



# Dreaming Together:

California Student Survivors Reimagining  
Campus Responses to Sexual Violence



# In Collaboration With

UCLA College Social Sciences

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Survivors + Allies would like to acknowledge and thank our generous funders: the UCLA Center for the Study of Women | Streisand Center; the UCLA Semel Healthy Campus Initiative; the UCLA Bruin Advocacy Grant; the UC Irvine Wen Public Health Department of Health, Society, and Behavior; the H&H Lee Charitable Foundation; the UC Irvine Initiative to End Family Violence; and the UCLA Center on Resilience and Digital Justice.

We are particularly grateful to CSW|Streisand Center Director Jessica Cattellino, previous Director Grace Hong, Rosemary Grant, Rosa Chung, and Eva Diaz for their endless support and enthusiasm for Survivors + Allies. Without your vision and empowerment, we would not be who we are today. We are also grateful to Dr. Nadeeka Karunaratne, Dr. Jessica Harris, Dr. Jennifer Wagman, Tessa R. Pulido, and others who provided trauma-informed trainings and research expertise to our team.

This report was written by Kalani Phillips, Victoria Copeland, and Sara Wilf, with editing and analysis support from Leila Chiddick, Marisa Imbroane, Sean Sugai, Yesenia Melgoza, Margaret Garcia, Stephanie Ha, Alex Dildine, Emma Tolliver, and Samantha Calvillo. We also acknowledge all the Survivors + Allies members who contributed to this research project over the past two years (in alphabetical order): America Rodriguez, Anaya Sayal, Armaan Dillon, Ashley Hodge, Atasi Singh, Chloe Tran, Deeptha Nott, Eunhee Park, Frances Morales, Jessie Yu, Kat Contreras, Medha Boddugari, Mora Vittum, Rianna Niemann, Saral Patel, Selene Betancourt, Siri Suvvari, and Stephanie Kathan.

# Introduction

## About Survivors + Allies

Survivors + Allies (S+A) is a student-led research and advocacy organization that works for and with survivors of sexual violence across California’s higher education institutions. Our first report was cited in over **11 bills signed into law**. As of February 2026, S+A is also officially sponsoring a bill, AB 2212, the HEAR Survivors Act.

This summary presents key findings and policy recommendations from our first-ever statewide research study, intended to support campus administrators, legislators, and advocates. Our full report will be released in **May 2026**.

We are so grateful for the support of the UCLA Center for the Study of Women|StreisandCenter for their support, guidance, and for helping us build our caring community! Thank you!

This report was designed by Ethan Ngo.

## AB 2212 Fact Sheet and Letter of Support Template:



# The Study

We used a convenience sample of currently enrolled California college students ages 18 and older, recruited through student organizations, social media, campus partnerships, and paid social media advertisements. The survey was anonymous and included quantitative and open-ended questions. We also conducted 60 minute interviews, focused on survivors' healing journeys and navigation of campus resources. Survivors were defined as students who responded "yes" or "maybe/unsure" to experiencing unwanted sexual contact or harassment at any point in their lifetime.

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Sample of

***1,649 survey respondents***

Institutions included

***UC, CSU, Community Colleges & Private Institutions***

Interviews

***20 survivor semi-structured interviews***

Data Collection

***May 2025 – Feb 2026***

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Learn more at

<https://www.survivorsandallies.com/>

# Finding 1: University Mandatory SVSH Trainings Are Ineffective

**33%** of students said trainings were ineffective or could not remember them.

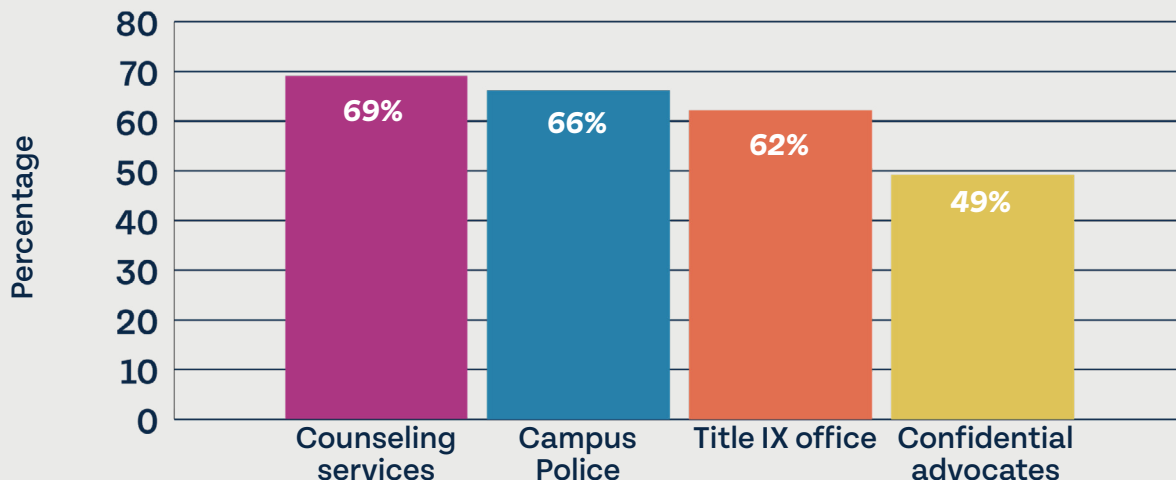
**1 in 3** community college students couldn't remember receiving any mandatory SVSH training at all.

**66%** of students could correctly identify all behaviors reportable to Title IX (e.g., stalking, sexual harassment, sexual assault).

Students don't know what resources exist for survivors of sexual violence or what they do. Most students (and many survivors) are not aware which resources maintain survivors' confidentiality if they disclose an incident of sexual violence. More than half of all students have never heard of confidential advocates, which are the primary trauma-informed and confidential resource for survivors.

- Most (**54%**) of all students don't know what the Title IX office does.
- Awareness gaps are highest at community colleges and among Hispanic/Latine students, where only **34%** and **49%** knew what the Title IX office did, respectively.

## Students Who Had Heard of Campus Resources for Survivors



### Percent of students who heard of campus resources for SVSH

The graph shows four bars: counseling services, campus police, Title IX, and Confidential Advocates. About **70%** of students heard about counseling services, about **65%** for campus police, nearly **60%** for Title IX, and about **50%** for confidential advocates.

- Most students were mistaken about which resources were confidential. This confusion persists even after survivors have used a resource: **34%** of survivors who used counseling services didn't know whether it was confidential, and **24%** still didn't know after meeting with Title IX staff.

### More than Half of Students Mistakenly Believe the Title IX Office Is Confidential

| <b>Non-Confidential Resource</b>                      | <b>Percent of Students Who Mistakenly Believe the Resource is Confidential</b> |
|---|--|
| Title IX office                                       | 53%  |
| Student Health Center Employees                       | 53%  |
| Campus Police   | 25%  |
| LGBT Center Employees                                 | 39%  |
| Professors/Faculty                                    | 22%  |
| Teaching and Research Assistants, Readers and Graders | 21%  |

### One-Quarter of Students Do Not Realize Survivor Advocates are Confidential

| <b>Confidential Resource</b>   | <b>Percent of Students Who Do Not Know the Resource is Confidential</b> |
|--|---|
| Confidential Advocate (CARE)   | 25%   |
| (UC and CSU students) Counseling services  | 28%   |
| (Community college students) Counseling center or counseling referrals through your college/university | 35%   |

“I didn’t know [campus resources for survivors] existed and I so wish I did at the time.”

**Students trust confidential resources (confidential survivor advocates, counseling services) more than reporting resources (Title IX office, police).**

- Confidential advocates received the highest trust ratings among campus resources.
- Only **76%** of survivors trust the Title IX office, compared with **90%** of non-survivors.
- **44%** of students reported low trust in campus police, the lowest of any resource.
- Only **37%** of LGBTQA+ students trust the police, compared with **60%** of heterosexual students.

**Students trust confidential resources**

| Resource                     | Mean Trust (1-4) | % Low Trust |
|------------------------------|------------------|-------------|
| Confidential Advocate (CARE) | 3.7              | 10%         |
| Counseling Services (CAPS)   | 3.6              | 12%         |
| Student Health Center        | 3.6              | 13%         |
| Title IX Office              | 3.4              | 17%         |
| Campus Police                | 2.8              | 44%         |

[Content Warning] “One of my friends was r\*\*\*\* by a...student, and even though it was reported to Title IX many times, the [student] was still allowed to lead an orientation group of mostly underage students.”

“Just because they [campus police] have power doesn’t mean they’ll use it to protect students.”

**Most students don't know their right to reproductive healthcare and forensic exams.**

California leads the nation in campus reproductive health policy, as every UC and CSU campus is required to offer medication abortion on site under SB 24. SB 523 requires student health plans to cover all FDA-approved contraceptives without cost-sharing, and AB 1138 requires free, confidential transportation to forensic exam sites. While most students are familiar with reproductive health options generally, far fewer know what their campus specifically offers. Our findings show that many students do not know about these services.

- Only **23%** of UC and CSU students knew their campus offered medication abortion.
- Only **64%** of UC and CSU students knew their campus offered contraceptives.
- **42%** of UC and CSU students were unsure what reproductive health services their campus provided at all.
- Only **39%** knew forensic exams were free.
- Only **15%** knew transportation to forensic exams was free.

Awareness gaps were highest at community colleges, where **73%** of students were unsure whether free forensic exams existed at all, and only **20%** knew where a survivor could go to access one. If they needed to access a forensic exam, most students (**76%**) reported that they preferred to ride with a friend or peer, while only **20%** preferred riding with police.

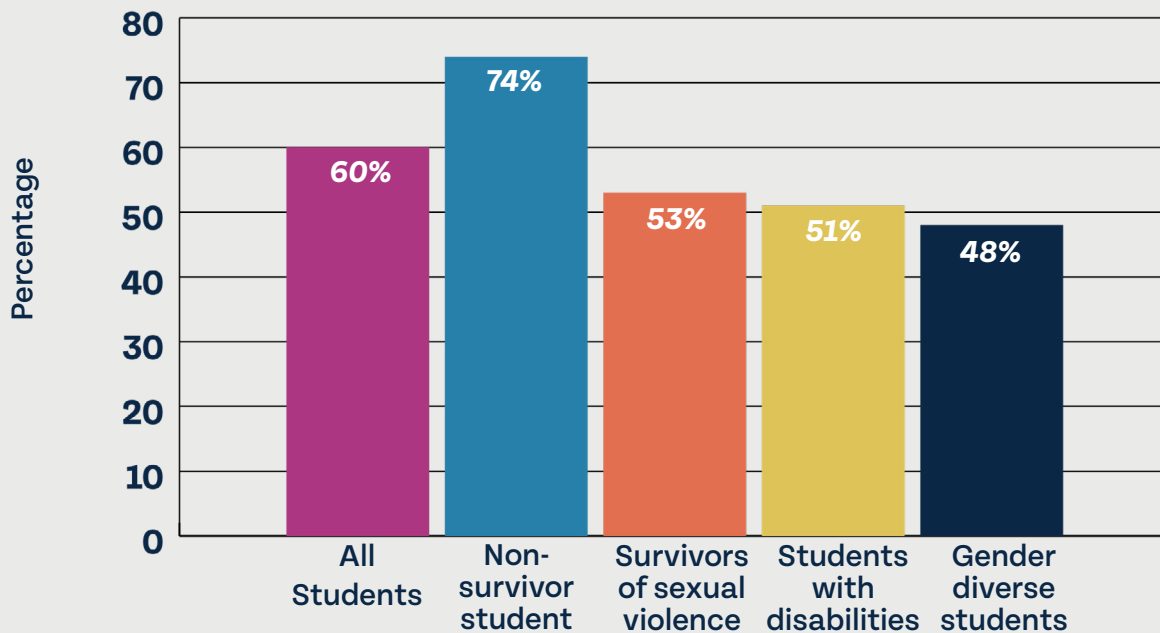


# Finding 2: Universities Fail to Ensure Marginalized Students' Safety

Campus safety is not experienced equally. Survivors, students with disabilities, and LGBTQ+ students report feeling unsafe at rates dramatically higher than their peers, and these gaps compound.

*Students with disabilities were nearly twice as likely to feel unsafe and LGBTQ+ students were nearly 3 times as likely.*

**Percent of Students Who Had Heard of Campus Resources for Survivors**



[Content Warning] “Day to day yes [I feel safe]. However, I’m always on edge on campus that I will run into the person who r\*\*\*\* me... This makes me feel deeply unsafe on campus.”

“Physically I feel relatively safe during daylight hours, but lecture topics can be sometimes very triggering and I don’t feel emotionally safe during them. Sometimes my history or humanities professors will have sexual assault or r\*\*\* as a topic during lecture... I wish professors had sensitivity training on things like this.”

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In addition to Title IX services being out of the scope for many students, our findings also revealed an emerging crisis that current policies fail to address: technology-facilitated sexual violence (TFSV). TFSV can be defined as a range of behaviors where digital technologies are used to facilitate both virtual and face-to-face sexually based harms [1], including online sexual harassment, cyberstalking, image-based sexual exploitation, and the creation and distribution of nonconsensual sexual content using Artificial Intelligence (AI) tools.

- **1 in 7** survivors of sexual violence in this study reported experiencing online sexual harm.
- **40%** of these survivors (of online sexual harm) did not reach out for support.
- LGBTQIA+ survivors were nearly **twice as likely** to experience online sexual harm when compared to cisgender, heterosexual survivors.

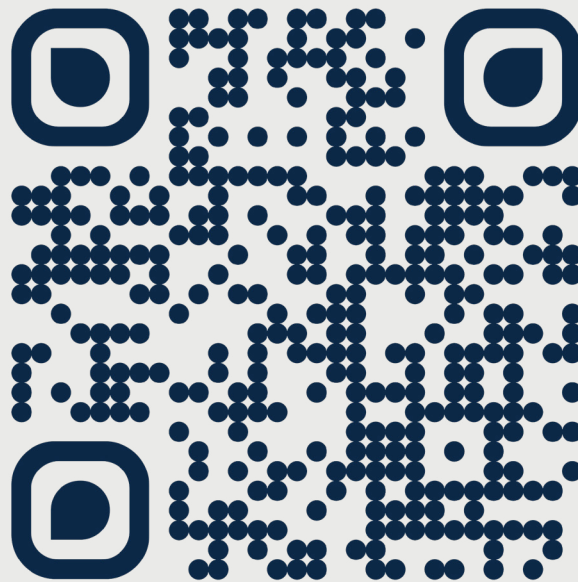
[Content Warning] “I reported an incident in which my abusive ex-boyfriend posted intimate photos of me online after I rejected his efforts to get back together with me. The [city name] Police Department were mostly insensitive and didn’t take my case seriously nor treat it with the urgency it deserved. It took so long for the detective to reach back to me about my case that was ended up finding a way to take the photos down myself just days before I heard back from them. The department subsequently closed my case without really acknowledging that I still felt endangered and scared of further retaliation from my abusive ex.”

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[1] Henry, Nicola, and Anastasia Powell. 2018. “Technology-Facilitated Sexual Violence: A Literature Review of Empirical Research.” *Trauma, Violence, & Abuse* 19 (2): 195–208. <https://doi.org/10.1177/1524838016650189>

Current campus policies fail to address these harms. California’s Education Code does not currently require campuses to address TFSV in mandatory SVSH training, and campuses offer no takedown assistance for survivors of image-based abuse, even as many campuses expand AI partnerships with technology companies [2]. S+A’s sponsored bill, the HEAR Survivors Act (AB 2212), would amend the update to Education Code to explicitly require campuses to address TFSV in Title IX policies and sexual violence and sexual harassment (SVSH) trainings.

## ***Survivors + Allies Research & Publications***



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[2] California State University. (2025, February 4). CSU announces landmark initiative to become nation’s first and largest AI-empowered university system. <https://www.calstate.edu/csu-system/news/Pages/CSU-AI-Powered-Initiative.aspx>

# Finding 3: Introducing the Survivors' Calculus

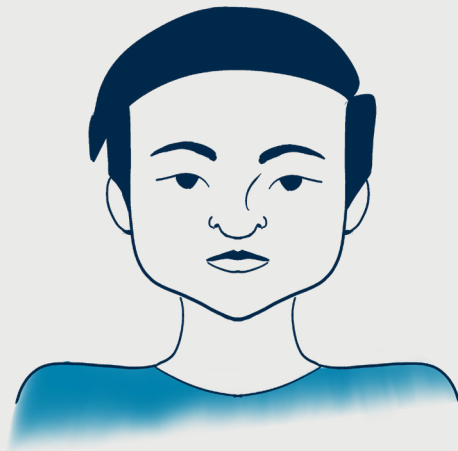
Our new framework, *The Survivors' Calculus*, exposes the burden that universities place on survivors to seek support and navigate institutional resources.

## **1. Many survivors struggle to identify their experience as sexual violence, and many reach out to family and peers for support rather than institutional resources**

It takes time to process difficult experiences, and many survivors are sometimes unable to recognize that what happened to them was SVSH.

- **16%** of survivors said “maybe/unsure” when asked if they experienced sexual violence.
- **68%** of survivors experienced violence before arriving at their current institution

“I did not choose to reach out to any resource at my university because I didn't realize what I experienced was considered sexual assault. In a way, I let myself think that going through that experience made me a good girlfriend/partner, but now I know it should never happen.”



When survivors described why they chose not to reach out to campus resources, their responses often pointed to societal shame and stigma around sexual violence, internalized dismissal of the seriousness of the incident, or structural features of the Title IX office and other reporting resources that can be harmful, such as the police.

**Reasons Why Survivors Don't Report Their Experience**

| Reason                        | Percentage |
|-------------------------------|------------|
| Wasn't serious enough         | 49%        |
| Worried about confidentiality | 32%        |
| Mistrust of campus resources  | 18%        |



“I’m so afraid [to reach out for support] but now realise I still need to talk after decades and years.”

“I wish I knew there was a hotline for DV survivors. That’s it. If I could just, if I could have gotten that message to a social worker, and if they heard like two seconds of what I was going through, I could’ve immediately like gotten their resources, even if I didn’t know about them.”

Our research shows that peer support networks are critical for survivors. Among survivors who reached out to anyone, almost half reported reaching out to a peer or friend for support, whether on or off campus.

- **17%** of survivors have ever reached out to a campus resource for support.
- **16%** of survivors have ever reached out to a campus-affiliated person for support.



“[I] did not think immediately of campus resources, just wanted to reach out to someone close to me.”

“[Didn’t go to campus resources because I] did not know what the process would be like, who to go to, fear of being accused or dismissed, or harassed by the person.”

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## 2 . Barriers to Support Expose How Institutions Put the Burden of Navigating Resources on Survivors Themselves

Survivors described barriers at multiple levels that shaped whether seeking institutional support felt possible. These barriers form what we call *The Survivors’ Calculus*, where the burden of decision-making falls on survivors when they try to decide what to do after an incident of SVSH.

“Sometimes it is hard to do the physical labor of accessing the resources.”

“Sometimes we doubt ourselves [whether] it is serious or not and don’t realize it until later.”

“So many of us, just like have anxiety about making a doctor’s appointment or dentist appointment or phone call on a regular day. Add being actively, you know, [in] space of trauma and or distress does not make that easier.”

At the *individual level*, many survivors questioned whether their experience “counted” as SVSH, describing it as minor or not serious enough to warrant help, or not recognizing it as SVSH until long after the experience. Others described being unable to process what had happened, feeling frozen, or blaming themselves for the circumstances. of their experience.

At the **interpersonal level**, survivors described shame, embarrassment, and fear of not being believed, of being judged, and of what would happen to their relationships or to the person who harmed them if they came forward. Some survivors also shared that they were part of certain groups, such as the LGBTQIA+ community or a religious community, where there was more stigma around sexual violence, or they didn't want to make their communities look bad by talking about sexual violence.

“I mean, I'm part of the LGBTQ+ community...I felt like I messed up, like it was part of my fault too, and that because we were LGBT, I was already going to be scrutinized for it...And you know, you just feel almost bad, like you're bad mouthing your community for having experienced that within it..”

At the **structural level**, survivors described not knowing where to go or who to contact, learning that their experience fell outside the scope of campus resources because it happened before enrollment or off-campus, and prior negative experiences with institutions that had broken their trust. Lack of funding, particularly to hire confidential advocates, was a primary structural barrier for many survivors.

“Every center is too overloaded to adequately care for students.”

“my school did not have a Title IX coordinator at the time, and their office had previously failed to act on interpersonal threats/stalking anyways.”

In our study, **68%** of survivors reported that their experience of SVSH happened prior to enrolling at their institution, and **19%** were under the age of 18 at the time of the SVSH. In almost all of these instances, the **Title IX office would not be able to provide support for these students**, because Title IX offices are usually limited in their ability to investigate individuals who are not campus-affiliated.

*“[I couldn’t reach out to campus resources] because this situation happened off campus.”*

*“I never reached out to any of these resources since my incident happened a very long time ago when I was a child.”*

*“I was told [I can’t remember by who] that without much proof, they wouldn’t be able to do much.”*

# Finding 4: Survivor Scorecards— Survivors Prefer Confidential, Survivor-Centered Care

| Resource                     | Grade | Key Strength  | Key Issues  |
|------------------------------|-------|---|---|
| Confidential Advocate (CARE) | B+    | Highest trust; survivor controlled  | Severely underfunded; 1:12,000 ratio at UC's  |
| Counseling Services (CAPS)   | B     | Confidential; emotionally supportive  | Long Waits; session limits; lack of specialists   |
| Student Health Center        | C+    | On-campus access  | Confidentiality confusion; low emotional support  |
| Title IX Office              | C-    | Formal investigation pathway  | 54% found it unhelpful; excludes most survivors; little accountability for perpetrators |
| Campus Police                | D     | Some students mentioned feeling safer with police on campus; some survivors said they needed restraining orders | Lowest trust; disbelief and retraumatization reported                                   |

**Confidential advocates** are the most trusted resource on campus, but most survivors do not know they exist, and funding gaps make access nearly impossible at many institutions. Confidential advocates receive the highest trust ratings of any campus resource (3.7/4). Survivors valued that advocates were survivor-centered, trauma-informed, and did not trigger investigations without their consent. No survivors reported that their information

was shared without permission. However, severe funding gaps undermine access: **73%** of community college students have never heard of a confidential advocate on their campus, compared with **60%** at CSUs and **38%** at UCs. Long wait times and limited staff capacity were the most commonly cited barriers among survivors who did reach out.

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“Everyone at the CARE office is unbelievably supportive and treats you in a trauma-informed manner.”

“I think the people themselves were very affirming and supportive but it took a long time to actually get to a person and set up a meeting (1 week) and many of the resources referrals were not really checked in on and warmer handoffs would have been better...The delays were due to waitlist/high need from people needing support and there are not that many staff so more funding and support is needed for these professional staff to continue supporting survivors and victims on campus”

Survivors gave **counseling services** high marks for trauma-informed care. Counselors were able to listen without judgment, survivors felt in control of their narrative, and confidentiality was highly valued. **Two-thirds** of survivors reported that counselors gave them helpful strategies for managing trauma symptoms. However, serious structural barriers undermine access to these resources, as **over a third** of survivors did not feel safe accessing counseling in-person. Many were turned away due to waitlists or told their needs were too extensive for what the campus could provide, and **15%** of survivors could not find a counselor who shared important identities with them to understand their experience.



“[At counseling services I had] a really good therapist who allowed me to talk about my abusive partner without judgement, or pressuring me to make certain actions.”

“I was told that my trauma and my needs are too extensive for the support that the school can provide (CPPs CAPS can only do “short term” counseling services)”

“They did not have any counselors trained to work with the LGBTQ community.”

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**Student health centers** tend to be the most accessible to students because it’s an on-campus health resource. But survivors report significant confusion about confidentiality and low rates of emotional support. Survivors may visit campus health centers for a variety of reasons after experiencing SVSH, but the level of confidentiality that the staff can provide is complex. While healthcare providers have medical confidentiality protections, they are mandated reporters under California law for disclosures involving child or elder abuse, and at many campuses, health center staff may also be designated as responsible employees under Title IX, meaning a disclosure could trigger a report to the Title IX office. Only **25%** of survivors in our study knew the confidentiality status of health center staff before their visit, and only one third of survivors said staff clearly explained it. **Nearly half** of survivors did not feel emotionally supported or in control of their choices during their interactions.

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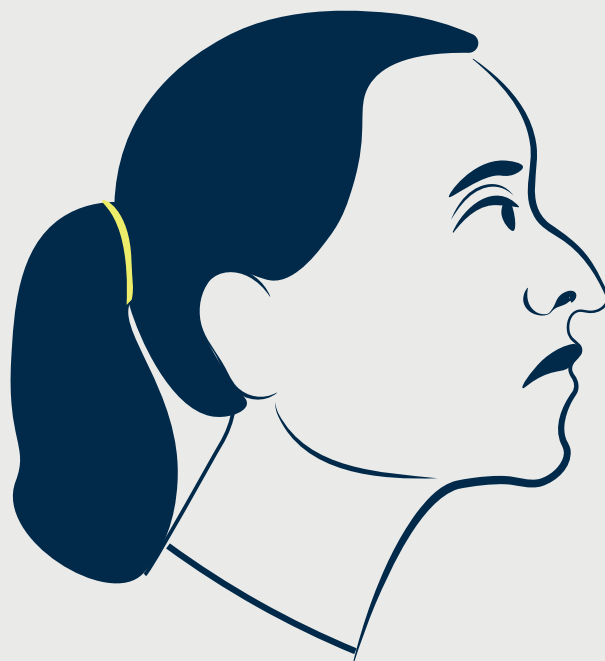
The **Title IX office** is the most widely marketed campus resource for survivors, yet it received among the lowest evaluations, and cannot serve the majority of survivors in our study. Only **22%** of survivors found the Title IX office easy to access and felt safe doing so, and **54%** said it did not support their mental health or wellbeing. Survivors described being told their experience was not serious enough, facing year-long investigation timelines, and losing access to accommodations when they declined to file a formal report. Critically, 68% of survivors in our study experienced SVSH before enrolling at their current institution, meaning the Title IX office could not serve them at all. It is not designed to support survivors whose violence occurred outside its jurisdiction, yet it remains the resource institutions direct survivors toward most.

“I don’t think they even believed me based on how I was treated.”

“they did not support me emotionally and were focused too much on the facts/details of the case, not at all invested in my own mental health or the issues it was causing in my academic progress. They decided my case didn’t have enough details to count for anything and dismissed it without any consequences for the perpetrator and without any solutions/changes for me.”

“[Content Warning] One of my friends was r\*\*\*\* by a...student, and even though it was reported to Title IX many times, the [student] was still allowed to lead an orientation group of mostly

“that professor [who was reported to the Title IX office] still teaching shows no one really cares at this school.”

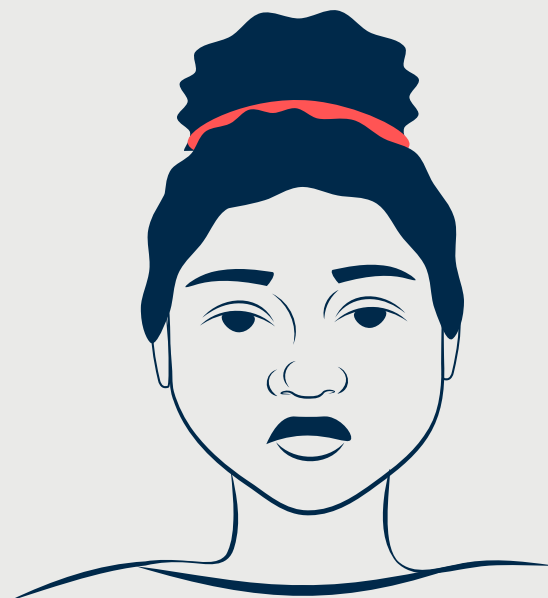


**Campus police** received the lowest scores of any resource by a wide margin, and distrust is highest among the students who already face the greatest safety risks. Only **8%** of survivors who sought campus support went to police. Just under half (**44%**) of all students express low trust in campus police, rising to **67%** among gender diverse students. Survivors described being disbelieved, belittled, and told their experience was not serious enough, with cases closed without resolution or acknowledgment. Undocumented students and racially minoritized students face compounded risks in police interactions that further deter help-seeking at the moment they need support most.

“UCPD was not trauma informed. They questioned me in a public place and gave me wrong information about what to expect. I felt pressured to report but at the same time was told doing so was futile.”

“I knew the police were gonna tell me, well, he hasn’t, like, hit you yet, you know, like I don’t have any tangible -- I had text messages, I had calls, I had like, harassment on my phone, but I didn’t have anything more than that, and I knew they weren’t going to listen to me.”

“After I reached out to the campus police about the stalker i had, the officer just laughed and said that he probably has a crush on me and that he is too shy to talk to me. After that I didnt feel comfortable talking to anyone about it at all.”



# Recommendations (for survivors)

1. **Broaden How SVSH Is Defined in Trainings and Communications:** Include commonly minimized forms of violence such as gender discrimination, verbal harassment, coercive control, and relationship violence. Explicitly communicate that survivor resources are available regardless of when or where the violence occurred.
2. **Adopt a Wraparound Services Model:** Ensure survivors who reach out to one campus resource are connected with other forms of support based on their needs, rather than being left to navigate the system alone. Follow confidential advocate models that allow the trusted person to coordinate referrals across housing, counseling, medical care, and academic accommodations. Place confidential advocates or counselors within identity-based centers to reach marginalized communities.
3. **Fund Confidential Advocates and Peer Educators at All Campuses:** Mandate at least one confidential advocate per 5,000 students, including at community colleges. Fund peer education programs that train students to respond to disclosures and connect peers with confidential resources. Develop culturally responsive outreach targeting communities with the lowest rates of resource access, including Black, Hispanic/Latine, and Asian American survivors.
4. **Reform Title IX Processes to Center Survivor Healing:** Allow survivors to access institutional accommodations (e.g., housing changes, schedule adjustments, no-contact orders) without filing a formal report. Mandate trauma-informed training for Title IX investigators.
5. **Address Technology-Facilitated Sexual Violence:** Enact and implement the HEAR Survivors Act (AB 2212) to amend the California Education Code to require campuses to explicitly address technology-facilitated sexual violence in SVSH policies and trainings, including AI-generated nonconsensual content. Require campuses to provide free takedown assistance and establish emergency funds for affected students.

# Recommendations (for all students)

- 1. Redesign and Fund Mandatory SVSH Trainings:** Overhaul mandatory trainings to clearly explain what the Title IX office does and does not do; promote confidential advocates as the first point of contact; include culturally and linguistically responsive content. Require year-round programming beyond a single orientation module. Fund and mandate equivalent training quality at community colleges. Evaluate and publicly report training effectiveness.
- 2. Standardize Confidentiality Disclosures:** Mandate that all campus resources clearly state their confidentiality and mandated reporting status upfront, in writing, before any disclosure occurs. Require standardized language on all resource websites and in faculty syllabi. Develop accessible visual guides showing which resources are confidential versus non-confidential.
- 3. Center Confidential Advocates as Frontline Resources:** Fund confidential advocates at comparable rates to Title IX offices. Prioritize them in all SVSH communications, training, and campus outreach. Do not position campus police as a frontline survivor resource. Invest in community-led, non-police safety alternatives.
- 4. Expand Reproductive Healthcare and Forensic Exam Access:** Ensure AB 1138 (free, confidential transportation to forensic exam sites) is fully implemented at UC and CSU campuses in ways that center survivor choice, not defaulting to police transportation. Expand AB 1138 to community colleges. Proactively communicate to all students that forensic exams and transportation are free, including at community colleges where this gap is most severe. Use inclusive, gender-neutral language on health center websites. Ensure contraception and abortion information are listed clearly and are visible, standalone services on campus health websites. Eliminate financial barriers for survivors accessing sexual and reproductive health services on campus.
- 5. Invest in Physical Campus Safety Infrastructure:** Improve lighting in parking garages, pathways, and campus edges. Expand late-night shuttle services and peer walking escort programs. Provide clear sanctuary and confidentiality assurances for undocumented, LGBTQIA+, and disabled students who face compounded safety risks.