



Key Findings from the
#iSPEAK
Campus Climate Survey:
School of Dental Medicine at Rutgers
Biomedical and Health Sciences

Julia Cusano, MSW

Ka Wai (Carrie) Li, PhD

Sarah McMahon, PhD, *Principal Investigator*

NOVEMBER 2020

VAWC@SSW.RUTGERS.EDU

Table of Contents

Table of Contents	1
Figures	2
Executive Summary	3
Full Report	6
INTRODUCTION	6
METHOD	6
Findings	8
BASIC DEMOGRAPHICS	8
SEXUAL HARASSMENT	11
Sexual harassment committed by faculty/staff	12
Sexual harassment committed by students	16
Experiences of gender harassment	20
Other forms of discrimination	21
Witnessing sexual harassment	22
UNWANTED SEXUAL CONTACT	23
PERCEPTIONS OF UNIVERSITY AND STUDENTS	25
Perceptions of the university	25
Perceptions of fellow students	26
AWARENESS OF RESOURCES AND KNOWLEDGE OF WHAT TO DO IN CASES OF UNWANTED SEXUAL CONTACT	27
Awareness of resources	27
Knowledge of what to do in cases of unwanted sexual contact	29
Participation in sexual misconduct-related prevention education/activities	30
Acceptance of rape myths	30
OUTCOMES ON STUDENT ACADEMICS AND HEALTH	32
Attitudes about being an RBHS Student	32
Academic disengagement	33
General mental health status and well-being of RBHS students	34
Overall Health of Students	35
LIMITATIONS	36
CONCLUSION	37
Acknowledgements	39
Glossary of Terms	40
References	42

Figures

Figure 1. Gender Identity of Sample	8
Figure 2. Race/Ethnicity of Sample	9
Figure 3. Sexual Orientation of Sample	9
Figure 4. Campus on Which Sample Takes Majority of Classes	10
Figure 5. Year in Program for Sample	10
Figure 6. Rates of Sexual Harassment Committed by Faculty/Staff	12
Figure 7. Among Those Who Experienced Sexual Harassment Committed by Faculty/Staff, Did Anyone Witness the Most Serious Incident?	13
Figure 8. To Whom Did Participants Disclose the Most Serious Incident of Sexual Harassment Committed by Faculty/Staff?	14
Figure 9. Reasons For Non-Disclosure of Sexual Harassment Committed by Faculty/Staff	15
Figure 10. Reasons for Not Filing a Formal Complaint After Harassment Committed by Faculty/Staff.....	15
Figure 11. Rates of Sexual Harassment Committed by Students	16
Figure 12. Among Those Who Experienced Sexual Harassment Committed by Students, Did Anyone Witness the Most Serious Incident?	17
Figure 13. Reasons for Non-Disclosure of Sexual Harassment Committed by Students.....	18
Figure 14. Reasons for Not Filing a Formal Complaint After Harassment Committed by a Student.....	19
Figure 15. Average Scores on Gender Harassment Scale.....	20
Figure 16. Rates of Experienced Identity-Based Discrimination	21
Figure 17. Bystander Witnessing Harassment.....	22
Figure 18. Rates of Unwanted Sexual Contact	23
Figure 19. Has Anyone You Know Experienced Sexual Violence?	24
Figure 20. Disclosure From Other Students	24
Figure 21. Perceptions of How University Would Handle a Report of Sexual Misconduct	25
Figure 22. Perceptions of How Peers Might React to Someone Reporting an Incident of Sexual Misconduct.....	26
Figure 23. Awareness of Resources Related to Sexual Misconduct.....	28
Figure 24. Perceived Efficacy/Knowledge About What to Do in Cases of Sexual Misconduct	29
Figure 25. Participation in Sexual Misconduct-Related Prevention Activities.....	30
Figure 26. Acceptance of Rape Myths.....	31
Figure 27. Academic Satisfaction	32
Figure 28. Academic Disengagement	33
Figure 29. Self-Reported Mental Well-Being.....	34
Figure 30. Self-Reported Overall Health	35

Executive Summary

In the Spring of 2019, the Center on Violence Against Women and Children (VAWC) piloted the *#iSpeak* campus climate survey at two Rutgers Biomedical and Health Sciences (RBHS) schools—New Jersey Medical School (NJMS) and the School of Public Health (SPH)—to assess the climate around sexual misconduct. After a successful pilot, in the spring of 2020 VAWC and RBHS conducted a comprehensive assessment of the climate around sexual misconduct at five additional RBHS schools: Robert Wood Johnson Medical School, Rutgers School of Dental Medicine, the School of Health Professions, the School of Nursing, and the School of Graduate Studies. The campus climate assessment implemented at RBHS contributes to the ongoing campus climate assessment work that began at Rutgers University in 2014.¹

This report presents the findings of the survey for the **Rutgers School of Dental Medicine**. The campus climate survey contained seven sections: 1) basic demographics; 2) experiences of sexual harassment from faculty and students; 3) experiences of discrimination; 4) experiences of unwanted sexual contact; 5) perceptions of the university and fellow students; 6) awareness of resources, knowledge of what to do in cases of sexual misconduct, and participation in sexual misconduct-related education/activities; and 7) attitudes about sexual misconduct. The survey was based on validated tools from the Not Alone toolkit from the White House Task Force to Protect Students from Sexual Assault[1] and the Administrator-Researcher Campus Climate Collaborative (ARC3) Campus Climate Survey Instrument[2]. Our measure of sexual harassment is in line with the recommendations from the National Academies of Sciences, Engineering, and Medicine 2018 report on the sexual harassment of women[3].

All students enrolled in School of Dental Medicine at RBHS during the spring semester of 2020 were invited to participate in the survey. Prior to administering the survey, an Advisory Board was created to assist with both the development of outreach measures to promote the survey to students and to guide subsequent action planning based on the results of the survey. The Advisory Board is comprised of several key stakeholders from multiple departments across the school.

In total, 84 students participated (a 16.6% response rate) as a result of valuable input from the advisory board that informed an extensive outreach and recruitment plan. About 61.9% of the sample identified as women, which reflects the student body at School of Dental Medicine. The sample was diverse in terms of race/ethnicity, which also reflects the student body at School of Dental Medicine.

¹ For more information regarding campus climate assessments, please visit the Center on Violence Against Women and Children (VAWC), at <http://vawc.rutgers.edu>.

The following executive summary highlights key findings from the survey for Rutgers School of Dental Medicine. A full report of findings follows the summary.

- **Key finding #1: 55.6% of participants reported an experience of sexual harassment from faculty/staff and/or students, but very few reported the experience to RBHS.**
 - Participants indicated how often they had experienced several sexual harassment behaviors committed by faculty/staff and students: sexist gender hostility (e.g., “treated you differently because of your gender”), crude gender harassment (e.g., “repeatedly told sexual stories or jokes that were offensive to you”), unwanted sexual attention (e.g., “made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it”), and sexual coercion (e.g., “treated you badly for refusing to have sex”).
 - More than half of participants (55.6%) reported at least one experience of sexual harassment committed by faculty and/or students; sexist gender hostility was the most common type of harassment experienced by both women and men participants. However, 28.9% of women participants also reported at least one experience of unwanted sexual attention from faculty/staff.
 - Women were more likely than men to experience sexual harassment committed by faculty/staff. Very few participants who experienced sexual harassment disclosed to a formal resource on campus (e.g., Resident Advisor, Office for Violence Prevention and Victim Assistance [VPVA], Title IX Compliance, etc.).

- **Key finding #2: Students who experienced sexual harassment didn’t disclose because they didn’t think it was serious enough to disclose or they were concerned for their privacy. Some also feared it would affect their careers.**
 - Participants who indicated that they experienced sexual harassment from faculty/staff and/or students but did not disclose the experience to anyone were asked why they did not disclose. The most common reason for not disclosing both faculty/staff harassment was that the participant did not think it was serious enough to disclose (67.7% cited this as a reason for not telling anyone about an incident of faculty/staff harassment and 50.0% not telling anyone about an incident of student harassment).
 - The most common reason for not disclosing student harassment was concern for their privacy (57.1% cited this reason). Among participants who experienced sexual harassment from faculty/staff, 23.0% reported that they did not disclose to anyone because they were afraid it would impact their career or academics and 12.9% feared retaliation.

- **Key finding #3: Many participants who experienced sexual harassment reported that at least one other person witnessed the incident, but many did nothing to intervene.**
 - Between 40.0% to 45.5% of participants who experienced sexual harassment from faculty/staff and/or students reported that at least one other person witnessed the incident, but did nothing to intervene.

- **Key finding #4: Participants perceived RBHS’s response to reports of sexual misconduct positively.**
 - Students reported relatively high confidence in the institution’s ability to handle incidents of sexual misconduct (including sexual harassment and unwanted sexual contact). Despite

relatively high confidence, the majority of participants who experienced sexual harassment did not disclose to a formal resource on campus.

➤ **Key finding #5: Participants were somewhat aware of resources.**

- Participants rated their awareness of several resources on campus related to sexual misconduct. A total of 29.0% of students indicated that they were very or extremely aware of Title IX Compliance and 33.3% of students indicated they were very or extremely aware of the Office for Violence Prevention and Victim Assistance (VPVA). Very few students (17.4%) were aware of the Office of Employment Equity, which is where incidents of harassment committed by faculty/staff would be reported.

➤ **Key finding #6: Participants who experienced sexual harassment from faculty and/or students since coming to RBHS reported lower scores of institutional satisfaction and higher levels of academic disengagement.**

- Students who have experienced sexual harassment from faculty/staff and/or students since coming to RBHS rated their satisfaction with the institution significantly lower than students who have not experienced sexual harassment from faculty/staff and/or students since coming to RBHS.
- Additionally, students who have experienced sexual harassment since coming to RBHS reported significantly higher levels of academic disengagement than students who have not experienced sexual harassment since coming to RBHS.

Full Report

INTRODUCTION

The issues of sexual violence and harassment against students at institutions of higher education (IHE) have gained growing attention in recent years. In one of the largest national studies, the Association of American Universities (AAU) surveyed students at 27 IHEs and found, on average, 11.7% of students, including 23.1% of women undergraduates, experienced nonconsensual sexual contact by force or incapacitation[5]. Research has also shown that experiences of sexual harassment are common at IHEs. Using data from two large university systems, researchers from the National Academies of Sciences, Medicine, and Engineering estimate that rates of sexual harassment of students range from 20-50%. Moreover, women, and especially women in Sciences, Engineering, and Medicine, are more likely than men to experience sexual harassment at IHEs[3].

Rutgers University began administering campus climate surveys on its campuses in 2014, beginning with Rutgers University—New Brunswick. In the Spring of 2019, the Center on Violence Against Women and Children (VAWC) piloted the *#iSpeak* campus climate survey at two Rutgers Biomedical and Health Sciences (RBHS) schools —New Jersey Medical School (NJMS) and the School of Public Health (SPH)—to assess the climate around sexual misconduct. After a successful pilot, VAWC and RBHS conducted a comprehensive assessment of the climate around sexual misconduct at five additional RBHS schools: Robert Wood Johnson Medical School, Rutgers School of Dental Medicine, the School of Health Professions, the School of Nursing, and the School of Graduate Studies. The survey was based on the *Not Alone* toolkit from the White House Task Force to Protect Students from Sexual Assault [1] and the Administrator-Researcher Campus Climate Collaborative (ARC3) Campus Climate Survey Instrument[2]. This measure of sexual harassment is consistent with the recommendations from the National Academies of Sciences, Engineering, and Medicine 2018 report on the sexual harassment of women [3]. Campus climate surveys have now been conducted across all four of the Rutgers’ campuses, with more than 22,000 student responses collected.

This report presents the results for most questions asked on the survey at **Rutgers School of Dental Medicine (RSDM)**. When appropriate, comparisons are made between women, men, and by race/ethnicity. In some cases, the results are not tabled because the sample size is too small to make meaningful conclusions. In many cases, the percentages in the table do not total to 100% due to missing data from some participants.

METHOD

The survey used in this study was based on validated tools from the *Not Alone* toolkit from the White House Task Force to Protect Students from Sexual Assault[1] and the ARC3 Campus Climate Survey Instrument[2].The tool was developed using an extensive vetting process by the research team over the course of several years. This process began in 2014, when the White House Task Force and the U.S. Department of Justice’s Office on Violence Against Women (OVW) invited VAWC to pilot a campus climate survey developed by OVW regarding students’ experiences, behaviors, and attitudes related to sexual violence. Since 2014, the survey has been modified for use on all Rutgers University campuses as

well as at other institutions and includes modules on sexual violence, sexual harassment, and dating violence.

In Spring 2019, the survey was modified again for use at Rutgers Biomedical and Health Sciences (RBHS) at the New Jersey Medical School and the School of Public Health and then further adapted and administered to the five additional RBHS schools in Spring 2020. All adaptations were implemented to tailor the tool to the specific campuses (e.g., adding in questions about the awareness of school-specific offices and resources). To inform the survey modifications, data was collected through two other means, including a resource and policy scan and student focus groups. The survey development process mirrored the process of the campus climate assessments conducted at Rutgers–New Brunswick, Camden, and Newark.

For the 2019 RBHS pilot project, a resource and policy scan was conducted prior to the administration of the survey. The purpose of the resource and policy scan was to systematically document the available resources, programs, policies, and protocols related to sexual misconduct at RBHS. The resource and policy scan was also used to tailor the survey tool to RBHS-specific resources.

Before the 2019 RBHS pilot survey was administered, 12 students from the New Jersey Medical School (NJMS) and the School of Public Health (SPH) participated in two focus groups. The purpose of the groups was to collect information about students' understanding and perception of sexual violence and harassment in order to inform the campus climate survey design and educational programming by RBHS.

The third component, the RBHS campus climate pilot survey, was administered in Spring 2019 at the New Jersey Medical School and the School of Public Health, and to five additional RBHS schools in the Spring of 2020. The survey was approved by the Rutgers University Institutional Review Board and was programmed into Qualtrics by Rutgers Institutional Research (IR). All participants took the survey online and were provided with an informed consent form and the option to participate in the survey. The survey was open for a total of four weeks, from February 11, 2020 through March 10, 2020, to allow participants sufficient time to participate as best practices show that keeping the survey in the field for a reasonable length of time is a way to minimize bias [20].² Prior to administering the survey, an Advisory Board was created to assist with both the development of outreach measures to promote the survey to students and to guide subsequent action planning based on the results of the survey. The Advisory Board is comprised of several key stakeholders from multiple departments across the school. Students were notified about the survey through a range of outreach measures that were developed in collaboration with the Advisory Board, and included direct e-mails, a social media campaign, and posters displayed on campus. All participants received a \$10 Amazon gift card for completing the survey to give potential survey respondents a reason to complete the survey beyond their intrinsic motivation to do so [20].

The RBHS campus climate survey contained seven sections: 1) basic demographics; 2) experiences of sexual harassment from faculty and students; 3) experiences of discrimination; 4) experiences of unwanted sexual contact; 5) perceptions of the university and fellow students; 6) awareness of

² For more information regarding efforts to reduce bias, please see the [limitations](#) section of this report.

resources, knowledge of what to do in cases of sexual misconduct, and participation in sexual misconduct-related education/activities; and 7) attitudes about sexual misconduct. Whenever possible, validated, reliable, and published scales were used.

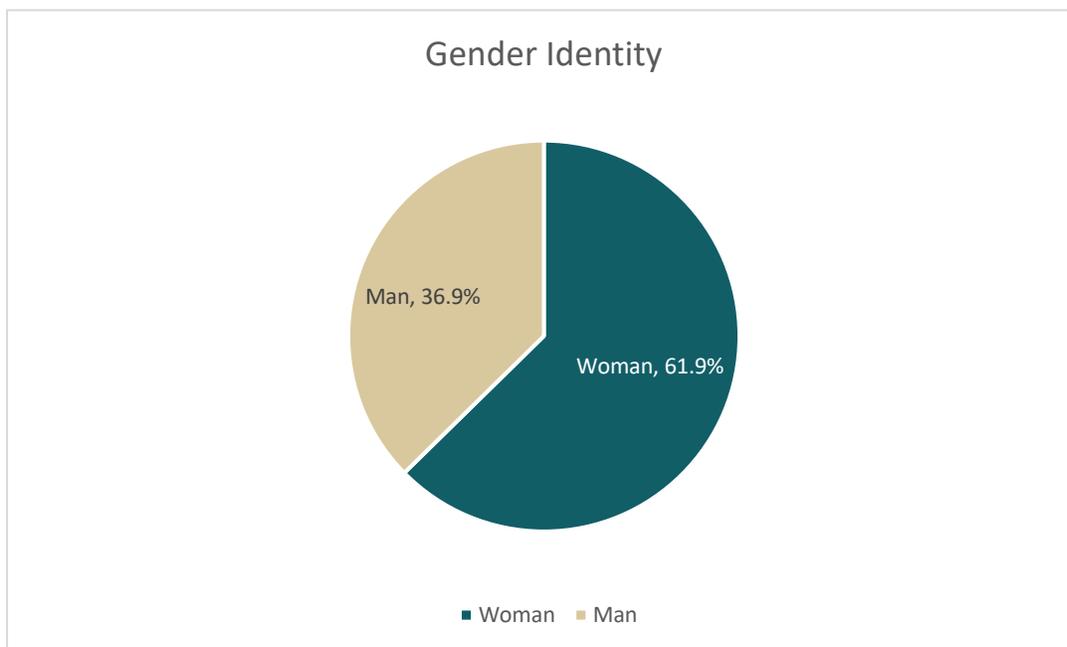
Findings

BASIC DEMOGRAPHICS

In total, 84 students from School of Dental Medicine participated in the survey (a 16.6% response rate). 52 participants identified as women (61.9%; see Figure 1), which largely reflects the student body of School of Dental Medicine (53% women).³ Furthermore, chi-square analyses indicate that there are no significant differences between the gender identity and the race/ethnicity of the student body and the analytic sample, meaning the sample is representative of the study population for these demographic categories.

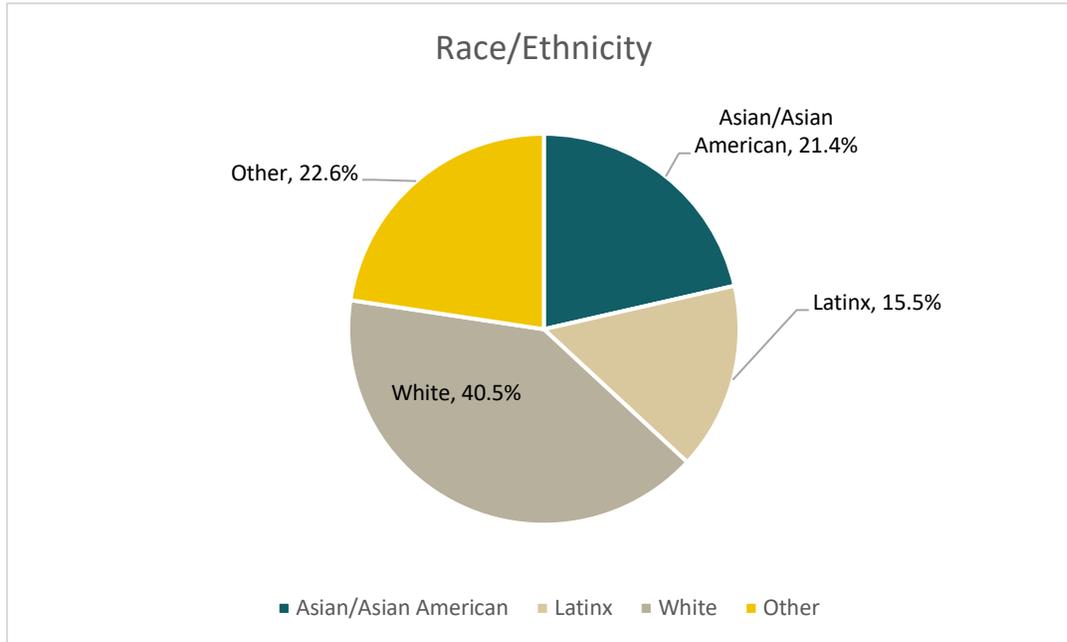
Most participants take classes on Newark (see Figure 4). The sample was fairly evenly distributed among first, second, third, and fourth year student (see Figure 5). The sample was also approximately 17.9% international students.

Figure 1. Gender Identity of Sample



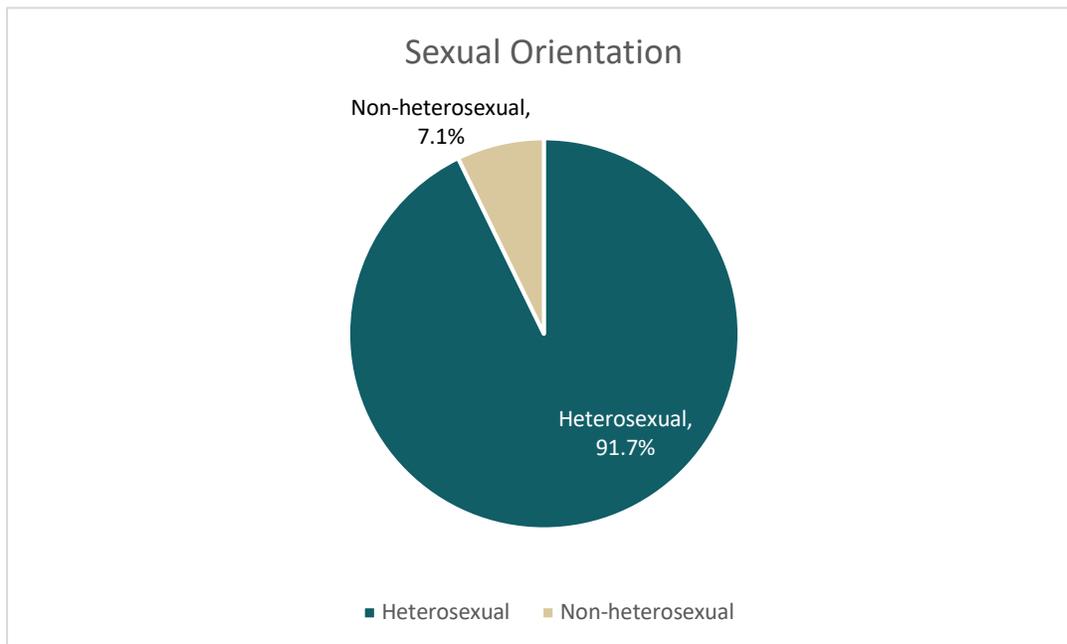
³ While students could select a gender identity other than “man” or “woman” on the campus climate survey, the sample size for those identifying as another gender identity was extremely low; therefore, throughout the report results are broken out for women and men students in order to protect students’ identities.

Figure 2. Race/Ethnicity of Sample⁴



Note. No Black/African American students participated in the #iSpeak campus climate survey at the Rutgers School of Dental Medicine

Figure 3. Sexual Orientation of Sample



⁴ The university uses the term "Hispanic," but we are using Latinx in this report.

Figure 4. Campus on Which Sample Takes Majority of Classes

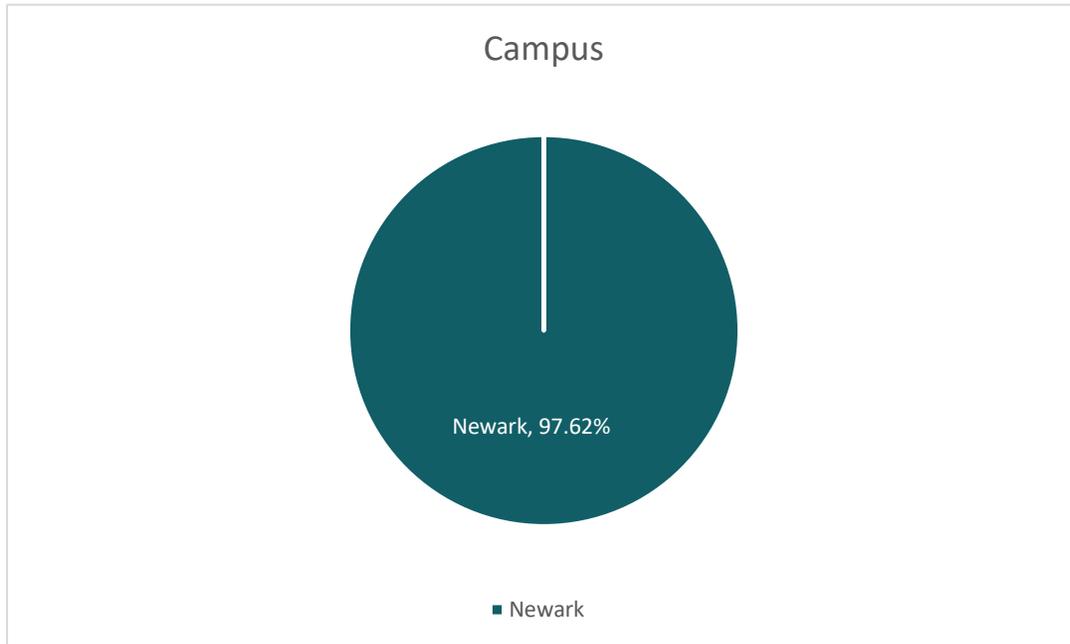
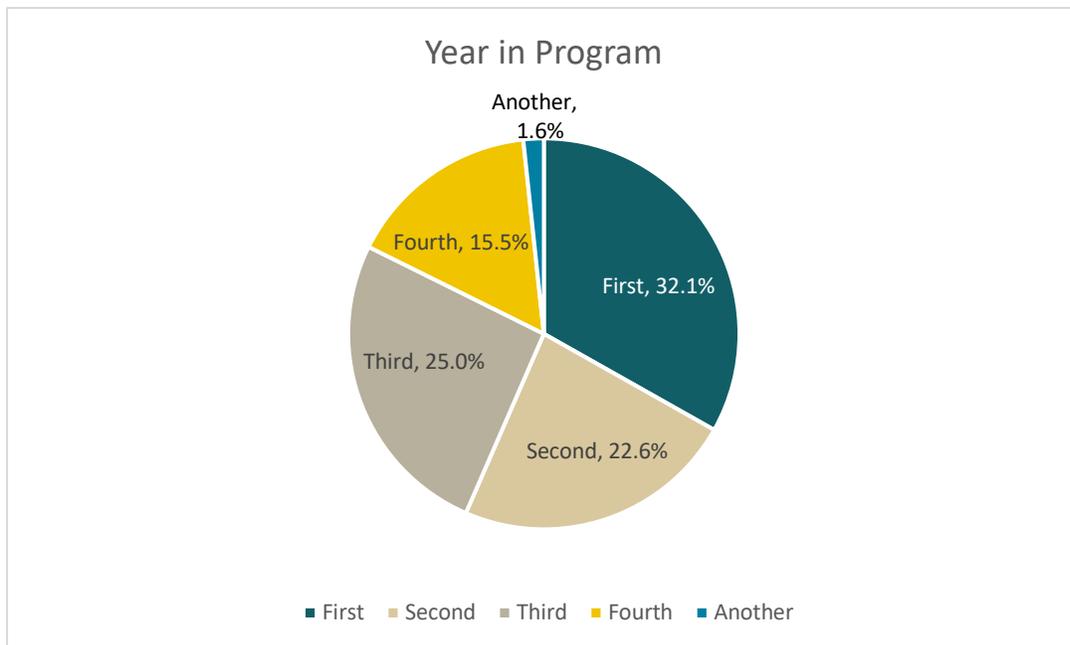


Figure 5. Year in Program for Sample



SEXUAL HARASSMENT

The report on sexual harassment of women from the National Academies of Sciences, Engineering, and Medicine[3] defines sexual harassment as a type of gender discrimination with three categories:

- 1) Gender harassment. Gender harassment refers to “a broad range of verbal and nonverbal behaviors not aimed at sexual cooperation but that convey insulting, hostile, and degrading attitudes about” members of one gender[6] (p. 430). Gender harassment can be further divided into two subcategories:
 - a. Sexist gender hostility. Sexist gender hostility includes behaviors that are demeaning to members of one gender (e.g., jokes or comments about women’s leadership abilities)
 - b. Crude gender harassment. Crude gender harassment includes using sexually crude terms or making sexually crude jokes about one gender (e.g., referring to a woman as a ‘bitch’ or a man as a ‘pussy’)
- 2) Unwanted sexual attention. Unwanted sexual attention refers to sexual advances that are unwelcome (e.g., repeatedly asking someone on a date when they have said ‘no’)
- 3) Sexual coercion. Sexual coercion refers to requirements to engage in sexual activity as a condition of employment or promotion (e.g., receiving a promotion in exchange for sex, or being denied an opportunity for refusing to have sex).

The dominant narrative about sexual harassment in the public sphere tends to focus on sexual coercion and unwanted sexual attention, yet gender harassment is the most common type of sexual harassment[3]. For this reason, it is important for any survey of sexual harassment to include all three types of sexual harassment as listed above. In the current survey, we measured sexual harassment using a modified version of the Sexual Experiences Questionnaire-Department of Defense (SEQ-DoD[7]). The SEQ-DoD is a validated instrument and is recommended in the report on sexual harassment of women from the National Academies of Sciences, Engineering, and Medicine[3] because it is behaviorally-specific, avoids using the term sexual harassment in the survey items, and captures the three types of sexual harassment. In the current survey, we used the SEQ-DoD to measure harassment experienced that was committed by faculty/staff and/or by students.

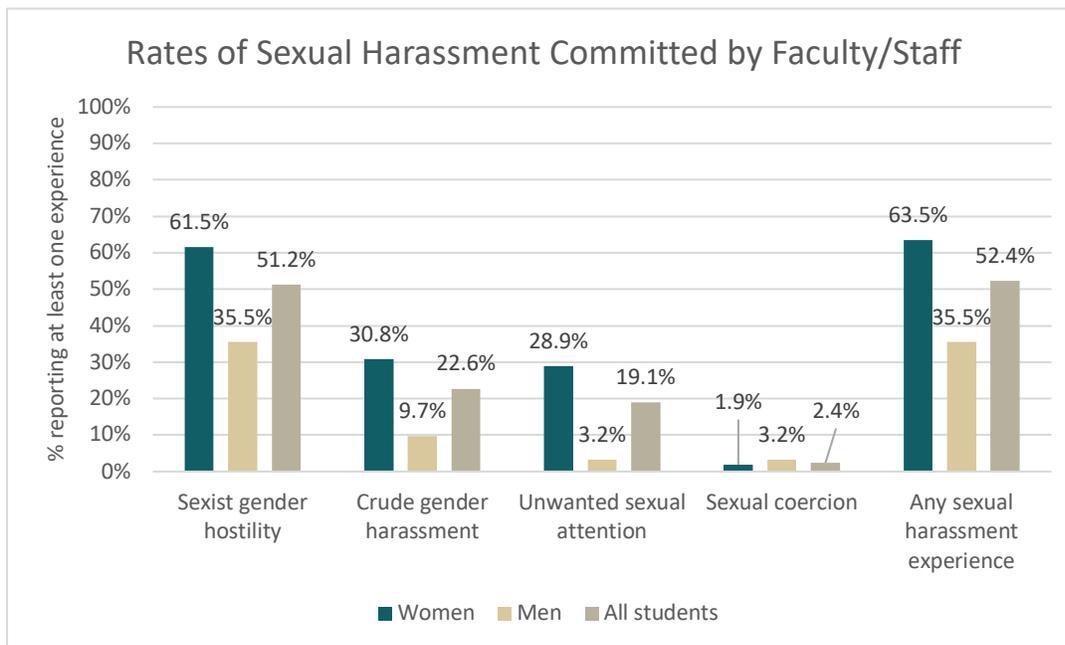
The SEQ-DoD includes 16 behaviors that capture sexist gender hostility, crude gender harassment, unwanted sexual attention, and sexual coercion. Participants indicated whether they had experienced each of the behaviors never (0 times), once (1 time), sometimes (2-5 times), or often (6+ times). Example items include “treated you differently because of your gender” (sexist gender hostility), “repeatedly told sexual stories or jokes that were offensive to you” (crude gender harassment), “made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it” (unwanted sexual attention), and “treated you badly for refusing to have sex” (sexual coercion). Participants indicated their experiences with these behaviors committed by faculty members, staff, and students. Based on the 16 behaviors, experiences of sexual harassment were then collapsed into the categories outlined above.

The SEQ-DoD was successful in measuring sexual harassment in the pilot survey administered at RBHS in the spring of 2019 and was used again in the current survey to measure harassment experiences committed by faculty, staff, and/or by students.

Sexual harassment committed by faculty/staff

Overall, 63.5% of women participants and 35.5% of men participants at School of Dental Medicine experienced at least one type of harassment from faculty/staff. Consistent with previous research, the most common type of harassment was sexist gender harassment (experienced by 61.5% of women and 35.5% of men). Women participants were significantly more likely to experience sexual harassment committed by faculty/staff than men students.⁵ Specifically, women participants were significantly more likely than men participants to experience sexist gender hostility,⁶ crude gender harassment,⁷ and unwanted sexual attention.⁸ Rates of each type of harassment committed by faculty/staff are displayed in Figure 6. There were no differences by race/ethnicity.

Figure 6. Rates of Sexual Harassment Committed by Faculty/Staff



Participants who indicated at least one experience of sexual harassment committed by faculty/staff were asked a series of follow-up questions about the most serious incident they had experienced.⁹ The majority of those who responded to the follow-up questions indicated that the most serious incident involved sexist gender hostility (65.9%) which occurred in the last 12 months (75.0%) and occurred on campus (88.6%). When asked about who committed the most serious incident of sexual harassment by faculty/staff, the majority (88.6%) indicated the individual was a man and more than half (79.5%)

⁵ $\chi^2(1) = 6.10, p = 0.01$

⁶ $\chi^2(1) = 5.28, p = 0.02$

⁷ $\chi^2(1) = 4.89, p = 0.03$

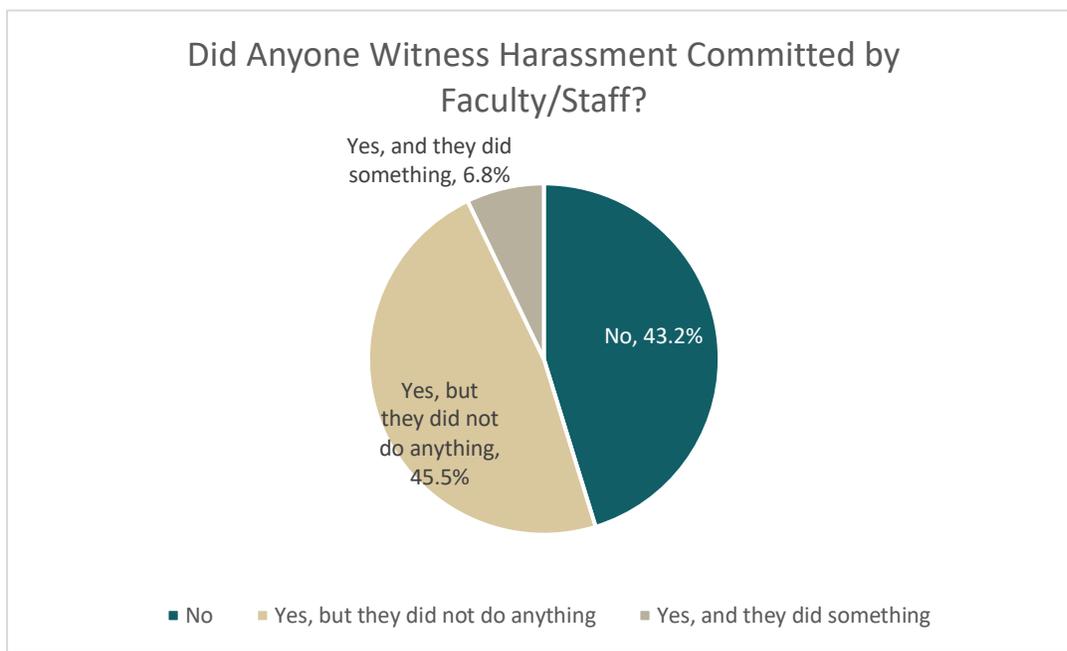
⁸ $\chi^2(1) = 8.19, p < 0.01$

⁹ We do not suggest in any way that any incident of sexual violence, including sexual harassment, is less serious than others; this method of collecting follow-up data is in the literature as a best practice for campus climate surveys, and was included in the survey tool that was created by the Office on Violence Against Women for the White House Task Force to Protect Students from Sexual Assault [1].

indicated the individual who committed the incident was a faculty member, while 9.1% indicated that the individual was a staff member or other administrator.

Participants who indicated that they experienced at least one incident of sexual harassment committed by students were asked whether anyone else saw the most serious incident. Almost half of the participants who experienced sexual harassment from a faculty/staff indicated that no one witnessed the incident (43.2%). In most cases, participants indicated that at least one person witnessed the incident, but the bystander(s) did not do anything to intervene (45.5% of the time an incident occurred; see Figure 7).

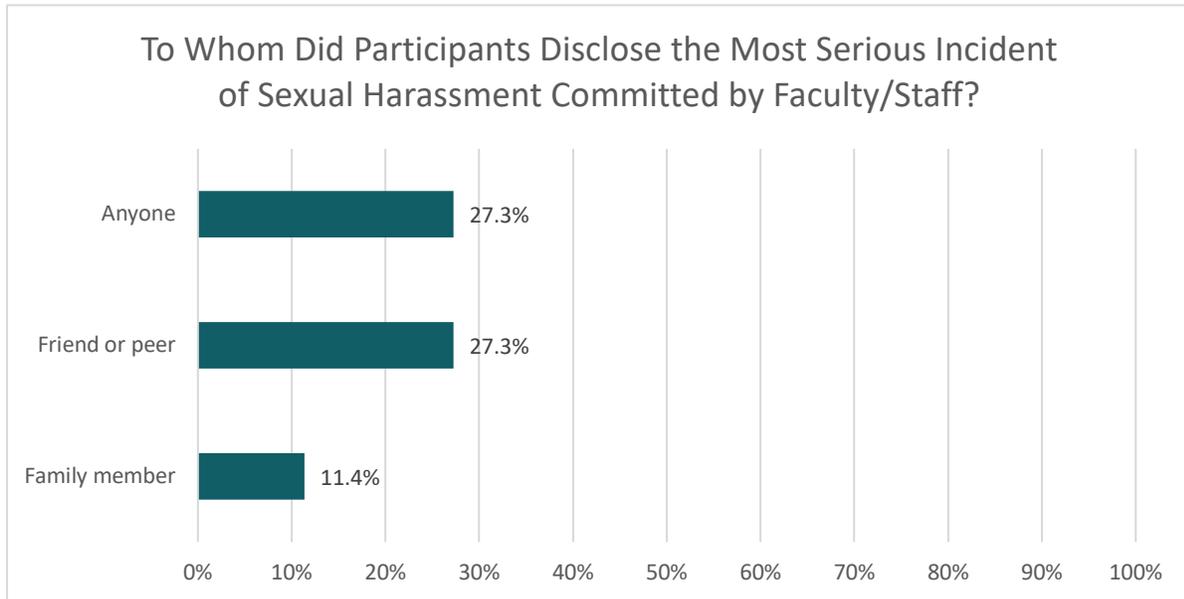
Figure 7. Among Those Who Experienced Sexual Harassment Committed by Faculty/Staff, Did Anyone Witness the Most Serious Incident?



Participants who reported at least one experience of harassment committed by faculty/staff were asked whether they disclosed the incident to anyone (see Figure 8). About one-fourth (27.3%) of participants who experienced sexual harassment committed by faculty disclosed the incident to anyone. The most common disclosure sources were a friend/peer (27.3%) or a family member (11.4%). Of those participants who did disclose an incident of sexual harassment committed by faculty/staff, a majority (75.0%) disclosed within the first 24 hours.

Very few participants who experienced sexual harassment committed by faculty/staff disclosed to a formal resource on campus. Less than five participants disclosed to Office of Employment Equity, Rutgers Human Resources, or Title IX Compliance. No participants disclosed to the Office for Violence Prevention and Victim Assistance [VPVA], Student Wellness, or a clinician at University Behavioral Health. Additionally, less than five participants who experienced sexual harassment from faculty/staff filed a formal complaint about the incident.

Figure 8. To Whom Did Participants Disclose the Most Serious Incident of Sexual Harassment Committed by Faculty/Staff?



Note. Only response options that students selected in the survey are included in the table above. Response options selected by less than five students were not included in the table in order to protect students’ identities.

Participants who experienced sexual harassment committed by faculty/staff and did not disclose to anyone were asked why they did not disclose. Participants were presented with a list of 26 reasons for not disclosing and they indicated whether each reason was true of them. The 26 reasons were then grouped into 10 conceptual categories presented in Figure 9.

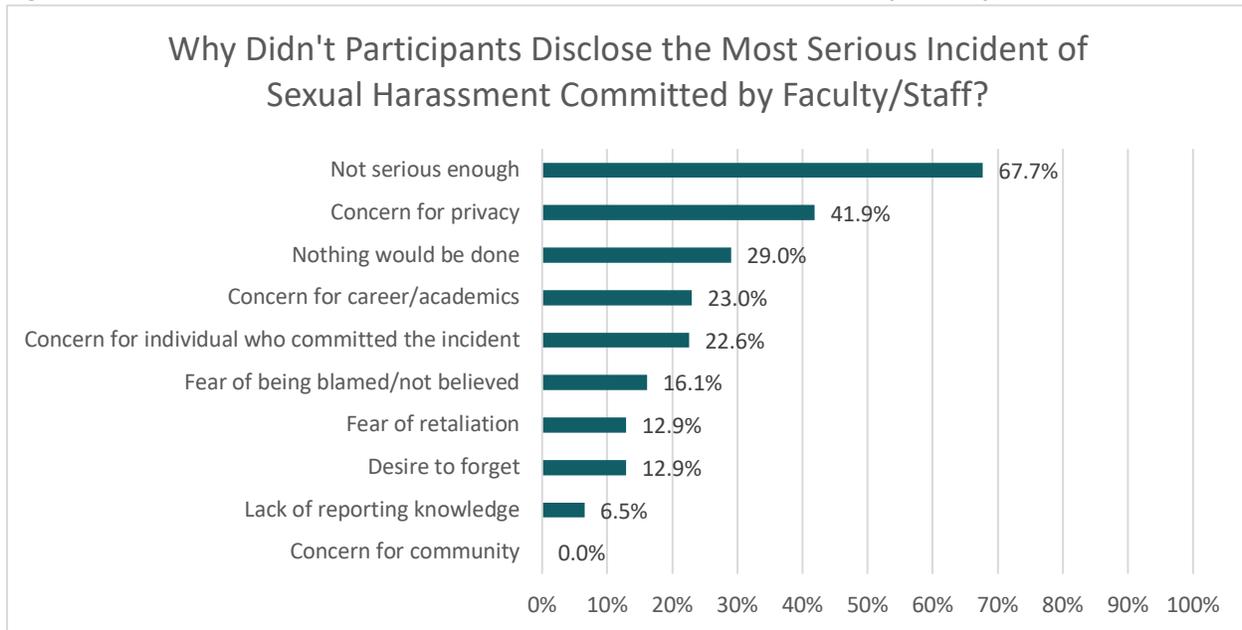
The most common reasons for not disclosing sexual harassment from faculty/staff were because the participants did not think what happened was serious, they were concerned for their privacy, and they felt nothing would be done (see Figure 9). Women participants were significantly more likely to select a response in the category “not serious enough,”¹⁰ “fear of being blamed or not being believed,”¹¹ and “concern for privacy”¹² compared to men participants. There were no significant differences by race/ethnicity.

¹⁰ Gender identity: Concern for privacy: $\chi^2(1) = 6.39, p = 0.01$

¹¹ Gender identity: Fear of being blamed or not being believed: $\chi^2(1) = 3.17, p = 0.08$

¹² Gender identity: Concern for privacy: $\chi^2(1) = 3.18, p = 0.08$

Figure 9. Reasons For Non-Disclosure of Sexual Harassment Committed by Faculty/Staff



Additionally, participants who did not file a formal complaint about their experiences of sexual harassment that faculty/staff committed were asked why. The most common reason for not filing a formal complaint of sexual harassment by faculty/staff was because the participants did not think it was serious enough to report (74.4% cited this reason). A little less than half of participants did not file a formal complaint because they felt they did not need any assistance (see Figure 10).

Figure 10. Reasons for Not Filing a Formal Complaint After Harassment Committed by Faculty/Staff

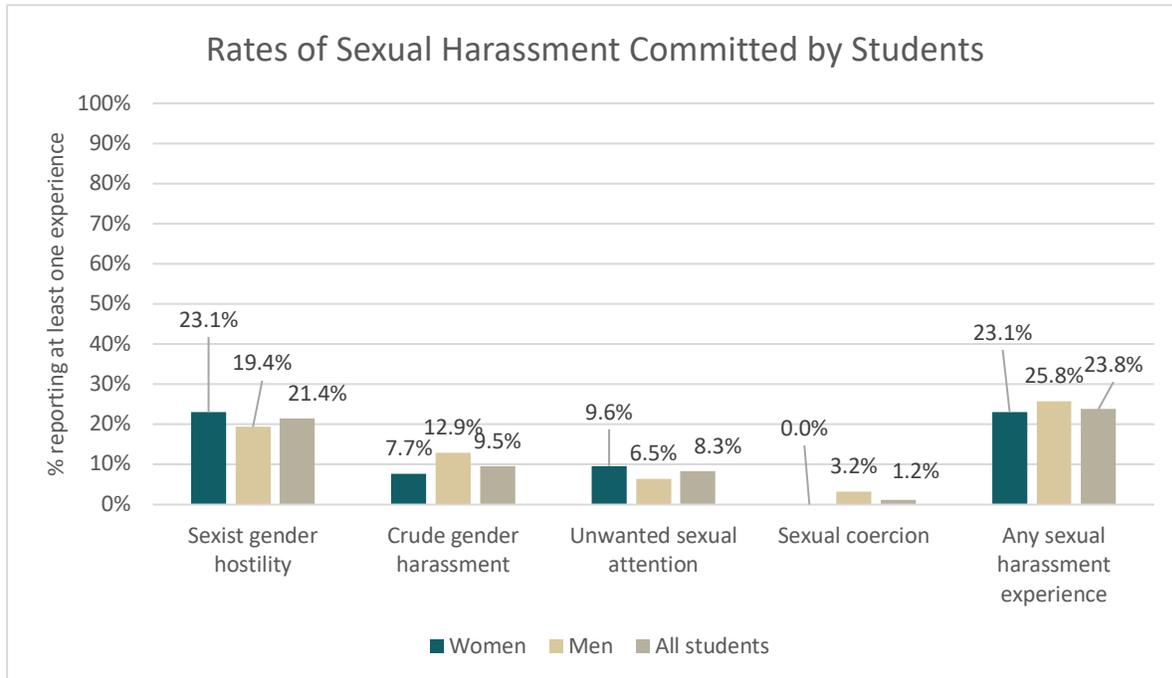


Note. Only response options that students selected in the survey are included in the table above

Sexual harassment committed by students

Overall, 23.1% of women participants and 25.8% of men participants experienced at least one type of harassment from students. Consistent with previous research, the most common type of harassment was sexist gender hostility, a sub-category of gender harassment (experienced by 23.1% of women and 19.4% of men). There were no significant differences by gender identity or by race/ethnicity. Rates of each type of harassment are displayed in Figure 11.

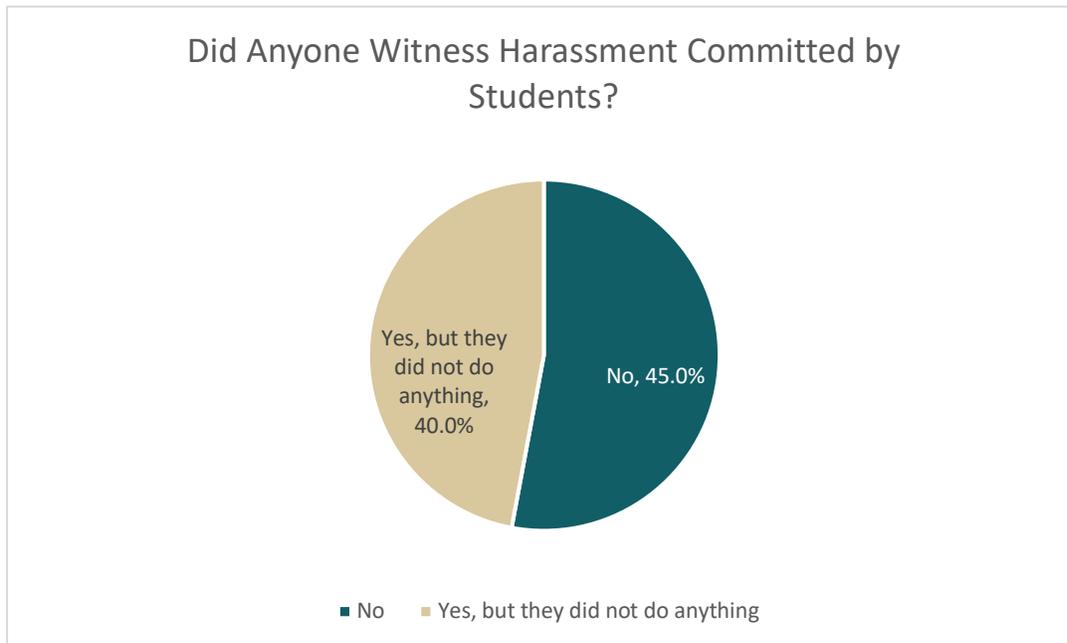
Figure 11. Rates of Sexual Harassment Committed by Students



Participants who indicated at least one experience of sexual harassment committed by students were asked a series of follow up questions about the most serious incident they had experienced. Most participants who responded to the follow-up questions were responding to an incident of sexist gender hostility (35.0%) or unwanted sexual attention (20.0%), which occurred in the last 12 months (60.0%) and occurred on campus (75.0%). When asked about the individual who committed the most serious incident of sexual harassment from students, the majority (60.0%) indicated that the individual was a man and most (70.0%) indicated the individual was a student at Rutgers.

Participants who indicated that they experienced at least one incident of sexual harassment committed by students were asked whether anyone else saw the most serious incident. Almost half of the participants who experienced sexual harassment by students indicated that no one witnessed the incident (45.0%). Of those who indicated that someone witnessed the incident, the bystander(s) did not do anything to intervene (40.0% of the time an incident occurred; see Figure 12).

Figure 12. Among Those Who Experienced Sexual Harassment Committed by Students, Did Anyone Witness the Most Serious Incident?

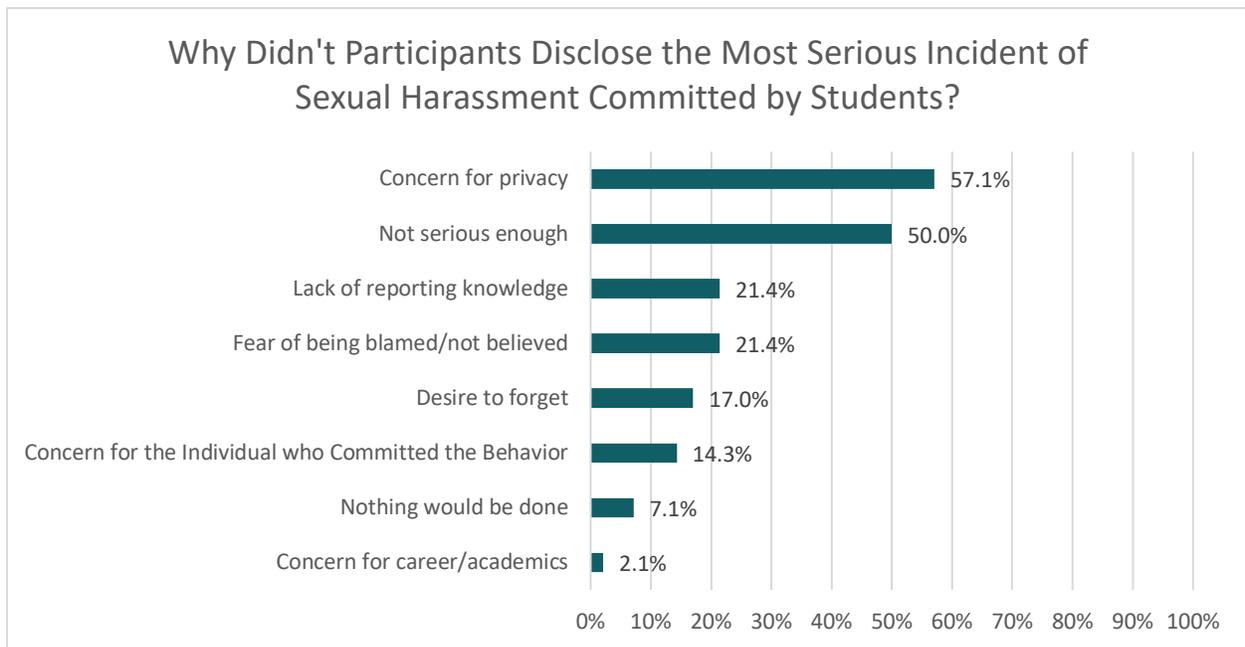


Participants who reported at least one experience of harassment committed by students were asked whether they disclosed the incident to anyone (see Figure 13). Less than five participants disclosed to anyone, including formal (e.g., Title IX Compliance, Office for Violence Prevention and Victim Assistance [VPVA]) and informal (e.g., friend/peer, family) sources; therefore a table was not included in this report.

Participants who experienced sexual harassment from students and did not disclose to anyone were asked why they did not disclose. Participants were presented with a list of 26 reasons for not disclosing and they indicated whether each reason was true of them. The 26 reasons were then grouped into 10 conceptual categories included in Figure 13.

The most common reasons for not disclosing sexual harassment from students was because participants were concerned for their privacy, they felt it was not serious enough, they lacked knowledge of how to report, and they feared being blamed or not believed (see Figure 13). There were no differences by gender identity or by race/ethnicity.

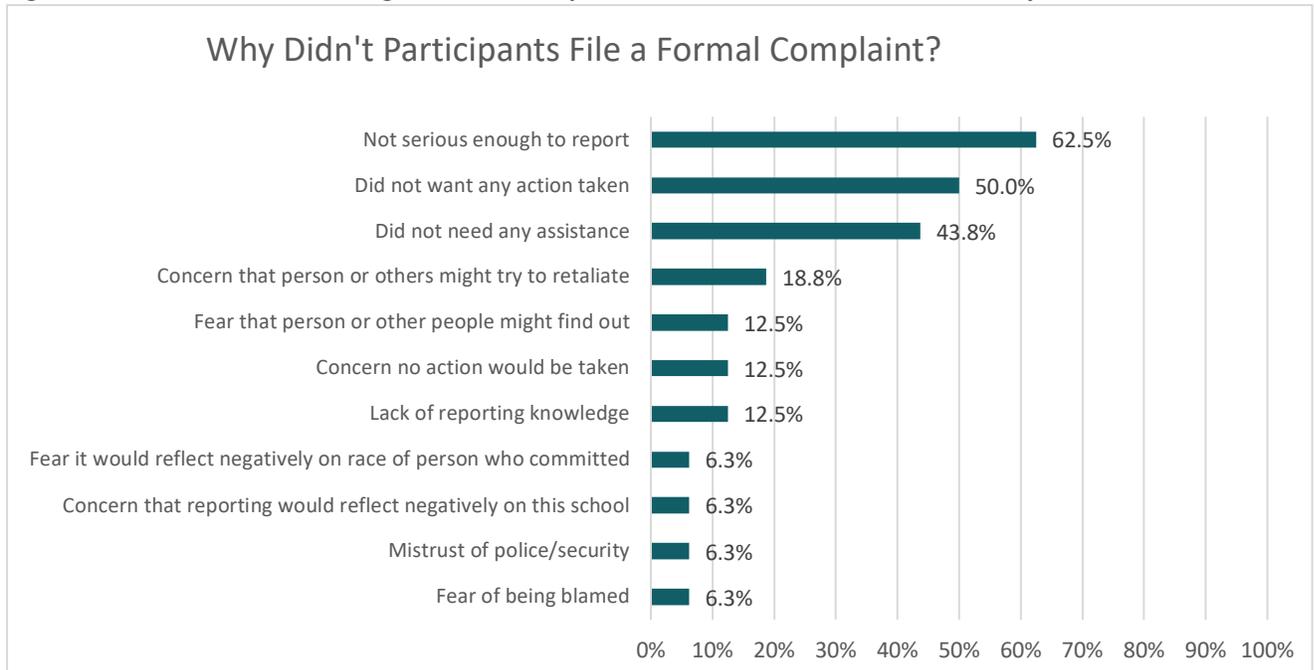
Figure 13. Reasons for Non-Disclosure of Sexual Harassment Committed by Students



Note. Only response options that students selected in the survey are included in the table above

Additionally, participants who did not file a formal complaint about their experiences of sexual harassment by a student were asked why. The most common reasons for not filing a formal complaint of sexual harassment committed by a student was because the participants felt it wasn't serious enough to report. Although not the most common reason, about one in five students (18.8%) indicated that they did not file a formal complaint because they were worried that either the person who committed the incident or other people might try to get back at them (see Figure 14).

Figure 14. Reasons for Not Filing a Formal Complaint After Harassment Committed by a Student



Note. Only response options that students selected in the survey are included in the table above

Experiences of gender harassment

Because gender harassment is the most common type of sexual harassment, we included three additional questions to capture experiences of gender harassment related to academic opportunities. Specifically, participants were asked to rate their agreement with three statements regarding gender harassment at RBHS. These statements were created by the research team based on the experiences documented in the focus groups. An example statement is, “Since enrolling in RBHS, I have been denied academic opportunities because of my gender.” A mean score across the three items was calculated such that a higher score indicates greater experiences with gender harassment related to academic opportunities.

Overall, participants generally disagreed that they have experienced gender harassment, as evidenced by low overall scores (see Figure 15). There were no significant differences by gender identity or by race/ethnicity.

Figure 15. Average Scores on Gender Harassment Scale

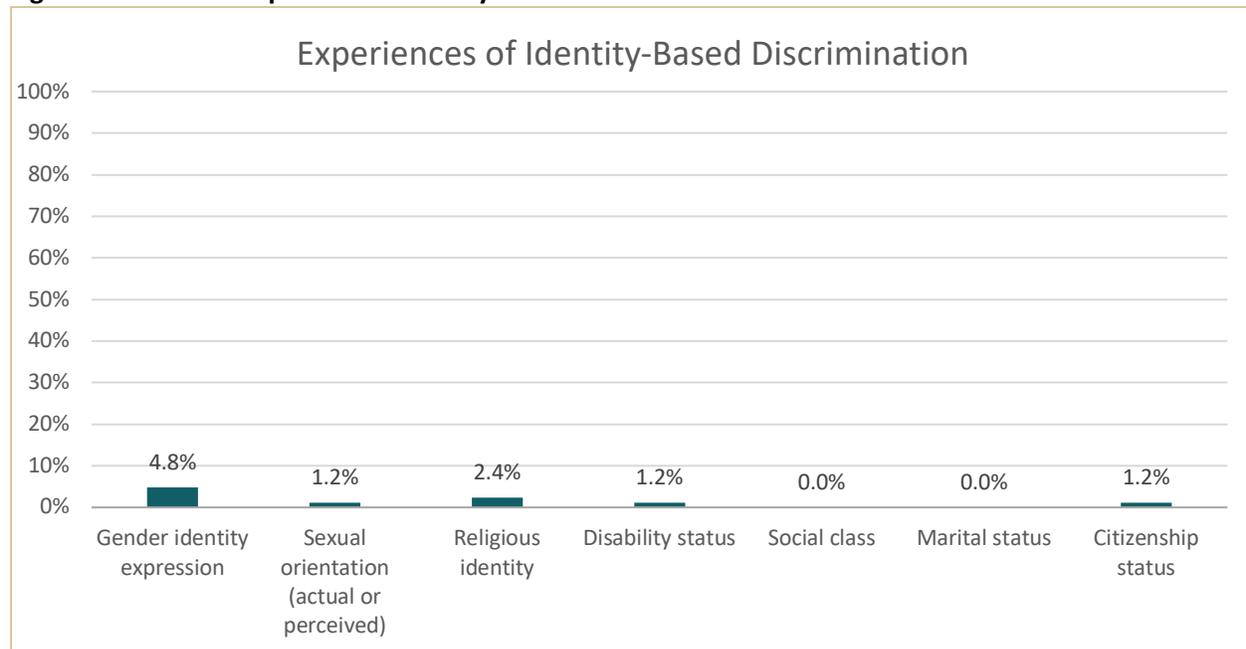


Note. Higher scores indicate more experience with gender harassment.

Other forms of discrimination

The Rutgers School of Dental Medicine was also interested in measuring students' experiences with other forms of identity-based discrimination. Specifically, we asked if students experienced discrimination based on their sexual orientation, gender identity expression, race/ethnicity, national origin, religious identity, disability status, social class, marital status, and citizenship status. There were no significant differences by gender identity or by race/ethnicity.

Figure 16. Rates of Experienced Identity-Based Discrimination

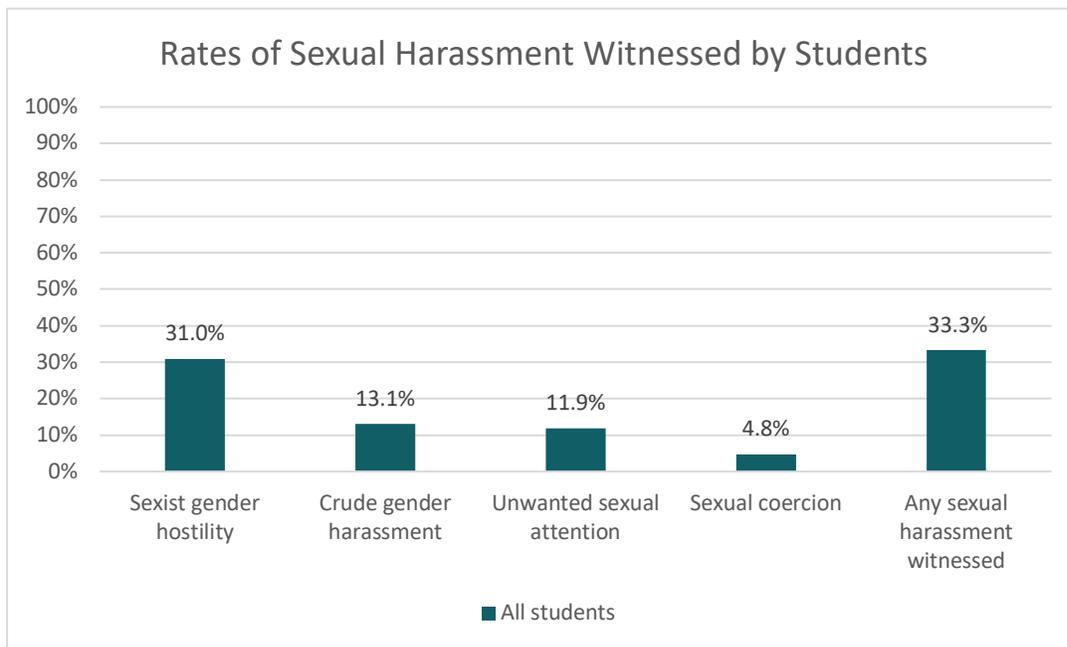


Witnessing sexual harassment

The research team asked participants if they witnessed any incidents of sexual harassment since enrolling in RBHS. The research team adapted the list of types of sexual harassment from the SEQ-DoD which includes 16 behaviors to capture the following types of sexual harassment: sexist gender hostility, crude gender harassment, unwanted sexual attention, and sexual coercion. Participants indicated whether or not they had witnessed each of the situations occur to another student(s) since they enrolled at RBHS. Example items include having witnessed someone treated “differently because of their gender” (sexist gender hostility), “repeatedly told sexual stories or jokes that were offensive to someone” (crude gender harassment), “made unwanted attempts to establish a romantic sexual relationship with someone despite their efforts to discourage it” (unwanted sexual attention), and “treated someone badly for refusing to have sex” (sexual coercion) (see Figure 17).

If participants indicated they have witnessed any of the situations, they were asked if they did anything. A majority of students did not witness an incident of sexual harassment (67.7%) and of those that did, only a little over 2% did something about it.

Figure 17. Bystander Witnessing Harassment



UNWANTED SEXUAL CONTACT¹³

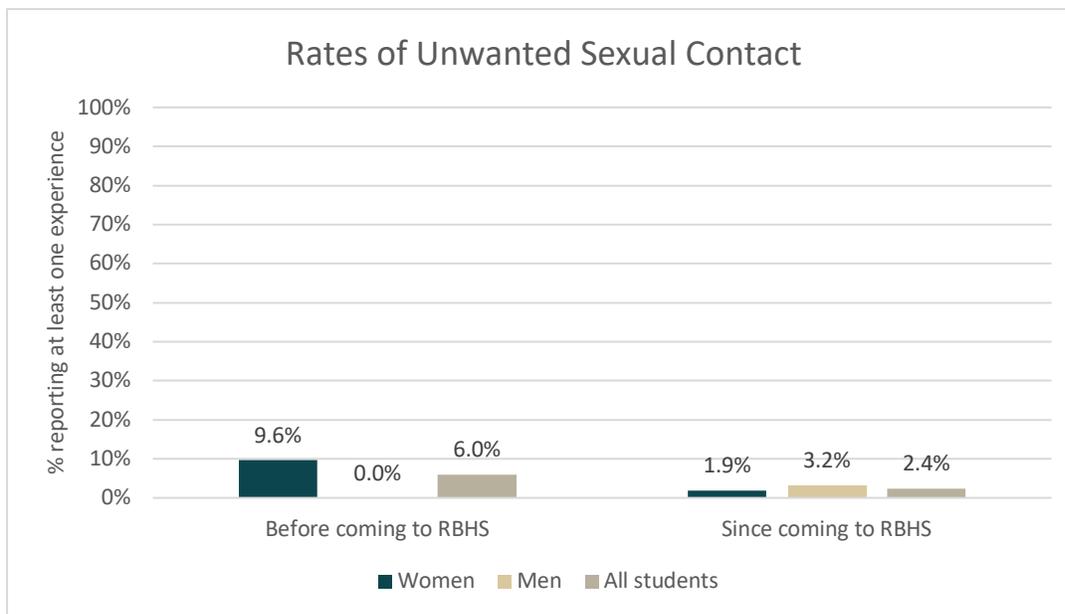
Before asking participants about their experiences of unwanted sexual contact they were provided with the definition of unwanted sexual contact as stated in the Rutgers University Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking and Related Misconduct[8].

Following the definition, students were asked six questions about whether they had experienced various types of unwanted sexual contact since coming to RBHS using a scale validated by the Bureau of Justice Campus Climate Validation Study[11]. This included:

- Four questions about unwanted sexual contact that involved force or threats of force, explained as: “This could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or threatening to use a weapon against you.”
- Two questions about unwanted sexual contact while being unable to provide consent or to stop what was happening because “you were passed out, drugged, incapacitated or asleep.” One question asks about experiences of this type that participants are certain occurred, and the second question asks about experiences of this type that participants are uncertain occurred.

Rates of unwanted sexual contact are displayed in Figure 18. Women participants reported significantly higher rates of unwanted sexual contact *before* coming to RBHS than men participants (9.8% v. 0.0%).¹⁴ There were no significant difference in experiences of unwanted sexual contact *since* coming to RBHS.

Figure 18. Rates of Unwanted Sexual Contact



¹³ Throughout this section of the report, the term “sexual violence” is used to refer to a range of any sexual act or attempt to obtain a sexual act against a person using force, threat of force, coercion, and/or incapacitation, by any person regardless of their relationship to the survivor, in any setting, including but not limited to home and work.

¹⁴ Gender identity: $\chi^2(1) = 12.85$ $p = 0.01$

Respondents who indicated at least one experience of unwanted sexual contact since coming to RBHS were asked several follow up questions about the most serious incident. However, because only 2 participants indicated an experience of unwanted sexual contact since coming to RBHS, responses to these follow-up questions are not included in the report.

All survey participants were asked whether they know anyone who has ever been forced or coerced by another person to do something sexually that they did not want to do; 19.1% indicated yes (see Figure 19). Participants were also asked whether any other students have ever disclosed an experience of unwanted sexual contact to them since coming to RBHS (see Figure 20). About four percent of participants indicated that they had received a disclosure since coming to RBHS (3.6%).

Figure 19. Has Anyone You Know Experienced Sexual Violence?

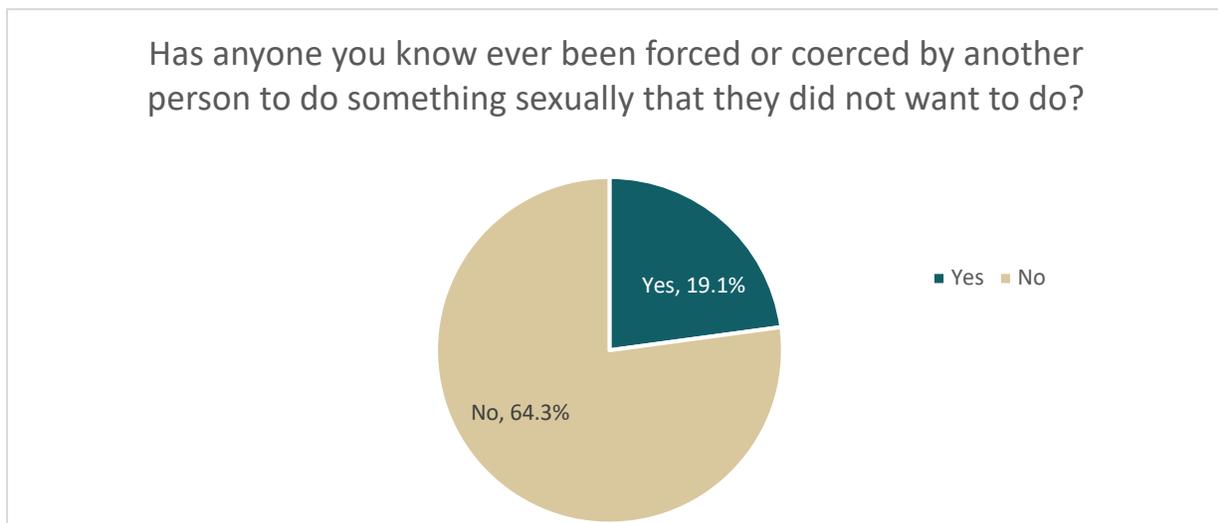
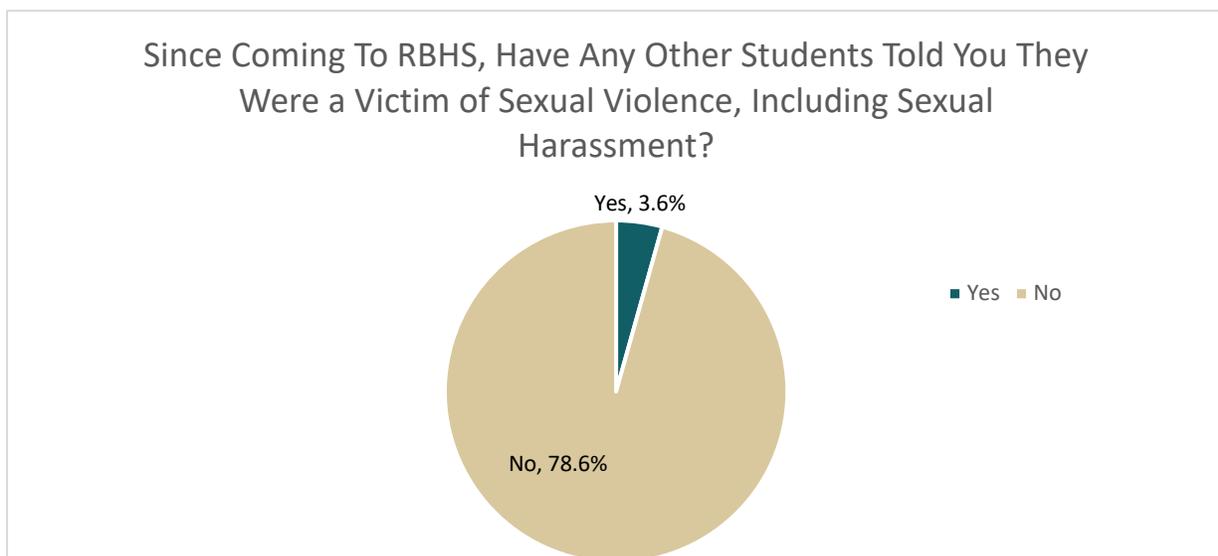


Figure 20. Disclosure From Other Students



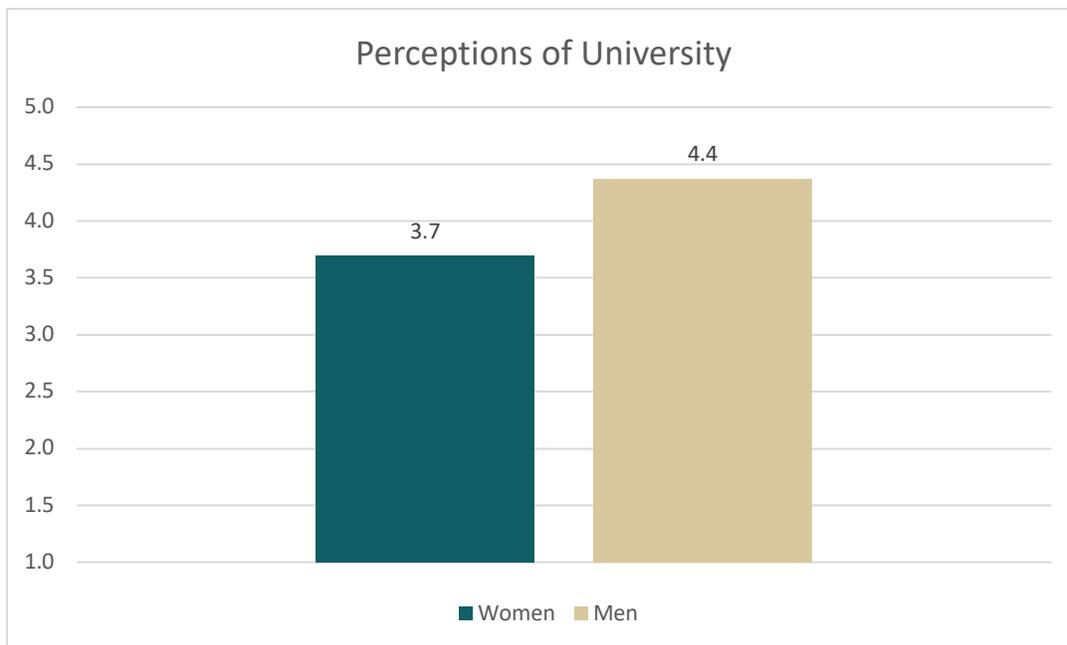
PERCEPTIONS OF UNIVERSITY AND STUDENTS¹⁵

In their report on sexual harassment, the National Academies of Sciences, Engineering, and Medicine (2018) notes that perceived tolerance for sexual harassment (and other forms of sexual misconduct) contributes to incidents of sexual harassment[3]. Therefore, it is important to consider students’ perceptions of the climate around sexual misconduct. We used three scales to measure perceptions of the climate. These scales were based on the *Not Alone* toolkit[1].

Perceptions of the university

First, we measured students’ perceptions of how the university would handle a report of sexual misconduct. Participants rated their agreement with seven statements on a 1-to-5 scale, with higher scores indicating more positive perceptions of the university. Example statements include, “RBHS would take the report seriously” and “RBHS would support the person making the report.” Average scores for women and men are displayed in Figure 21. Overall, participants rated the university positively. Men participants rated the university significantly more positively than women participants.¹⁶ There were no differences by race/ethnicity.

Figure 21. Perceptions of How University Would Handle a Report of Sexual Misconduct



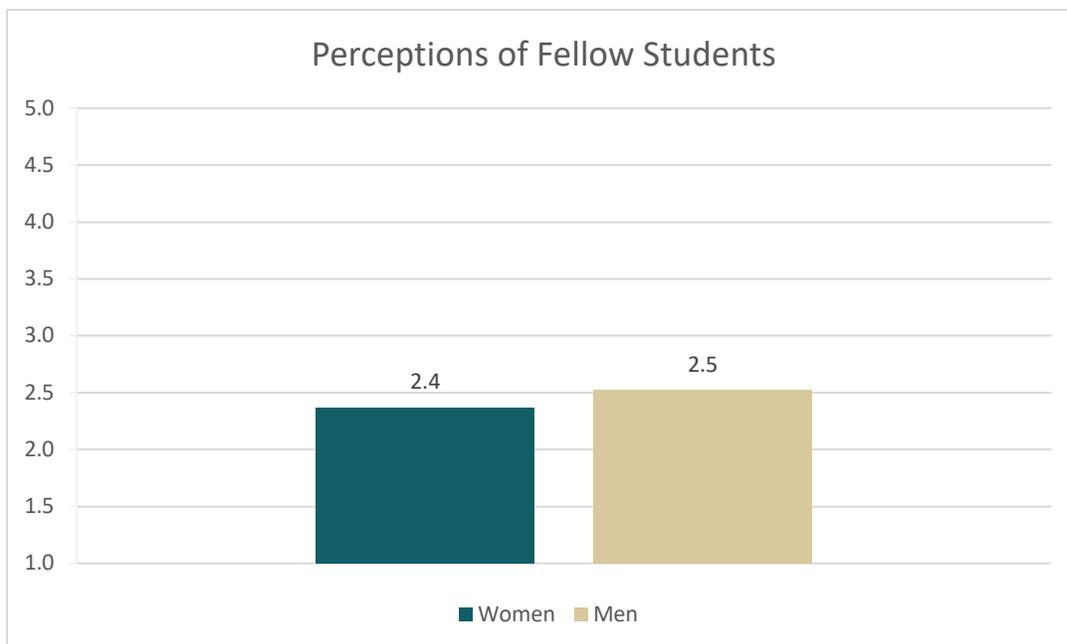
¹⁵ Throughout this section of the report, the term “sexual misconduct” is used to refer to a broad range of behavior, from harassing statements to criminal sexual assault. It includes “Non-Consensual Sexual Penetration,” “Non-Consensual Sexual Contact,” “Sexual Exploitation,” and “Sexual Harassment.” This term is used here because it was the term used in the questions on the survey tool as it is the term used throughout Rutgers University’s Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking and Related Misconduct.

¹⁶ Gender identity: $t(69) = 2.64, p = 0.01$

Perceptions of fellow students

Second, we measured participants' perceptions of how their peers would react to a person reporting sexual misconduct. Participants rated their agreement with three statements on a 1-to-5 scale. Scores were calculated such that higher scores indicate more positive perceptions of fellow students. Example statements include, "Students would label the person making the report a troublemaker" and "the alleged offenders or their friends would try to get back at the person making the report." Average scores for women and men are displayed in Figure 22. Overall, participants rated their peers at the midpoint, indicating a fairly positive perception of their fellow students. There were no differences between men and women on perceptions of fellow students, however Latinx participants rated their peers significantly less positively than White participants.¹⁷

Figure 22. Perceptions of How Peers Might React to Someone Reporting an Incident of Sexual Misconduct



¹⁷ Race/ethnicity: $t(37) = 2.38, p = 0.02$

AWARENESS OF RESOURCES AND KNOWLEDGE OF WHAT TO DO IN CASES OF UNWANTED SEXUAL CONTACT¹⁸

In order to estimate students' understanding of campus resources for sexual misconduct, we measured participants' awareness of resources, knowledge of what to do in cases of unwanted sexual contact, and participation in sexual misconduct-related education/activities.

Awareness of resources

Participants were asked to rate their awareness of several resources on campus related to sexual misconduct. For each resource, participants indicated whether they were not at all aware, slightly aware, moderately aware, very aware, or extremely aware. The percentage of participants who were very or extremely aware of each resource, as well as the percentage of participants who were not at all aware of each resource, is presented in Figure 23. There were noted differences in awareness by gender,¹⁹ as well as race/ethnicity.²⁰

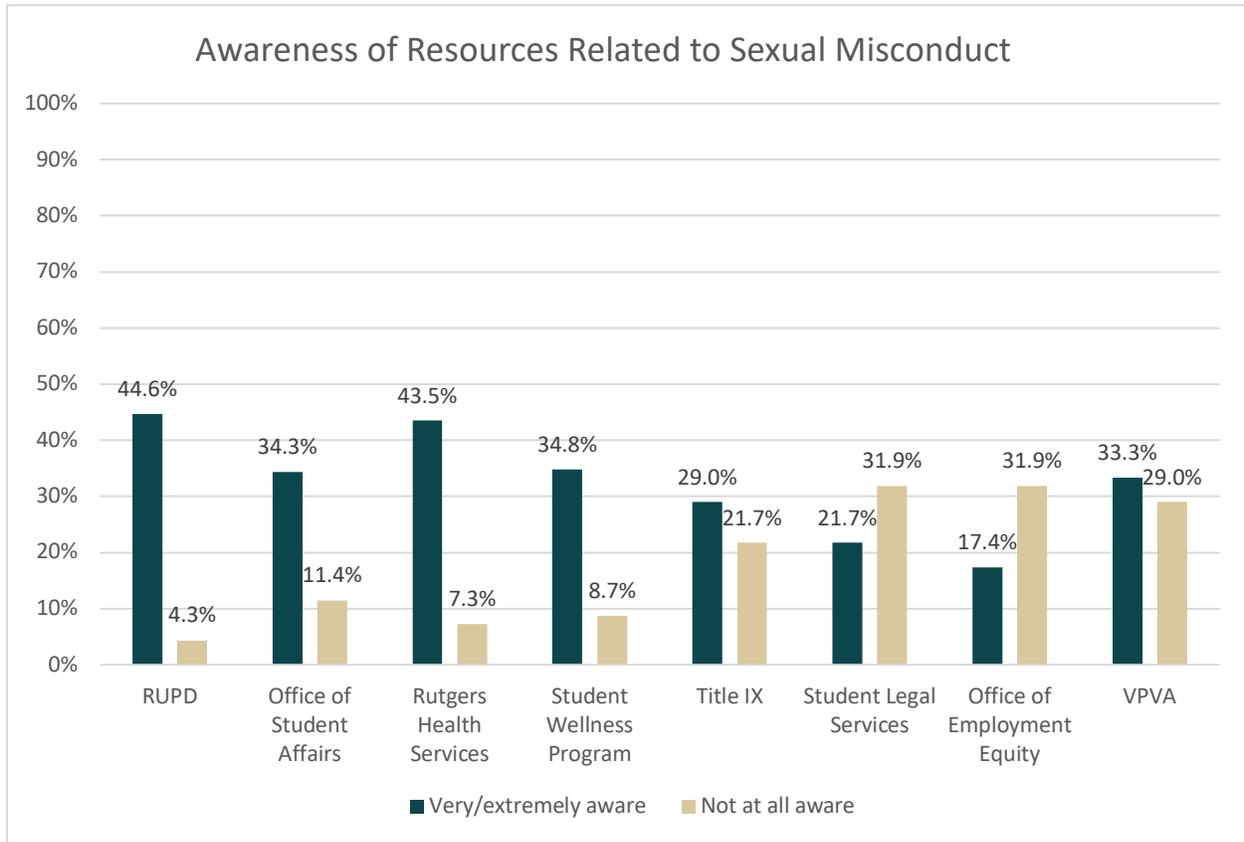
Women participants reported lower awareness of the Office of Student Affairs, Title IX Compliance, Student Wellness, Office of Employment Equity, Rutgers Health Services, and Student Legal Services than men participants. Racial/ethnic minority participants also reported lower awareness of the following resources on campus: Office of Student Affairs, Title IX Compliance, Office of Employment Equity, and Rutgers University Police Department (RUPD) than White participants. Overall, participants were most aware of RUPD (about half of participants were very/extremely aware) and least aware of Student Legal Services and Office of Employment Equity (31.9% indicated they were not at all aware of these resources).

¹⁸ Throughout this section of the report, the term "sexual misconduct" is used to refer to a broad range of behavior, from harassing statements to criminal sexual assault. It includes "Non-Consensual Sexual Penetration," "Non-Consensual Sexual Contact," "Sexual Exploitation," and "Sexual Harassment." This term is used here because it was the term used in the questions on the survey tool as it is the term used throughout Rutgers University's Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking and Related Misconduct.

¹⁹ Gender identity: Office of Students Affairs: $t(68) = 2.85, p = 0.01$; Title IX Compliance: $t(67) = 2.39, p = 0.02$; Student Wellness Program: $t(67) = 2.7944, p = 0.01$; Office of Employment Equity: $t(67) = 2.47, p = 0.02$; Rutgers Health Services: $t(67) = 2.22, p = 0.03$; Student Legal Services: $t(67) = 2.30, p = 0.02$

²⁰ Race/ethnicity: Office of Students Affairs: $t(68) = -2.26, p = 0.03$; Office of Employment Equity: $t(67) = -2.13, p = 0.04$; Title IX: $t(67) = -3.54, p < 0.001$; Rutgers University Police Department: $t(68) = 1.90, p = 0.06$;

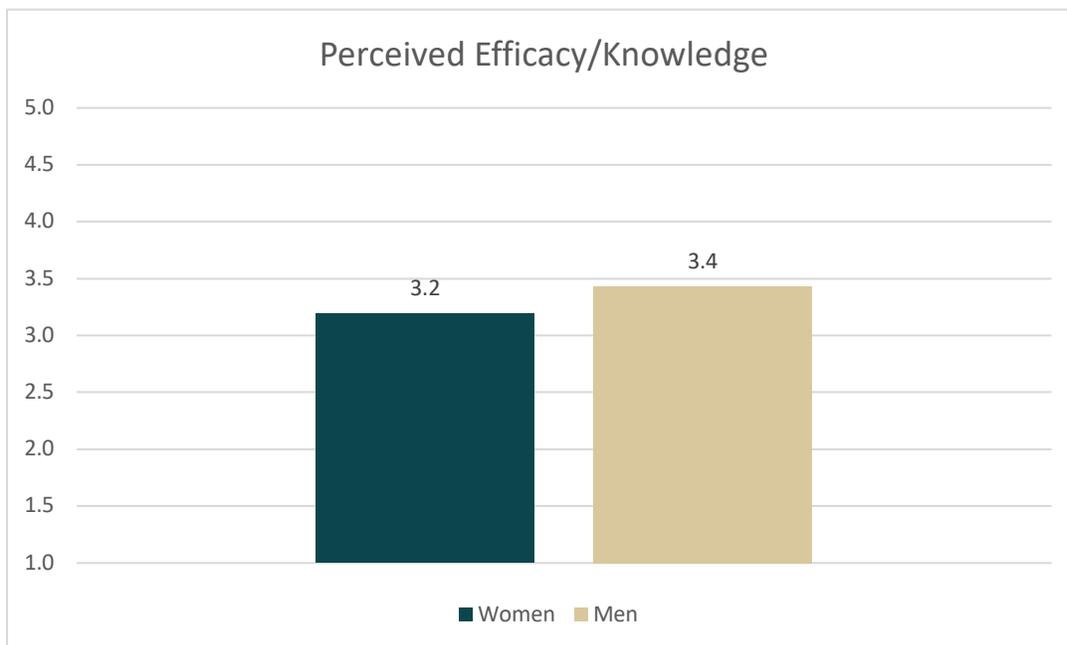
Figure 23. Awareness of Resources Related to Sexual Misconduct



Knowledge of what to do in cases of unwanted sexual contact

Participants also rated their perceived efficacy or knowledge of what to do if they or a friend experienced sexual misconduct. Participants rated their agreement with four statements on a 1-to-5 scale; higher scores indicate greater efficacy/knowledge[1]. Sample statements include, “If a friend or I experienced unwanted sexual misconduct, including sexual harassment, I know where to get help on Rutgers' campus.” Average efficacy/knowledge for women and men is displayed in Figure 24. Overall, participants were moderately efficacious/knowledgeable about what to do if they or a friend experienced sexual misconduct; average scores hovered around three on the 1-to-5 scale. Men participants scored significantly higher on efficacy/knowledge than women participants, which indicates that men participants felt more efficacious/knowledgeable about what to do if they or a friend experienced sexual misconduct.²¹ There were no significant differences by race/ethnicity.

Figure 24. Perceived Efficacy/Knowledge About What to Do in Cases of Sexual Misconduct

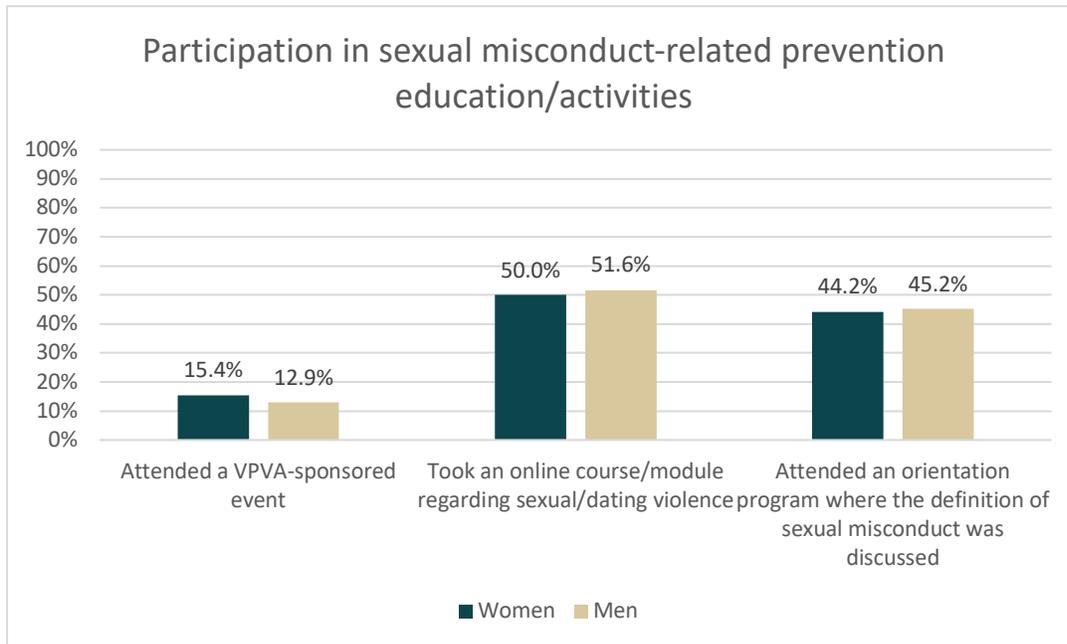


²¹ Gender identity: $t(67) = 2.23, p = 0.03$.

Participation in sexual misconduct-related prevention education/activities

Participants indicated whether they had participated in three prevention activities related to sexual misconduct education (see Figure 25). Very few participants indicated that they had participated in a VPVA activity (15.4% of women participants and 8.0% of men participants). There were no significant differences by gender identity or by race/ethnicity.

Figure 25. Participation in Sexual Misconduct-Related Prevention Activities



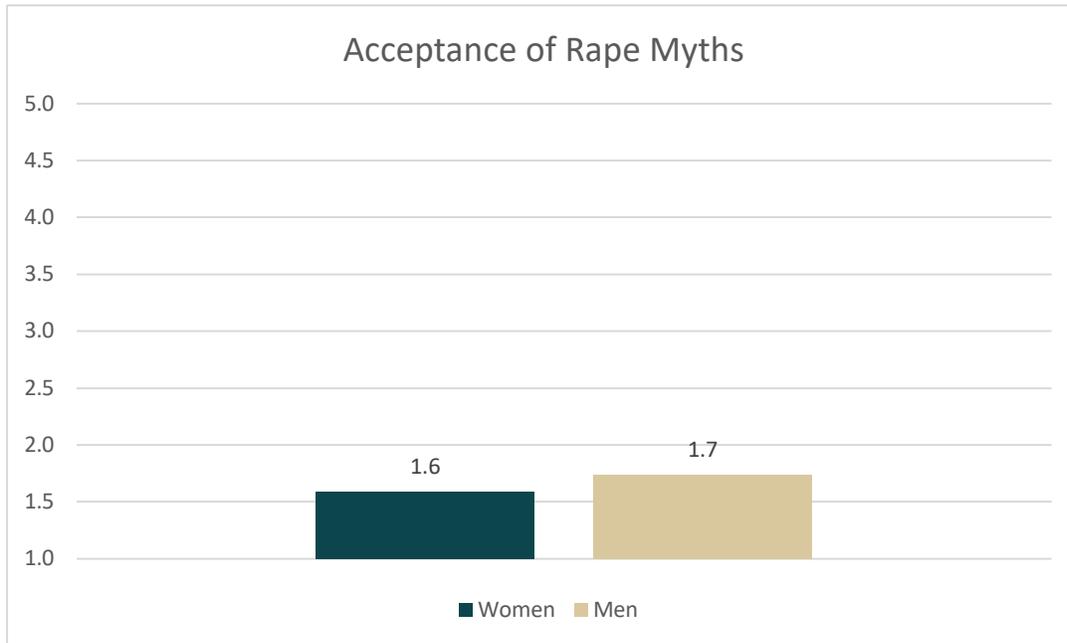
Acceptance of rape myths

Participants responded to a scale intended to assess acceptance of rape myths, or the extent to which participants feel that sexual violence is sometimes acceptable or excusable (e.g., a person who is sexually assaulted while they are drunk is at least somewhat responsible for putting themselves in that position) using the updated Illinois Rape Myth Scale [4]. Although acceptance of rape myths does not perfectly predict perpetration of sexual violence, those who are more accepting of sexual violence may be more likely to engage in sexually violent behaviors[9] and/or may be less supportive of peers who disclose an experience of sexual violence[10].

Participants rated their agreement on a 1-to-5 scale with nine statements designed to measure acceptance of rape myths. Higher scores indicate more acceptance of sexual violence. Sample statements include, “Guys don’t usually intend to force sex on a girl, but sometimes they get too carried away sexually.”

Overall, participants scored relatively low on the measure of acceptance of rape myths (see Figure 26). Scores hovered between one and two, which indicates a general disagreement that sexual violence is sometimes acceptable or excusable. There were no significant differences between women and men participants nor by race/ethnicity on acceptance of rape myths.

Figure 26. Acceptance of Rape Myths

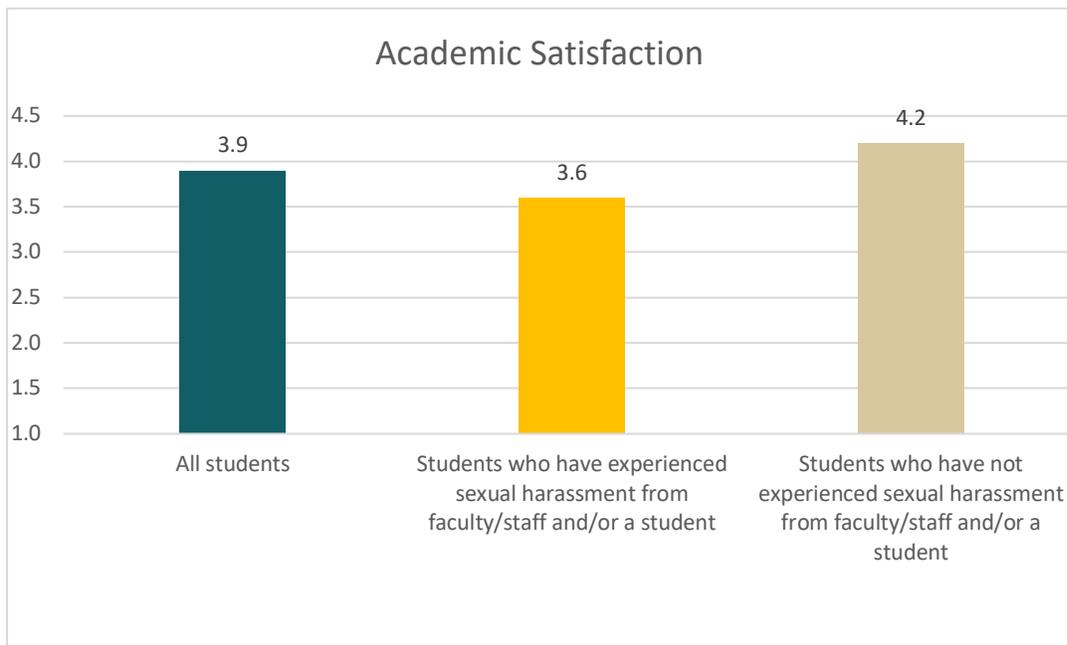


OUTCOMES ON STUDENT ACADEMICS AND HEALTH²²

Attitudes about being an RBHS Student

Participants' academic satisfaction was assessed by asking them to indicate whether they would recommend their attending institution, or if they would choose said institution if they had the chance to choose again. Participants rated their satisfaction on a 1-5 scale: (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, (5) strongly agree. Higher scores indicate greater satisfaction with the institution. Figure 27 includes the average satisfaction for all participants and for participants who have or have not experienced sexual harassment from faculty/staff and/or a student since coming to RBHS. Participants who have experienced sexual harassment since coming to RBHS rated their satisfaction with the institution significantly lower than participants who have not experienced sexual harassment since coming to RBHS.²³

Figure 27. Academic Satisfaction



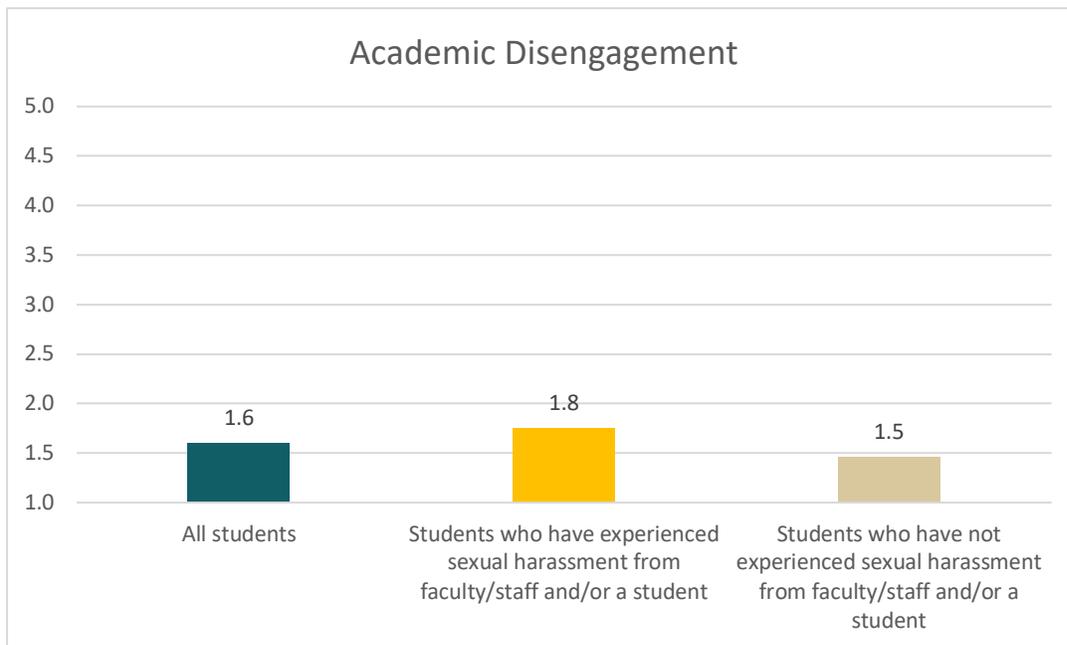
²² We elected not to include those who reported an experience of sexual violence prior to or since coming to RBHS in the number of students who experienced sexual harassment since coming to RBHS as the numbers were so small, therefore numbers presented in the tables may not add up to the number presented for all students.

²³Students who have and have not experienced: $t(65) = 2.50, p = 0.01$

Academic disengagement

Respondents' academic disengagement was assessed by asking them whether they have done behaviors such as missing class, doing poor classwork, and sleeping in class. Respondents indicated the frequency of 8 behaviors using a 1-5 scale: (1) never, (2) sometimes, (3) a few times, (4) most of the time, (5) always. Figure 28 includes the average frequency of each behavior for all respondents and students who have or have not experienced sexual harassment from faculty/staff and/or a student since coming to RBHS. Students who reported experiencing sexual harassment from faculty/staff and/or a student reported significantly higher academic disengagement than students who did not report experiencing sexual harassment from faculty/staff and/or a student since coming to RBHS.²⁴

Figure 28. Academic Disengagement

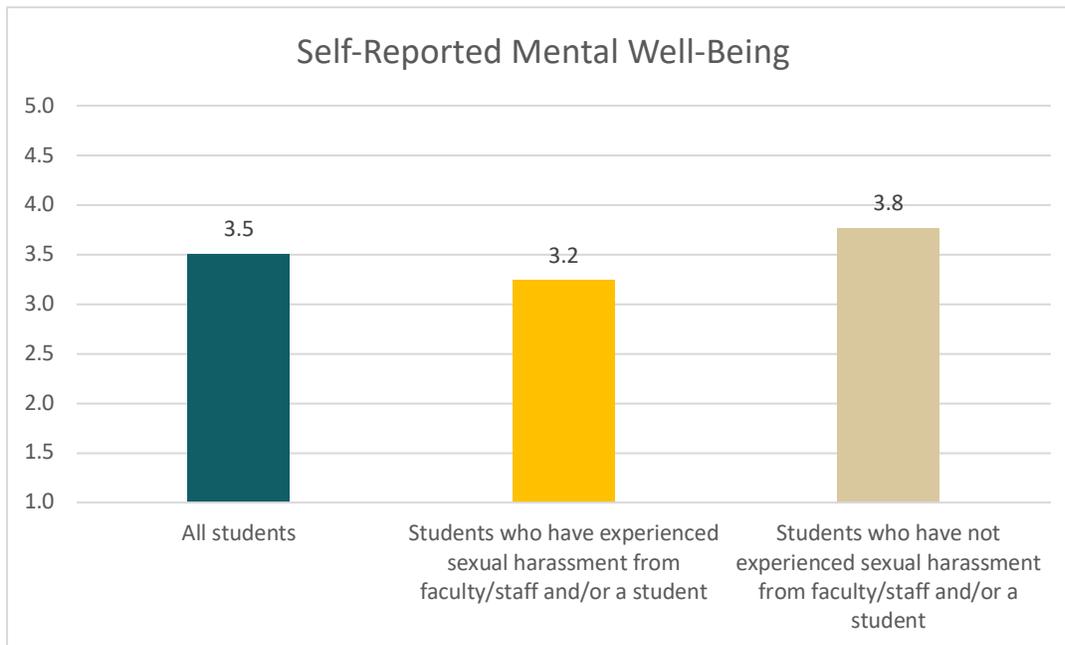


²⁴ Students who have and have not experienced: $t(66) = -2.86, p = 0.01$

General mental health status and well-being of RBHS students

General mental health status was measured using five items assessing emotion (e.g., how much of the time during the past 4 weeks have you felt calm and peaceful?). Participants indicated the frequency of feeling each of these emotions using a 1-5 scale: (1) never, (2) sometimes, (3) a few times, (4) most of the time, (5) always.²⁵ Figure 29 includes the average frequency of feeling each of the statements for all participants and for participants who have or have not experienced sexual harassment from faculty/staff and/or a student since coming to RBHS. Higher scores indicate better mental health. Participants who have experienced sexual harassment reported significantly worse mental health than participants who have not experienced sexual harassment since coming to RBHS.²⁶

Figure 29. Self-Reported Mental Well-Being



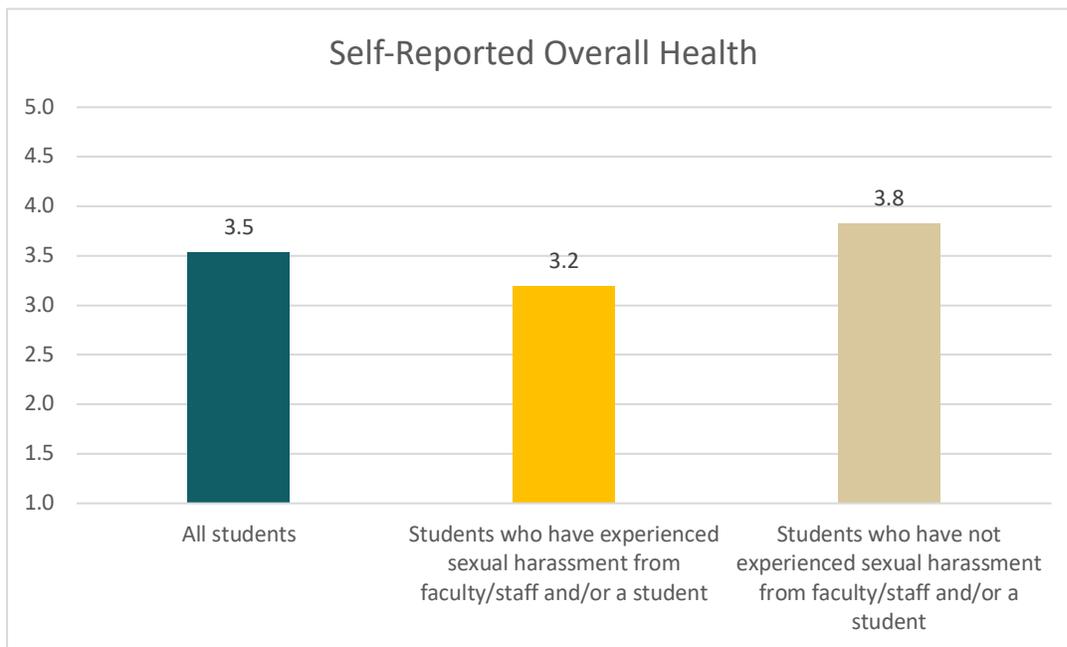
²⁵ Three items were reverse coded in the scale so higher scores indicate better mental health.

²⁶Students who have and have not experienced: $t(65)=2.65, p = 0.01$

Overall Health of Students

Emotional well-being was assessed by asking students one item to rate their health overall using a 5-point scale: (1) poor, (2) fair, (3) average, (4) above average, (5) excellent. Higher scores indicate better overall health. Figure 30 includes the average health rating for all respondents and for students who have or have not experienced sexual harassment from faculty/staff and/or a student. Students who did not report experiencing sexual harassment from faculty/staff and/or a student since coming to RBHS reported significantly better health than students who did report experiencing sexual harassment from faculty/staff and/or a student.²⁷

Figure 30. Self-Reported Overall Health



²⁷ Students who have and have not experienced: $t(64) = 2.58, p = 0.01$

LIMITATIONS

The results of this study need to be interpreted within the context of several limitations. First, although a large number of students participated in the survey and the response rate is consistent with other online census surveys, many students did not participate, which may introduce bias into the results.²⁸

Additionally, surveys that focus on sensitive issues, such as sexual harassment, risk “topic salience bias” [20]. Topic salience bias occurs when those individuals for whom the survey topic is most relevant are more likely to participate in the survey [21,22]. Researchers have consulted the literature and colleagues around the country who face similar challenges and implemented best practices [20] to minimize this bias, such as using robust incentives to encourage potential survey respondents to complete the survey beyond their intrinsic motivation to do so (RBHS paid each respondent who participated in the survey a \$10 e-gift card). Additionally, keeping the survey in the field for a reasonable length of time minimizes topic salience bias, and the RBHS campus climate survey was open for four weeks with multiple reminders sent out to participants.

Researchers also asked participants on the RBHS campus climate survey, “What was the most important reason you took this survey today?” Respondents at the School of Dental Medicine most frequently reported (38.1%) that the gift card prize was the most important reason they took the survey. 17.9% reported that the issues covered in this survey are important, 21.4% reported that they wanted their opinions to be heard by faculty, and 2.4% selected “other” as the most important reason for taking the survey.

In addition, chi-square analyses indicated that there were no significant differences between the gender identity and the race/ethnicity of the student body and the analytic sample at the School of Dental Medicine, meaning the sample is representative of the study population for these demographic categories. While these implemented measures helped minimize topic salience bias, this still remains a limitation to interpreting the results of the campus climate survey at the School of Dental Medicine.

Another limitation of the study is that participants were only able to answer follow-up questions concerning sexual harassment (e.g., the resources used by a student who has experienced victimization; who committed the incident; if the student disclosed the sexual harassment to anyone; who the disclosure was made to) based on the “most serious” incident. While this method of asking follow-up questions was recommended by the White House Task Force to Protect Students from Sexual Assault [1], it does restrict survivors to providing incident-specific information on only one experience.

²⁸ The School of Dental Medicine survey response rate is common for campus climate surveys with the American Association of Universities reporting a range of response rates from 7% to 53%, with a 19% average response rate across the 27 institutions that participated in their sexual violence campus climate study (see Cantor et al., 2015).

CONCLUSION

Research presented in the National Academies of Sciences, Engineering, and Medicine report on sexual harassment suggests that 20 to 50% of students experience sexual harassment[3]. Rates of sexual harassment at School of Dental Medicine fall above this range; 55.6% of students at School of Dental Medicine report harassment. Consistent with previous research, gender harassment (i.e., demeaning or derogatory remarks about members of one gender) was the most common type of harassment experienced, although rates of unwanted sexual attention committed by faculty/staff was reported by about 29% of women participants.

Very few participants who experienced sexual harassment reported the experience to a formal resource; if participants did disclose, they were most likely to tell a friend or peer. There are several reasons why students who experienced harassment did not report. The most common reason reported by participants was that they did not feel the experience was serious enough to report. This finding is consistent with other research that demonstrates that minimizing or normalizing sexual harassment experiences is a common coping mechanism for dealing with sexual harassment[3].

Another reason for not reporting is that participants are not familiar with the resources available to them on campus. At RBHS, incidents of sexual harassment committed by faculty/staff are reported to the Office of Employment Equity, yet only about 17% of participants were aware of this office. Additionally, about 29.0% of participants who experienced harassment from faculty/staff said they did not disclose because they did not think anything would be done. If students are unaware of resources for reporting sexual harassment, they may be more likely to assume that the school will not do anything in response to a report. Therefore, increasing students' awareness of resources may increase their perception that the university would do something in response to a report and their willingness to actually report.

Rates of unwanted sexual contact (including sexual assault) were quite low at School of Dental Medicine. The low rates may be because the population of School of Dental Medicine is graduate students, who are less likely than undergraduates to experience sexual violence[5, 12]. The rates of unwanted sexual contact before coming to RBHS (e.g., as an undergraduate) are lower than the national averages: 9.8% of women and 0.0% of men report an experience of unwanted sexual contact before coming to RBHS.

Participants felt relatively positive about how RBHS would respond to a report of sexual misconduct; in general, they thought RBHS would handle the report fairly and would be fair to both the accuser and the accused. This finding is important because perceived tolerance for sexual misconduct predicts the occurrence of sexual misconduct in an organization[3]. Additionally, survivors who distrust their institutions are more likely to experience anxiety and other trauma-related symptoms in the wake of sexual misconduct[13].

Participants felt relatively positive about how their peers would respond to a report of sexual misconduct. Peer support of survivors is important because survivors are more likely to disclose experiences of sexual misconduct to their peers than to any other resource[10]. Receiving a negative reaction from one's peers after disclosing an experience of sexual violence is associated with negative mental health outcomes such as depression, PTSD, paranoia, hostility, and substance abuse[14-17].



Finally, while many participants reported that another individual witnessed the incident of harassment occur, very few individuals intervened. Based on these findings, bystander intervention programs may be important to increase prosocial helping behaviors on campus, as well as improve students' perceptions of peer norms.

Finally, participants who experienced sexual harassment from faculty/staff and/or students since coming to RBHS reported lower scores of institutional satisfaction, and higher levels of academic disengagement compared to their counterparts who have not experienced sexual harassment since coming to RBHS. This is consistent with research that demonstrates that students who experience sexual misconduct tend to experience higher levels of psychological distress compared to students who experience no victimization. This can in turn lead to academic disengagement caused by factors such as decreased academic satisfaction [18,19].

Acknowledgements

The research team thanks the many members of the Rutgers Biomedical and Health Sciences community who contributed to the campus climate assessment project. This report and the project as a whole are the result of the enthusiastic support and participation of administrators, faculty, staff, and students across Rutgers. This report is dedicated to all those who are survivors of sexual and dating violence. We hope our efforts can help contribute to creating campus communities that are free of all forms of violence.

We would especially like to thank the following members of the Rutgers community who provided support to the project:

Cecile A. Feldman, DMD, MBA, Dean, Rutgers School of Dental Medicine

Heminio Perez, DMD, MBA, Director of Student Affairs, Diversity and Inclusion, Rutgers School of Dental Medicine

Gregory Ramirez, Student, Rutgers School of Dental Medicine

Elizabeth Tramontana, Student, Rutgers School of Dental Medicine

Susan Hamilton, MA. Ed., Assistant Vice Chancellor for Academic & Student Affairs and Title IV Coordinator, Rutgers Biomedical and Health Sciences

Kerry Camerer, MSW, LSW., Director of Rutgers Biomedical and Health Sciences Office for Violence Prevention & Victim Assistance.

La Reina Bates, Ph.D., Office of Institutional Research and Academic Planning

Cathryn Potter, Ph.D., Dean, School of Social Work, Rutgers University

RUTGERS UNIVERSITY COMMUNITY MEMBERS AND ORGANIZATIONS

The Arts and Sciences Institutional Review Board – New Brunswick

The Center on Violence Against Women and Children, School of Social Work, Rutgers University

RESEARCH SUPPORT

MaryGrace DeCotiis, and all of the students and staff who provided assistance

Glossary of Terms

Crude Gender Harassment

Crude gender harassment is a type of gender harassment that includes using sexually crude terms or making sexually crude jokes about one gender (e.g., referring to a woman as a ‘bitch’ or a man as a ‘pussy’)[3].

Gender Harassment

Gender harassment refers to “a broad range of verbal and nonverbal behaviors not aimed at sexual cooperation but that convey insulting, hostile, and degrading attitudes about” members of one gender[6]. Gender harassment is the most common type of sexual harassment.

Sexual Coercion

Sexual coercion refers to requirements to engage in sexual activity as a condition of employment or promotion (e.g., receiving a promotion in exchange for sex, or being denied an opportunity for refusing to have sex)[3].

Sexist Gender Harassment

Sexist gender harassment is a type of gender harassment that includes behaviors that are demeaning to members of one gender (e.g., jokes or comments about women’s leadership abilities)[3].

Sexual Harassment

Rutgers University [8] defines sexual harassment as any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct, or communication of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s education, educational or campus life activities; or
- Submission to or rejection of such conduct by an individual is used as the basis for academic or student life decisions affecting that individual; or
- Such conduct has the effect of unreasonably interfering with an individual’s education or academic performance or creating an intimidating, hostile, demeaning, or offensive campus, work or living environment.
- Sexual harassment may be committed by anyone regardless of gender identity and may occur between members of the same or different sex.

For the purpose of this campus climate survey, we used the definition of sexual harassment presented in the report on sexual harassment of women from the National Academies of Sciences, Engineering, and Medicine (2018), in which sexual harassment is defined as a type of gender discrimination that can include gender harassment, unwanted sexual attention, and/or sexual coercion.

Sexual Misconduct

Rutgers University defines sexual misconduct as a broad range of behaviors focused on sex and/or gender that may or may not be sexual in nature. Sexual harassment, sexual violence, sexual exploitation, gender based harassment, stalking, and relationship violence (including dating and domestic violence) are all forms of misconduct that are prohibited by this policy[8].

Unwanted Sexual Attention

Unwanted sexual attention refers to sexual advances that are unwelcome (e.g., repeatedly asking someone on a date when they have said 'no'). Unwanted sexual attention can include sexual assault[3].

Unwanted Sexual Contact

We use the term unwanted sexual contact to refer to a broad range of nonconsensual sexual behaviors, including sexual assault. Rutgers University defines sexual assault or nonconsensual sexual contact as any one or more of the follow acts[8]:

- Touching of an unwilling or non-consenting person's intimate parts (such as genitalia, groin, breast, buttocks, or mouth under or over a person's clothes).
- Touching an unwilling person or non-consenting person with one's own intimate parts.
- Forcing an unwilling person to touch another's intimate parts.
- Penetrating an unwilling person orally, anally, or vaginally with any object or body part. This includes, but is not limited to, penetration of a bodily opening without consent, through the use of coercion, or through exploitation of another's inability to give consent.
- Penetrating an unwilling person orally, anally, or vaginally with any object or body part by use of force, threat, and/or intimidation.

For the purpose of the campus climate survey, participants were asked six questions about whether they had experienced various types of unwanted sexual contact since coming to RBHS. The six questions were adapted from the Bureau of Justice Statistics Campus Climate Validation Study[11].

The questions included:

- Four questions about unwanted sexual contact that involved force or threats of force, explained as: "This could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or threatening to use a weapon against you."
- Two questions about unwanted sexual contact while being unable to provide consent or to stop what was happening because "you were passed out, drugged, incapacitated or asleep." One question asks about experiences of this type that participants are certain occurred, and the second question asks about experiences of this type that participants are uncertain occurred.

References

1. White House Task Force to Protect Students from Sexual Assault. (April 2014). Not Alone: The first report of the White House Task Force to Protect Students from Sexual Assault. Retrieved from <https://www.justice.gov/ovw/protecting-students-sexual-assault>.
2. ARC3 Campus Climate Survey. Available from: <https://campusclimate.gsu.edu/arc3-campus-climate-survey/>.
3. National Academies of Sciences, Engineering, and Medicine. (2018). *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine*. The National Academies Press.
4. McMahon, S. & Farmer, L. (2011). An Updated Measure for Assessing Subtle Rape Myths. *Social Work Research, 35*(2), 71-81. <https://doi.org/10.1093/swr/35.2.71>.
5. Cantor, D., Fisher, B., Chibnall, S., Townsend, R., Lee, H., Bruce, C., & Thomas, G. (2015). Report on the AAU campus climate survey on sexual assault and sexual misconduct. Retrieved from [https://www.aau.edu/sites/default/files/%40%20Files/Climate%20Survey/AAU Campus Climate Survey 12 14 15.pdf](https://www.aau.edu/sites/default/files/%40%20Files/Climate%20Survey/AAU%20Campus%20Climate%20Survey%2012%2014%2015.pdf).
6. Fitzgerald, L. F., Gelfand, M. J., & Drasgow, F. (1995). Measuring sexual harassment: Theoretical and psychometric advances. *Basic and Applied Social Psychology, 17*(4), 425-445. doi:10.1207/s15324834basps1704_2.
7. Fitzgerald, L. F., Magley, V. J., Drasgow, F., & Waldo, C. R. (1999). Measuring sexual harassment in the military: The Sexual Experiences Questionnaire (SEQ—DoD). *Military Psychology, 11*(3), 243-263. doi:10.1207/s15327876mp1103_3.
8. Rutgers University Student Policy Prohibiting Sexual Harassment, Sexual Violence, Relationship Violence, Stalking and Related Misconduct. Available from: <https://policies.rutgers.edu/sites/default/files/10.3.12-current.pdf>.
9. Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2012). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma, Violence, & Abuse, 14*(2), 133-167.
10. Orchowski, L. M., & Gidycz, C. A. (2012). To whom do college women confide following sexual assault? A prospective study of predictors of sexual assault disclosure and social reactions. *Violence Against Women, 18*(3), 264-288.
11. Krebs, C. P., Lindquist, C. H., Berzofsky, M., Shook-Sa, B., & Peterson, K. (2016). Campus Climate Survey validation study: Final technical report. Bureau of Justice Statistics.
12. Ware, J., Jr., & Sherbourne, C.D. (1992). The MOS 36-Item Short-Form Health Survey (SF-36): I. Conceptual Framework and Item Selection. *Medical Care, 30* (6), 473-483.
13. McMahon, S., O'Connor, J., & Seabrook, R. (2018). Not just an undergraduate issue: Campus climate and sexual violence among graduate students. *Journal of Interpersonal Violence, doi:10.1177/0886260518787205*.
14. Smith, C. P., & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual trauma. *Journal of Traumatic Stress, 26*(1), 119-124. doi:10.1002/jts.21778.
15. Hakimi, D., Bryant-Davis, T., Ullman, S. E., & Gobin, R. L. (2018). Relationship between negative social reactions to sexual assault disclosure and mental health outcomes of Black and White female survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(3), 270-275. doi:10.1037/tra0000245.



16. Orchowski, L. M., & Gidycz, C. A. (2015). Psychological consequences associated with positive and negative responses to disclosure of sexual assault among college women: A prospective study. *Violence Against Women, 21*(7), 803-823. doi:10.1177/1077801215584068.
17. Ullman, S. E., & Peter-Hagene, L. (2014). Social reactions to sexual assault disclosure, coping, perceived control, and PTSD symptoms in sexual assault victims. *Journal of Community Psychology, 42*(4), 495-508. doi:10.1002/jcop.21624.
18. Kaltman, S., Krupnick, J., Stockton, P., Hooper, L., & Green, B. L. (2005). Psychological impact of types of sexual trauma among college women. *Journal of Traumatic Stress, 18*(5), 547–555. <https://doi.org/10.1002/jts.20063>.
19. Huerta, M., Cortina, L. M., Pang, J. S., Torges, C. M., & Magley, V. J. (2006). Sex and Power in the Academy: Modeling Sexual Harassment in the Lives of College Women. *Personality and Social Psychology Bulletin, 32*(5), 616–628. <https://doi.org/10.1177/0146167205284281>.
20. Berzofsky, M. E., Langton, L., Krebs, C., Lindquist, C., & Planty, M. (2019). Methods for improving representativeness in a web survey on sexual assault among college students. *Journal of interpersonal violence, 34*(23-24), 4838-4859.
21. Roster, C. A., Albaum, G., & Smith, S. M. (2017). Effect of topic sensitivity on online survey panelists' motivation and data quality. *Journal of Marketing Theory and Practice, 25*(1), 1-16. doi:10.1080/10696679.2016.1205449.
22. Tourangeau, R., Groves, R. M., & Redline, C. D. (2010). Sensitive topics and reluctant respondents: Demonstrating a link between nonresponse bias and measurement error. *Public Opinion Quarterly, 74*, 413-432. doi:10.1093/poq/nfq004.