entering college)?	How many times since you started college?
13.	I had oral sex with someone or had someone perform oral sex on me without their consent by:	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage when they were too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	d. Threatening to physically harm them or someone close to them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14.	I put my penis or I put my fingers or objects into a woman's vagina without her consent by:	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		How many times between the ages of 14 and 17 or 18 (before entering college)?	How many times since you started college?
14.	I put my penis or I put my fingers or objects into a woman's vagina without her consent by:	0 1 2 3+	0 1 2 3+
	c. Taking advantage when they were too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm them or someone close to them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15.	I put in my penis or I put my fingers or objects into someone's anus without their consent by:	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage when they were too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm them or someone close to them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

16.	<p>Even though it did not happen, I TRIED to have oral sex with someone or make them have oral sex with me without their consent by:</p> <p>a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.</p> <p>b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.</p> <p>c. Taking advantage when they were too drunk or out of it to stop what was happening.</p> <p>d. Threatening to physically harm them or someone close to them.</p> <p>e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.</p>	<p>How many times between the ages of 14 and 17 or 18 (before entering college)?</p> <p>0 1 2 3+</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3+</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>How many times since you started college?</p> <p>0 1 2 3+</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3+</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
17.	<p>Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into a woman's vagina without their consent by:</p> <p>a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.</p> <p>b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.</p> <p>c. Taking advantage when they were too drunk or out of it to stop what was happening.</p> <p>d. Threatening to physically harm them or someone close to them.</p> <p>e. Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.</p>	<p>How many times between the ages of 14 and 17 or 18 (before entering college)?</p> <p>0 1 2 3+</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>How many times since you started college?</p> <p>0 1 2 3+</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
		<p>How many times between the ages of 14 and 17 or 18 (before entering college)?</p>	<p>How many times since you started college?</p>

18.	Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into someone's anus without their consent by:	0	1	2	3+	0	1	2	3+
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Taking advantage when they were too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Threatening to physically harm them or someone close to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you think you may have ever raped someone? Yes No

20. Would you force a woman to have sex if you were assured that you wouldn't be caught or held responsible? (circle one response)

No **Possibly** **Yes**

21. Would you have sex with a woman if she was passed out and you were assured that you would not be caught? (circle one response)

No **Possibly** **Yes**

22. What might prevent you from engaging in either activity indicated in item 1 or 2, even if you were sure that you would not be caught? (Check all that apply)

- Nothing
- Looking at the woman and realizing that this just isn't going to be much fun
- Looking at the woman and seeing how scared she is and getting turned off
- Feeling some guilt
- Being interrupted by a bunch of people, like at a party
- Having a buddy / friend / roommate come in and disapprove
- Someone I love/care about has gone through a sexual assault experience.
- Other (please specify): _____

Please use this box to write any comments about your experiences related to any questions on this survey.

THANK YOU FOR YOUR PARTICIPATION! IF YOU HAVE ANY QUESTIONS OR WOULD LIKE INFORMATION ABOUT THE SURVEY OR RESOURCES, PLEASE CONTACT THE SURVEY ADMINISTRATORS.

This is an anonymous, confidential survey.

Do NOT place your name, your college ID# or any other identifying information on this booklet.

Please answer all questions honestly and to the best of your ability.

When you are finished, drop the completed booklet face down in the box. Do NOT give the booklet to the proctor.

If you have any questions, raise your hand, and the proctor will come over and answer your question.

College Student Survey

This Survey asks many different questions about your current social and dating life, your sexual experiences and relationships, and about your experiences as a teenager. A member of our research team will be available as you leave to answer any questions that you may have. If you have any questions while you are filling out the survey, please raise your hand or simply walk up to the front and the proctor will gladly answer your questions.

Your answers are completely confidential and anonymous. Do **NOT** put any identifying information on this survey. When you complete the survey, place it face down in the box as you leave. In exchange for protecting the confidentiality of what you share with us, we ask for your most honest answers.

Demographics

1. What is your age? _____
2. What is your gender:
 Male Female Transgender (identifying with a different gender than the one you were born with)
3. Sexual orientation/preference:
 Heterosexual Homosexual Bisexual
4. Year of study: Freshman Sophomore Junior Senior Grad Student
5. Current living situation:
 On Campus Specify if: ___ Same sex ___ Coed
 Fraternity/Sorority Specify if: ___ Same sex ___ Coed
 Off campus Specify if: ___ Alone ___ With Roommates ___ With Friend/Partner
 At home/with family
6. Race / Ethnicity (check all that apply):
 White/Caucasian Black/African American Asian Hispanic/Latino
 Hawaiian/ Pacific Islander Native American/Alaska Native
 Other, specify _____

7. Are you an international student Yes No

8. If you were born and/or raised abroad, please indicate the country you resided in and the duration of time in years:

I was not born or raised outside the United States

I was born/resided outside of the United States. **Please fill in the line below**

I was born/resided (circle) in _____ for _____year(s),
from age_____to age _____.

PART SF

Please indicate below the ***amount of time*** that you spend in each of these recreational, athletic, social, & club-related activities at school.

Activity	Never	Seldom: 1-2/month	Regularly: once a week	Frequently: 2-4 times a week	Very frequently: 5-7 times a week
Academic Clubs / Honor Societies (e.g., Phi Beta Kappa, Psychology club)					
Community Service or Volunteer Work					
Sorority (If you live in a sorority house, rate degree of involvement as "Very Frequent")					
Intramural Sports					
Intercollegiate Varsity Sports: Football or Basketball					
Intercollegiate Varsity Sports: Baseball, Soccer, Lacrosse					
Intercollegiate Varsity Sports: cross-country, swimming, tennis					
Martial Arts					
Military clubs / organizations (e.g., ROTC, Veterans)					
Religious Groups					
Student government / Political organizations					
Jobs					
Other (write in):					

PART SSP

The following questions ask about your perceptions of campus safety. Questions 1-5 ask about your personal beliefs concerning safety on campus. Please check the box which corresponds with your response

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. In general, I believe that this campus is safe.					
2. I feel safe being alone on campus during daylight hours.					
3. I feel safe being alone on campus after dark.					
4. I avoid being alone in certain areas of campus due to safety concerns during daylight hours.					
5. I avoid being alone in certain areas of campus due to safety concerns after dark.					

Question 6 asks about your experiences concerning campus security services. Please check the box which corresponds with your response.

6. Which of the following campus security services have you utilized?

	YES	NO
Campus Police		
Emergency Phone Service		
Campus Safety Escort		
Self Defense Classes		
Other, please specify: _____		

For Questions 7-8, please rate the following security services by checking the box which corresponds with your response.

	Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
7. Lighting on campus					
8. Presence of police officers/campus security personnel					

PART GCQ

1. Please indicate your level of agreement to the following statements. Circle one answer for each question:

a. I feel valued in the classroom / learning environment.

Strongly Disagree Disagree Agree Strongly Agree

b. Faculty, staff, and administrators respect what students on this campus think.

Strongly Disagree Disagree Agree Strongly Agree

c. I think faculty are genuinely concerned about my welfare.

Strongly Disagree Disagree Agree Strongly Agree

d. I think administrators are genuinely concerned about my welfare.

Strongly Disagree Disagree Agree Strongly Agree

e. I feel close to people on this campus.

Strongly Disagree Disagree Agree Strongly Agree

f. I feel like I am a part of this college/university community.

Strongly Disagree Disagree Agree Strongly Agree

g. I am happy to be at this college/university.

Strongly Disagree Disagree Agree Strongly Agree

h. The faculty, staff, and administrators at this school treat students fairly.

Strongly Disagree Disagree Agree Strongly Agree

i. I feel safe on this campus.

Strongly Disagree Disagree Agree Strongly Agree

2. Please indicate your level of agreement to the following statements. Circle one answer for each:

a. College officials (administrators, public safety officers) should do more to protect students from harm.

Strongly Disagree Disagree Agree Strongly Agree

b. If a crisis happened on campus, my college would handle it well.

Strongly Disagree Disagree Agree Strongly Agree

c. The college responds too slowly in difficult situations.

Strongly Disagree Disagree Agree Strongly Agree

d. College officials handle incidents in a fair and responsible manner.

Strongly Disagree Disagree Agree Strongly Agree

e. My college does enough to protect the safety of students.

Strongly Disagree Disagree Agree Strongly Agree

f. There is a good support system on campus for students going through difficult times.

Strongly Disagree Disagree Agree Strongly Agree

Perceptions of Leadership, Policies and Reporting

3. If someone were to report some kind of sexual assault to a campus authority, how would the university respond? Circle one answer for each:

a. The university would take the report seriously.

Not at all Likely Slightly Likely Moderately Likely Very Likely

b. The university would keep knowledge of the report limited to those who need to know in order for the university to respond properly.

Not at all Likely Slightly Likely Moderately Likely Very Likely

c. The university would forward the report outside the campus to police.

Not at all Likely Slightly Likely Moderately Likely Very Likely

d. The university would take steps to protect the safety of the person making the report.

Not at all Likely Slightly Likely Moderately Likely Very Likely

e. The university would support the person making the report.

Not at all Likely Slightly Likely Moderately Likely Very Likely

f. The university would take corrective action to address factors that may have led to the sexual assault.

Not at all Likely Slightly Likely Moderately Likely Very Likely

g. The university would take corrective action against the offender.

Not at all Likely Slightly Likely Moderately Likely Very Likely

h. The university would take steps to protect the person making the report from retaliation.

Not at all Likely Slightly Likely Moderately Likely Very Likely

i. Students would negatively judge the person making the report.

Not at all Likely Slightly Likely Moderately Likely Very Likely

j. Students would support the person making the report.

Not at all Likely Slightly Likely Moderately Likely Very Likely

k. The alleged offender(s) or their associates would retaliate against the person making the report.

Not at all Likely Slightly Likely Moderately Likely Very Likely

l. The educational achievement/career of the person making the report would suffer.

Not at all Likely Slightly Likely Moderately Likely Very Likely

4. Have you received training in policies and procedures regarding incidents of sexual assault (e.g. what is defined as sexual assault, how to report an incident, confidential resources, procedures for investigating)?

YES NO

5. Have you received training in prevention of sexual assault through your college/university?

YES NO

6. If yes, how useful did you think the training was?

Not Useful Slightly Somewhat Moderately Very

7. Please indicate your level of agreement to the following statements. Circle one answer for each:

a. If a friend or I were sexually assaulted, I know where to go to get help.

Strongly disagree Disagree Neither agree/disagree Agree Strongly Agree Don't know

b. I understand the College/University's formal procedures to address complaints of sexual assault.

Strongly disagree Disagree Neither agree/disagree Agree Strongly Agree Don't know

c. I have confidence that University administers the formal procedures to address complaints of sexual assault fairly.

Strongly disagree Disagree Neither agree/disagree Agree Strongly Agree Don't know

d. The university/college administrators try to suppress information about sexual assault on campus.

Strongly disagree Disagree Neither agree/disagree Agree Strongly Agree Don't know

PART SES-SFV

The following questions concern sexual experiences that you may have had that were unwanted. **Your answers are completely confidential.** We ask for no identifying information. We hope that this helps you to feel comfortable answering each question honestly.

Place a check mark in the box showing the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c.

“Between the ages of 14 and before entering college refers to your life starting on your 14th birthday and stopping the day before you started college. “Since you started college” refers to the time period between the day you started college up to today

		How many times between the age of 14 and entering college?	How many times <u>since you started college?</u>
		0 1 2 3+	0 1 2 3+
1.	Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (<i>but did not attempt sexual penetration</i>) by:		
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the age of 14 and entering college?	How many times <u>since you started college?</u>
		0 1 2 3+	0 1 2 3+
2.	Someone had oral sex with me or made me have oral sex with them without my consent by:		
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the age of 14 and entering college?	How many times <u>since you started college?</u>
		0 1 2 3+	0 1 2 3+
3.	A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:		
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the age of 14 and entering college?	How many times <u>since you started college?</u>
		0 1 2 3+	0 1 2 3+
3.	A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:		
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the age of 14 and entering college?	How many times <u>since you started college?</u>
		0 1 2 3+	0 1 2 3+
4.	A man put his penis into my anus, or someone inserted fingers or objects without my consent by:		
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the age of 14 and entering college?	How many times <u>since you started college?</u>
		0 1 2 3+	0 1 2 3+
5.	Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:		
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		0 1 2 3+	0 1 2 3+
6.	Even though it didn't happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:		
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times between the age of 14 and entering college?	How many times <u>since you started college?</u>
		0 1 2 3+	0 1 2 3+
7.	Even though it didn't happen, a man TRIED to put his penis into my anus, or someone tried to stick in objects or fingers without my consent by:		
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

8. I am: Female Male My age is _____ years and _____ months.

9. Did any of the experiences described in this survey happen to you 1 or more times? Yes No

What was the sex of the person or persons who did them to you?

Female only Male only

Both females and males I reported no experiences

10. Have you ever been raped? Yes No

Part OOR

Please select the extent to which you agree or disagree with the following statements.

1. Women would be more likely to report unwanted sexual behavior if it occurred someplace other than a campus party.

Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

2. Women are more likely to report unwanted sexual behavior if it is very severe, for example caused injury or involved a weapon.

Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

3. Women are more likely to report an unwanted sexual behavior, if they have support from people to whom they disclosed what happened.

Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

4. Women would be less likely to report unwanted sexual behavior that occurred at a fraternity party.

Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

5. Women are less likely to report unwanted sexual behavior if they had been drinking.

Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

6. Women are less likely to report unwanted sexual behavior if the assailant is a popular athlete.

Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

7. Women are less likely to report unwanted sexual behavior if they knew the assailant.


Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

8. Women are less likely to report unwanted sexual behavior if they had been drinking, even if they were not intoxicated.

Strongly Agree **Agree** **Neither Agree nor Disagree** **Disagree** **Strongly Disagree**

FRUSB

For each question below: Please read through and select ALL of the options that you feel apply for you for each question. The options are the same for each question. Only answer the question for the time period when you were (or have been) a college/university student.

For **Questions 1-3 only**, please indicate by  whether the unwanted behavior was by a student, professor, instructor, or staff.

1. I was sexually harassed (verbal remarks that I found offensive) by a (please select): student(s), professor, instructor, staff but I did not report it because (circle all that apply):

N/A Does not apply to me.

A. I didn't think that it was important enough to report.

B. I didn't know who to report it to.

C. I was afraid that the person might retaliate against me/ I was afraid of the assailant.

D. I was embarrassed / ashamed, or thought it would be embarrassing to report.

E. I didn't trust that if I reported it, it would be handled discretely and confidentially. I did not want it to become "public"/or have other students know about it.

F. I was afraid that I wouldn't be taken seriously.

G. I was afraid that if I reported it, I might be blamed or held partly responsible.

H. I did "report" it, but I only told my roommate or my closest friend(s).

I. I felt it was a private matter and wanted to deal with it on my own.

J. I did not want the person who did it to get in trouble/ to go to jail

K. I was afraid that if I reported it, they would not believe me.

L. I did not have time to deal with it due to my school work or my job.

M. I was afraid of the legal process, like maybe going to court, etc.

N. I was afraid that I or another would be punished for infractions/violations (such as underage drinking)

O. I felt that nothing would be done.

P. I felt too anxious or depressed to report it.

Q. I did not want to report it because I have been sexually assaulted before.

R. I did not report it because I felt partially responsible.

S. I did not report it because I could not remember; the details of the assault are unclear to me.

T. I did not report it because I have a criminal record/past history of illegal activity.

U. I did not report it because it would just be his word against mine.

V. I did not report it because I had a bad experience with police in the past

W. I did not report it because I had a bad experience with campus administration in the past.

X. I did not report it because I have no support from my family or friend(s).

Y. I did not report it because my family or friend(s) would be upset.

Z. Other, please specify:

IF SOME OF THE REASONS WERE MORE IMPORTANT, PLEASE write down the letters:

2. I was **stalked** by a (please select) student(s), professor, instructor, staff, but I did **not** report it because (circle all that apply):

N/A Does not apply to me.

A. I didn't think that it was important enough to report.

B. I didn't know who to report it to.

C. I was afraid that the person might retaliate against me/ I was afraid of the assailant.

D. I was embarrassed / ashamed, or thought it would be embarrassing to report.

E. I didn't trust that if I reported it, it would be handled discretely and confidentially. I did not want it to become "public"/or have other students know about it.

F. I was afraid that I wouldn't be taken seriously.

G. I was afraid that if I reported it, I might be blamed or held partly responsible.

H. I did "report" it, but I only told my roommate or my closest friend(s).

I. I felt it was a private matter and wanted to deal with it on my own.

J. I did not want the person who did it to get in trouble/ to go to jail

K. I was afraid that if I reported it, they would not believe me.

L. I did not have time to deal with it due to my school work or my job.

M. I was afraid of the legal process, like maybe going to court, etc.

N. I was afraid that I or another would be punished for infractions/violations (such as underage drinking)

O. I felt that nothing would be done.

P. I felt too anxious or depressed to report it.

Q. I did not want to report it because I have been sexually assaulted before.

R. I did not report it because I felt partially responsible.

S. I did not report it because I could not remember; the details of the assault are unclear to me.

T. I did not report it because I have a criminal record/past history of illegal activity.

U. I did not report it because it would just be his word against mine.

V. I did not report it because I had a bad experience with police in the past

W. I did not report it because I had a bad experience with campus administration in the past.

X. I did not report it because I have no support from my family or friend(s).

Y. I did not report it because my family or friend(s) would be upset.

Z. Other, please specify

IF SOME OF THE REASONS WERE MORE IMPORTANT, PLEASE write down the letters:

3. I was forced to have oral sex (fellatio / cunnilingus) by a (please select) student(s), professor, instructor, staff but I did not report it because (circle all that apply):

N/A Does not apply to me.

A. I didn't think that it was important enough to report.

B. I didn't know who to report it to.

C. I was afraid that the person might retaliate against me/ I was afraid of the assailant.

D. I was embarrassed / ashamed, or thought it would be embarrassing to report.

E. I didn't trust that if I reported it, it would be handled discretely and confidentially. I did not want it to become "public"/or have other students know about it.

F. I was afraid that I wouldn't be taken seriously.

G. I was afraid that if I reported it, I might be blamed or held partly responsible.

H. I did "report" it, but I only told my roommate or my closest friend(s).

I. I felt it was a private matter and wanted to deal with it on my own.

J. I did not want the person who did it to get in trouble/ to go to jail

K. I was afraid that if I reported it, they would not believe me.

L. I did not have time to deal with it due to my school work or my job.

M. I was afraid of the legal process, like maybe going to court, etc.

N. I was afraid that I or another would be punished for infractions/violations (such as underage drinking)

O. I felt that nothing would be done.

P. I felt too anxious or depressed to report it.

Q. I did not want to report it because I have been sexually assaulted before.

R. I did not report it because I felt partially responsible.

S. I did not report it because I could not remember; the details of the assault are unclear to me.

T. I did not report it because I have a criminal record/past history of illegal activity.

U. I did not report it because it would just be his word against mine.

V. I did not report it because I had a bad experience with police in the past

W. I did not report it because I had a bad experience with campus administration in the past.

X. I did not report it because I have no support from my family or friend(s).

Y. I did not report it because my family or friend(s) would be upset.

Z. Other, please specify:

IF SOME OF THE REASONS WERE MORE IMPORTANT, PLEASE write down the letters:

4. Someone had sex with me at a party *after I had too much to drink*, but I did not report it because (circle all that apply):

N/A Does not apply to me.

A. I didn't think that it was important enough to report.

B. I didn't know who to report it to.

C. I was afraid that the person might retaliate against me/ I was afraid of the assailant.

D. I was embarrassed / ashamed, or thought it would be embarrassing to report.

E. I didn't trust that if I reported it, it would be handled discretely and confidentially. I did not want it to become "public"/or have other students know about it.

F. I was afraid that I wouldn't be taken seriously.

G. I was afraid that if I reported it, I might be blamed or held partly responsible.

H. I did "report" it, but I only told my roommate or my closest friend(s).

I. I felt it was a private matter and wanted to deal with it on my own.

J. I did not want the person who did it to get in trouble/ to go to jail

K. I was afraid that if I reported it, they would not believe me.

L. I did not have time to deal with it due to my school work or my job.

M. I was afraid of the legal process, like maybe going to court, etc.

N. I was afraid that I or another would be punished for infractions/violations (such as underage drinking)

O. I felt that nothing would be done.

P. I felt too anxious or depressed to report it.

Q. I did not want to report it because I have been sexually assaulted before.

R. I did not report it because I felt partially responsible.

S. I did not report it because I could not remember; the details of the assault are unclear to me.

T. I did not report it because I have a criminal record/past history of illegal activity.

U. I did not report it because it would just be his word against mine.

V. I did not report it because I had a bad experience with police in the past

W. I did not report it because I had a bad experience with campus administration in the past.

X. I did not report it because I have no support from my family or friend(s).

Y. I did not report it because my family or friend(s) would be upset.

Z. Other, please specify:

IF SOME OF THE REASONS WERE MORE IMPORTANT, PLEASE write down the letters:

5. Someone had sex with me at a party after I had a drink that made me black out or lose consciousness, but I did not report it because (check all that apply):

N/A Does not apply to me.

A. I didn't think that it was important enough to report.

B. I didn't know who to report it to.

C. I was afraid that the person might retaliate against me/ I was afraid of the assailant.

D. I was embarrassed / ashamed, or thought it would be embarrassing to report.

E. I didn't trust that if I reported it, it would be handled discretely and confidentially. I did not want it to become "public"/or have other students know about it.

F. I was afraid that I wouldn't be taken seriously.

G. I was afraid that if I reported it, I might be blamed or held partly responsible.

H. I did "report" it, but I only told my roommate or my closest friend(s).

I. I felt it was a private matter and wanted to deal with it on my own.

J. I did not want the person who did it to get in trouble/ to go to jail

K. I was afraid that if I reported it, they would not believe me.

L. I did not have time to deal with it due to my school work or my job.

M. I was afraid of the legal process, like maybe going to court, etc.

N. I was afraid that I or another would be punished for infractions/violations (such as underage drinking)

O. I felt that nothing would be done.

P. I felt too anxious or depressed to report it.

Q. I did not want to report it because I have been sexually assaulted before.

R. I did not report it because I felt partially responsible.

S. I did not report it because I could not remember; the details of the assault are unclear to me.

T. I did not report it because I have a criminal record/past history of illegal activity.

U. I did not report it because it would just be his word against mine.

V. I did not report it because I had a bad experience with police in the past

W. I did not report it because I had a bad experience with campus administration in the past.

X. I did not report it because I have no support from my family or friend(s).

Y. I did not report it because my family or friend(s) would be upset.

Z. Other, please specify:

IF SOME OF THE REASONS WERE MORE IMPORTANT, PLEASE Write down the letters:

Part IOD-TR

Please select the best answer for you. If a particular question does not apply, please circle NA.

1. I did not report an unwanted sexual behavior.

NA True False

2. I did not report an unwanted sexual behavior because I had been drinking/under the influence of another substance.

NA True False

3. I have had more problems (e.g., trouble sleeping, anxiety, depression, etc.) since I decided not to report unwanted sexual behavior.

NA True False

4. I did not report unwanted sexual behavior and am angry at myself for not reporting it.

NA True False

5. I reported an unwanted sexual behavior, and I am angry at the college/university for the way they handled the situation.

NA True False

6. I reported an unwanted sexual behavior and nothing happened to the perpetrator (there were no consequences).

NA True False

7. I reported an unwanted sexual behavior and regret my decision.

NA True False

8. Since the unwanted sexual behavior, I have changed my social behavior (e.g., stopped attending fraternity parties, avoided certain groups, etc).

NA Definitely Occasionally Rarely Not At All

9. I reported an unwanted sexual behavior and felt betrayed by the college / university.

NA True False

10. Since the unwanted sexual behavior, I have become more fearful.

NA True False

11. Since the unwanted sexual behavior, I have increased safety behaviors, such as going out with friends who look out for each other, not walking alone on campus at night, or choosing to use well lit walkways/areas for transportation at night.

NA Definitely Occasionally Rarely Not At All

12. I reported an unwanted sexual behavior to university personnel and was satisfied that I achieved the just outcome I desired.

NA True False

13. I reported an unwanted sexual behavior and university personnel advised me not to pursue it.

NA True False

14. I reported an unwanted sexual behavior and have been harassed by other students/university staff.

NA True False

15. I reported an unwanted sexual behavior and the resulting consequences were negative.

NA True False

16. I have had more problems (e.g., trouble sleeping, anxiety, depression, etc.) since I reported unwanted sexual behavior.

NA True False

17. I feel that my life was changed (*circle whether **positively, negatively or both***) by the unwanted sexual behavior/assault that I experienced.

NA Definitely Occasionally Rarely Not At All

18. I feel that I was changed (*circle whether **positively, negatively or both***) by the unwanted sexual behavior/assault that I experienced.

NA Definitely Occasionally Rarely Not At All

19. I experienced unintended consequences of reporting unwanted sexual behavior (*circle whether they were **positive, negative or both***) that had I known I would encounter, I would have not reported.

NA True False

20. I felt stigmatized after reporting unwanted sexual behavior.

NA True False

21. I felt unsupported by the university after reporting unwanted sexual behavior.

NA True False

22. I reported unwanted sexual behavior and felt disrespected and/or re-traumatized.

NA True False

23. Because of the negative outcomes, I transferred to another university/college, or am strongly considering transferring to another university/college.

NA True False

24. I sought counseling or therapy after the unwanted sexual behavior.

NA True False

25. If you answered yes to question #24: Was the counseling helpful?

NA Yes No

26. If you experienced an unwanted sexual behavior, please use this box to share how you coped or worked through this experience. Please indicate what you found helpful in your healing process:

PART ESE

Each of the following items is a situation that starts with the prompt in the left hand box. For each item, please indicate the frequency with which this situation has occurred and the number of college peers with which this has happened.

		On a scale of 1-5, please rate (circle) how often this has happened to you 1=not at all, 2=occasionally, less than 10 times, 3=somewhat frequently, on at least a weekly basis 4=frequently, multiple times per week 5= a regular occurrence					Approximate number of times that this has occurred with your peers. In other words, you were <u>not</u> there, <u>but</u> <u>heard</u> about these incidents from your peers.
I.	While attending college/ university, have you ever been at a party on or off campus...						
A.	where students were severely intoxicated from alcohol or other drugs.	1	2	3	4	5	
B.	where friends discouraged excessive drinking/substance use.	1	2	3	4	5	
C.	where students engaged in sexual activities in public view.	1	2	3	4	5	
D.	where women students were visibly drunk while engaging in sexual activities.	1	2	3	4	5	
E.	where women students were unconscious.	1	2	3	4	5	
F.	where excessive drinking was encouraged by fellow students.	1	2	3	4	5	

G.	where sexual activity was encouraged by fellow students.	1	2	3	4	5	
H.	where someone took sexual advantage of another student who was visibly under the influence of alcohol or a substance.	1	2	3	4	5	

Each of the following items is a situation that starts with the prompt in the left hand box. For each item, please indicate the frequency with which this situation has occurred and the number of college peers with which this has happened.

		On a scale of 1-5, please rate (circle) how often this has happened to you 1=not at all, 2=occasionally, less than 10 times, 3=somewhat frequently, on at least a weekly basis 4=frequently, multiple times per week 5= a regular occurrence					The number of DIFFERENT college peers with which this has happened.
I.	Have you ever been involved in conversations with your college peers where...						
A.	they bragged about their sexual experiences.	1	2	3	4	5	
B.	they pressured you to discuss your sexual experiences.	1	2	3	4	5	
C.	you revealed a sexual experience and others tried to impress you with a wilder sexual experience.	1	2	3	4	5	
D.	you felt inadequate because of your lack of sexual experiences compared to your friends.	1	2	3	4	5	
E.	sex with multiple partners was encouraged.	1	2	3	4	5	

F.	you felt like you were in a contest to have the most sexual encounters, or more outrageous sexual experiences.	1	2	3	4	5	
G.	you heard information about a friend who was intoxicated during a sexual act.	1	2	3	4	5	
H.	you heard about a campus sexual assault.	1	2	3	4	5	
I.	you felt like there was pressure to be highly sexually active.	1	2	3	4	5	
J.	you felt like there was pressure to engage in unsafe sex.	1	2	3	4	5	

Please use this box to write any comments about your experiences related to any questions on this survey.

THANK YOU FOR YOUR PARTICIPATION! IF YOU HAVE ANY QUESTIONS OR WOULD LIKE INFORMATION ABOUT THE SURVEY OR RESOURCES, PLEASE CONTACT THE SURVEY ADMINISTRATORS.

UNIVERSITY SURVEY FOR CAMPUS ADMINISTRATION

Section I

1) I work for a

- (a) College
- (b) University

2) The university that I work for is

- (a) Public, specify if
 - i) State, ii) City, or iii) Community
- (b) Private, Not religiously affiliated
- (c) Private, religiously affiliated

3) The university is located in which region

- (a) Northeast, New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont)
- (b) Mid-Atlantic (New Jersey, New York, Pennsylvania)
- (c) South Atlantic (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia)
- (d) South (Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, and Texas,)
- (e) Mid-West (Illinois, Indiana, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota,
- (f) Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming)
- (g) Pacific (Alaska, California, Hawaii, Oregon, and Washington)

Section II

4) What method of adjudication is used to resolve disputes around allegations of unwanted sexual behavior (see below for definitions of choices (a)-(d))? Please choose no more than two.

- (a) Prosecutorial Model
 - (b) Model Code
 - (c) Investigation-only
 - (d) Investigation-recommendation
 - (e) Other
-
- (f) I do not know

A. Prosecutorial model: an adversarial approach to investigating and resolving complaints of misconduct where a school official acts in the role similar to a criminal prosecutor and presents the complaining student's evidence to a "hearing board" or "hearing panel" made up of campus community members who decide whether an accused student has violated the school's policy and issue sanctions where applicable.

B. Model Code: an adversarial proceeding using procedures like those in U.S. courts, where complaining and accused students present their own evidence to the hearing board or panel. Students may have their own advocates or advisors in the proceeding and both have control over key decisions in their case.

C. Investigation-only: a professional investigator or team of investigators takes responsibility for gathering evidence and making factual findings related to individual complaints. The investigator(s) make(s) the ultimate decision as to whether the accused student violated the school's policies.

D. Investigation-recommendation: a professional investigator or team of investigators takes responsibility for gathering evidence and making factual findings related to individual complaints. The investigator(s) only make(s) a recommendation about whether the accused student violated the school's policies, and a different school official or group of officials makes the final decision regarding violation.

5) What types of sanctions are given at your institution if a student is found responsible for sexual misconduct?

6) Who decides on the sanctions for the student?

(a) Dean of Students

(b) Title IX Coordinator

(c) Panel consisting of:

(d) Claimant

(e) There is team that includes most or all of the people listed above that makes the decisions

(f) Other _____

(g) I do not know

7) Are sanctions individualized on a case-by-case basis?

(a) Yes

(b) No

(c) I do not know

8) When a student is suspended, is the duration of suspension:

(a) Fixed **If fixed, what is the time period?** _____

(b) Variable, dependent on the behavior for which he was found responsible

If variable, what is the range? _____

(c) I do not know

9) What are examples of behaviors at the lowest end of the suspension range (shortest time period):

10) What are examples of behaviors at the highest end of the suspension range (longest time period):

11) Is psychological treatment one of the sanctions?

(a) Yes, required

(b) Yes, recommended

(c) Not an option

(d) I do not know

12) Is psychological treatment one of the sanctions attached to suspensions?

(a) Yes, required for readmission after suspension

(b) Yes, recommended for readmission after suspension

(c) Not an option

(d) I do not know

If YES (a or b above), continue to Item 13. If NO (c) or (d), skip to Item 21

13) If psychological treatment is an available sanction, is the therapist,

(a) Part of the college / university (e.g., student health service, psychology clinic)

(b) Independent therapist affiliated with the college / university

(c) Independent therapists contracted specifically for students

(d) A combination of the above. Please specify:

(e) I do not know

14) Are students who are in psychological treatment,

(a) All suspended and are off campus

(b) Some students may not be suspended and in treatment on campus

(c) Some students may not be suspended and in treatment off campus

(d) I do not know

15) Are the therapists required to have received specialized training in working with college

students or working with individuals responsible of sexual misconduct

- (a) Yes – please specify by circling: college, sexual misconduct, both
- (b) No
- (c) Some yes and some no
- (d) Not sure/I do not know

16) What treatment format is currently being provided?

- (a) No treatment is currently provided
- (b) Individual (one on one) therapy
- (c) Group therapy
- (d) Combination individual and group
- (e) Not sure/I do not know

17) Are there guidelines for what the therapist is expected to report back to the college / university?

- (a) Yes, detailed
- (b) Yes, general
- (c) No guidelines are provided
- (d) I do not know

18) What is the procedure for feedback from the therapist to the college/university?

- (a) Direct report in writing overviewing the course of treatment
- (b) Direct report in writing that includes comments addressing “progress” or “prognosis” or “commitment” to treatment
- (c) Direct report in writing that is expected to address the student’s “risk”
- (d) Verbal report
- (e) Both a written report and a verbal report
- (f) I do not know

19) What is the frequency with which feedback from the therapist to the college/university is expected?

- (a) Monthly
- (b) Quarterly
- (c) Semi-Annually
- (d) End of therapy
- (e) I do not know

20) Who determines the duration and nature of the treatment?

- (a) The treating therapist as evidenced by whether the student has met treatment goals

- and objectives
- (b) Collaboratively between the therapist and the student, as evidenced by whether the student has met treatment goals and objectives
- (c) The college / university, based on a set standard for the given misconduct
- (d) The college / university that is specific to the nature and severity of the misconduct
- (e) Other: Please specify: _____

(f) I do not know

21) Is psychological treatment for sexual misconduct a sanction that your institution would consider if a treatment program were available?

- (a) Yes
- (b) No
- (c) Already in place
- (d) Undecided/unsure for the following reason/s:

 (f) I do not know

22) What would be the barriers to implementing a psychological treatment program as a sanction for students found responsible of sexual misconduct on your campus?

- _____

 (a) None, such a program already exists
 (b) I do not know/cannot say

23) What might your campus need to implement in order for there to be a psychological treatment program as a sanction?

- _____

 (a) Nothing, such a program already exists.
 (b) I do not know

24) What types of prevention modalities do you think would be *most helpful* to your student population? Please select all that apply

- (a) Psychoeducational tutorials / seminars / lectures held live on campus?
- (b) Psychoeducational tutorials / seminars / lectures that are web-based
- (c) Voluntary lecture / seminar format presentation for all students or for all in-coming students
- (d) Mandatory lecture / seminar format presentation for all students or for all in-coming students
- (e) A mandatory 1-unit class for all freshmen on sexual assault, issues related to consent, safety issues, drug & alcohol-use related issues
- (f) A resource table at campus events (i.e., orientation, university games, etc) to promote awareness and distribute resources.

- (g) Policies that regulate alcohol use
- (h) Programs and seminars that promote healthy relationships
- (i) On-line trainings for all students
- (j) Bystander prevention programs
- (k) Other – please specify

25) The university has the following athletic teams (please select all that apply)

- (a) NCAA (The National Collegiate Athletic Division) Division I teams
- (b) NCAA (The National Collegiate Athletic Division) Division II teams
- (c) NCAA (The National Collegiate Athletic Division) Division III teams
- (d) NAIA (The National Association of Intercollegiate Athletics)
- (e) I do not know

26) The university has an active Greek System

- (a) Yes
- (b) No
- (c) I do not know

Thank you for your participation.

We consider this feedback potentially quite valuable. We most appreciate your help.

APPENDIX B

Male and Female Surveys Selective Descriptive Statistics

Appendix B1

Descriptive stats on all Risk Factors

Variable	Statistics
Hostile Masculinity	M = 2.56 SD = 0.50 Range = 3.49
Impersonal Sex	M = -0.01 SD = 0.64 Range = 3.85
Adolescent Delinquency	M = 1.95 SD = 2.47 Range = 13.00
Psychopathy	M = 2.43 SD = 0.60 Range = 4.00
Alcohol Parties	M = 1.84 SD = 0.81 Range = 4.32
Extreme Porn Use	M = -0.01 SD = 0.62 Range = 6.96
Empathy	M = 43.80 SD = 8.08 Range = 52.00
Friend Pressure and Approval of Sexual Aggression	M = 2.57 SD = 0.79 Range = 4.33
Sexual Harassment	M = 2.06 SD = 3.14 Range = 18.00
Sexual Coercion	M = 3.43 SD = 13.30 Range = 139.00
Sexual Aggression	M = 9.05 SD = 50.81 Range = 847.00
Sexual Misconduct (Total)	M = 2.43 SD = 10.43 Range = 167.17

Appendix B2

Risk Factors Correlated with SES Items

	SES (Items 1-15)	SES (Items 1-17)	SES (Items 1-11)	SES (Items 12-15)	SES (Items 16-18)	SES (Items 16-17)
Friend Pressure and Approval	0.273	0.264	0.371	0.347	0.243	0.247
Teenage Delinquency	0.217	0.223	0.278	0.268	0.213	0.225
Psychopathy (Modified)	0.148	0.151	0.255	0.216	0.159	0.161
Hostile Masculinity	0.219	0.220	0.292	0.263	0.218	0.221
Impersonal Sex (Modified)	0.122	0.120	0.290	0.161	0.118	0.119
ESE	0.211	0.201	0.314	0.260	0.148	0.148
Extreme Porn Use	0.261	0.260	0.282	0.234	0.236	0.217
Empathy	-0.128	-0.136	-0.094	-0.141	-0.145	-0.145
Alcohol Use	0.075	0.070	0.196	0.097	0.035	0.040

Note. Values in table are Pearson Correlations. Bolded correlations are significant at the 0.05 level.

Men's Survey: SES Scale

[Sexual Experiences Scale]

Item #	stem	# Y	%
SES1	I stared at someone in a sexual way or looked at the sexual parts of their body after they had asked me to stop	195	17.0%
SES2	I made teasing comments of a sexual nature about someone's body or appearance after I was asked to stop	156	13.6%
SES3	I sent sexual or obscene materials such as pictures, jokes, or stories in the mail or by phone	522	45.5%
SES4	I made sexual or obscene phone calls to someone when they had not agreed to talk with me this way	72	6.3%
SES5	I showed someone pornographic pictures when they had not agreed to look at them.	161	14.0%
SES6	I made sexual motions to someone, such as grabbing my crotch, pretending to masturbate, or imitating oral sex without their permission	281	24.5%
SES7	I took photos or videotapes of someone when they were undressing, nude, or having sex, without their permission	101	8.8%
SES8	I posted pictures of someone nude or having sex on social media without their permission	31	2.7%
SES9	I watched someone while they were undressing, nude, or having sex, without their permission	128	11.1%
SES10	I showed someone the private areas of my body without their permission	122	10.6%
SES11	I masturbated in front of someone without their permission.	29	2.5%
12	<i>I fondled, kissed or rubbed up against the private areas of someone's body, or removed some of their clothes without their consent by:</i>		
12a	telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	68	5.9%
12b	showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to	72	6.3%
12c	taking advantage when they were too drunk or out of it to stop what was happening	84	7.6%
12d	threatening to physically harm them or someone close to them	29	2.5%
12e	using force, for example holding them down with my body weight, pinning their arms, or having a weapon	31	2.7%
13	<i>I had oral sex with someone or someone performed oral sex on me without their consent by:</i>		
13a	telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	52	4.5%
13b	showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to	48	4.2%
13c	taking advantage when they were too drunk or out of it to stop what was happening	55	4.8%
13d	threatening to physically harm them or someone close to them	22	1.9%

13e	using force, for example holding them down with my body weight, pinning their arms, or having a weapon	22	1.9%
14	<i>I had put my penis or I put my fingers or objects into a woman's vagina without her consent by:</i>		
14a	telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	41	3.6%
14b	showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to	32	2.8%
14c	taking advantage when they were too drunk or out of it to stop what was happening	50	4.4%
14d	threatening to physically harm them or someone close to them	15	1.3%
14e	using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	15	1.3%
15	<i>I had put my penis or I put my fingers or objects into a someone's anus without their consent by:</i>		
15a	telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	26	2.5%
15b	showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to	N/A	N/A
15c	taking advantage when they were too drunk or out of it to stop what was happening	31	2.7%
15d	threatening to physically harm them or someone close to them	19	1.7%
15e	using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	15	1.3%
16	<i>Even though it did not happen, I tried to have oral sex with someone or make them have oral sex with me without their consent by:</i>		
16a	telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	37	3.2%
16b	showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to	36	3.1%
16c	taking advantage when they were too drunk or out of it to stop what was happening	32	2.8%
16d	threatening to physically harm them or someone close to them	15	1.3%
16e	using force, for example holding them down with my body weight, pinning their arms, or having a weapon	16	1.4%
17	<i>Even though it did not happen, I tried to put my penis or I tried to put my fingers or objects into a woman's vagina without their consent by:</i>		
17a	telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	34	3.0%
17b	showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to	31	2.7%
17c	taking advantage when they were too drunk or out of it to stop what was happening	26	2.3%
17d	threatening to physically harm them or someone close to them	9	0.8%

17e	using force, for example holding them down with my body weight, pinning their arms, or having a weapon	9	0.8%
18	<i>Even though it did not happen, I tried to put in my penis or I tried to put my fingers or objects in someone's anus without their consent by:</i>		
18a	telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	22	1.9%
18b	showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn't want to	24	2.1%
18c	taking advantage when they were too drunk or out of it to stop what was happening	26	2.3%
18d	threatening to physically harm them or someone close to them	13	1.1%
18e	using force, for example holding them down with my body weight, pinning their arms, or having a weapon	16	1.4%
19	<i>Do you think you may have ever raped someone?</i>	21	1.9%

Men's Survey: ESE [Environmental-Situational Experiences]

Item	# Y	%
While attending college/university, have you ever been at a party on or off campus... where students were severely intoxicated from alcohol or other drugs	929	80.9%
While attending college/university, have your peers ever been at a party on or off campus... where students were severely intoxicated from alcohol or other drugs	578	50.4%
While attending college/university, have you ever been at a party on or off campus... where friends discouraged excessive drinking/substance use	766	67.7%
While attending college/university, have your peers ever been at a party on or off campus... where friends discouraged excessive drinking/substance use	441	38.4%
While attending college/university, have you ever been at a party on or off campus... where students engaged in sexual activities in public view	526	45.8%
While attending college/university, have your peers ever been at a party on or off campus... where students engaged in sexual activities in public view	371	32.6%
While attending college/university, have you ever been at a party on or off campus... where women students were visibly drunk while engaging in sexual activities	588	51.2%
While attending college/university, have your peers ever been at a party on or off campus... where women students were visibly drunk while engaging in sexual activities	384	33.4%
While attending college/university, have you ever been at a party on or off campus... where women students were unconscious	414	36.1%
While attending college/university, have your peers ever been at a party on or off campus... where women students were unconscious	328	28.6%
While attending college/university, have you ever been at a party on or off campus... where excessive drinking was encouraged by fellow students	864	75.3%
While attending college/university, have your peers ever been at a party on or off campus... where excessive drinking was encouraged by fellow students	486	42.3%
While attending college/university, have you ever been at a party on or off campus... where sexual activity was encouraged by fellow students	675	58.8%
While attending college/university, have your peers ever been at a party on or off campus... where sexual activity was encouraged by fellow students	388	33.8%
While attending college/university, have you ever been at a party on or off campus... where someone took sexual advantage of another student who was visibly under the influence of alcohol or a substance	323	28.1%
While attending college/university, have your peers ever been at a party on or off campus... where someone took sexual advantage of another student who was visibly under the influence of alcohol or a substance	285	24.8%
Have you ever been involved in conversations with your college peers where... they bragged about their sexual experiences	1005	87.5%
Have your peers ever been involved in conversations with their college peers where... they bragged about their sexual experiences	538	46.9%
Have you ever been involved in conversations with your college peers where... they pressured you to discuss your sexual experiences	686	59.8%
Have your peers ever been involved in conversations with their college peers where... they pressured them to discuss their sexual experiences	360	31.4%

Have you ever been involved in conversations with your college peers where... you revealed a sexual experience and others tried to impress you with a wilder sexual experience	710	61.8%
Have your peers ever been involved in conversations with their college peers where... you revealed a sexual experience and others tried to impress you with a wilder sexual experience	364	31.7%
Have you ever been involved in conversations with your college peers where... you felt inadequate because of your lack of sexual experiences compared to your friends	515	44.9%
Have your peers ever been involved in conversations with their college peers where... they felt inadequate because of their lack of sexual experiences compared to their friends	290	25.3%
Have you ever been involved in conversations with your college peers where... sex with multiple partners was encouraged	663	57.8%
Have your peers ever been involved in conversations with their college peers where... sex with multiple partners was encouraged	337	29.4%
Have you ever been involved in conversations with your college peers where... you felt like you were in a contest to have the most sexual encounters, or more outrageous sexual experiences	512	44.6%
Have your peers ever been involved in conversations with their college peers where... they felt like they were in a contest to have the most sexual encounters, or more outrageous sexual experiences	249	21.7%
Have you ever been involved in conversations with your college peers where... you heard information about a friend who was intoxicated during a sexual act	744	64.8%
Have your peers ever been involved in conversations with their college peers where... they heard information about a friend who was intoxicated during a sexual act	392	34.1%
Have you ever been involved in conversations with your college peers where... you heard about a campus sexual assault	511	44.5%
Have your peers ever been involved in conversations with their college peers where... they heard about a campus sexual assault	252	22.0%
Have you ever been involved in conversations with your college peers where... you felt like there was pressure to be highly sexually active	609	53.0%
Have your peers ever been involved in conversations with their college peers where... they felt like there was pressure to be highly sexually active	272	23.7%
Have you ever been involved in conversations with your college peers where... you felt like there was pressure to engage in unsafe sex	246	24.9%
Have your peers ever been involved in conversations with their college peers where... they felt like there was pressure to engage in unsafe sex	160	13.9%

Women's Survey: SES Scale

[Sexual Experiences Scale]

Item #	stem	# Y	%
SES1COL	<i>Someone fondled, kissed, or rubbed up against the private areas of my body, or removed some of my clothes without my consent by...</i>		
SES1ANum	telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	172	12.8%
SES1BNum	showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to	184	13.7%
SES1CNum	taking advantage of me when I was too drunk or out of it to stop what was happening	263	19.6%
SES1DNum	threatening to physically harm me or someone close to me	32	2.4%
SES1ENum	using force, for example holding me down with their body weight, pinning my arms, or having a weapon	101	7.5%
SES2COL	<i>Someone had oral sex with me or made me have oral sex with them without my consent by...</i>		
SES2ANum	telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	69	5.1%
SES2BNum	showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to	74	5.5%
SES2CNum	taking advantage of me when I was too drunk or out of it to stop what was happening	105	7.8%
SES2DNum	threatening to physically harm me or someone close to me	15	1.1%
SES2ENum	using force, for example holding me down with their body weight, pinning my arms, or having a weapon	43	3.2%
SES3COL	<i>A man put his penis into my vagina, or someone insert fingers or objects without my consent by...</i>		
SES3ANum	telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	65	4.8%
SES3BNum	showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to	70	5.2%
SES3CNum	taking advantage of me when I was too drunk or out of it to stop what was happening	138	10.3%
SES3DNum	threatening to physically harm me or someone close to me	17	1.3%
SES3ENum	using force, for example holding me down with their body weight, pinning my arms, or having a weapon	57	4.2%
SES4COL	<i>A man put his penis into my anus, or someone inserted fingers or objects without my consent by...</i>		
SES4ANum	telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	11	0.8%
SES4BNum	showing displeasure, criticizing my sexuality or attractiveness, getting angry	15	1.1%

	but not using physical force, after I said I didn't want to		
SES4CNum	taking advantage of me when I was too drunk or out of it to stop what was happening	24	1.8%
SES4DNum	threatening to physically harm me or someone close to me	2	0.1%
SES4ENum	using force, for example holding me down with their body weight, pinning my arms, or having a weapon	14	1.0%
SES1COL-SES4COL	Reported experiencing sexual aggression	480	36.2%
SES5COL	<i>Even though it didn't happen, someone tried to have oral sex with me, or make me have oral sex with them without my consent by...</i>		
SES5ANum	telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	119	8.9%
SES5BNum	showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to	131	9.8%
SES5CNum	taking advantage of me when I was too drunk or out of it to stop what was happening	134	10.0%
SES5DNum	threatening to physically harm me or someone close to me	20	1.5%
SES5ENum	using force, for example holding me down with their body weight, pinning my arms, or having a weapon	62	4.6%
SES6COL	<i>Even though it didn't happen, a man tried to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by...</i>		
SES6ANum	telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	95	7.1%
SES6BNum	showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to	108	8.0%
SES6CNum	taking advantage of me when I was too drunk or out of it to stop what was happening	128	9.5%
SES6DNum	threatening to physically harm me or someone close to me	17	1.3%
SES6ENum	using force, for example holding me down with their body weight, pinning my arms, or having a weapon	64	4.8%
SES7COL	<i>Even though it didn't happen, a man TRIED to put his penis into my anus, or someone tried to stick in objects or fingers without my consent by...</i>		
SES7ANum	telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	29	2.2%
SES7BNum	showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to	30	2.2%
SES7CNum	taking advantage of me when I was too drunk or out of it to stop what was happening	31	2.3%
SES7DNum	threatening to physically harm me or someone close to me	10	0.7%
SES7ENum	using force, for example holding me down with their body weight, pinning my arms, or having a weapon	23	1.7%
SES5COL-SES7COL	Reported experiencing attempted sexual aggression	331	25.1%

SES9NTime	<i>Did these experiences happen to you more than once?</i>	589	44.7%
SES10SA	<i>Have you ever been raped?</i>	115	8.6%

Women's Survey: ESE [Environmental-Situational Experiences]

Item	# Y	%
While attending college/university, have you ever been at a party on or off campus... where students were severely intoxicated from alcohol or other drugs	984	73.2%
While attending college/university, have you ever been at a party on or off campus... where friends discouraged excessive drinking/substance use	756	56.3%
While attending college/university, have you ever been at a party on or off campus... where students engaged in sexual activities in public view	562	41.9%
While attending college/university, have you ever been at a party on or off campus... where women students were visibly drunk while engaging in sexual activities	558	41.6%
While attending college/university, have you ever been at a party on or off campus... where women students were unconscious	424	31.6%
While attending college/university, have you ever been at a party on or off campus... where excessive drinking was encouraged by fellow students	908	67.7%
While attending college/university, have you ever been at a party on or off campus... where sexual activity was encouraged by fellow students	568	42.3%
While attending college/university, have you ever been at a party on or off campus... where someone took sexual advantage of another student who was visibly under the influence of alcohol or a substance	332	24.7%
Have you ever been involved in conversations with your college peers where... they bragged about their sexual experiences	984	73.3%
Have you ever been involved in conversations with your college peers where... they pressured you to discuss your sexual experiences	562	41.9%
Have you ever been involved in conversations with your college peers where... you revealed a sexual experience and others tried to impress you with a wilder sexual experience	571	42.5%
Have you ever been involved in conversations with your college peers where... you felt inadequate because of your lack of sexual experiences compared to your friends	455	33.9%
Have you ever been involved in conversations with your college peers where... sex with multiple partners was encouraged	393	29.3%
Have you ever been involved in conversations with your college peers where... you felt like you were in a contest to have the most sexual encounters, or more outrageous sexual experiences	261	19.4%
Have you ever been involved in conversations with your college peers where... you heard information about a friend who was intoxicated during a sexual act	711	53.0%
Have you ever been involved in conversations with your college peers where... you heard about a campus sexual assault	490	36.5%
Have you ever been involved in conversations with your college peers where... you felt like there was pressure to be highly sexually active	495	36.9%
Have you ever been involved in conversations with your college peers where... you felt like there was pressure to engage in unsafe sex	206	15.4%