

FROM SURVIVING TO HEALING:

Results and Demands from a Study with
Survivors of Sexual Violence on University of
California Campuses

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ACKNOWLEDGEMENTS

Survivors + Allies would like to acknowledge and thank our generous funders: UCLA Center for the Study of Women|Barbra Streisand Center, the UCLA Bruin Advocacy Grant Award, the UCLA Franklin D. Gilliam Jr. Social Justice Award, and the Luskin D3 Initiative.

We are especially grateful for the constant support and encouragement from the brilliant CSW|Streisand Center team, Professor Grace Hong, Rosa Chung, Rosemary Grant, Katja Antoine, and LaShae Robinson. We are also grateful for the centers of research and research communities that have supported this research, including: the UC Global Health Institute, the UC Speaks Up study, and Professor Jennifer Wagman.

We also acknowledge all the Survivors + Allies members who contributed to this research project and report (in alphabetical order): Rachel Alexander, Claire Amabile, Selene Betancourt, Margot Brooks, Leila Chiddick, Victoria Copeland, Catie Haddad, Helia Imany-Shakibai, Marisa Imbroane, Laura Knittig, Jianchao Lai, Laura Liévano-Karim, Emily Murray, Eunhee Park, Kalani Philips, Rina Rossi, Stephanie Kathan, Emma Tolliver, and Sara Wilf.

Thank you to CSW|Streisand Center graphic designer Kaya Napachoti for designing and illustrating this report.

Recommended Citation:

Survivors+Allies. “From Surviving to Healing: Results and Demands from a Study with Survivors of Sexual Violence on University of California Campuses.” Written by Rachel Alexander, Claire Amabile, Selene Betancourt, Margot Brooks, Leila Chiddick, Victoria Copeland, Catie Haddad, Helia Imany-Shakibai, Marisa Imbroane, Laura Knittig, Jianchao Lai, Laura Liévano-Karim, Emily Murray, Eunhee Park, Kalani Philips, Rina Rossi, Stephanie Kathan, Emma Tolliver, and Sara Wilf. UCLA Center for the Study of Women|Streisand Center, 2024.



FOREWORD

Laura Knittig

UCLA Graduate and Medical Student at SHSU-COM

If you told me 6 years ago when I was sitting in my apartment, debating whether or not to go to Title IX, that I would not only make it out healed but with a community and thousands of responses backing up how I felt, I would have not believed you. At that time, I had no community and only had told a handful of people about my experience. I waited nearly a year after my assault to report because I didn't understand what reporting meant and had no idea how the process worked.

Going through the process was one of the worst experiences of my life and I knew something needed to change. In the middle of my investigation, I decided to turn to advocacy and research by creating my nonprofit SAVE Research with Marisa Imbroane, another UCLA undergraduate student. We wanted to figure out what was going on with Title IX and why there was such an epidemic of sexual assault, not only within the UC System but across the country.

In March 2020, Sara Wilf, Victoria Copeland, and others reached out about us helping with a community effort for survivors. That started Survivors+Allies. Our goal from the very beginning was prioritizing survivors and figuring out their needs. We used our own stories and the stories of others to carry our passion into our work. After lots of meetings with Title IX and community effort, we knew we needed data to back up our claims that the University of California could do more for students, especially survivors. The response was breathtaking and to this day still brings tears to my eyes knowing that over a thousand people were passionate about this and willing to take the time to fill out our survey. 565 survivors shared their needs and about their experiences.

This report highlights those responses and tells a story about what we survivors need. Students go to a university to learn and find

themselves; no one expects to be harassed or assaulted. However, when that does happen we expect the university to have the resources we need easily accessible and to be student focused. Through my own experience I knew that wasn't the case, and this report highlights how tremulous the process can be and what students, especially survivors, need as well as expect from Title IX and the university. I hope that people will utilize this report to start the conversation around change and that the UC system will be one of the first to change.

I will spend my whole life fighting for these changes and I hope you see from this report why, because at the end of the day as survivors we are not alone and our experiences matter. Thank you for reading this and thank you for taking time to learn about the path from surviving to healing.

Leila Chiddick

UCLA Class of 2025

CARE Peer Educator

“You belong.” Two of many words that come to mind when I think of the impact that the CARE office has on UCLA’s campus. For many of us, we are not given the education or skills on sexual violence and sexual health (SVSH), and the subject is commonly instilled into us through biases and shame. My fellow peer educators and I work to transform the shame around sexual health, healthy/unhealthy relationships, support options, and self-care into the empowering act of choice.

CARE creates spaces for communities of healing that students, faculty, and staff can use to feel supported in the way they need. To feel supported on such a large campus is much more difficult than we think, especially on a campus where hundreds or even thousands of people pass by you every day. That experience can feel so isolating, and these spaces for healing give people a chance to feel heard.

CARE is such an essential resource because it supports people through their healing journey. My and my colleagues’ work of educating students, whether they experienced sexual violence or not, is essential. The work of our advocates, who provide direct support to our survivors, is essential. The work of our prevention coordinator, who oversees us peer educators and provides a connection between education and support, is essential. And the work of our intake coordinator, who directs students to the right support resources and ensures the functionality of the office, is essential.

It is incredibly heartbreaking to work so hard for something that your university knows is important but doesn’t put in the effort to support. Furthermore, it is so painful to see so many people who truly care about survivors and who care about the well-being of everyone in the CARE office leave because their demands for their well-being were not heard by higher-ups on the UCLA campus. Not only does it take away from their well-being and the safe space that should be CARE. But it takes away from the many students,

staff, and faculty who use CARE to support them through their university experience.

We don't just support survivors. We create communities and spaces to allow survivors and nonsurvivors to feel safe and learn more about their well-being. The many people, stories, connections, and experiences push us to do everything we can to support survivors, listen to them, believe them, and help them see that they belong here, at UCLA, and in this world. To leave them with the powerful message that "You belong."

Emma Tolliver

UC Davis Class of 2023

Last fall, I spent several weeks evaluating and compiling student perspectives in the wake of an incident of sexual harassment on my home campus of UC Davis. Petitions floated around on social media and posts outlining how the university had failed began to circulate. What I saw students calling for was the reform of resources for survivors of sexual violence and harassment so that they were trauma-informed, survivor-centered, and prioritized safety.

I had the opportunity to speak about what I had found in front of a prominent administrator at UC Davis. He said, in response to me making a comment at the beginning of my presentation that he may already know the details of the incident I was going to be explaining, “No, I’m unaware of the incident.”

The most popular petition had signatures from over 2000 UC Davis students at the time of this presentation. While I continued to describe the incident of sexual harassment that had sparked this public outcry from students, it shook me for the rest of the presentation. Administrators were horribly detached from the concerns and fears of students, and this flaw was one by design. I received general platitudes for my presentation, but I was left feeling disillusioned and nursing a broken heart: how do we fix issues that affect our lives when administrators fail to even recognize them? How do we give survivors a voice when there doesn’t seem to be an audience hearing them out?

Survivors+Allies offered me a vision: one that was built on hope, healing, and community. With each meeting, I found myself finding answers to my questions. The answer was not that a benevolent administrator was going to wake up one day and suddenly decide to fix the glaring flaws in the current system; instead, Survivors+Allies took it into their own hands to understand the issues in the UC system, uplift the voices of survivors, and advocate for meaningful changes to promote survivor-center resources and healing.

The report created by Survivors+Allies is an important step in

this process. The University of California must protect students and create an environment in which students can safely receive an education. The findings in this report detail how the UCs fail to fulfill these functions and how they can be reformed to better accomplish these functions.

Above all, thank you to all the survivors who shared their experiences with us and for trusting us with your stories. I see you, I hear you, and I believe you. Doing this work is the honor of my life, and I hope I've done you justice.

EXECUTIVE SUMMARY

STUDENTS LACK AWARENESS OF BASIC INFORMATION AND RESOURCES FOR SURVIVORS

23% of students don't know what the Title IX office does

37% mistakenly believe the Title IX office is confidential

22% don't know whether international students are covered under Title IX

29% don't know whether undocumented students are covered

THERE ARE LARGE DISPARITIES IN CRITICAL OUTCOMES FOR MARGINALIZED STUDENTS

Asian and Latine students are **50%** less likely to know what the Title IX office does compared to White students.

57% of international students have never heard of CARE, compared with **36%** of domestic students

100% of Black and Latine survivors did not feel respected by Title IX staff

Transgender students are **45%** less likely to trust UC therapists compared to cisgender women

SURVIVORS OVERALL HAD NEGATIVE EXPERIENCES WITH TITLE IX AND THE POLICE, BUT REPORTED THAT THERAPY AND HEALING RESOURCES WERE MOST HELPFUL*

CARE Most Helpful: 25
Least Helpful: 5

THERAPY Most Helpful: 121
Least Helpful: 23

TITLE IX Most Helpful: 3
Least Helpful: 21

POLICE Most Helpful: 3
Least Helpful: 44

SURVIVORS REPORTED THAT THERAPY AND HEALING RESOURCES MADE THEM FEEL MORE POSITIVE EMOTIONS LIKE TRUST, SAFETY, AND RESPECT, IN CONTRAST TO TITLE IX AND THE POLICE

CARE Positive Emotion: 9
Negative Emotions: 0

THERAPY Positive Emotion: 34
Negative Emotions: 10

TITLE IX Positive Emotion: 1
Negative Emotions: 9

POLICE Positive Emotion: 0
Negative Emotions: 18

***OUT OF A TOTAL OF 319 RESPONSES IN THE SURVEY**

INTRODUCTION

Survivors + Allies is a student organization that advocates for, and with, survivors of sexual violence across the UC campuses. This study was borne out of our collective frustration at the UC system's reticence to make basic changes that would better support student survivors. After meeting with the UC Office of the President Systemwide Title IX Office Director in the Fall of 2021, who declined our request to provide feedback forms to students who went through the Title IX process, we decided to conduct our own research study.

Our study findings empirically demonstrate what we, as survivors, already knew: resources at the UCs for survivors of sexual violence are inadequate, underfunded, and focused on punishing perpetrators while neglecting to provide adequate healing options for survivors. Marginalized students, including international, students of color,¹ and LGBTQIA+ students, are left behind. Mental health resources are undermined in favor of investigative processes. Confidential resources for survivors (i.e., UC employees who would not trigger a Title IX case if the survivor shared their experience) are essentially nonexistent, and student awareness of confidentiality is abysmal. In short, the UCs are not safe places for survivors of sexual violence, which by some estimates account for **20-25%** of undergraduate women.² *For examples of these UC resources, please see below.*


Further, our survey highlights that survivors' healing processes, as well as feelings of safety and care, can mean and look very different from person to person. They can include finding safe


1. In this report and our survey analysis, the term "of color" refers to any student or survivor who does not identify solely as White. The term "of color" includes students who identify as White and another (or multiple other) racial/ethnic identities.


2. Statistics. It's On Us. Accessed September 5th, 2023. <https://www.itsonus.org/about-sexual-violence/#:~:text=Statistics,times%20higher%20than%20other%20women>.


residence, receiving supplemental income, fixing a broken car or personal item, getting home safely, learning how to deal with panic attacks, or learning about all of their options. Some survivors desire validation and community, while others want consequences and accountability; many want both. Survivor safety and care needs are complex and ever changing. Because of the dynamic and communal nature of safety, the common investigative processes of making a report, going to court, and dealing with incarceration or charges is often contradictory to survivor needs and desired outcomes.

Where do we go from here? In this report, we have outlined survivor-generated demands and resources for interested stakeholders (including family and friends, policymakers, and UC administrators) who wish to champion survivor's needs at the UCs.

RESOURCE	CONFIDENTIAL?	DEFINITION
<p style="text-align: center;">CARE CENTER</p>		<p>CARE’s name differs slightly across the UC campuses. At UCLA it stands for “Campus Assault Resources and Education,” and its stated mission is “providing a safe place for survivors of sexual violence to get confidential support.” At UC Berkeley, it is called the “PATH to Care Center”, and has a similar mission statement. In short, while the name may differ for each campus, the purpose of the center is similar.</p> <p>CARE is one of only three confidential resources for survivors at most UCs (in addition to CAPS and the Office of Ombuds Services at certain UCs). CARE provides healing resources for survivors (such as group therapy and trauma-informed yoga) as well as the opportunity for survivors to meet with trained Advocates, who can guide survivors through the Title IX process and help them access additional resources that meet their unique needs. Importantly, CARE serves the <i>entire</i> campus community — including students, faculty, and staff.</p>

<p style="text-align: center;">CAPS/ COUNSELING CENTER</p>		<p>CAPS’s name also differs slightly across the UC campuses. At UCLA, it stands for “Counseling and Psychological Services,” and its stated mission is “to support undergraduate, graduate and professional school student development, empowerment and success through connection with dedicated diverse staff who provide mental health services that encourage Health, Healing, and Hope.” At UCI, it is called the “Counseling Center” and has a similar mission statement to deliver “quality services that help students achieve optimal mental health for academic success, personal growth, and increased capacity to cope with the stresses of being a university student.” While the names are different, the center functions similarly on each campus.</p> <p>CAPS is one of only three confidential resources for survivors at most UCs (in addition to CARE and the Office of Ombuds Services as certain UCs). They provide counseling (individual, relationship, and group therapy) and other clinical services, as well as referrals and resources to students. CAPS typically provides short-term, time-limited individual therapy for students rather than open-ended or long-</p>
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		<p>term therapy services. After a student completes an initial assessment appointment with the center, the student will receive a treatment recommendation. If the treatment recommendation is long-term therapy, the center will typically give the student a list of referrals and resources to look for a therapist outside of CAPS.</p>
<p>TITLE IX OFFICE</p>		<p>Title IX is a federal law that prohibits gender discrimination in any federally funded education program or activity. It protects all persons in the U.S., including international and undocumented students.</p> <p>The Systemwide Title IX office states on its website that it provides “direction and support for the Title IX offices at the university’s 10 campuses and the Lawrence Berkeley National Laboratory (LBNL), as well as the Office of the President.” They also state they “assist in implementing systemwide initiatives and best practices in harassment prevention and response” and “provide investigative support and develop and deliver education and training to Title IX offices and other university partners involved in preventing and responding to sexual harassment and sexual violence.”</p>

		<p>The Title IX Office is not confidential. There are Title IX coordinators at each UC campus location who are responsible for coordinating compliance with Title IX and implementing the policies on Sexual Violence and Sexual Harassment on their campus. Currently, there are no feedback forms for individuals who went through the Title IX process to share their perspectives or reflect on their experiences.</p>
<p>UC POLICE</p>		<p>Each UC campus has their own UC Police Department. The mission of UCPD is to “protect life and property”. Their website also states that they are “committed to upholding the Constitutional Rights of all persons, abiding by and enforcing State and Federal law and doing so consistent with the values of the University of California community and the principles of community policing.”</p>

FINDINGS

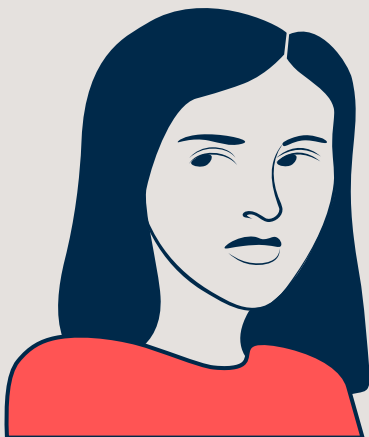
CONTENT WARNING: Please note that the Findings sections include quotations from survivors in blue boxes, and these quotes could be potentially triggering to read. If you need support at any time you can go to our Resources page or call RAINN’s 24/7 confidential support hotline at 1-800-656-4673.

1. AWARENESS OF RESOURCES FOR SURVIVORS IS LOW (N = 1,384)

Among all students (including survivors and non-survivors), awareness of resources for survivors of sexual violence was low.

38% had never heard of CARE (a confidential, healing, and survivor-centered center on all UC campuses).

28% had never heard of CAPS (counseling and psychological services, available on all UC campuses).



“I was not aware of [these survivor support resources] until grad school. I also attended a UC during college but was unaware of its resources.” [on reasons they did not try to seek help from Title IX] — cis-woman, straight, Asian, graduate student

Nearly a quarter of students — **23%** — reported not knowing what the Title IX office does.

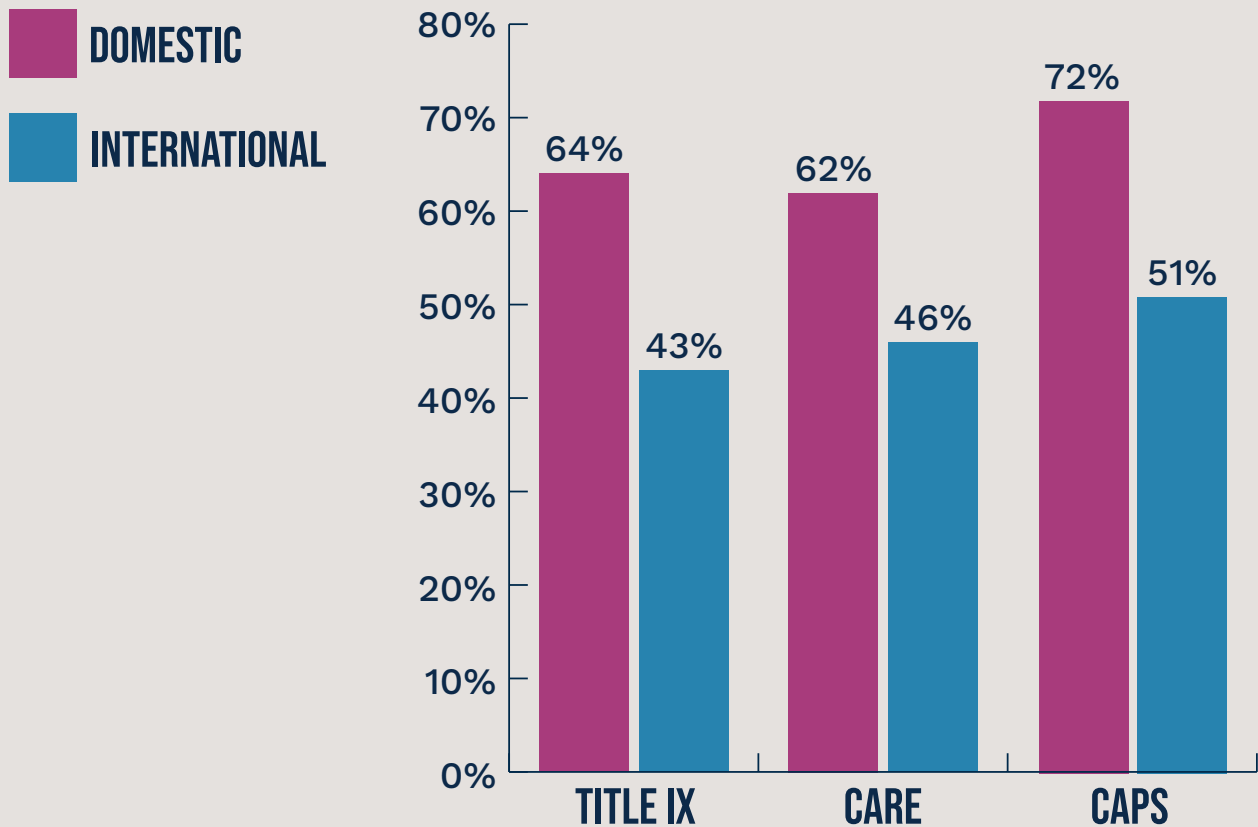
“I didn’t know about [Title IX] & it seemed like there was too much red tape to go through, I didn’t know how it might benefit me” — cis-woman, LGBTQIA+, White, undergraduate student

“I was unaware of Title IX at the time. I also don’t think I would have sought help even if I had known of Title IX, because I thought at the time that it wasn’t that big of a deal (and that I was blowing my feelings about it out of proportion). I’m also not sure if I would have trusted Title IX office.” — gender nonbinary, LGBTQIA+, White, staff

International students are **32%** less likely to know what Title IX does compared to domestic students.

Asian and Latine students are approximately **50%** less likely to know what the Title IX office does when compared to White students.

PRIOR TO TAKING THIS SURVEY, HAD YOU HEARD OF ANY OF THESE ON-CAMPUS RESOURCES FOR VICTIM-SURVIVORS OF SEXUAL ASSAULT AND/OR VIOLENCE (SELECT ALL THAT APPLY)?



GRAPH DESCRIPTION:

A bar chart comparing domestic and international students' awareness of Title IX, CARE, and CAPS. The chart shows that a higher percentage of domestic students have heard of all three resources than international students. For example, over **70%** of domestic students had heard of CAPS compared with around **50%** of international students.

22% of students don't know whether international students are covered under Title IX, and **29%** don't know whether undocumented students are covered.

Over one-third of students — **37%** — think the Title IX office is confidential (it's not).

Over half of all international students — **53%** — don't realize CARE is confidential.

“I did not know what the CARE office did and was honestly kind of in denial that I was in an abusive relationship at the time. I did not know what a healthy relationship looked like at that point in my life and did not seek services until I was depressed and started having suicidal thoughts. I scared myself and knew I needed help so I went to therapy. Even then I did not really disclose to my therapist how I was abused physically, mentally, verbally and emotionally. I did a bit but I was also ashamed and afraid to share that with someone.” — cis-woman, straight, multi-racial, graduate student

Student awareness doesn't need to be this low. All Title IX websites should clearly state on the front page that international and undocumented students are covered. Further, a simple email to all students at the beginning of each academic year outlining confidential and non-confidential resources would be extremely helpful. Currently, the only communications students receive about these resources are in lengthy, boring trainings that most people skip through.



SURVIVOR-GENERATED IDEAS TO INCREASE STUDENT AWARENESS ABOUT KEY RESOURCES AND CONFIDENTIALITY:

1. Standardize UC Title IX websites with the following:
 - Distinct pages on the rights of international and undocumented students, stating in clear language that they are covered and afforded the same rights as domestic students. Include an FAQ section.
 - All policy documents and key information on Title IX websites must be translated into Mandarin and Spanish (as well as other languages as needed)
2. Share our syllabi statement with faculty and TAs (in the resources section)
3. CARE needs to be spotlighted in the Title IX training as the primary confidential resource for victim-survivors on campus to receive information and resources
4. Send out an all-student email at the beginning of each academic year to ensure students are aware of CARE as an important resource
5. Produce a brief video (with student input) for international students that resolves key issues in Title IX, including whether students are covered, what confidentiality means, which resources on campus are confidential, and what happens if they report through Title IX



2. DISPARITIES IN RESOURCE ACCESS INDICATE THAT MARGINALIZED STUDENT SURVIVORS NEED ADDITIONAL SUPPORT (N = 565)

56% of survivors of color never accessed any support from off-campus organizations, compared with **47%** percent of white survivors.

Although students of color and white students accessed UC resources (like CARE and CAPS) at similar rates, there were disparities in their utilization of off-campus resources, particularly off-campus counseling. White students also reported accessing off-campus friends and romantic partners at far higher rates for support than students of color.

These findings indicate that, as a whole, *white students benefit from increased support to resources for sexual violence*. As a result, students of color need more specialized communications and support accessing off-campus resources.

“None of them [resources were helpful], the world is a cruel place and sometimes you got to deal with it if it’s not that crazy, like I’m black so I knew racism growing up, that’s just the way of life.”
— other, LGBTQIA+, multi-racial, undergraduate 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

SINCE THE INCIDENT(S), HAVE YOU EVER SOUGHT OUT SERVICES, RESOURCES, OR SUPPORT FROM ANY OF THE FOLLOWING? SELECT ALL THAT APPLY. (N=565)

	STUDENTS OF COLOR	WHITE STUDENTS
OFF-CAMPUS COUNSELING	21%	31%
ONLINE RESOURCES	12%	16%
OFF-CAMPUS FRIEND	60%	68%
OFF-CAMPUS ROMANTIC PARTNER	29%	40%

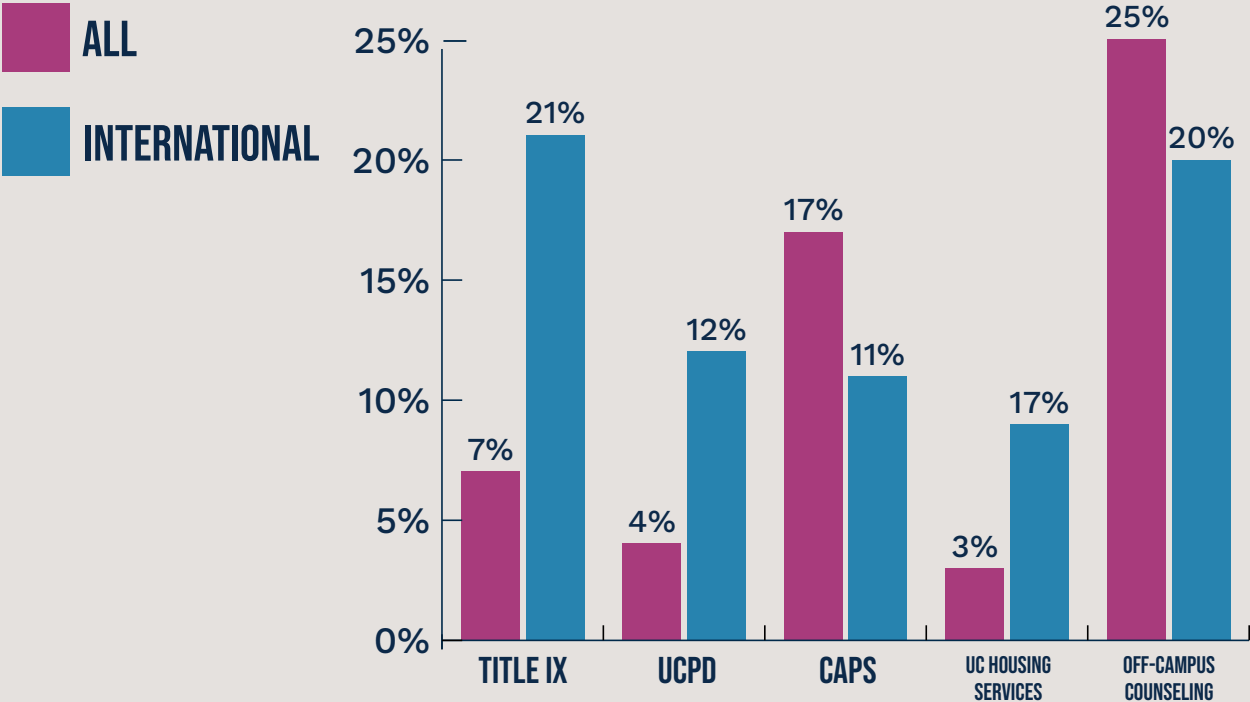
GRAPH DESCRIPTION:

This table compares the percentage of students of color and White students who reported seeking out services, resources, or support from the following four categories: off-campus counseling, online resources, off-campus friends, and off-campus romantic partners. The table shows that a higher percentage of White students sought out all four categories. For example, **31%** of White students sought out off-campus counseling compared with **21%** of students of color.

International students overall had lower awareness of key resources on campus (see previous section), and international student survivors were much more likely to seek out punitive resources such as Title IX and UCPD, rather than healing resources such as CARE and CAPS. This finding indicates that *international students need more specialized support learning about what to do if they, or a peer, experiences sexual violence.*



SINCE THE INCIDENT(S), HAVE YOU EVER SOUGHT OUT SERVICES, RESOURCES, OR SUPPORT FROM ANY OF THE FOLLOWING? SELECT ALL THAT APPLY. (N=565)



GRAPH DESCRIPTION:

This bar chart compares the percentage of international and all survivors who utilized five resources: Title IX, UCPD, CAPS, UC Housing, and Off-campus counseling. International student survivors utilized Title IX and UCPD at higher rates compared with all student survivors. For example, around **20%** of international student survivors utilized Title IX compared with around **7%** of all students. All student survivors accessed CAPS and off-campus counseling at higher rates than international survivors. For example, around **18%** of all student survivors utilized CAPS compared with around **12%** of international student survivors.

Although LGBTQIA+ and gender diverse students overall reported a higher awareness and utilization of resources for sexual violence, we also found distinct aspects of their experience indicating they need more specialized resources. For example, trans students displayed a **45%** lower likelihood of trusting CAPS therapists

compared to cisgender women. In open-ended responses, LGBTQIA+ and gender diverse students highlighted the importance of finding therapists who shared their gender and sexual identities.

“CAPS barely provides counseling (mtg with students once every 4-6weeks?!) and refers out to incompetent therapists in [city] or through online sources. They need to invest in prioritizing skilled counseling for survivors...[the most helpful resource was a] skilled trauma-specialist/queer competent therapist.” — LGBTQIA+, multiple races, graduate student



“[The least helpful resource was] school-based educational programs that failed to appreciate what gender discrimination and sexual harassment looks like in the lives of many trans people (that is, the kind of mundane, routine, everydayness of it).” — transgender man, LGBTQIA+, White, graduate student

“I’ve been looking for a support group focused on QTBIPOC women/femmes who are survivors of sexual abuse, assault, and gender-based violence.” — gender queer, LGBTQIA+, Asian, graduate student



SURVIVOR-GENERATED IDEAS TO PROVIDE ADDITIONAL SUPPORT FOR MARGINALIZED STUDENTS:

1. Students of color need more specialized spaces at the UCs for information on off-campus resources and healing activities where they can feel safe.
2. LGBTQIA+ and gender diverse student survivors need more CAPS therapists who share their identities, and/

or who are trained in working with sexual and gender diverse students.

3. Offer programming for survivors' partners (whether UC-based or not) to receive training on how to support survivors (because so many survivors reported turning to partners for support).
4. Each UC's international center should employ a CARE Advocate or equivalent who shares identities with international students. This individual can focus on improving international student's awareness of healing resources.

3. OVERALL, SURVIVORS REPORT NEGATIVE EXPERIENCES WITH TITLE IX AND UCPD (N = 565)

Once a survivor experiences sexual violence, they often have to reckon with and navigate a complex network of “resources” to receive adequate support. This network may include personal community members, family, employers, Title IX, CAPS, and CARE. The process of getting connected to resources or support can be confusing, onerous, and lonely for those who have just experienced a traumatic event.

For on-campus survivors, Title IX is often the first point of contact after an event of harm occurs, even though it is not a confidential resource or a required agency for survivors seeking support. Because Title IX is a reporting and investigatory agency, there is generally a lack of priority around engaging in adequate trauma-informed conversations with survivors. Yet, these conversations are necessary for helping to create conditions that will support survivors in making informed decisions about their care.



Only **1/3** of survivors were able to find the information they needed on the Title IX website.

PERCENTAGE OF SURVIVORS WHO DISAGREE WITH THE FOLLOWING:	
I FELT RESPECTED BY TITLE IX STAFF	43%
I FELT SAFE INTERACTING WITH TITLE IX STAFF	42%
I RECEIVED ADEQUATE INFORMATION ABOUT THE REPORTING PROCESS FROM TITLE IX STAFF	36%

GRAPH DESCRIPTION:

A table showing the percentage of survivors who disagreed with three statements about their interactions with Title IX staff. 43% of survivors disagreed with the statement "I felt respected by Title IX staff". 42% of survivors disagreed with the statement "I felt safe interacting with Title IX staff. 36% survivors disagreed with the statement "I received adequate information about the reporting process from Title IX staff."



100% percent of Black and Latine survivors in our survey who utilized Title IX strongly disagreed that they felt respected by Title IX.

LGBTQIA+ students exhibited a **64%** reduced likelihood of trusting UCPD compared to their heterosexual peers.

WHAT WERE THE REASONS WHY YOU DID NOT TRY TO SEEK HELP FROM UCPD?

(selected responses)

HIGHLY DISTRUST AND FEAR FOR MY SAFETY AND THE SAFETY OF THE COMMUNITY. I FELT I WAS LIKELY TO EXPERIENCE MORE HARASSMENT FROM THE POLICE. WHEN MY FRIEND WAS VIOLENTLY ASSAULTED BY A FELLOW STUDENT, THE COPS BLAMED HER. I AM ALWAYS SOMEWHAT A LITTLE BIT AFRAID OF THE POLICE. BECAUSE I DO NOT TRUST UCPD TO RESPOND APPROPRIATELY TO INCIDENTS, ESPECIALLY WHEN STUDENTS OF COLOR ARE INVOLVED. ALTHOUGH TITLE IX DID REACH OUT, WE WERE HESITANT TO MAKE A REPORT BC OF FEAR OF RETALIATION. DID NOT HAVE FAITH THAT THE UCPD WOULD ACTUALLY HELP. I DON'T TRUST THE

POLICE TO APPROPRIATELY HANDLE SEXUAL ASSAULT FOR WOMEN OF COLOR. I DO NOT TRUST THE POLICE, THEY DISMISS SEXUAL ASSAULTS WAY TOO OFTEN FOR ME TO GO TO THEM. EVERYONE I KNOW WHO HAS GONE TO REPORT THEIR INCIDENT TO THE POLICE ALWAYS END UP BEING DISMISSED BECAUSE OF LACK OF 'EVIDENCE'. COPS DO NOT CARE ABOUT QUEER PEOPLE. THEY ARE INSTRUMENTS OF STATE VIOLENCE AND DO NOT HAVE ANY INTEREST IN HELPING PEOPLE. I DO NOT FEEL COMFORTABLE REPORTING TO UCPD. I DON'T TRUST THE POLICE: THEY BRING HARASSMENT AND VIOLENCE INTO THE COMMUNITY WHICH DISPROPORTIONATELY IMPACTS POC STUDENTS AND COMMUNITY MEMBERS. I ESPECIALLY WAS NOT COMFORTABLE SPEAKING WITH MEN AFTER THIS INCIDENT, WHICH WOULD HAVE BEEN UNAVOIDABLE WHEN CORRESPONDING WITH UCPD. I HAVE HAD NEGATIVE EXPERIENCES WITH UCPD, WHERE THE OFFICERS THEMSELVES WERE INAPPROPRIATE WITH ME WHEN I WAS IN A MENTAL HEALTH CRISIS. I SOUGHT HELP FROM THE [UC] POLICE DEPARTMENT AND HAD A HORRIBLE EXPERIENCE. I AM NOW GENERALLY DISTRUSTFUL OF POLICE OFFICERS AND POLICE DEPARTMENTS. I'M SCARED THAT THEY WILL BLAME ME FOR MY ASSAULT OR ASK ME QUESTIONS THAT PUT BLAME ON ME. I AM SCARED

THAT THEY AREN'T TRAINED ENOUGH IN TRAUMA TO HELP ME IN THE REPORTING PROCESS. POLICE ARE NOTORIOUS FOR NOT SUPPORTING SURVIVORS, **EVEN ACTIVELY HARMING THEM** WHEN [THEY] HAVE SOUGHT HELP OR OFFICERS SEXUALLY ASSAULTING CIVILIANS AND AT BEST BEING UNHELPFUL. UCPD HAS MADE IT KNOWN TO BE VERY UNRELIABLE. A STUDENT HAS GOTTEN SEXUALLY ASSAULTED BY ANOTHER STUDENT YET THEY DID NOTHING TO PREVENT THE VICTIM FROM BEING ASSAULTED AGAIN. **HOW CAN I TRUST SUCH AN ENTITY IF THEY DID NOT EVEN CARE ABOUT A VICTIM OF GREATER ASSAULT?** BECAUSE THE POLICE HAS A HISTORY OF ESCALATION OF CONFLICT. DID NOT WANT TO BE PRESSURED INTO GOING INTO REPORTING/ LEGAL PROCESS, AND **DON'T FULLY TRUST UCPD** TO RESPOND IN SENSITIVE, SURVIVOR-CENTERED WAYS. FAMILIAR W/ SEXUAL CRIMES & POLICE HANDLING. **I AVOID CALLING THE POLICE DUE TO THEIR HISTORY OF RACIAL DISCRIMINATION.** ALSO, I DON'T THINK WHAT HAPPENED RISES TO THE LEVEL OF A POLICE RESPONSE. I KNOW IT WAS UNLIKELY TO BRING ABOUT ANY RESOLUTION & PROCESS IS DIFFICULT, COMPLEX, TIME, & RESOURCE COSTLY. **I DO NOT TRUST UCPD TO HELP ME** OR ADDRESS MY NEEDS/FEEL THEY WOULD MAKE THE PROBLEM WORSE. I KNEW IT WAS UNLIKELY TO BRING ABOUT ANY RESOLUTION & PROCESS IS DIFFICULT, COMPLEX, TIME, & RESOURCE COSTLY. THE POLICE DEPARTMENT [WAS THE LEAST HELPFUL FOR ME], THEY CAN'T DO ANYTHING UNLESS SOMEONE HAS SOLID PROOF OR A DEAD BODY. POLICE DEPARTMENT

AND TITLE IX [ARE THE WORST RESOURCES] BECAUSE I'VE SEEN THE WAY THEY'VE HANDLED SEXUAL ASSAULT CASES AND A LOT OF PERPETRATORS USUALLY GO TO LIVE WITHOUT ANY CONSEQUENCES WHILE THE VICTIMS BARELY RECEIVE ANY SUPPORT WHETHER IT BE EMOTIONAL OR SOMETHING ELSE. I DID NOT UNDERSTAND THE PROCESS [OF TITLE IX] **AND WAS SCARED I WOULD BE OUTED IN MY COLLEGE COMMUNITY [...]** **I DO NOT TRUST THE POLICE, ESPECIALLY UCPD.** POLICE OFFICERS ARE OFTEN MEN, AND MEN OFTEN DON'T BELIEVE WOMEN, AND UCPD OFFICERS ARE **REALLY AGGRESSIVE/INTIMIDATING WITH GIRLS IN COLLEGE.** I THINK THE UCPD INTERVENES AT THE MOST DANGEROUS CASES WITH THE RESPONSIBILITY OF OPENING AN INVESTIGATION OR WARRANTING A TICKET. IN SEXUAL ASSAULT/VIOLENCE CASES, THE POLICE ARE NOT AROUND AT THE TIME OF THE INCIDENT AND BY THEN, THE VIOLENCE HAS ALREADY HAPPENED. CARE SHOULD BE CENTERED AROUND THE VICTIM AND JUSTICE SHOULD BE SERVED. THERE SHOULD BE ADDITIONAL MEASURES TAKEN FOR PREVENTION. **MY INTERACTIONS WITH THE POLICE ONLY SERVED TO TRAUMATIZE ME FURTHER.** THROUGHOUT THE ENTIRE PROCESS **I FELT BELITTLED, IGNORED, AND DISREGARDED.** THE [UC] POLICE DEPARTMENT WERE MOSTLY INSENSITIVE AND DIDN'T TAKE MY CASE SERIOUSLY NOR TREAT IT WITH THE URGENCY IT DESERVED. IT TOOK SO LONG FOR THE DETECTIVE TO REACH BACK TO ME ABOUT MY CASE... THE DEPARTMENT SUBSEQUENTLY CLOSED MY CASE WITHOUT REALLY ACKNOWLEDGING THAT I STILL FELT ENDANGERED AND SCARED OF FURTHER RETALIATION FROM MY ABUSIVE EX. I HAVE HEARD THAT THE POLICE ARE VERY UNHELPFUL WITH STUFF LIKE THIS, AND I DIDN'T THINK IT WAS SERIOUS ENOUGH TO WARRANT THEIR HELP.

REMOVING THE POLICE AS A FRONTLINE RESOURCES FOR SURVIVORS

Survivors Overwhelmingly Distrust Police

As a reporting and investigation agency, Title IX typically works with campus police departments. Yet based on our study, both campus and local police departments have been an inadequate and harmful source of support for survivors. Based on our study, survivors overwhelmingly noted apprehension and fear in relation to seeking support from police. Many refused to seek services from the police entirely. This refusal and apprehension was rooted in a shared sense of distrust with police and policing, based on previous interactions and lived experiences. These police interactions were either directly experienced by survivors themselves or experienced by those within a survivors community.

Of note, survivors of color and queer survivors specifically shared that this distrust was spurred from specific interactions with the police including past instances of assault, incidents surrounding mental health crisis, and day to day interactions with police. LGBTQIA+ students exhibited a **64%** reduced likelihood of trusting UCPD compared to their heterosexual peers. One survivor shared:

“Highly distrust and fear for my safety and the safety of the community.” — Queer, Latine, nonbinary, undergraduate student

Others added that the police were not sources they’d seek for support because:



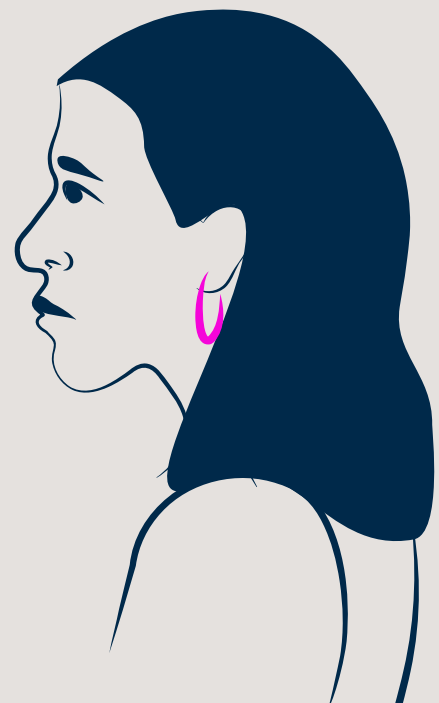
“The police don’t believe stories like mine and trying to get me to go to them just made me feel worse.”
— lesbian, White, nonbinary, undergraduate student

“I’ve had bad experiences with the UCPD before. I’m sure that the police officers are good people, but I associate them with a mental breakdown I had while on campus and am hesitant to reach out to them for help.” — cis-woman bisexual, Asian

“I don’t trust the police: they bring harassment and violence into the community which disproportionately impacts POC students and community members. I especially was not comfortable speaking with men after this incident, which would have been unavoidable when corresponding with UCPD.” — cis-woman, bisexual, Asian and Hispanic, undergraduate student

Moreover, responses about distrust included an overwhelming pattern of police not helping survivors feel safe when they did seek out help for sexual violence. Some of these survivors shared that they were re-traumatized and harmed by officers through repeated victim-blaming and neglectful attitudes, sometimes even assault. One undergraduate student survivor recounted their experience with the police saying,

“I reported an incident in which my abusive ex-boyfriend posted intimate photos of me online...[the police] were mostly insensitive and didn't take my case seriously nor treat it with the urgency it deserved. It took so long for the detective to reach back to me about my case... The department subsequently closed my case without really acknowledging that I still felt endangered and scared of further retaliation from my abusive ex.”



Another undergraduate student shared,

[Content warning] “I was shamed for the rape, blamed for agreeing to go on a date with the perpetrator, and made to feel uncomfortable and not believed by those in power. They did nothing to help me, and only made me feel worse. The officer who took my statement went so far as to write in her report that my statement seemed incoherent and too emotional to be sufficiently valid. I doubt I'd go to police again.”

SURVIVORS OF SEXUAL VIOLENCE DO NOT BENEFIT FROM THE ONE-SIZE-FITS-ALL APPROACH DEPLOYED BY CRIMINAL LEGAL SYSTEMS.

Based on the findings from the survey, it is clear that the police as an institution continue to fail survivors for several reasons. Aside from causing harm and distrust, one of the main reasons that police do not adequately help survivors is because they adhere to a one-size fits all approach. This approach is incompatible with caring for survivors. According to the criminal legal system, once harm is caused there is a set of laws that require specific modes of evidence and fact finding processes that need to be adhered to. Consequently, this necessitates a set of outcomes or “remedies” to address said harm as it is defined by the law. This means that the very complex nature of violence is often neglected, mistreated, or insufficiently addressed. Some survivors in our study specifically stated that they felt there was not adequate support by the police to feel safe or confident in reporting to them in the first place. Further they said the remedies offered did not work to prevent future harm or hold those who caused harm accountable.

“[police] often times they do not believe a survivor, blame the survivor for lack of evidence or communication, relive the trauma with no resolve or accountability for the abuser.” — Queer, Hispanic, nonbinary, undergraduate student



“UCPD has made it known to be very unreliable. A student has gotten sexually assaulted by another student yet they did nothing to prevent the victim from being assaulted again. How can I trust such entity if they did not even care about a victim of greater assault?” — cis-woman, bisexual, Asian, undergraduate student

“Police Department and Title IX because I’ve seen the way they’ve handled sexual assault cases and a lot of perpetrators usually go to live without any consequences while the victims barely receive any support whether it be emotional or something else.” — cis-woman, heterosexual, Asian, undergraduate student

For survivors, safety can mean and look very different from person to person. It can include finding safe residence, receiving supplemental income, fixing a broken car or personal item, getting home safely, learning how to deal with panic attacks, or learning about all of their options. Some survivors just want validation and community, others want consequences and accountability, many want both. Survivor safety and care needs are complex and ever changing. Because of the dynamic and communal nature of safety, the designated policing processes of making a report, going to court, and dealing with incarceration or charges is often contradictory to survivor needs and desired outcomes.

Moreover, the criminal legal systems prescriptive and standardized approach to harm includes distinct yet unhelpful guidelines that may favor those who cause harm, not survivors. For example, the boundaries of the campus itself acted in many instances as a barrier to getting “help” from the campus police or Title IX because the harm was not caused by a campus affiliated student

or personnel. A handful of survivors said they were simply denied help due to the incident happening off campus, even if it involved stalking. Regardless of these system-created geographical boundaries, survivors understandably continued to fear for their safety on and off campus but were turned away. These rules do not prevent future harm from happening and do not have survivors in mind, but are rather more concerned with jurisdictional productivity and institutional guidelines.

Additionally, the guidelines of what counts as evidence within police departments has limited the ability for survivors to seek help or be believed. One survivor said,

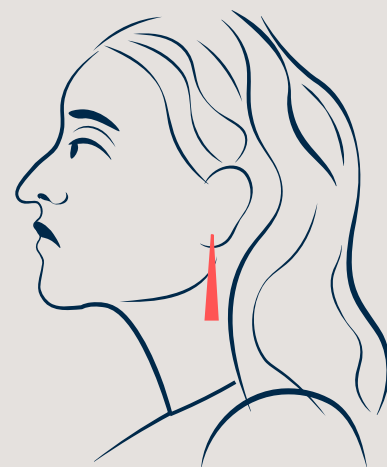
“The police department, they can’t do anything unless someone has solid proof or a dead body.” — cis-woman, Lesbian, Hispanic and White, undergraduate student

Another added that stalking is not even considered a crime. They shared:

“Police did nothing when I said I was followed. Because being followed is not a crime. The officer I spoke to even said, ‘I could follow you right now if I wanted to.’” — Bisexual, Hispanic, cisgender woman, undergraduate student

Another survivor shared:

“[the police and other authorities] often times they do not believe a survivor, blame the survivor for lack of evidence or communication, relive the trauma with no resolve or accountability for the abuser.” — Queer, Hispanic, nonbinary, undergraduate student





SURVIVOR-GENERATED DEMANDS FOR TITLE IX AND UCPD

Based on the stories shared within our study, police and policing processes do little to help survivors navigate and receive care. Survivors expressed wanting longer term safety plans and emotional support that could not be provided by the police. The overwhelming trend from our findings showed that survivors prefer to not deal with the police, especially in their initial help-seeking stages. This is rooted in feelings of distrust, trauma, fear, and lack of support. Despite this, Title IX has often suggested the police as the first response to survivor reports. Due to the harm caused and evidence of insufficient assistance around sexual violence, we generated a list of demands in relation to UCPD and Title IX.

1. UCPD should not be a frontline resource for survivors.
2. All Title IX investigators should receive adequate training on trauma-informed care, such as how trauma might manifest (such as students not remembering things told to them, which is why they need paper/digital resources).
3. All students who go to Title IX to report should understand confidentiality and the difference between Title IX and CARE. Title IX could have a checklist to review with each student to ensure they are fully informed.
4. All students who meet with a Title IX investigator should be able to have a CARE Advocate or trained equivalent with them at all times (similar to a medical model where students can request a support person for physical exams).

4. CAMPUS MENTAL HEALTH RESOURCES ARE INADEQUATE TO SERVE SURVIVOR'S NEEDS

51% percent of survivors are not currently connected to adequate mental health services or social support for their experiences.

“I don’t feel like my problems are big enough for me to take resources like CAPS away from other folks who may need it more, I also switched to a minimum coverage health insurance and cannot afford mental health care.” — cis-woman, LGBTQIA+, White, graduate student

Moreover, there are disparities for marginalized students in accessing mental health. Asian students are **36%** less likely to trust CAPS compared to White students.

This statistic may reflect cultural stigmas about seeking mental health services or recent negative news coverage about CAPS therapists calling UCPD on students of color.³ This finding indicates the UCs need to do more specialized outreach to Asian and Asian American students.

“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



“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

3. Gatica, C. (Jan 29, 2021). Op-ed: UCPD should not be responsible for mental health care responses. Accessed September 5, 2023. <https://dailybruin.com/2021/01/29/op-ed-ucpd-should-not-be-responsible-for-mental-health-care-responses>

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

Further, transgender students are **45%** less likely to trust CAPS than cisgender women. Based on anecdotal evidence from the members of Survivors + Allies, we believe this finding may reflect a lack of both training for CAPS therapists and representation of transgender and gender diverse CAPS therapists at the UCs. The UCs must hire more transgender therapists and provide additional training to cisgender therapists. In addition, CAPS should invest in more specialized outreach to LGBTQIA+ centers at the UCs.

ACTIVITY: FOLLOW ALONG AS WE MAKE AN APPOINTMENT AT CAPS!

Based on the lived experience of students in Survivors + Allies, making an appointment at CAPS is unnecessarily difficult and can be re-traumatizing as we have to describe our trauma to multiple people. Further, wait times are unacceptably long. In this graphic, follow along with a real-world example (from December 2022) of one of our members going through this process.

December 8th, 2022

Student goes to their primary care provider and says they need mental health support. The primary care provider tells the student to contact UC Counseling and Psychological Services (CAPS) on their own.

December 10th, 2022, 2:00PM

Student goes to the UCLA CAPS website and calls the number to make an appointment. They speak with an intake coordinator for about 20 minutes and explain reasons for making an appointment (*description of experience of sexual violence #1*). The intake coordinator says “I’m so sorry that happened to you,” which is not a trauma-informed response. The student is told that someone from CAPS will call back later that day for a triage assessment.

Student then fills out lengthy online questionnaire about their mental health

December 10th, 2022, 4:00PM

The student receives a call from the triage assessment person. They speak with the triage assessment person for about 30 minutes and explain their reasons for making an appointment

(description of experience of sexual violence #2). The student is told that a therapist with experience working with survivors isn't available for at least 1 month.

January 6th, 2023

The student's appointment with a therapist is canceled. The student is told via message they need to make an appointment with a new provider. The next appointment with a therapist experienced in working with survivors isn't until January 15th.

January 15th, 2023, 10:00AM

The student has their first session with a therapist. They explain their reasons for making an appointment (description of experience of sexual violence #3). At the end of the 50-minute session, the student is informed that (1) the therapist is not the one they would be seeing long-term, (2) CAPS has a 10-session limit, and (3) the student should find an off-campus therapist that takes the university health insurance.

January 16th, 2023

The therapist sends a message with a list of resources to help the student find an off-campus therapist that specializes in working with survivors and accepts the university health insurance. By this time, the student is burned out and doesn't want to contact any more places for the care that they need. They also do not want to recount their traumatic experience to another provider. They end up doing 3 sessions with the same CAPS therapist before deciding to end their mental health care with CAPS.

“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

Although survivors overwhelmingly reported positive experiences with CAPS...

77% percent agreed they felt emotionally supported and respected by CAPS staff.

80% percent agreed that CAPS provided them with clear, adequate information.

“CAPS [was the most helpful to me], it was my first time having a professional to speak with about my experiences.” — cis-woman, LGBTQIA+, Hispanic/Latine, undergraduate student

“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

31% of survivors reported difficulties accessing an appointment through CAPS, and marginalized student groups wanted more therapists who looked like them.



“The UC needs to offer a wide range of programs to meet the needs and interests of the many different students who attend UC campuses.” — cis-woman, straight, White, graduate student

“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

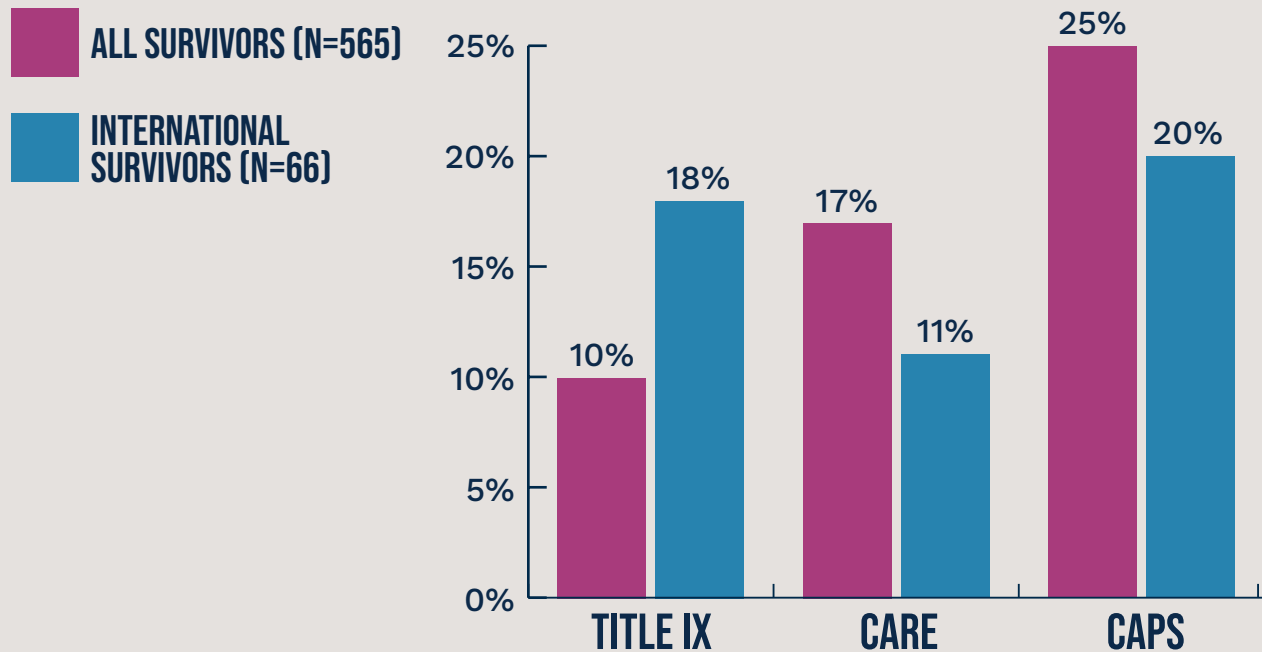


SURVIVOR-GENERATED DEMANDS TO IMPROVE MENTAL HEALTH RESOURCES:

1. Streamline the scheduling experience to reduce barriers to students receiving mental health support. Students are confused about the multiple intake processes, leading to them needing to re-state their trauma or being misinformed about important aspects of how CAPS works.
 - Replace the initial triage call with an online survey option
 - Remove the second step (meeting with a therapist who won't actually end up being the students' therapist)
 - Ensure that students do not have therapists in training, especially those who are recording their sessions
 - Ensure that students have access to therapists that can offer trauma-informed care
 - Standardize intake protocol so students know how many sessions they will have total, how much they will pay
 - Need a list of UCSHIP accepted therapists who work with victim-survivors readily accessible on the website
2. Hire more therapists to decrease wait times, particularly therapists of color, LGBTQIA+, and first generation immigrant therapists, as well as therapists who specialize in working with victim-survivors

5. CARE IS A PRIMARY RESOURCE FOR SURVIVOR HEALING, BUT IS UNDERFUNDED ACROSS THE UCS

In our study, CARE was the second most frequently utilized campus resource after CAPS. Importantly, this statistic was flipped for international students, who utilized CARE at much lower rates.

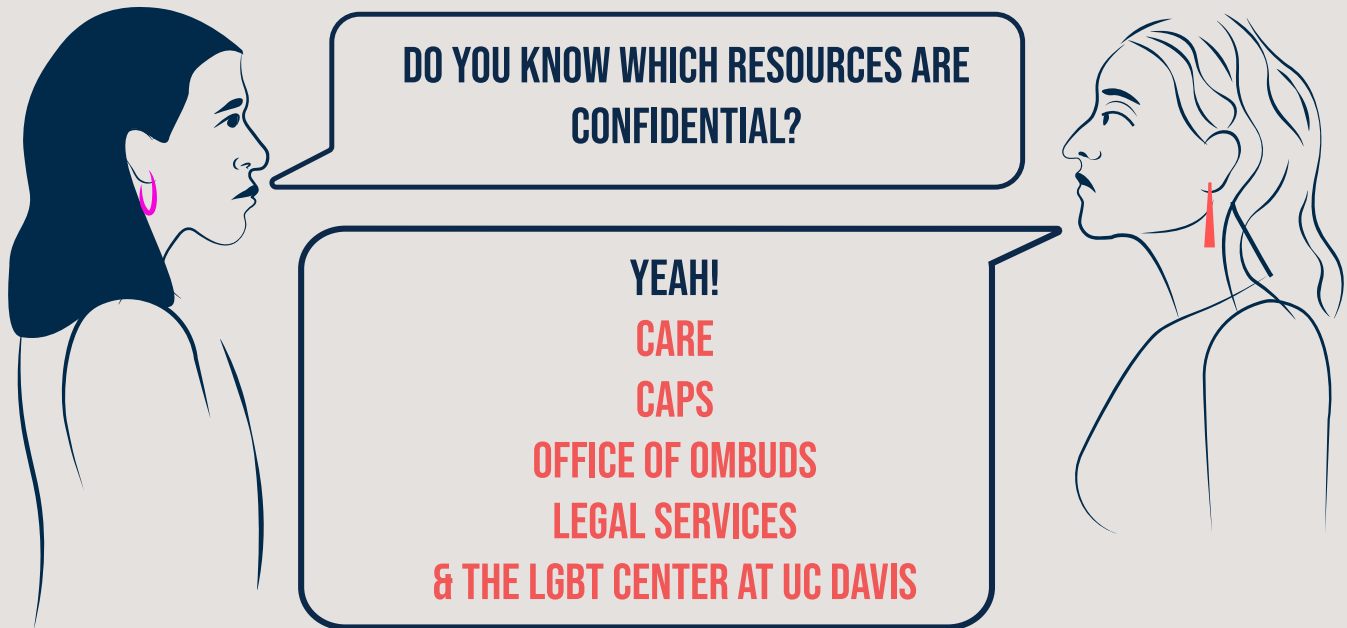


GRAPH DESCRIPTION:

This bar chart compares the percentage of international and all survivors who utilized five resources: Title IX, UCPD, CAPS, UC Housing, and Off-campus counseling. International student survivors utilized Title IX and UCPD at higher rates compared with all student survivors. For example, around **20%** of international student survivors utilized Title IX compared with around 7% of all students. All student survivors accessed CAPS and off-campus counseling at higher rates than international survivors. For example, around **18%** of all student survivors utilized CAPS compared with around **12%** of international student survivors.

CARE’s name differs slightly across the UC campuses. At UCLA it stands for “Campus Assault Resources and Education” and its stated mission is “providing a safe place for survivors of sexual

violence to get confidential support.” CARE is one of only three confidential resources for survivors at most UCs (in addition to CAPS and the Office of Ombuds Services at certain UCs).



CARE provides healing resources for survivors (such as group therapy and trauma-informed yoga) as well as the opportunity for survivors to meet with trained Advocates, who can guide survivors through the Title IX process and help them access additional resources that meet their unique needs. Importantly, CARE serves the entire campus community — including students, faculty, and staff.

Overall, survivors reported highly positive experiences with CARE. It was the highest-rated resource when compared with Title IX, CAPS, and UCPD.

“CARE center [was most helpful] - 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

“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

“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



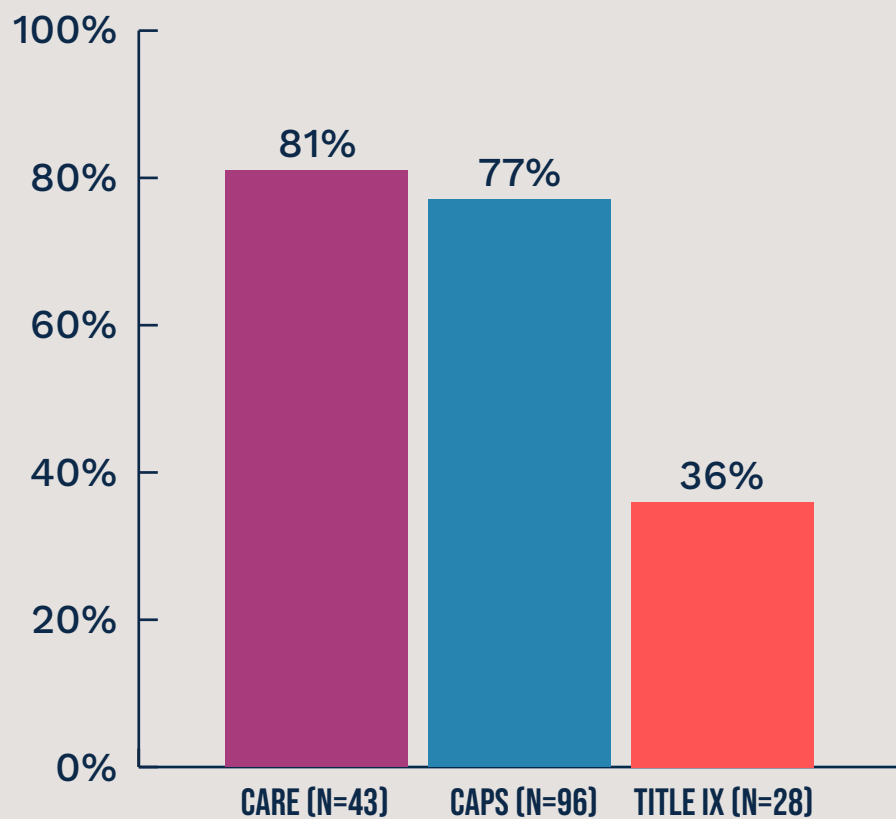
“CARE [was most helpful] - helped relieve stress of schoolwork by messaging professors for me.” — cis-woman, straight, Asian, undergraduate student

“I really, really liked the CARE yoga program. I also found my CAPS therapist helpful; she was supportive and nonjudgmental and helped me feel like I had ownership over my experiences.” — cis-woman, straight, White, 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

The following graphics include survivors who reported interacting with CARE, CAPS, and Title IX.

PERCENTAGE THAT AGREED WITH: I FELT EMOTIONALLY SUPPORTED AND RESPECTED BY THE ____ STAFF.

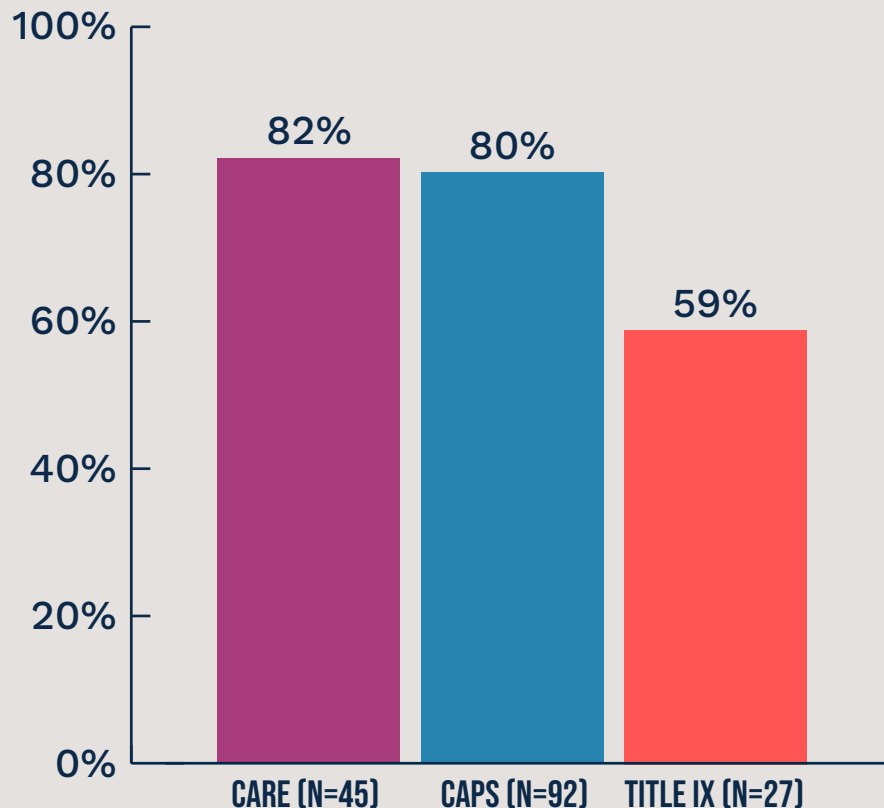


GRAPH DESCRIPTION:

This bar chart looks at the percentage of survivors who reported interacting with CARE, CAPS, and Title IX that agreed with the following statement: I felt emotionally supported and respected by the [blank] staff. The answer options provided were: CARE, CAPS, and Title IX. The chart shows that survivors answered CARE most frequently for this question, followed by CAPS, and then Title IX,

suggesting that most survivors did not find Title IX staff to be emotionally supportive or respectful.

PERCENTAGE THAT AGREED WITH: ____ STAFF PROVIDED ME WITH ADEQUATE, CLEAR INFORMATION.

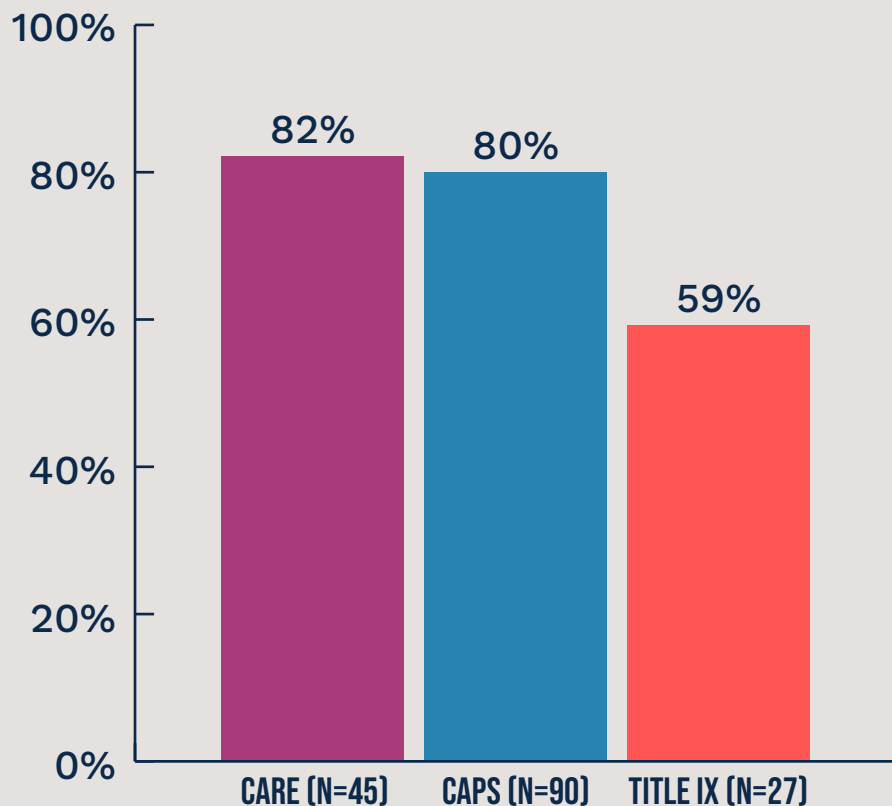


*Note for Title IX, the question was slightly different to reflect the reporting process: “I received adequate information about the reporting process from Title IX staff.”

GRAPH DESCRIPTION:

This bar chart looks at the percentage of survivors who reported interacting with CARE, CAPS, and Title IX that agreed with the following statement: [Blank] staff provided me with adequate, clear information. The answer options provided were: CARE, CAPS, and Title IX. The chart shows that survivors answered CARE most frequently for this question, followed by CAPS, and then Title IX, suggesting that most survivors did not believe Title IX staff provided them with adequate, clear information.

PERCENTAGE THAT AGREED WITH: ____ STAFF PROVIDED ME WITH RESOURCES THAT MATCHED MY INDIVIDUALIZED NEEDS.



*Note for Title IX, the question was slightly different: “I received useful resources from the Title IX staff.”

GRAPH DESCRIPTION:

This bar chart looks at the percentage of survivors who reported interacting with CARE, CAPS, and Title IX that agreed with the following statement: [Blank] staff provided me with resources that matched my individualized needs. The answer options provided were: CARE, CAPS, and Title IX. The chart shows that survivors answered CARE most frequently for this question, followed by CAPS, and then Title IX, suggesting that most survivors did not believe Title IX staff provided resources that met their specific needs.

However, CARE is underfunded. As the below graphic shows, there are sharp disparities across the UCs in the advocate to student ratio. At UCLA, there is only 1 CARE advocate serving a student population of over 40,000.

“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

UC	NO. CARE ADVOCATES	NO. STUDENTS ENROLLED	ADVOCATE : STUDENT RATIO
UC SAN FRANCISCO*	2	3,154**	1 : 1,577
UC BERKELEY	8	45,307	1 : 5,663
UC SANTA BARBARA	3	26,421	1 : 8,807
UC MERCED	1	9,104	1 : 9,104
UC SANTA CRUZ	2	19,478	1 : 9,739
UC IRVINE	3	35,936	1 : 11,978
UC RIVERSIDE	2	26,809	1 : 13,404
UC DAVIS	2	40,772	1 : 20,386
UC SAN DIEGO	3	41,885	1 : 13,961
UCLA	1	46,430	1 : 46,430

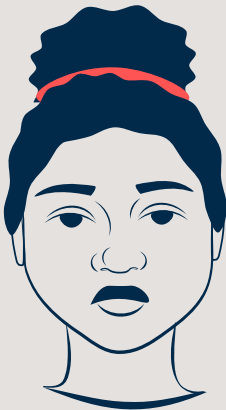
*Note: CARE also covers all university faculty and staff, who are not included in these ratios. In effect, that means the ratios are even higher for all UCs.

**Note: These enrollment numbers are as of Fall 2022.

GRAPH DESCRIPTION:

A table showing the sharp disparities in the advocate to student ratio at all UC campuses, with UCLA only having 1 CARE advocate serving their student population of 46,430 (Advocate to student ratio is 1: 46,430). Note that at UC San Francisco, the CARE office covers all university faculty and staff, who are not included in these ratios. In effect, that means the ratios are even higher for all UCs. Additionally, the enrollment numbers displayed for UC San Francisco are as of Fall 2022.

In open-ended responses, survivors in our study shared their frustration at long wait times to see a CARE advocate.



“I think [UC] should improve access to CAPS and CARES because they are hard to get access to!!! Improve that first before offering other stuff that may be unnecessary.” — cis-woman, LGBTQIA+, Hispanic/Latine, graduate student



SURVIVOR-GENERATED SOLUTIONS:

1. Increase and standardize CARE funding across the UCs.
2. All survivors should automatically be connected with a CARE Advocate, so the student does not have to make the connection themselves. Same for CAPS; they should bypass the intake process and be able to set up an appointment immediately with a therapist.
3. UCPD should call in a CARE advocate (or similarly trained person, whether community-based or employed by the UCs) who is available at least by phone or text for the UCPD's meeting with the victim-survivor, similar to a medical model.

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.

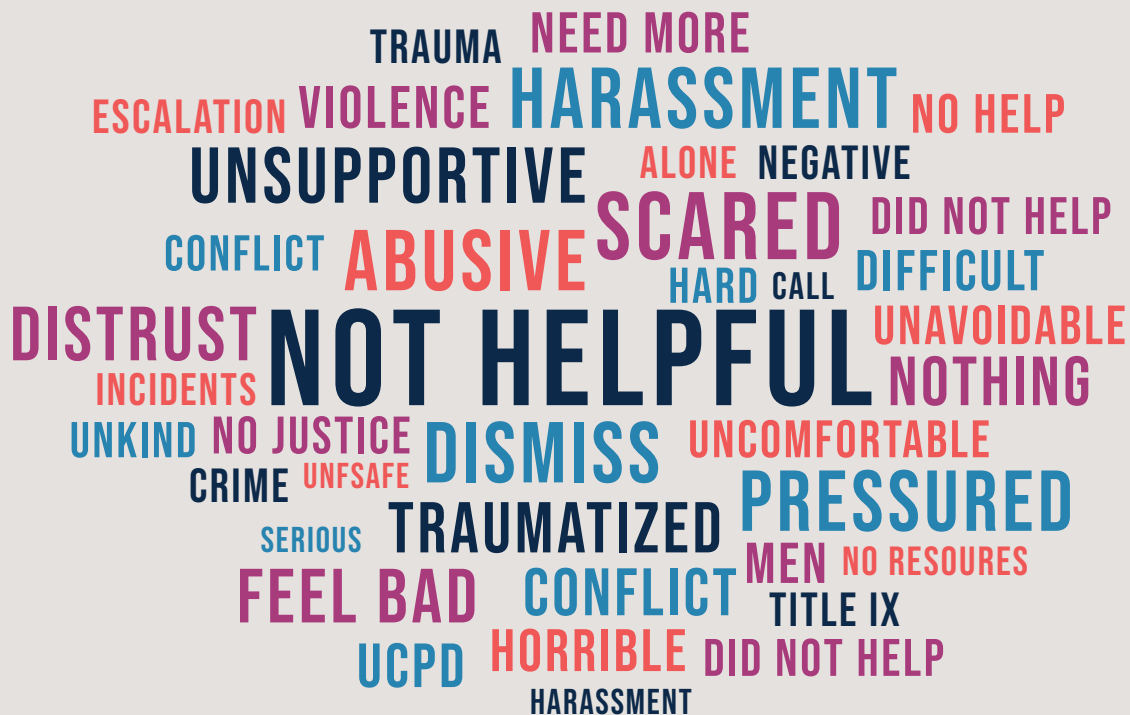
“Although Title IX did reach out, we were hesitant to make a report [because] of fear of retaliation.” — cis-woman, straight, Hispanic/Latine, undergraduate student



“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



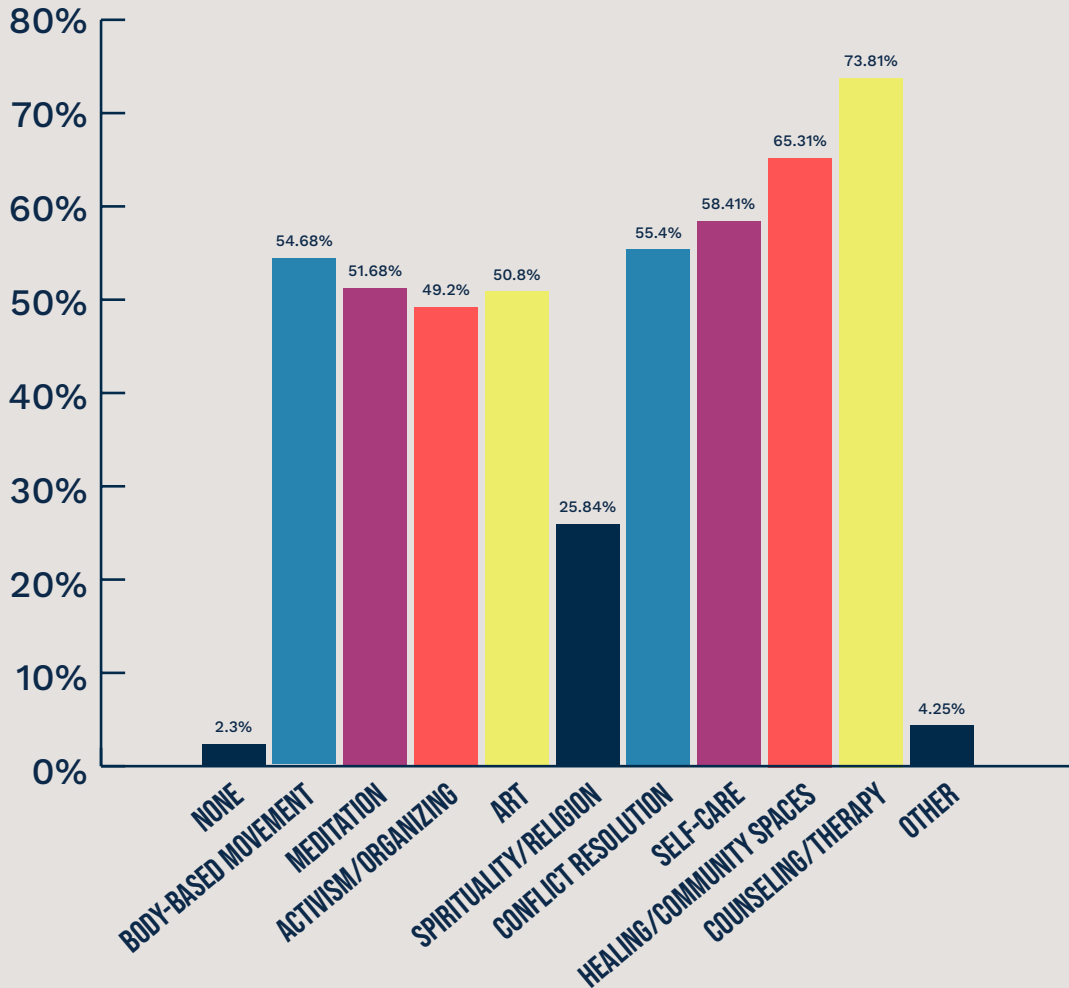
“It’s hard enough being just a student, it becomes almost impossible to be a student when you’re working through trauma that massively impacts aspects of your daily ability to function as a human being. Additionally, everyone experiences trauma differently and responds to different methods of care differently. 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.

**RESOURCE
PAGES
FOR EACH
AUDIENCE**

FAMILY AND FRIENDS

This is a resource page for family and friends of survivors seeking guidance on how to offer support. It's a great step that you're reaching out to learn how to best bring comfort to someone you love who's experienced assault. Since it takes bravery and trust for a survivor to share their story, your response and continued support goes a long way in their healing journey.

For supporting a survivor immediately following a traumatic event, please look to [this resource from "Know Your IX"](#)!

1. Be an active listener and believe them
 - First and foremost, it's really important that you listen to them and believe what they tell you. There are an incredibly wide range of responses people can have post assault (stress, sadness, shock, anger, minimal emotion, etc.) Validate whatever they are expressing to you and make sure to not judge their experiences. They are processing a lot of information and your belief in them goes a long way.
2. Be open and support them - and respond to what they need!
 - After showing validation for what they're feeling, express support and ask what they may want or need from you. Follow their lead and respond to what they're looking for. That could be helping them with logistical next steps, providing emotional support, or giving them space to talk. Everyone responds differently, so embrace how they are responding and react accordingly
 - It's also important to copy the language they're using! As the resource "Speak About It" points out, "Avoid using terms like "assault," "rape," "abuse," "victim," or "survivor," unless the individual you're

supporting uses these words first.

3. Express admiration for their courage
 - It's also important to copy the language they're using! As the resource "Speak About It" points out, "Avoid using terms like "assault," "rape," "abuse," "victim," or "survivor," unless the individual you're supporting uses these words first."
4. Ask what you can do to help
 - Follow their lead! It could be helpful for you to have/find potential resources for them, if that seems appropriate. Give them space to make the choices that best suit them.
5. Take care of yourself and practice self care
 - What you're feeling matters too! There can be secondary trauma from supporting someone who experienced assault first hand. Learning that someone else's experience of assault can be overwhelming and emotionally draining. Make time to process and lean on your support systems to make sure you're taking care of yourself.

Our survey results show that overall survivors have low access to resources. White students also reported accessing off-campus friends for support at a much higher rate than BIPOC students. International students had overall lower awareness of essential campus resources. When reflecting on how to support a survivor, keep in mind the context of their situation and what other support options they have at their disposal.

BELOW ARE RESOURCES ON PROVIDING SUPPORT TO SURVIVORS:

[Know Your IX](#)

These articles explain in-depth the do's and don'ts for supporting survivors from different relationships (i.e., as a friend, as family, as a parent, etc.)

Speak About It

This offers an overview of how to approach comforting someone who has just experienced assault.

RAINN

This highlights more tips on how to talk to survivors and what language to use

SURVIVOR ADVOCACY GROUPS

This is a resource page for Survivor Advocacy Groups to utilize to further their advocacy efforts. As an organization, we have been advocating for survivors since 2020 and want to share the important findings from our survey and resources for organizations like ours.

49.2% of Survivors utilized Activism/Organizing

65.31% of Survivors utilized healing/community spaces

Survivor advocacy organizations act as an intersection of healing and activism for sexual violence.

Healing  Activism

While not all survivors turn to activism, many turn to community spaces to heal. Every survivor falls on a spectrum in their healing journey, and for some, that can mean activism, whereas for others that can be just having community and resources provided to them. As a survivor advocacy organization, it is your job to uplift the voices of all survivors at any stage of healing and create a safe space for them.

Healing resources were favored amongst survivors, such as those provided by UCLA's CARE office. They were more likely to reach out to a resource that they could trust and that emphasize trauma-informed language.

[Holistic Healing Services for Survivors](#)

This paper discusses how rape and crisis center as well as organization can begin to use a holistic healing approach to their practices.

[Healing Justice Practice Spaces](#)

This is a how-to guide created by Autumn Brown & Maryse

Mitchell-Brody on how to start a healing justice practice space.

[Mind-Body Approaches for Healing After Sexual Violence](#)

This is a knowledge exchange from the Sexual Violence Research Initiative on various healing practices for survivors.

Activism and advocacy is a big part of helping the survivor community. Many people want to get involved but do not know where to start. That is where you come in! Survivor advocacy organizations can guide survivors towards resources, amplify advocacy efforts, and even provide collective activism.

[Foundations of Advocacy](#)

This is a 16 module training manual from the National Sexual Violence Resource Center that provides all parts of advocating for survivors of sexual violence.

[Role Activism](#)

This is a page from End Rape of Campus that provides areas of activism for different groups adjacent to sexual violence.

[From pain to power: An exploration of activism, the #Metoo movement, and healing from sexual assault trauma.](#)

This research article shows how activism can be used to help survivors find a voice and heal.

This research article shows how activism can be used to help survivors find a voice and heal.

Based on our research, these are the gaps that survivor advocacy organizations can help fill:

1. **Connecting to Mental Health Resources:** 51% of survivors are not currently connected to adequate mental health services or social support for their experiences
2. **Space for Survivors of Color:** 56% of Survivors of Color never accessed any support from off-campus organizations, compared with 47 percent of White survivors

How can we fill these gaps? Start by researching your community needs and creating a list of resources for those who utilize your organization. Once you have done this, then share with those

who are connected to your organization and go out within your community. It is that easy to fill these gaps by sharing that you are there for survivors and you found them resources so they don't have to. The hardest thing for survivors is not knowing where to start when looking for resources, especially survivors from marginalized groups such as BIPOC survivors. If you create accessibility for them to have resources that they can trust, then this will fill in these gaps and lead to more trauma-informed care for survivors.

Lastly, stay on top of activism efforts and needs for the survivors in your community by creating a healing space where they feel they can share openly what they need. Create ways for survivors to share their needs through anonymous messaging, open social media platforms, and by providing an email.

Below are some general resources pages for survivor advocacy organizations.

[Center for Survivor Agency and Justice: Resources](#)

[Resource Sharing Project: For Advocacy Programs](#)

[National Sexual Violence Resource Center: Advocates and Educators](#)

UC ADMINS, FACULTY, AND STAFF

When a survivor first decides to report or share an experience, it is usually because they feel a need to, even though they know reporting or discussing their assault can be re-traumatizing. Those who report their assault put trust in the administrators and staff that they are reporting to. Sometimes it is even a faculty member they will go to first. While training is provided for you as UC admins, faculty, and staff on what to do in these situations, these trainings do not accurately prepare you for how to properly give space for a survivor in this time. Many survivors report being more traumatized after they reported, especially in cases where they started by reporting to Title IX.

SURVIVORS + ALLIES' SYLLABI STATEMENT

The following template was developed in the Summer of 2020 by an alliance of students at several UC campuses (Survivors+Allies) in collaboration with UC staff, faculty, and student victim-survivors who have personal experience with the Title IX process. In recognition of instructors' need for space in their syllabi, we are including a longer and shorter version conveying identical messages.

LONG VERSION

Violence and Discrimination Resources

UCLA prohibits gender discrimination, sexual harassment, domestic and dating violence, sexual assault, and stalking. If you have experienced any of these, there are a variety of campus resources to assist you, including a confidential hotline where you can talk to someone 24/7: (310) 825-0768.

Title IX is a federal civil rights law in the United States of America that was passed as part (Title IX) of the Education Amendments of 1972. Therefore international students have access to the same services at the Title IX office as non-international students.

Please note that faculty and TAs are responsible employees, which means faculty, TAs, and other UC employees are required under the UC Policy on Sexual Violence and Sexual Harassment to inform the Title IX Coordinator—a non-confidential resource —should they become aware that you or any other student has experienced sexual violence or gender discrimination.

Campus-Based Confidential Resources:

- You can make an appointment with a CARE advocate to receive confidential support at the CARE Advocacy Office for Sexual and Gender-Based Violence, 330 De Neve Dr., 205 Covell Commons, CAREadvocate@careprogram.ucla.edu, (310) 206-2465. CARE offers free and confidential services for students, staff and faculty impacted by sexual assault, relationship violence and stalking.
- Counseling and Psychological Services (CAPS) also provides confidential counseling to all students and can be reached 24/7 at (310) 825-0768.
- Confidential legal counseling and assistance is available with Student Legal Services at A239 Murphy Hall and or phone (310)-825-9894.
- The Office of Ombuds Services provides an informal dispute resolution process for students and postdoctoral employees. You can contact them at (310) 825-7627 Monday through Friday, 8am-5pm.

Off-Campus Confidential Resources:

- Rape Treatment Center UCLA Medical Center Santa Monica provides off-campus confidential counseling and guidance 24/7. You can contact them at (424) 259-7208.
- BEAM (Black Emotional and Mental Health) is a collective

of advocates, yoga teachers, artists, therapists, lawyers, religious leaders, teachers, psychologists and activists committed to the emotional/mental health and healing of Black communities. www.beam.community

- Asian Mental Health Collective has a Asian, Pacific Islander, and South Asian American (APISAA) Therapist Directory. This resource can help to facilitate your search for a therapist. www.asianmhc.org/apisaa
- CAT-911 provides alternatives to 911 in sexual violence, domestic violence, mental health crisis, and other crises through transformative justice and conflict resolution. www.cat-911.org
- Sojourn offers support to victims of domestic violence, including shelter, support groups, workshops, hotline calls, children's empowerment programming, legal services and service referrals. 24/7 hotline: (310) 264-6644
- Peace Over Violence provides emotional support, information, compassion, accompaniment, referral and advocacy services. 24/7 hotline: (213) 626-3393
- Los Angeles LGBT Center offers services by LGBT-domestic violence specialists. Fees on a sliding scale. Call (323) 860-5806 from 9am-5pm or a 24/7 hotline at (888) 799-7233

Non-Confidential Reporting Resources:

- You can also report sexual violence or sexual harassment directly to the University's Title IX Office, 2255 Murphy Hall, titleix@conet.ucla.edu, (310) 206-3417. Please note that any appointment you make with a Title IX representative is NOT confidential.
- Reports to law enforcement can be made to UCPD at (310) 825-1491. If you report through Title IX or UCPD, they may be required to pursue an official investigation.

SHORT VERSION

Violence and Discrimination Resources

UCLA prohibits gender discrimination, sexual harassment, domestic and dating violence, sexual assault, and stalking. If you have experienced any of these, there are a variety of campus resources to assist you, including a confidential hotline where you can talk to someone 24/7: (310) 825-0768.

Title IX is a federal civil rights law in the United States that was passed as part of the Education Amendments of 1972. Therefore international students have access to the same services at the Title IX office as non-international students.

Please note that faculty and TAs are responsible employees, which means faculty, TAs, and other UC employees are required under the UC Policy on Sexual Violence and Sexual Harassment to inform the Title IX Coordinator—a non-confidential resource—should they become aware that you or any other student has experienced sexual violence or gender discrimination.

Confidential Resources: You can make an appointment with a CARE Advocate (careprogram.ucla.edu) or call their 24/7 hotline: (888) 200-6665. CARE offers free and confidential services for students, staff and faculty impacted by sexual assault, relationship violence and stalking. Counseling and Psychological Services (CAPS) (counseling.ucla.edu) also offers confidential crisis counseling and 24/7 support at (310) 825-0768. You can also receive confidential off-campus emergency medical services, advocacy, and counseling at the Rape Treatment Center UCLA Medical Center Santa Monica. Their 24/7 hotline is (424) 259-7208.

Non-Confidential Reporting: You can report sexual violence or sexual harassment directly to the University's Title IX Office, 2255 Murphy Hall, titleix@conet.ucla.edu, (310) 206-3417. Reports to law enforcement can be made to UCPD at (310) 825-1491. Please note that any appointment you make with a Title IX representative is NOT confidential.

“Title IX Isn’t for You, It’s for the University”: Sexual Violence Survivors’ Experiences of Institutional Betrayal in Title IX Investigations

<https://www.qualitativecriminology.com/pub/jg1gd213/release/3>

Mandatory Reporting Policies Protect Universities Not Survivors

<https://genderpolicyreport.umn.edu/mandatory-reporting-policies-protect-universities-not-survivors/>

“Title IX, CARE [were least helpful] - 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

Trauma is complex, and the most important way to avoid traumatizing someone confiding in you is to understand trauma itself.

Understanding the Impact of Trauma

<https://www.ncbi.nlm.nih.gov/books/NBK207191/>

As UC responsible employees, it is your job to report an incident if someone shares it with you. Or if you work in an office such as Title IX, CAPS, or CARE, it is your job to intake survivors’ experiences. You never know when a student or fellow staff member may want to report or share an incident with you. You need to be prepared to provide the proper response to survivors that starts with a trauma-informed approach to simply listening to survivors, in therapy or counseling services, and especially in Title IX investigations.

“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

Conducting Trauma Informed and Legally Compliant Investigations, Hearings, and Appeals

https://www.hselaw.com/files/Conducting_Trauma-Informed_and_Legally-Compliant_Investigations_Hearings_and_Appeals.pdf

Tools for Incorporating Trauma Informed Practices Into Final Title IX Rule Legal Frame Work

<https://victimrights.org/wp-content/uploads/2020/11/Tool-for-Incorporating-Trauma-Informed-Practices-into-Final-Title-IX-Rule-Legal-Framework.pdf>

Title IX and “Trauma-Focused” Investigations: The Good, The Bad, and the Ugly

<https://escholarship.org/content/qt31n1p8sr/qt31n1p8sr.pdf>

Part of working at a university means being an advocate for students. To be an advocate you have to be willing to listen to students’ needs and adapt to them. It all can start with one person. To learn how to be a better advocate you can look at our survivor advocacy organization resources page. However, a big part of the changes that survivors need lie within reporting and resources offered to students. Often the changes need to happen within the Title IX office itself and sometimes are as easy as reorganizing the website. Below are resources for how to change your campus!

NASPA Title IX Resources

<https://naspa.org/project/title-ix-resources>

Center for Changing Campus Culture: Title IX

<https://changingourcampus.org/regulations-and-policy/title-ix/>

OCR Title IX Webinar: Bias, Conflicts of Interest, and Trauma-Informed Practices

<https://www2.ed.gov/about/offices/list/ocr/docs/ocr-tix-webinar-bci.pdf>

POLICYMAKERS

FINDINGS & RECOMMENDATIONS FOR POLICYMAKERS FROM THE SURVIVORS + ALLIES' 2021 SURVEY OF THE UC COMMUNITY

In 2020, the student-led collective Survivors + Allies (S+A) began a research project surveying students across UC campuses to evaluate students' awareness, utilization, and evaluation of on- and off-campus resources for survivors of sexual violence and sexual harassment (SVSH), including Title IX, Campus Assault Resources & Education (CARE), Counseling and Psychological Services (CAPS), and UC Police Departments (UCPD).

The resulting sample consisted of:

1. **1,223** 1,223 total students (**52%** undergraduate and **48%** graduate)
2. **62%** cisgender women, **21%** cisgender men, **2%** transgender people, **18%** nonbinary and people of other gender identities
3. **42%** of students identified as LGBTQIA+
4. **59%** as students of color
5. **17%** as international students
6. **41%** identified as survivors of SVSH

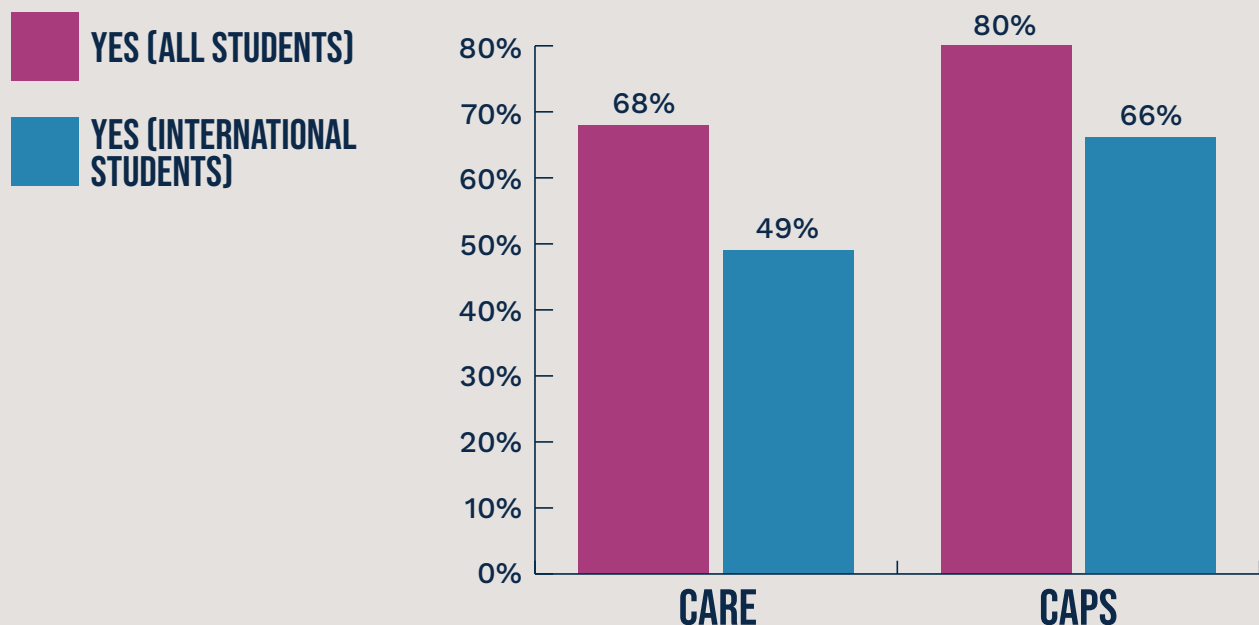
KEY FINDING 1: STUDENTS' OVERALL AWARENESS OF RESOURCES IS LOW

1. Students lack awareness of the two key resources for survivor healing: CARE and CAPS. Only **68%** had heard of CARE, **80%** had heard of CAPS. These numbers are much lower for international students.



2. A high percentage of students don't know that international (**32%** don't know) and undocumented students (**38%** percent don't know) are covered by Title IX.
3. **36%** believed that Title IX is confidential, although it is not; any appointment with a Title IX employee to discuss a student's situation could result in an investigation.
4. Asian and Latinx students are **40%** less likely to know what the Title IX office does when compared to White students.

HAVE YOU HEARD OF THE FOLLOWING RESOURCES?



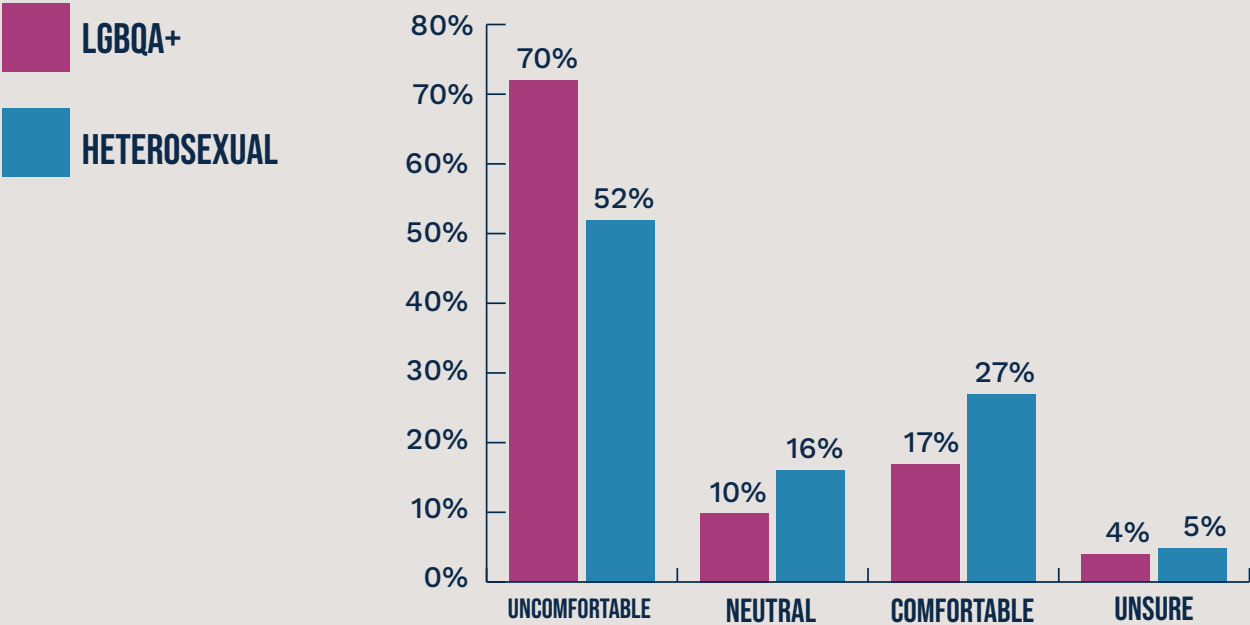
GRAPH DESCRIPTION:

This bar chart compares both all students and international students' answer to the following question: Have you heard of the following resources? The answer options provided were Yes and No for CARE and CAPS. The chart shows that all students had a higher prevalence of answering Yes for both CAPS and CARE compared to international students, suggesting that all students are more aware of survivor resources than international students. Awareness was also higher for CAPS overall, compared to CARE.

KEY FINDING 2: STUDENTS ARE NOT COMFORTABLE REPORTING TO UCPD AND DISTRUST BOTH TITLE IX AND UCPD

- 1. Based on both research and lived experience, we find that UCPD is an undesired frontline response for survivors and their experiences of harm
- 2. LGBTQA+ students are **40%** less likely to report to UCPD than heterosexual students.
- 3. Systemwide, LGBTQA+ students are less likely to trust the Title IX Office or UCPD.
- 4. Overall, **12%** of students wouldn't trust Title IX to support someone like them (with their identities and background).

ALL STUDENTS ARE UNCOMFORTABLE REPORTING AN INCIDENT OF SVSH TO UCPD, PARTICULARLY LGBTQA+ STUDENTS



GRAPH DESCRIPTION:

This bar chart compares LGBTQA+ participants' and heterosexual participants' level of comfort reporting an incident of SVSH to UCPD. Answer options provided were: uncomfortable, neutral, comfortable, and unsure. The chart shows that all students are uncomfortable reporting an incidence of SVSH to UCPD,

but LGBTQA+ participants were particularly uncomfortable and reported higher rates of answering “uncomfortable” compared to heterosexual participants.

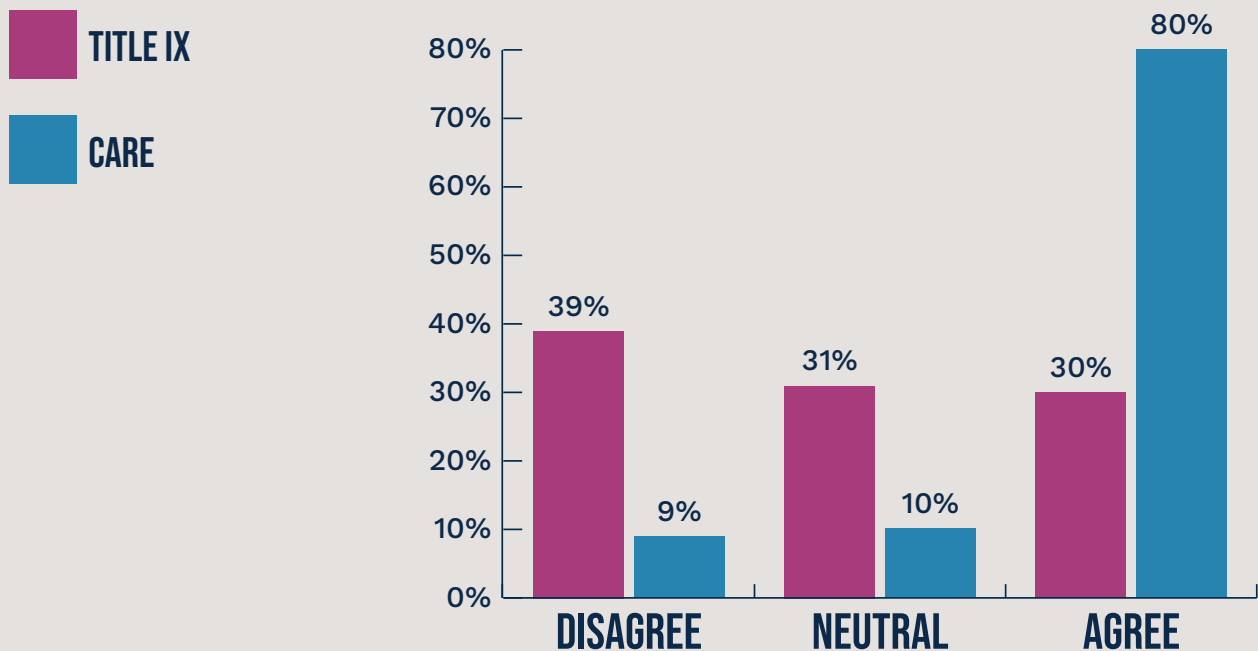
“UCPD was the first university related place I came to after the stalking incident, but they didn’t do anything until several more girls were harassed by the same man, and then he was kicked off campus. I wish they had done it sooner. After the initial call, he stalked me two more times.” - UC Riverside undergraduate student



KEY FINDING 3: SURVIVORS REPORTED NEGATIVE EXPERIENCES WITH TITLE IX

1. Survivors reported highly negative experiences when interacting with Title IX. The process was lengthy, confusing, and inequitable (many perpetrators hired outside lawyers).
2. Moreover, Title IX staff were not trauma informed and did not give survivors clear information. Whereas 83% of survivors reported receiving clear information from CARE, only **56%** reported receiving the same from Title IX.
3. Survivors do not feel safe interacting with Title IX staff. Compared to **80%** of survivors who felt safe with CARE staff, only **30%** felt safe with Title IX staff.

"I FELT SAFE WHEN INTERACTING WITH TITLE IX/CARE STAFF." (ONLY SURVIVOR RESPONSES)



GRAPH DESCRIPTION:

This bar chart looks at survivor responses that agreed with the following statement: I felt safe when interacting with Title IX/ CARE Staff. The answer options provided were: Disagree, Neutral, and Agree for Title IX and CARE. The chart shows that survivors answered agree for CARE most frequently, suggesting that survivors felt most safe when interacting with CARE staff rather than Title IX staff.

“Title IX, at the end of the day they still had my abuser living in the same dormitory as me. They really ended up doing nothing for my safety except for offering me a no contact order.” - UC Santa Cruz undergraduate student

RECOMMENDATIONS: RESOURCES AND FUNDING

1. Publish annual budgets for CARE and CAPS with information about how budgets are allocated across UC

campuses.

2. Increase CARE programming and the number of CARE Advocates.
3. Hire more therapists: therapists of color, LGBTQIA+ therapists, first generation/immigrant therapists, and therapists who specialize in working with victim survivors.
4. Hire a CARE Advocate or equivalent at each UC international center who shares identities with international students.
5. Designate campus LGBTQIA+ centers as confidential resources.
6. Increase awareness of on-campus and off-campus healing resources through improved communication, especially to marginalized student groups.
7. Create more Black and Latinx survivor-centered resources and programming.
8. Standardize information required on UC Campus Title IX websites and UCOP systemwide Title IX website.

DATA AND TRANSPARENCY

1. Standardize data collection and reporting across the UC system, which is consistent with recommendations by UCOP's own Title IX Student Advisory Board.
2. Currently, reporting varies widely by campus and is unstandardized.
3. Make public any UC surveys about the efficacy of Title IX training and students' experiences with SVSH.
4. Develop system wide requirements for pre- and post-test evaluations for training of Title IX staff and investigators.
5. Develop post-investigation surveys for Title IX offices to solicit anonymous feedback from students.

ADDITIONAL RESOURCES

[Shaping Title IX: ERA Supporters Submit Official Comments to DOE](#)

[Five Ways The Department Of Education Can Create A Trauma-Informed, Survivor-Centered Title IX Policy](#)

GENERAL RESOURCES (SURVIVOR FOCUSED)

NATIONAL

1. Rainn
 - Provides information and support for survivors or sexual violence
 - 24/7 hotline and online chat for survivors
 - (800) 656-HOPE (4673)
2. National Sexual Violence Resource Center (NSVRC)
 - <https://www.nsvrc.org/>
3. Domestic Shelters
 - www.domesticshelters.org/
4. National Center for PTSD
 - www.ptsd.va.gov/
5. The Breathe Network
 - <http://www.thebreathenetwork.org/>
6. National DV Hotline
 - Provides information and support for survivors of domestic/dating violence
 - 24/7 hotline for survivors
 - (800) 799-7233
 - <https://www.nsvrc.org/survivors>
7. National Center for Victims of Crime
 - Provides information, support, and advocacy for survivors of crime
 - 24/7 helpline and online chat for survivors of

- crime
 - (855) 4VICTIM
8. Empower Yolo
 - 24/7 crisis hotline: (530) 662-1133
 - Empoweryolo.org
 9. My Sisters House
 - (916) 428-3271
 - My-sisters-house.org
 10. SAVE Research
 - <http://www.researchbysave.org/resources.html>

CALIFORNIA

BAY AREA AND NORTHERN CALIFORNIA

1. Bay Area Women Against Rape
 - 24/7 hotline: (510) 845-7273
2. Family Violence Law Center Crisis Line
 - 24/7 hotline: (800) 947-8301
3. Alliance Against Family Violence & Sexual Assault
 - 24/7 hotline: (661) 327-1091
 - LGBT hotline: (661) 332-1506
 - Toll free: (800) 273-7713
 - Kernalliance.org
4. Mountain Crisis Services of Mariposa County
 - 24/7 hotline: (888) 966-2350
 - Hotline: (209) 966-2350
 - Mountaincrisiservices.org
5. Monarch Services
 - (888) 900-4232
 - Serves community members
 - Monarchsgcc.org

6. Walnut avenue family & women's center
 - 24/7 domestic violence hotline: (866) 269-2559
 - (831) 426-3062
 - Wawc.org
7. Santa cruz police dept
 - (831) 420-5800
8. Victim witness
 - State program dedicated to providing reimbursement for many crime-related expenses to eligible victims who suffer physical injury or the threat of physical injury as a direct results of a violent crime
 - (831) 454-2400
9. Valley Crisis Center
 - Provides services to those experiencing domestic violence or sexual assault
 - 24/7 hotline: (209) 722-4357
10. Bay Area Legal Aid
 - 1035 Market St., 6th Floor, San Francisco, CA 94103
 - (415) 982-1300
 - (415) 354-6360
 - Baylegal.org
11. SF District Attorney Victim Services Division
 - Provides support for treatment or income loss and attorney fees
 - (415) 553-9044
12. San Francisco Women Against Rape
 - (415) 647-7273
 - Sfwar.org
13. Women organized to Make Abuse Nonexistent
 - (415) 864-4722
 - Womaninc.org

14. Cooperative Restraining Order Clinic
 - (415) 255-0165
15. Rape Treatment Center at the Zuckerberg San Francisco General Hospital Emergency Dept.
 - (415) 427-3000
16. ENOUGH Pro Bono Legal Services
 - Equalrights.org
17. Trauma Recovery Center
 - (415) 437-3000
 - Traumarecoverycenter.org
18. Trans Lifeline
 - (877) 565-8860
 - translifeline.org

LOS ANGELES AND ORANGE COUNTY AREA

1. Sojourn
 - Provides shelter, services, support, 24/7 hotline, support groups, court advocacy, and legal assistance for survivors of domestic violence
 - (310) 264-6644
2. Peace Over Violence
 - Provides support, advocacy, information, referrals, accompaniment, counseling self-defense, and a 24/7 hotline for survivors of sexual violence
 - (310) 392-8381
3. Jenesse Center
 - Provides shelter, support, information, advocacy for survivors of domestic violence, and 24/7 hotline
 - (800) 479-7328
4. Waymakers 24HR Hotline
 - (949) 831-9110

- Waymakersoc.org

SAN DIEGO

1. Center for Community Solution
 - (888) 385-4657
2. Womens Resource Center
 - (760) 933-4673
3. License to Freedom
 - (619) 401-2800
4. YWCA San Diego
 - (619) 234-3164
5. San Diego Stalking Hotline
 - (619) 515-8900

SANTA BARBARA AREA

- Santa Barbara Rape Crisis Center
- (805) 564-3696
- Domestic violence solutions for santa barbara county
- (805) 964-5245
- Santa barbara cottage hospital emergency room
- (805) 682-7111
- Isla Vista Foot Patrol/SB Sheriffs Office
- (805) 681-4179

RIVERSIDE COUNTY

1. Riverside Area Rape Crisis Center
 - info@rarcc.org
 - Rarcc.org

- 24 hr hotline: (951) 686-7273
 - (866) 686-7273
2. Alternatives to Domestic Violence
 - Alternativestodv.org
 3. Riverside County Family Justice Center - Riverside
 - 3900 Orange St. Riverside, CA 92501
 - (951) 955-6100
 - Rivcojc.org
 4. Riverside County Family Justice Center - Indio
 - County Law Building 82-995 Hwy. 111, Ste. 103, Indio, CA 92201
 - (760) 863-8363
 - Rivcofjc.org

LGBTQ+

1. LGBTQ College Student Resource Guide
 - <https://collegeeducated.com/resources/lgbtq-college-student-guide/>
2. Organization Focused on Domestic Violence LGBTQ Communities
 - <https://vawnet.org/sc/organizations-focused-dv-lgbtq-communities>
3. The Trevor Project
 - (866) 488-7386
4. ACLU
 - <https://www.aclu.org/>
5. Lyric Center for LGBTQ Youth
 - <http://lyric.org>
6. GLSEN (Gay, Lesbian, and Straight Education Network)
 - <https://www.glsen.org/>
7. LGBTQ+ Youth Resources from the Center for Disease

Control

- <https://www.cdc.gov/lgbthealth/youth-resources.htm>
8. FORGE
 - A national transgender anti-violence organization that provides direct services to transgender, gender non-conforming and gender non-binary survivors of sexual assault, dating, and domestic violence and/or stalking
 - <https://forge-forward.org/>
 9. Los Angeles LGBT Center
 - Provides support, information, and a safe environment for LGBTQ+ folx in the LA area
 - (323) 993-7400
 10. Trans Lifeline
 - (877) 565-8860
 - translifeline.org

BIPOC

1. SGU Tiwahe Glu Kini Pi
 - <http://www.tiwahe.org/>
2. Sisters of Color Ending Sexual Assault (SCESA)
 - [Sisterslead.org](https://sisterslead.org)
3. Local Providers for Black Girls and Women
 - <https://providers.therapyforblackgirls.com/>
4. Local Providers for Latinx Individuals
 - <https://latinxtherapy.com/>
5. Additional Therapy Directory Resources for People of Color
 - <https://www.justdavia.com/blog/directories-for-therapists-of-color>
6. Restore Forward

- <https://restoreny.org/>
7. NIWRC Advocacy Curriculum
 - www.niwrc.org

STUDENTS

1. Know Your Title IX: Survivor Resources
 - <https://knowyourix.org/survivor-resources/>
2. Project Callisto
 - www.projectcallisto.org

UNIVERSITY OF CALIFORNIA

1. Lyra Health - free remote mental health services for UC students with UCSHIP
 - <https://www.lyrahealth.com/members/>

UC Irvine Resources

1. UCI Sexual Violence Prevention Website
 - Sexualviolence.uci.edu
2. UCI Office of Equal Opportunity and Diversity (OEOD)
 - (949) 824-5594
 - Oeod.uci.edu
3. UCI Student Health Center
 - (949) 824-5301
 - Shs.uci.edu
4. UCI Center for Student Wellness and Health Promotion
 - (949) UCI-WELL (824-9355)
 - Studentwellness.uci.edu
5. UCI Counseling Center
 - (949) 824-6457
 - Counseling.uci.edu

6. UCI Disability Services Center
 - (949) 824-7494
 - [Dsc.uci.edu](https://dsc.uci.edu)
7. UCI Be Well
 - [Bewell.uci.edu](https://bewell.uci.edu)
8. UCI CARE
 - (949) 824-7273
 - care.uci.edu
9. Waymakers 24HR Hotline
 - (949) 831-9110
 - [Waymakersoc.org](https://waymakersoc.org)
10. UCI Title IX Office
 - (949) 824-5594
 - [Oeod.uci.edu](https://oeod.uci.edu)
11. UCI Office of Academic Integrity and Student Conduct
 - (949) 824-5181
 - aisc.uci.edu/index
12. UCI Police Department
 - (949) 824-5223 or 911
 - police.uci.edu

UCLA Resources

13. UCLA CARE
 - (310) 206-2465
 - [Careprogram.ucla.edu](https://careprogram.ucla.edu)
14. CAPS
 - (310) 825-0768
 - [Counseling.ucla.edu](https://counseling.ucla.edu)
15. Office of Ombuds Services
 - (310) 825-7627
16. Rape Treatment Center UCLA Medical Center Santa

Monica

- 1250 16th Street Santa Monica, CA 90404
- (424) 259-7208
- Rapetreatmentcenter.org

17. Title IX UCLA

- (310) 206-3417
- Sexualharassment.ucla.edu

18. UCLA PD

- (310) 825-1491
- Ucpd.ucla.edu

19. Student legal services

- (310) 825-9894
- Studentlegal.ucla.edu

20. Economic Crisis Response Team

- (310) 206-1189
- Studentcrisis.ucla.edu

21. LGBTQ Resource Center

- Lgbt.ucla.edu
- (310) 206-3628

22. Residential Life UCLA

- (310) 825-3401
- Reslife.ucla.edu

23. Bruin Resource Center

- (310) 825-3945
- Brc.ucla.edu
- B44 Student Activities Center

24. Center for Accessible Education

- (310) 825-1501
- Cae.ucla.edu

25. Consultation & Response Team

- [Incrisis.ucla.edu](https://incrisis.ucla.edu)
26. Dashew Center
- (310) 925-1681
 - [Internationalcenter.ucla.edu](https://internationalcenter.ucla.edu)

UC Berkeley Resources

1. PATH to Care Center
 - (510) 643-2005 for 24/7 urgent support
 - (510) 642-1988 for appointments and questions
2. Social Services
 - (510) 642-6074 for appointments and questions
 - (855) 817-5667 for after-hours support
3. Employee Assistance
 - (510) 643-7754
4. UC Berkeley PD
 - (510) 642-3333

UC San Diego Resources

1. CARE Office
 - (858) 534-5793
2. CAPS
 - (858) 534-3755
3. Student Legal Services
 - (858) 534-4374

UC Davis Resources

1. CARE Office
 - [Care.ucdavis.edu](https://care.ucdavis.edu)
 - (530) 752-3299
2. Counseling Services
 - (530) 752-2349

- shcs.ucdavis.edu/counseling-services
- 3. Academic Staff Assistance Program
 - (530) 752-2727
 - hr.ucdavis.edu/ASAP
 - Wrrc.ucdavis.edu
- 4. Women's Resources and Research Center
 - (530) 752-3372
- 5. LGBTQIA+ Resource Center
 - (530) 752-2452
 - Lgbtqia.ucdavis.edu
- 6. Office of the Ombuds
 - (530) 754-7233
 - Ombuds.usdavis.edu
- 7. Family protections and legal assistance clinic
 - (530) 752-6532
 - law.ucdavis.edu/clinics/family-protections-clinic
- 8. UC Davis police department
 - (530) 752-1230
 - Police.ucdavis.edu
- 9. Harassment and discrimination assistance and prevention program
 - Main line: (530) 747-3864
 - Anonymous line: (530) 747-3865
 - Hdapp.ucdavis.edu
- 10. Title IX
 - (530) 752-9466
- 11. Student health and witness center
 - Appointments: (530) 752-2349
- 12. Immigration law clinic
 - (530) 752-6942

UC Santa Barbara Resources

1. CARE Office
 - (805) 893-4613
2. CAPS
 - (805) 893-4411
3. Ombuds
 - (805) 893-3285
4. UCSB Student Health, behavioral health, and alcohol and drug program
 - (805) 893-3371
5. Title IX Advocacy liaison: support for LGBTQIA survivors
 - quinnsolis@ucsb.edu
6. Title IX
 - (805) 893-2701
7. UCSB Police
 - (805) 893-3446
8. Isla Vista Foot Patrol/SB Sheriffs Office
 - (805) 681-4179
9. Student mental health coordination services
 - (805) 893-3030
10. Office of judicial affairs
 - (805) 893-5016
11. Housing, dining and auxiliary enterprises
 - (805) 893-3281
12. Respondent support services
 - (805) 893-4569
13. Associated students legal resource center
 - (805) 893-4246
14. UCSB survivors connect
 - Survivorsconnect.sa.ucsb.edu

15. Thriving, not just surviving
 - care@sa.ucsb.edu

UC Santa Cruz Resources

1. CARE Office
 - (831) 502-2273
 - care@ucsc.edu
2. CAPS
 - (831) 459-2628
3. Title IX
 - (831) 459-2462
4. UCSC PD
 - (831) 459-2231
5. Student Health Center
 - (831) 459-2211
6. Disability Resource Center
 - (831) 459-2089
7. Employee Assistance Program
 - (866) 808-6205
8. Slug Support
 - (831) 459-4446
9. Student Health Outreach and Promotion Program
 - (831) 459-3772

UC Riverside Resources

1. CARE
 - advocate@ucr.edu
2. Care.ucr.edu
 - (951) 827-6225
3. CAPS

- Counseling.ucr.edu
 - (951) 827-5531
4. Office of Ombuds Services
 - (951) 827-3213
 - ombuds@ucr.edu
 - Ombudsperson.ucr.edu
 5. Title IX
 - (951) 827-7070
 - Titleix.ucr.edu
 6. UCR PD
 - (951) 827-5222
 - Police.ucr.edu
 7. LGBT Resource Center
 - (951) 827-2267
 - Out.ucr.edu
 8. Women's Resource Center
 - (951) 827-3337
 - Wrc.ucr.edu
 9. Medical Attention
 - (951) 827-3031
 - Studenthealth.ucr.edu
 10. Visa and immigrant Information
 - (951) 827-2193
 - Usp.ucr.edu
 11. International Student and Scholars Office
 - (951) 827-4113
 - International.ucr.edu
 12. Help with temporary/permanent disabilities
 - (951) 827-3861
 - Sdrc.ucr.edu

UC Merced Resources

1. CARE Office
 - (209) 228-4147
 - Care.ucmerced.edu
2. Campus Advocate: Lynna Cano
 - (209) 386-2051
3. CAPS
 - 24/7 hotline: (209) 228-4266
 - Counseling.ucmerced.edu
4. Office of Ombuds Services
 - (209) 228-4410
5. Title IX
 - (209) 228-5433 (student conduct)
 - (209) 285-9510 (for title ix officer)
 - Studentconduct.ucmerced.edu
 - Dsvp.ucmerced.edu
6. UC Merced Dept. of Public Safety
 - (209) 228-2677
 - Police.ucmerced.edu
7. UC Merced Student Health Center
 - (209) 228-4147
 - Care.ucmerced.edu

UCSF Resources

1. CARE Office
 - (415) 502-8802
 - care@ucsf.edu
2. Office of Ombuds
 - Can help provide resources and mediate difficult conversations or conflict
 - (415) 502-9600

- [Ombuds.ucsf.edu](https://ombuds.ucsf.edu)
- 3. Student Health and Counseling
 - (415) 476-1281
 - [Studenthealth.ucsf.edu](https://studenthealth.ucsf.edu)
- 4. Faculty Staff Assistance Program
 - (415) 476-8779
 - ucsfhr.ucsf.edu/fsap
- 5. Title IX
 - (415) 502-3400
 - [Shpr.ucsf.edu](https://shpr.ucsf.edu)
- 6. Office for the Prevention of Harassment and Discrimination
 - (415) 502-3400
 - [Shpr.ucsf.edu](https://shpr.ucsf.edu)
- 7. UCSF PD
 - (415) 476-1414

CONNECT WITH OUR COMMUNITY

INSTAGRAM

Survivors+Allies: Connect with us by searching for our instagram handle @survivorsandallies or scan the QR.



Center for the Student of Women|Barbra Streisand Center:
@uclacsw

UC Global Health Institute: @ucglobalhealthinstitute

UC Speaks Up: @ucspeaksup

Center for Gender and Health Justice:
@centerforgenderhealthjustice

UC Speaks Up has an excellent [website](#) with resources for survivors at the UCs

METHODS

1. ORIGINS OF THE SURVEY

On November 6th, 2020, several co-founding members of Survivors + Allies met with then-Director of the UC Systemwide Title IX Office, Suzanne Taylor. One of our questions was whether Title IX would institute a feedback form for students who went through the Title IX process. We were hoping that Title IX would use the form to collect feedback from survivors in order to internally make adjustments and improve their process, which is a best practice for any organization. However, the Director refused to consider a feedback form, explaining that this form would be “demoralizing for Title IX employees.”

Survivors+Allies members were confused. Why was the Director’s priority protecting Title IX employee’s feelings, rather than understanding how to improve the investigation process for survivors?

Many of us were doctoral students at the time, with collective expertise in survey design and analysis, as well as program evaluation. We decided that if Title IX was unwilling to collect a feedback form, we would conduct a rigorous research study to explore these important questions on our own.

2. COMMUNITY FEEDBACK AND SURVEY DESIGN PROCESS

Throughout the Spring, Summer, and Fall of 2020, we brainstormed what a research study would look like, including what we would measure and how we would safely and respectfully ask survivors potentially triggering questions. Jianchao Lai, Laura Liévano-Karim, and Sara Wilf launched an internal Research Team, composed of about 15 students and faculty from 5 different UCs, to design the survey. Through collaborative meetings spanning over six months, the team generated survey questions based on our collective experiences as survivors, many of whom had direct experience with

Title IX and other resources.

3. OUR PRIMARY RESEARCH QUESTIONS WERE:

1. What is the general student body's knowledge and awareness about resources for survivors of sexual violence?
2. Which on-campus and off-campus resources are survivors utilizing?
3. How do survivors evaluate these resources in promoting their healing?
4. Do results differ for marginalized students (defined as LGBTQIA+, gender diverse, racial and ethnic minority, and international students)?

4. BASED ON THESE RESEARCH QUESTIONS, SECTIONS OF THE SURVEY INCLUDED:

1. All students
 - Demographics
 - Awareness of campus-based resources for survivors
 - Knowledge about confidentiality of resources
 - Knowledge about Title IX process (such as whether international students are covered)
 - Evaluation of the mandatory Title IX trainings
 - Knowledge of how to direct a peer survivor to resources
2. Survivors only (as measured by a question: "Have you ever experienced unwanted sexual contact or harassment including sexual violence, sexual assault, relationship violence, gender discriminations, and/or stalking?")
 - Utilization of on campus organizations and people, and off-campus organizations and people, after

the incident of sexual violence

- Most and least helpful resources
- Reasons why they did not go to four central UC resources (Title IX, CAPS, CARE, UCPD)
- Evaluation of experience with four central UC resources
- Whether survivors are connected to satisfactory mental health care

5. TARGET POPULATION & RECRUITMENT

Our target population included UC-affiliates and we utilized convenience sampling for this study. Survey participants were recruited from a variety of sources, including: UC student organizations (through email and Instagram outreach), UC departments and program listservs, posts on the Survivors + Allies' instagram account, and UC centers of research including the UC Global Health Institute. Inclusion criteria for the study included being over the age of 18 and being a UC-affiliate (staff, faculty, student, or alumni member). All participants were recruited from May 1, 2021 to December 21, 2021.

Recruitment messages stated that the survey was anonymous, around 20 minutes long, and would help support UC student survivors in advocating for survivors at the UCs.

The survey was anonymous, and included a separate link at the end to enter a raffle. Participants had to enter an email in the raffle survey, but this was a separate survey and not linked to their main survey response. The raffle was for one of 50 gift cards for \$25 each. However, a troll began automating bogus survey responses around May 31st, 2021. We quickly changed the raffle survey to require a UC email address, which seemed to stop the troll. We discuss how the troll affected our data cleaning process below.

6. DATA CLEANING

Data were cleaned in the winter and spring of 2022 by a sub-set

of research team members with expertise in quantitative data analysis. First, we read through a body of literature on identifying and removing trolls in survey research. Second, we inductively read through dozens of survey responses to identify potentially suspicious or fraudulent responses. Based on the inductive reading, we finalized a list of points to look for (such as start and end time within a few seconds of each other, and open-ended responses that didn't make sense). We then reviewed every survey response, removing several hundred in the process that we determined to be the troll or a fraudulent response.

7. DATA ANALYSIS

Data was analyzed using a combination of quantitative and qualitative methods. The quantitative data was analyzed using regression and chi-squared tests. The qualitative data was analyzed using thematic analysis by several different S+A team members.

8. LIMITATIONS

This survey was limited in several important ways. First, our survey was limited due to our sampling and recruitment methods. We utilized convenience sampling and did not have a sampling frame for this study. Instead, our recruitment efforts focused on outreach to various student organizations with a potential interest in supporting survivors. Therefore, our study results may lack external validity because there may have been selection bias present. Individuals self-selected into participating in the study, and the sample was biased towards UC community members who are survivors of sexual violence, or have an interest in supporting survivors of sexual violence. However, we see this as a potential strength of this study, because it means that our results from all students, particularly around knowledge and awareness of resources, may actually be overstating the knowledge of the general UC community. In other words, because our sample was biased towards participants with higher baseline knowledge of resources for survivors, our results may actually be a conservative projection of UC student awareness and knowledge.

Second, the survey was conducted over a long time period (from May 1 to December 22, 2021). It is possible, for example, that students who took the survey after the start of Fall quarter in 2021 had a higher knowledge of resources because they had taken the mandatory online Title IX training more recently. In addition, our sample also included UC alumni. It is possible that there was recall bias present in these responses, depending on how much time had passed since they were last affiliated with the UC.

Third, we conducted our survey online through Qualtrics. This meant that our survey was limited to UC affiliates that have internet access. Given that all UC campuses provide free wifi to UC students, faculty, and staff, this likely did not impact our survey findings substantially. However, this may have limited the number of UC alumni that were able to participate in the study.

Fourth, our survey did not use validated scales and was not theoretically informed. We created the survey questions and responses on our own, based on the lived experiences of S+A members. However, we pilot tested our survey several times among our S+A organizational members, and revised our survey based on feedback from these pilot tests. Many S+A members have undergone the Title IX process and/or utilized various survivor support resources at different UC campuses, which gives us a unique perspective to investigate the awareness and utilization of these resources. Therefore, we see this as a strength of our study because we have personal knowledge on student experiences and perspectives of those using these resources.