

QUALITATIVE FINDINGS

Several places in the survey had space for survivors to tell us, in their own words, about their experiences and opinions. We synthesized open-ended responses into 7 main themes below. For more on our process, check out the methodology section!

1. SURVIVORS DID NOT REALIZE THEIR EXPERIENCE WAS “SEXUAL VIOLENCE” UNTIL WELL AFTER THE INCIDENT, PARTICULARLY BECAUSE SEXUAL VIOLENCE IS SO NORMALIZED.

In our survey, many survivors said that they didn’t report their experience of sexual violence because they simply didn’t realize how serious it was. Sadly, this theme is echoed in substantial research on survivors of sexual violence, showing that survivors may not realize what happened to them was sexual harassment or assault (particularly in the case of relationship violence), or that they downplayed the seriousness of the incident. This theme suggests that Title IX trainings should include more of a focus on consent, what qualifies as sexual violence, and resources to help future survivors seek out appropriate resources sooner.

“Sexual harassment is too frequent an event to seek help every time it happens.” — cis-woman, LGBTQIA+, White, graduate student

“I wasn’t sure if it was considered a crime or not...I just wanted to feel safe.” [on why they did not go to Title IX or UCPD] — cis-woman, straight, White, graduate student



2. SURVIVORS ARE AFRAID TO REPORT AN INCIDENT DUE TO FEAR OF RETALIATION, HUMILIATION, OR THAT OTHERS MAY NOT BELIEVE THEM.

Another theme in the responses was survivor's fear that if they reported, they would be retaliated against by the perpetrator(s) or others in their community. For instance, survivors who are part of a sorority might worry about being isolated from others in Greek life. Many survivors were also ashamed of the incident. This theme echoes prior research showing that survivors fear retaliation and shame due to the stigma of sexual violence. In addition, this theme shows that survivors at the UC need trauma-informed care after their experience, and access to communities where they feel believed and supported in a non-judgmental way.

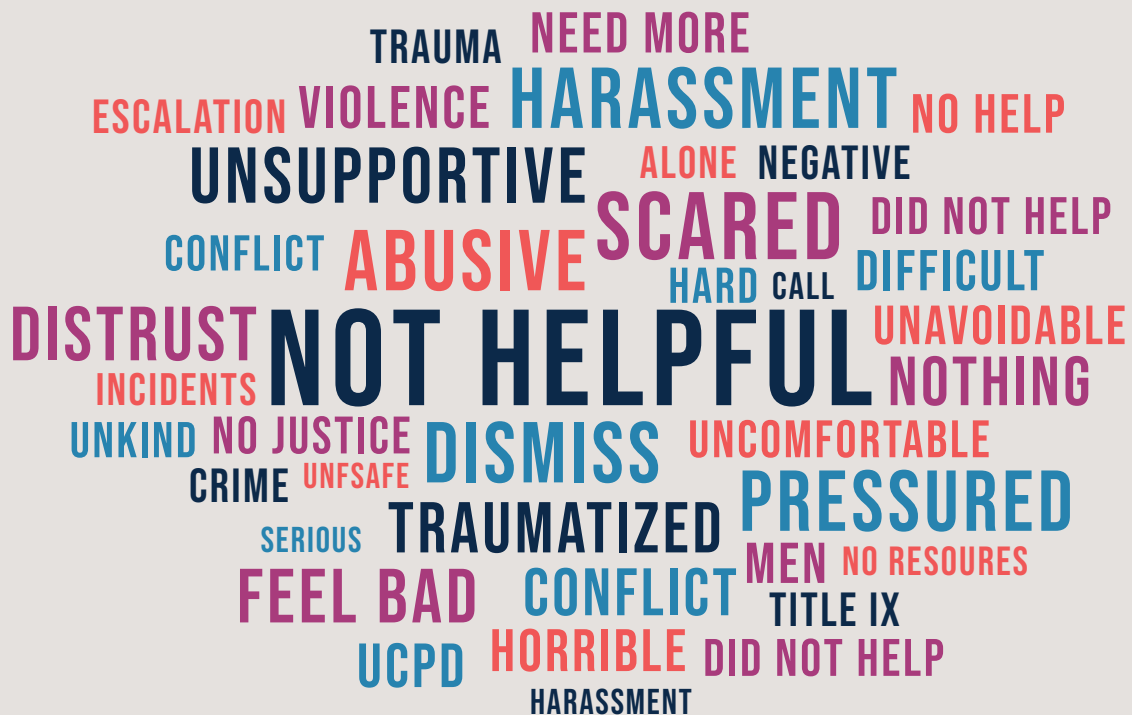
“Although Title IX did reach out, we were hesitant to make a report [because] of fear of retaliation.” — cis-woman, straight, Hispanic/Latine, undergraduate student



“I didn't want to have to deal with the consequences of people knowing I had made a complaint. I think that I would have been called a liar and ostracized from my community.” — cis-woman, LGBTQIA+, White, undergraduate student

“I don't think the UCPD would believe me and I don't think punitive justice would help prevent my assailant from further crimes.” — cis-woman, LGBTQIA+, White, undergraduate student

3. TITLE IX AND UCPD ARE NOT HEALING RESOURCES FOR SURVIVORS, AND MAY EVEN ENACT HARM.



Dozens of survivors shared mistrust or negative perceptions of both Title IX and UCPD, based on their or their peer’s lived experiences. Survivors of color, and LGBTQIA+ and gender diverse survivors, were more likely to report negative experiences with Title IX and UCPD, including being re-traumatized or experiencing several other negative mental health impacts above and beyond their experience of sexual violence. These findings suggest that the UCs need to invest in trainings on trauma-informed care for employees, that UCPD should not be a frontline resource for survivors, and that survivors (particularly those holding marginalized identities) need additional, more specialized healing-focused resources.

“Title IX traumatized me almost as much as the assault itself. The process was incredibly painful and the individuals I encountered were not kind or supportive. I was not offered any actual help and felt like I had no assistance navigating how to manage working while my abuser was still in the same workplace.” — cis-woman, straight, White, graduate student

“Title IX... made me feel re-victimized, they did not help with anything, only made me feel there was nothing they could do. It was like a dead end in my process. I hurt psychologically almost as when I suffered sexual violence.” — graduate student

“[UC]PD. My interactions with the police only served to traumatize me further. Throughout the entire process I felt belittled, ignored, and disregarded. While I did receive an emergency protective order from the police upon my initial interaction with them, once my abuser was released on bail my interactions with them got less and less productive until they eventually ignored me. After a year, my case was ultimately rejected.” — cis-woman, LGBTQIA+, White, other role



4. CARE WAS HELPFUL FOR MANY SURVIVORS, PARTICULARLY LGBTQIA+ SURVIVORS, BUT OTHERS REPORTED THAT IT IS UNDERFUNDED

CARE is the only confidential, healing, and survivor-centered resource on UC campuses. Many survivors reported that CARE was the most helpful resource in making them feel validated and supported after their experience. Survivors also noted that CARE provided a diverse array of healing services (from individual therapy, to body-based movement, to group therapy specifically for LGBTQIA+ survivors) that fit their unique needs and healing journey. However, many survivors pointed out that CARE is underfunded and therefore, took too long to meet their needs.

“CARE [was most helpful]. They were there for me while I was in the abusive relationship, while I was existing, and throughout the entire legal process (including being in the room with me when I initially reported to the police). It was also through [UC] CARE that I participated in yoga for healing, which helped me to initiate my healing journey and come to terms with the trauma I had been burying.” — cis-woman, LGBTQIA+, White, other role



“I am really happy that CARE exists to help people but it is crazy underfunded to a ridiculous point and the people working there are terribly overworked, it really seems this is NOT a priority for the university.” — cis-woman, LGBTQIA+, Hispanic/Latine, graduate student

“CARE center - having someone that was trained to talk to me when I was in a mental crisis in the wake of the incident was really effective, especially since the person I talked to was very affirming of my experience and very supportive with what I wanted to do. All that I really did was talk to the person on the phone (I pursued no actions beyond that), but the experience of talking to the CARE center was really all I really needed to get me out of that crisis” mindset that I dealt with after the incident.” — graduate student

“There was a person in the CARE office who I was able to speak with that was confidential and she provided me with a lot of advice. She made me feel heard despite everything going on.” — cis-woman, straight, Hispanic/Latine, graduate student

5. THERAPY WAS HELPFUL FOR MOST SURVIVORS, ALTHOUGH MANY FACED SIGNIFICANT BARRIERS TO ACCESSING IT.

Many survey participants reported that therapy with a professional trained in trauma-informed practices was a helpful resource in their healing process. For example, a multi-racial LGBTQIA+ undergraduate student stated that counseling services were the most helpful to them, “simply because [they] found it easier to talk about and process with someone who [wouldn’t] judge.” Students appreciated having a space to process their experience in a healthy manner. For instance, a multi-racial LGBTQIA+ undergraduate student mentioned that their therapist helped them “learn so much about healthy coping mechanisms” while they worked through their trauma. Other students mentioned that they appreciated therapy was confidential and that they didn’t feel judged by their therapist. These findings show that therapy is an important resource for survivors. However, our study found that students face barriers to accessing therapy, described further below.



“Counseling services [were the most helpful to me], simply because I found it easier to talk about and process with someone who won’t judge.” — cis-woman, LGBTQIA+, multi-racial, undergraduate student

“Off-campus therapy - most helpful to me because it was the longest form of routine support that I've had. I've done therapy during two different stints as a UC student but the second time was most impactful because I had kept at the longest and was able to find a therapist with modalities/specialties that aligned with what I wanted.” — cis-woman, straight, Hispanic/Latine, graduate student

“It is hard to choose which has been the most helpful, but it has either been my off-campus non-UC affiliated therapist or the CARE support group. My therapist helped me learn so much about healthy coping mechanisms and that says to heal in my current relationships. The young women and non-binary students in my CARE support group allowed me to feel seen and heard by understanding what I was going through.” — cis-woman, LGBTQIA+, multi-racial, undergraduate student



“Counseling and therapy is only offered for a certain amount of sessions, which can be discouraging for victims of SA and make them feel like their problems aren't sufficient enough to deserve therapy from their UC.” — questioning, LGBTQIA+, Hispanic/Latine, undergraduate student

6. UC AFFILIATES BELIEVE IT IS IMPORTANT TO HAVE A THERAPIST THAT HAS EXPERTISE IN SEXUAL ABUSE, IS TRAUMA-INFORMED, AND LOOKS LIKE THEM.

While students report therapy as helpful, many survey participants emphasized the importance of having therapists with expertise in sexual abuse and who are trauma-informed, stating that “these resources and programs are essential for healing.” Given the high proportion of students that experience sexual assault on college campuses, therapists with knowledge on sexual abuse should be accessible to all students that need them. Students also mentioned the importance of having a therapist that looks like them and shares their identities, as this can help them feel more comfortable sharing their experiences and engaging with care. This

can also improve the provider-patient relationship. In addition, having a more diverse group of therapists can help identify more holistic and intersectional ways to address the needs of students of color and LGBTQIA+ students. Considering that UC students represent a wide range of backgrounds and identities, this diversity should be reflected to some degree in the mental health providers each UC hires. Clear communication and access to therapists of color and LGBTQIA+ therapists are imperative.

“It’s important to have trained therapists who specialize in sexual trauma.” — cis-woman, straight, white, graduate student

“These resources and programs are essential for healing. Sexual violence is such a complex and nuanced crime, and healing requires support from people who are knowledgeable and specialized in care for sexual assault survivors.” — cis-woman, straight, Asian, graduate student

“CAPS - Majority being white therapists one told me ‘I’m sorry I don’t know how to help you’. Another therapist did not inform me of mandated reporting and had to call child services which forced me to tell my parents and made the situation worse. That is why I sought outside services from the LGBT Center.” — LGBTQIA+, Native American, graduate student

“Off-campus therapy - most helpful to me because it was the longest form of routine support that I’ve had. I’ve done therapy during two different stints as a UC student but the second time was most impactful because I had kept at the longest and was able to find a therapist with modalities/specialties that aligned with what I wanted.” — cis-woman, straight, Hispanic/Latine, graduate student

7. UC AFFILIATES FEEL THAT THERE ARE TOO MANY BARRIERS TO ACCESSING MENTAL HEALTH CARE ON CAMPUS.

While UC students technically have access to CAPS and other mental health resources, many students feel there are too many barriers to utilizing mental healthcare resources on their respective campuses, which ultimately, makes students feel like the institution doesn't care about them. This sentiment is shared among our S+A organizational members, many of which have utilized on-campus therapy services themselves. Sharing an experience of trauma, even with a trained professional, forces an individual to remember their experience and relive it, which can be traumatizing in and of itself. It is important to try to limit the number of times a survivor has to retell their story during patient intake and when matching with a therapist. When the number of sessions for therapy are limited, and a survivor has to find another therapist to continue their care, they will likely have to disclose what happened to them to another therapist, which can be incredibly difficult, emotionally draining, traumatizing, and discouraging. Further, the therapist they disclose their experience to may not even be a good match for them if there are a limited number of therapists available, and as some students note, therapy can be expensive.

Other students mention that CAPS was not helpful because after their patient intake, they were referred to off-campus therapy rather than seen by an on-campus therapist. These additional barriers can be discouraging for a survivor to even attempt to access care. Moreover, some students are not even aware of what resources are available to support survivors at their UC campus. In all, these barriers emphasize that students are less likely to utilize support services, even for mental health, if there are too many barriers or they don't know about them. Resources for mental health, like therapy, should not have a limited number of sessions, take weeks to get an appointment, or be difficult to access on-campus. Not every UC student has access to individual transportation, so on-campus therapy would likely be more accessible for students.

“Because everyone needs therapy. Moreover it should receive far more funding so that if every student wanted therapy they didn’t have to wait 3-5 weeks for an appointment.” — cis-man, LGBTQIA+, Hispanic/Latine, undergraduate student

“Counseling and therapy is only offered for a certain amount of sessions, which can be discouraging for victims of SA and make them feel like their problems aren’t sufficient enough to deserve therapy from their UC.” — questioning, LGBTQIA+, Hispanic/Latine, undergraduate student

“Therapists have helped me with all sorts of stuff and this happened in my life but I am still afraid to talk about all this with them because they are mandated reporters. [UC] caps was not as helpful as I thought they would be because I was just referred off campus rather than being held at the school and being referred off-campus presented too many barriers to me actually getting help.” — cis-woman, LGBTQIA+, multi-racial, undergraduate student



“I have found that I do best with individual (not group) therapy and group/community healing programs (non-therapy). I think it is very hard, especially when one is suffering, to track down or organize these resources on one’s own, so the UC should organize these and make it easy for survivors to access them and have confidentiality.” — cis-woman, straight, White, graduate student



“Counseling or therapy can get expensive. The university shouldn’t limit the amount of times, rather it should be available while students are enrolled.” — cis-woman, straight, Hispanic/Latine, graduate student

8. UC EMPLOYEES, INCLUDING HR, OFFICE ADMINISTRATION, AND FACULTY, WERE WIDELY SEEN AS UNHELPFUL AND NOT TRAUMA-INFORMED

Survivors shared stories about being dismissed or mocked by UC employees, including professors and HR. These results show that in addition to employees who work primarily with survivors (such as Title IX and CARE), all UC employees must have more effective training on providing trauma-informed support to survivors of sexual violence, as well as improved training on the basics of what sexual violence is and its impacts on student’s mental health and academics. For instance, Know Your IX found that a high percentage of survivors end up dropping out of school (cite). UC employees should be aware of these statistics and how to better support survivors.

“Professors have been the least helpful. I was shamed for missing class after being raped. I begged my two male Professors for extensions but they said that being raped isn’t a medical excuse and they couldn’t help accommodate me.” — cis-woman, LGBTQIA+, White, graduate student

“[UC] Administration was the least helpful because they denied suspension of my assaulter even though it was recommended by the investigator and Student Conduct. Also, UCPD was unhelpful because they refused to believe I was raped.” — cis-woman, LGBTQIA+, Asian, undergraduate student

“The Title IX office seeks to protect the university and its faculty and not the students — making it an ineffective resource for students who need its help. It will uphold the narratives provided by professors and seek to discredit the students who report an issue adding abuse to an already abusive experience.” — other gender, LGBTQIA+, White, graduate student

9. THE UCS NEED TO PROVIDE MORE SPECIALIZED AND DIVERSE RESOURCES FOR DIFFERENT GROUPS TO ENSURE EVERY STUDENT HAS ACCESS TO THE HEALING OPPORTUNITIES THAT BENEFIT THEM

Healing after an experience of trauma is no easy feat and is unique to each individual. There is no single path to healing, and healing is not linear. While UC students have access to some resources on campus, there should be more variety in the survivor-support resources that are offered. For example, community resources can include meditation, advocacy, art, group therapy, community building and events, somatic/body-based movement and healing, and more. In addition, the UC should be aware that certain groups may need specialized care, safe spaces for other individuals with that shared identity, or even extra outreach to learn about what resources are available. The UC system has such a large and diverse group of individuals within it; it's about time they start providing resources to support all of us and our converging identities. The quotes below emphasize that more funding should be given to healing resources like CARE in order to tailor resources and programs to meet UC community needs.

“The process of healing is unique to each individual and any and all possible methods of support should be granted so that every person feels that they can heal in whatever way they deem fit.” [on why the UC should offer support programs] — cis-woman, straight, multi-racial, undergraduate student

“All of these things would be helpful if they were available. Different people find healing in different ways, and while art may be helpful to some others may find more solace in activism/organizing. You never know what someone will respond to so it is best to offer a variety of supportive services and advertise them widely.” [on why the UC should offer support programs]
— cis-woman, LGBTQIA+, White, graduate student



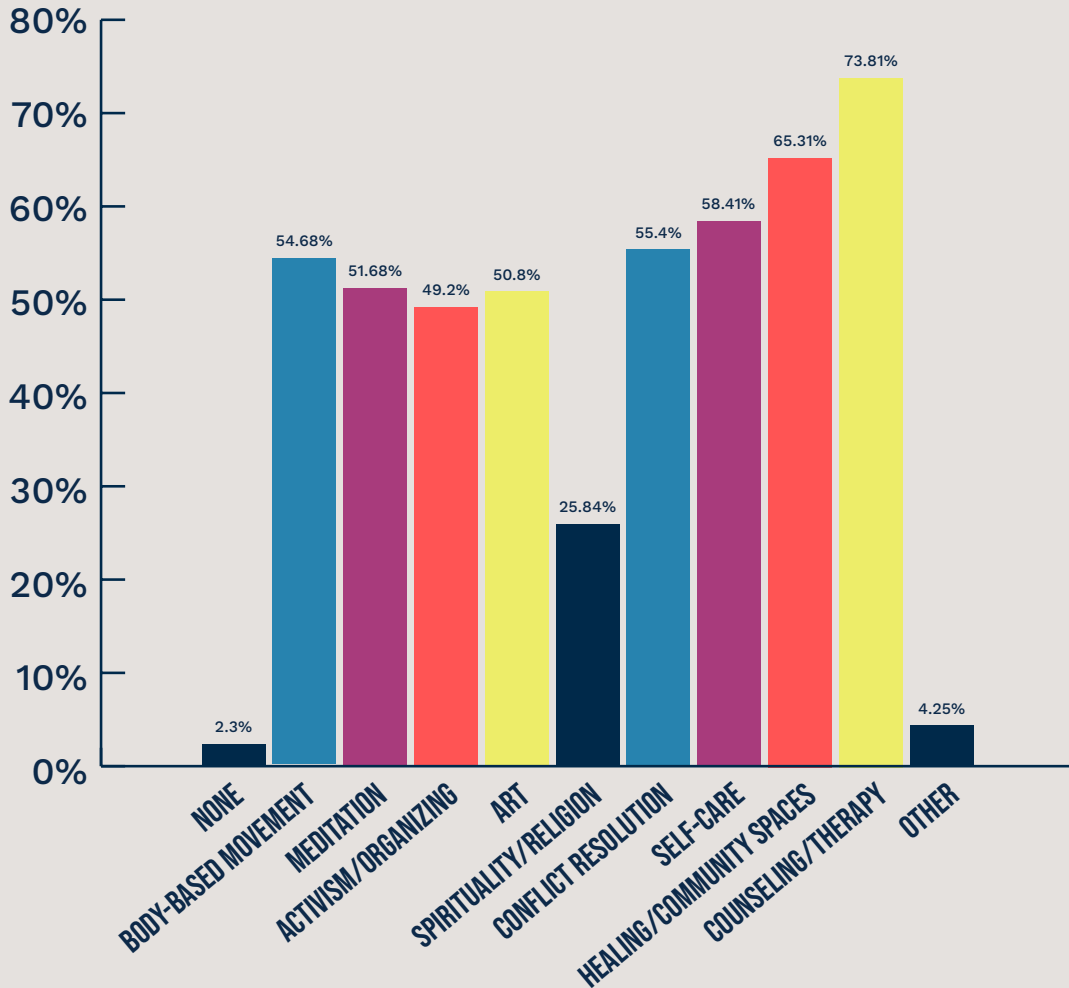
“It’s hard enough being just a student, it becomes almost impossible to be a student when you’re working through trauma that massively impacts aspects of your daily ability to function as a human being. Additionally, everyone experiences trauma differently and responds to different methods of care differently. Lack of diversity in resources of care minimizes the amount of people you can help.”
— cis-woman, LGBTQIA+, White, graduate student



SURVIVOR-GENERATED RESOURCE IDEAS

We asked survivors what resources they want the UCs to provide. Importantly, many of these resources already exist through CAPS and CARE—however, as we demonstrated in the previous section, many students are unaware of these resources. These findings indicate it is absolutely critical for universities to elicit survivor-generated ideas for healing, and then put enough funding into resources like CARE so that the university can actually serve the student survivor population at their campus.

ALL SURVIVOR RESPONSES (N=565)



GRAPH DESCRIPTION:

This bar chart shows resources that survivors indicated they wanted the UCs to provide. There were 565 survivor responses, and resources that survivors noted they wanted the UCs to provide were none, body-based movement, meditation, activism/organizing, art, spirituality/religion, conflict resolution, self-care, healing/community spaces, counseling/therapy, and other. Out of all these responses, counseling/therapy was the most common response with over **70%** of survivors responding that they wanted the UCs to provide this resource, whereas providing “none” resources was the least common response, as less than **5%** of survivors indicated this in their response.