



Survey on Unwanted Sexual Experiences

Invitation to Participate

Rice University is conducting this survey of undergraduate students to determine the extent that unwanted sexual experiences or sexual assaults occur within our student community. Because such incidents can occur between individuals of any gender, it is important that we get input from everyone: men, women, transgender men, transgender women, and others.

Your name or identifying information will not be associated with your responses to this survey. All responses are confidential and will be reported in the aggregate. Your participation is voluntary but certainly encouraged. The survey is very short and should only take a few moments. Your responses to this survey are collected separately from your responses to the Survey of All Students that you just completed.

The results from this survey will help the Rice administration better understand the climate currently existing within our community, as well as guide possible next steps.

TRIGGER WARNING: Some of the questions in this survey use explicit language, including anatomical names of body parts and specific behaviors to ask about sexual situations. This survey also asks about sexual assault and other forms of sexual violence which may be upsetting.

You may skip questions or leave the survey at any time.

Phone numbers of resources for support are listed on every page of the survey if you should need them. Rice has specific memoranda of understanding with the off-campus resources to make them available to our students.

[On Campus Resources:](#)

[Office of Sexual Violence Prevention: 713-348-3311](#)

Rice Counseling Center: 713-348-3311

RUPD: 713-348-6000

Off Campus Resources:

Houston Area Women's Center 713- 528- 7273

The Montrose Center (LGBT +) 713-526-3211

If you have any questions or comments about this survey, please email Matt Taylor, Ph.D., Associate Vice Provost, Rice University (ptt@rice.edu).

For more information regarding the Survey of Unwanted Sexual Experiences, please visit the FAQ website available at <http://safe.rice.edu/SurveyofUnwantedSexualExperiencesFAQs/>.

Consent to Continue

By choosing the CONTINUE response below, you indicate that you have read and considered the information about the survey, and that you agree to participate in the survey.

If you do not wish to complete the survey, please select the second response.

- I understand this survey is about incidents of unwanted sexual experiences. I have not experienced this while at Rice (you will exit the survey after clicking SUBMIT).
- CONTINUE, I wish to complete the survey.
- I do NOT wish to complete this survey (you will exit the survey after clicking SUBMIT).

Please click the **SUBMIT** button to exit the survey.

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Relationship Experiences

Since you came to Rice, have you been physically or romantically intimate with someone?
Please answer "Yes" if you have done any of the following:

	Yes	No
Been on a date	<input type="radio"/>	<input type="radio"/>
Been in a romantic relationship	<input type="radio"/>	<input type="radio"/>
Hooked up with someone	<input type="radio"/>	<input type="radio"/>
Had sex with someone	<input type="radio"/>	<input type="radio"/>
Been married to someone	<input type="radio"/>	<input type="radio"/>

Sexual Experiences Without Your Consent

This set of questions asks you about things that may have occurred without your consent since

V. Someone performed oral sex on me or made me give them oral sex without my consent.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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VI. Someone put my penis or fingers in their vagina or anus, or made me put objects in their vagina or anus without my consent.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Remember:

You may skip questions or leave the survey at any time.

Phone numbers of resources for support are listed here if you should need them. Rice has specific memoranda of understanding with the off-campus resources to make them available to our students.

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You indicated on the previous page that someone **did (or tried to do) without your consent** one or more of the following:

- kissed you,
- touched, fondled, or rubbed up against the private areas of your body,
- removed some of your clothing.

Did the person(s) do that by (check all that apply):

- a. Catching you off-guard
- b. Telling lies, threatening to end the relationship or to spread rumors about you, or continually verbally pressuring you?
- c. Showing displeasure, criticizing your sexuality or attractiveness, or getting angry?
- d. Taking advantage of you when you were drunk or high?
- e. Taking advantage of you when you were asleep, unconscious, or unable to resist or respond?
- f. Threatening to physically harm you or someone close to you?
- g. Using force, for example holding you down with their body weight, pinning your arms, or having a weapon?
- h. I don't know or I have no recollection.
- i. Other method not described above, please specify:

You indicated on the previous page that someone **did (or tried to do) without your consent** one or more of the following:

- put a penis, or insert fingers or objects into your vagina or anus.
- perform oral sex on you or make you perform oral sex on them.
- put your penis or fingers in their vagina or anus, or make you put objects in their vagina or anus.

Did the person(s) do that by (check all that apply):

- a. Catching you off-guard
- b. Telling lies, threatening to end the relationship or to spread rumors about you, or continually verbally pressuring you?
- c. Showing displeasure, criticizing your sexuality or attractiveness, or getting angry?

- d. Taking advantage of you when you were drunk or high?
- e. Taking advantage of you when you were asleep, unconscious, or unable to resist or respond?
- f. Threatening to physically harm you or someone close to you?
- g. Using force, for example holding you down with their body weight, pinning your arms, or having a weapon?
- h. I don't know or I have no recollection.
- i. Other method not described above, please specify:

You indicated on a previous page that you had one or more unwanted sexual experiences. Please answer the following question about the **most recent** experience.

Which of the following terms describe your relationship with the person(s) who did this to you? (check all that apply)

- No prior relationship
- Acquaintance
- Colleague
- Friend
- Former dating or sexual partner or spouse
- Current dating or sexual partner or spouse
- My professor, lecturer or other faculty member
- My teaching assistant
- A student in a class or section I was leading
- My boss, manager or supervisor
- Family member
- Other, please specify

You indicated on the previous page that you were **unsure** if someone did (or tried to do) one or more of the following **without your consent**:

- kissed you,
- touched, fondled, or rubbed up against the private areas of your body,
- removed some of your clothing.

Please answer the following question about that experience to the extent that you are able. Please choose "I don't know or I don't recall" if you cannot answer the question.

Did the person(s) do that by (check all that apply):

- a. Catching you off-guard
- b. Telling lies, threatening to end the relationship or to spread rumors about you, or continually verbally pressuring you?
- c. Showing displeasure, criticizing your sexuality or attractiveness, or getting angry?
- d. Taking advantage of you when you were drunk or high?
- e. Taking advantage of you when you were asleep, unconscious, or unable to resist or respond?
- f. Threatening to physically harm you or someone close to you?
- g. Using force, for example holding you down with their body weight, pinning your arms, or having a weapon?
- h. I don't know or I have no recollection.
- i. Other method not described above, please specify:

You indicated on the previous page that you were **unsure** if someone did (or tried to do) one or more of the following **without your consent**:

- put a penis, or insert fingers or objects into your vagina or anus.
- perform oral sex on you or make you perform oral sex on them.

- put your penis or fingers in their vagina or anus, or make you put objects in their vagina or anus.

Please answer the following question about that experience to the extent that you are able. Please choose "I don't know or I don't recall" if you cannot answer the question.

Did the person(s) do that by (check all that apply):

- a. Catching you off-guard
- b. Telling lies, threatening to end the relationship or to spread rumors about you, or continually verbally pressuring you?
- c. Showing displeasure, criticizing your sexuality or attractiveness, or getting angry?
- d. Taking advantage of you when you were drunk or high?
- e. Taking advantage of you when you were asleep, unconscious, or unable to resist or respond?
- f. Threatening to physically harm you or someone close to you?
- g. Using force, for example holding you down with their body weight, pinning your arms, or having a weapon?
- h. I don't know or I have no recollection.
- i. Other method not described above, please specify:

Remember you may skip questions or leave the survey at any time.

Resources for support are available, if you should need them. Rice has specific memoranda of understanding with the off-campus resources to make them available to our students.

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You indicated on a previous page that you were **unsure** about having one or more unwanted sexual experiences. Please answer the following question about the **most recent** such experience, to the extent that you are able. Please feel free to skip any questions you are unable to answer.

Which of the following terms describe your relationship with the person(s) who did this to you? (check all that apply)

- No prior relationship
- Acquaintance
- Colleague
- Friend
- Former dating or sexual partner or spouse
- Current dating or sexual partner or spouse
- My professor, lecturer or other faculty member
- My teaching assistant
- A student in a class or section I was leading
- My boss, manager or supervisor
- Family member
- Other, please specify

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

How often has a casual, steady, or serious dating/intimate partner or spouse done the following to you **against your will** since you came to Rice?

	Never	Once	Occasionally	Often
Scratched you, bent your fingers, slapped, twisted your arm, bit, pushed, grabbed, and/or shoved you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kicked you, burned you, hit you with a fist, thrown items that hit you, and/or slammed you against a wall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choked or strangled you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beaten you, hit you with a hard object, and/or assaulted you with a gun, knife, or other weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to add any comments you may have regarding this question.

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Demographic Information

In order to better understand the results we would like for you to answer the following demographic questions.

With which of the following gender(s) do you identify?
(check all that apply)

Female

Male

Female-to-male transgender or trans man

Male-to-female transgender or trans woman

Genderqueer/Gender-nonconforming

I prefer another term...

What is your sexual orientation?

(check all that apply)

Heterosexual or straight

Bisexual

Gay

Lesbian

Queer

Asexual

Questioning

I prefer another term...

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