


Opening the “Black Box”: Student-Generated Solutions to Improve Sexual Violence Response and Prevention Efforts for Undergraduates on College Campuses

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Abstract

Campus-based sexual violence and sexual harassment (SVSH) are prevalent issues that impact students detrimentally. Guided by community-based participatory research, this qualitative study assessed undergraduate students' perceptions of available campus SVSH resources, gaps in services, and recommendations for solutions for SVSH at three universities in California via interviews and focus groups. Approximately half of participants were unaware of available SVSH services, while others had varying knowledge of service availability and experiences with services. Students want better-

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funded, trauma-informed, and survivor-centered services and providers who share their identities and lived experiences. We provide multi-level student-centered solutions to improve current campus-based SVSH prevention efforts.

Keywords

student voice, undergraduate, sexual assault/sexual harassment, policy

Introduction

Despite years of concerted efforts to reduce and prevent sexual violence and sexual harassment (SVSH) on college and university campuses, prevalence remains high (Cantor et al., 2015; Hirsch & Khan, 2020). Research indicates that experiences of SVSH have detrimental effects on students' health and well-being (e.g., depression, anxiety, post-traumatic stress disorder) and negatively impacts their ability to thrive as students (Eisenberg et al., 2016; Leino & Kisch, 2005) and beyond college (e.g., career accomplishments, earning potential) (Potter et al., 2018). Sexual violence, defined as forcing or manipulating another person into unwanted sexual activity without their consent (National Sexual Violence Resource Center, 2010) includes acts such as sexual assault, stalking, and sexual harassment. Despite numerous federal laws, statutes, and guidelines addressing SVSH on college campuses including Title IX,¹ the Clery Act,² the Center for Disease Control and Prevention's (CDC) Rape Prevention and Education Program,³ and the White House Task Force to Protect Students from Sexual Assault,⁴ SVSH has not declined in the last decade: ~20% of women; 6%–7% of men; and 73% of lesbian, gay, bisexual, transgender, queer (LGBTQ+) students experience SVSH while attending college (Black et al., 2011; Dills et al., 2016; Gross et al., 2006). Certain student populations are at increased risk of experiencing SVSH, including women (U.S. Department of Justice, 2014, 2017), first-year students (Krebs et al., 2016), students of color (Backman et al., 2020), LGBTQ+ students (Coulter et al., 2017; Coulter & Rankin, 2020; Whitfield et al., 2018), those living with a disability (Bonomi et al., 2018), and international students (Bonistall Postel, 2017).

In 2015, the White House commissioned the CDC to provide comprehensive SVSH strategies for prevention and response; their recommendations span each level of the Socioecological Model (SEM; individual, interpersonal, community, and societal) (Bronfenbrenner, 1977). University efforts to incorporate these strategies vary substantially, but generally include providing SVSH counseling, increasing student health services, building bystander intervention programs (Amar et al., 2014; Coker et al., 2011; Potter et al., 2009), establishing safe spaces,⁵ training campus police, university staff, and faculty on survivor-centered prevention and care, implementing advocacy and legal assistance programs, creating social media campaigns, and enforcing alcohol and substance use policies (Clinton-Sherrod et al., 2011; Dills et al., 2016; Flensner & Von der Lippe, 2019). Campus-based activities perceived as successful by campus staff include: training in healthy masculinity, healthy relationships, and

bystander intervention; hosting intercampus conferences open to all students; and celebrating and highlighting awareness days and months related to SVSH (e.g., Consent Day, Sexual Assault Awareness Month); and first-year orientation programming (Backman et al., 2020). Eisenberg and colleagues surveyed 28 universities and found that those with higher quantities of SVSH resources (e.g., paid office staff dedicated to SVSH, awareness events, support groups, counseling, and pamphlets and posters around campus) are associated with better mental health outcomes (e.g., less anxiety, PTSD) for SVSH survivors (Eisenberg et al., 2016). Digital platforms (e.g., online websites simplifying the process to access services, digital SVSH response checklists to support campus administrators, mobile apps providing geo-locations of support services) were also effective in increasing awareness of college sexual assault resources and services (Corcoran et al., 2020; Munro-Kramer et al., 2017; Potter et al., 2020a).

Most SVSH programs and policies are designed and carried out by higher education administrators or contracted external organizations; student input is rarely incorporated or is excluded altogether (Lac & Cumings Mansfield, 2018). Utilizing “student voice,” defined as students’ roles in decision-making and change-efforts in schools, is a growing strategy for successful school improvement efforts (Mitra, 2004). While research is limited in university settings, incorporating student voice into decision-making and evaluation processes within institutions of secondary education (i.e., high school) has led to significant improvements in school climate and academic quality, including revised curriculum and evaluation processes (Mitra, 2008) and increased student agency and belonging (Fielding, 2001; Mitra, 2004). This approach has been coined the “students as researchers” approach (Atweh et al., 1998; Fielding, 2001; Lincoln, 1995). It has empowered students to act as “radical agents of change” and push for resolution regarding difficult questions that administrators and other leaders may not know how to address appropriately, including structural and cultural injustices students face (Mitra, 2003). Similar prioritizations are needed in university settings, especially related to SVSH.

While students have not always been invited to the decision-making table, it has not stopped them from engaging in student-led activism and provoking change through their own means. Student-led activism related to SVSH on university campuses has occurred since the 1970s (Driessen, 2019), but was recently reinvigorated during the 2017 #MeToo resurgence (Murphy, 2019). Student organizing and media activist work has created multiple work-arounds for lacking institutional responses to SVSH (Rentschler, 2018; SAFER 2013; Grinberg, 2014). We echo the work of others who have come before us to reiterate the importance of prioritizing student-voice in SVSH-related work and altering current prevention, education, and evaluation efforts to work alongside them as partners (Krause et al., 2017; McMahon, Wood et al., 2019b).

Methods

UC Speaks Up, a large, multi-site mixed-methods project, was implemented between January and June 2019 across three public university campuses in the University of

California system—UC Los Angeles (UCLA), UC San Diego (UCSD), and UC Santa Barbara (UCSB)—to conduct formative research to understand the interplay of individual, interpersonal, and structural (i.e., cultural, community, and institutional) factors that shape intimate relationships and sexual and interpersonal violence among students. Our overarching goal was, and remains, to advocate for opportunities for students to make informed decisions, alongside university administrators and policy makers to eliminate SVSH in university settings. Through an analysis of data collected via in-depth interviews (IDIs) and focus group discussions (FGDs), we aimed to answer the following research questions: (1) What level of knowledge do undergraduates have related to the available SVSH resources on their campus? (2) Among undergraduates who are knowledgeable about the available SVSH campus-based resources, what gaps have they identified in SVSH services? (3) In acknowledging undergraduate students' abilities to best articulate their needs related to SVSH prevention and education, what solutions do they have for bridging gaps between available services and needed improvements?

To reflect students' active voices throughout the research process, undergraduate and graduate student researchers from each campus were hired from a pool of diverse student applicants with demonstrated commitments to improving SVSH-related prevention and response on their respective campuses. All students participated in a three-day in-person qualitative research training led by principal investigators and certified rape crisis counselors. Students received training on trauma-informed qualitative research methods to ensure that survivor-centric language would be utilized and to establish methodological competencies. All student researchers were trained on how to provide short-term mechanisms of support for any participant who experienced distress while participating. Further, participants were provided a resource guide that included contact information for campus and community resources.

Our research was guided by principles of community-based participatory research (CBPR), a collaborative approach that focuses on “establishing trust, sharing power, fostering co-learning, building capacity, enhancing strengths and resources and examining and addressing community-identified needs” (Israel et al., 2008, pp. 47–62). Using these guidelines, we aimed to implement methods demonstrating greater sensitivity to the perceptions, needs, and unique circumstances of the community of the undergraduate students we worked with (Green & Mercer, 2001). The CBPR approach was crucial to engage students, including student researchers, as content experts and community stakeholders at all stages of the research process, including research question formulation, data collection, and interpretation and dissemination of findings.

Resource, Interview, and Discussion Guides

As part of the trauma-informed research process, student researchers compiled a referral guide of campus and community resources, which was distributed to each research participant after participating in an IDI or FGD. Student researchers identified campus-based SVSH services and resources (described below), which play a key role in our recommendations.

Available SVSH services and resources identified on campus include Counseling and Psychological Services (CAPS), the Campus Advocacy Resource and Education (CARE) offices, Student Health Services (SHS), Campus Police Department, and Title IX offices. CAPS houses licensed clinical staff, including psychiatrists, who provide confidential (i.e., providers will not disclose information) mental health services. CARE offices are SVSH resource centers, located on each UC campus, where trained victim advocates provide confidential services for student survivors. CARE also provides education and training programs for students, staff, and faculty. SHS offers comprehensive on-campus health services (e.g., primary care, women's health, HIV/STI testing, emergency contraception). The Title IX offices manage the legal aspects of SVSH cases using a process that is unique to higher education institutions and stipulated by the U.S. Department of Education. These SVSH services and resources are generally aligned with best practices for universities (i.e., policies against discrimination and SVSH, primary prevention and awareness programming, reporting options, on-campus resources, investigatory and disciplinary processes) (Karjane et al., 2002; Richards, 2019).

We conducted IDIs and FGDs to obtain both detailed, personal experiences (i.e., IDIs) and a collective, broader range of information (i.e., FGDs). The IDI and FGD guides were adapted from Eisenberg's 2016 resource audit and revised through collaboration with student representatives, faculty, and researchers from each campus (Eisenberg et al., 2016). The IDI guide included ten questions exploring students' knowledge, perceptions, and attitudes about SVSH and SVSH-related education and services on their campus. We asked about students' experiences with SVSH services and availability, prevention programming and policies, and solicited ideas for how to improve them and the overall campus climate. The FGD guide included questions that captured students' thoughts about SVSH in general, risk factors that lead to SVSH, knowledge of available resources and policies, and strategies to prevent SVSH.

Data Collection

Snowball sampling methods were used to recruit IDI participants at each campus, and purposive group sampling was utilized to recruit FGD participants. Undergraduate students were selected according to (a) key demographic characteristics such as gender, sexual orientation, and race/ethnicity, and (b) university-related characteristics such as year in school, major, and Greek Life and/or collegiate sports affiliation. In addition to these sampling strategies, posters, flyers, email campaigns, public engagement through tabling, and advertising during classes and student-led extracurricular meetings were utilized to solicit additional student participation. In order to reach saturation of hard-to-reach student groups (e.g., students of color, student athletes), a secondary round of snowball sampling was conducted, where students who were already selected to participate in an IDI or FGD could refer the study to other students.

Sixteen trained undergraduate and graduate student researchers from UCLA, UCSD, and UCSB conducted the IDIs and FGDs. On average, interviews lasted ~60 min and focus groups lasted 60–90 min, depending on the number of participants (FGDs ranged

from 2 to 12 students). FGDs were organized and stratified based on student identity and affiliation (e.g., LGBTQ + students, students of color, student athletes). Both IDIs and FGDs were scheduled in locations where privacy could be maintained. Before IDIs or FGDs began, researchers verbally explained the background of the study, informed the participants of their rights (e.g., they were free to stop participating and leave at any time), and offered information about potential triggers or distress due to the content of the questions. Each participant gave their written, informed consent, received a copy of the consent form, and were provided a SVSH resource guide. Each participant was compensated with a \$25 gift card. IDIs and FGDs were audio-recorded with participants' consent. All study components were approved by the UCSD Institutional Review Board (IRB) with reliance agreements for IRBs at UCLA and UCSB.

Data Analysis and Coding

IDIs and FGDs were transcribed verbatim, and personal identifying information was redacted. Transcripts were analyzed by five student researchers using Dedoose (version 8.0.35), a secure qualitative data analysis software. Utilizing thematic analysis methodology (Braun & Clarke, 2006), we identified salient themes and developed codes. The coding process was conducted in two stages: First, after weekly team meetings in which the coding scheme was developed, a single transcript was selected for coding by each coder. All coders discussed coding discrepancies until they reached a consensus on how to apply the codes to all transcripts. Through this process, 15 broad themes emerged, with a wide range of subcodes. Appendix 1 provides a high-level comprehensive list of the parent- and child-codes that were generated for this analysis. Second, two graduate students developed the research questions for this analysis,⁶ further analyzed and coded the data, and identified focused themes (e.g., knowledge, awareness, recommendations). The themes surfaced both organically and from specific IDI and FGD questions, which have been provided in Appendix 2 for reference. Recommendations were formulated using the SEM as a guide to organize the appropriate level (i.e., individual, community, societal) to which recommendations should be directed.

Results

Demographics

A total of 86 undergraduate students participated in IDIs and 136 students participated in FGDs. Students represented a variety of majors (e.g., psychology, biology, history) and were at various stages of their undergraduate careers. The majority of students identified as women (60.4%) and heterosexual (60.5%), and nearly one-third identified as gay, lesbian, bisexual, or "other." Most students (64.9%) were students of color, including students who identified as Hispanic/Latinx (13.5%), Black/African American (12.6%), Asian (19.8%), or more than one racial or ethnic group (10.4%). Overall, students were highly engaged in extracurricular activities, including student organizations (46.4%), athletics (25.2%), and Greek life (22.1%). Compared to UC-wide data (UC

Institutional Research & Academic Planning, 2018; University of California, 2020), our sample was representative as it related to gender identity; however, it oversampled Black/African American students, White students, and LGBTQ+ students, and under-sampled Hispanic/Latinx and Asian students (Table 1).

Theme 1: Student Knowledge and Awareness of Available SVSH Services on Campus

Students had varied knowledge about what SVSH services and resources were available on campus. About half of participants indicated they were unaware of what resources were available or how to access help. Two key groups of students, first-years and transfer students, reflected on the “overwhelming” amount of information they received about university life, classes, and available resources during the orientation period, which they referred to as a “long laundry-list of resources.”

Although a small proportion of students were unclear about which SVSH services existed on their campus, many were confident that the services existed and could easily be found. As one student pointed out, using an online search would be the first action they would take to acquire detailed information should they need it:

[The services] are very limited. I know one hotline and it's, gosh, I'd have to Google it ... but I know there's a sexual assault hotline for the immediate aftermath [of a SVSH event] to seek help, psychological help, and where to go from there. [IDI]

The other half of students were familiar with the names of the available resources on campus (i.e., CAPS, CARE, Title IX), but were not aware of the specific services they offered (e.g., confidential counseling, testing services, guidance for pursuing legal action against a perpetrator). This was especially noticeable in IDIs, where (unlike in the FGDs) students were unable to lean on the experiences and expertise of their fellow students to “crowd-source” responses. In both IDIs and FGDs, there were instances where students revealed they themselves had not sought SVSH-related resources or engaged in SVSH-related care, but expressed that someone they knew (i.e., a friend, classmate, roommate) had. In these cases, the participant would typically share what they knew (including expressing criticisms and perceived acceptability of the services) based on other students' experiences:

I know that there's a couple different offices that work on [SVSH], such as the Office of Student Conduct and the Title IX office. For going through the investigations themselves, however, I've heard [through friends] that they are super long and lengthy and tend to be a little drawn out. I know that in terms of survivor support they have CARE and CAPS, but I've heard that the wait times are pretty long and not exactly conducive to getting support right away. [FGD]

Among students who were aware of existing services, CAPS and CARE were perceived as positive and valuable resources for student survivors and were typically

Table 1. Demographic Characteristics of Undergraduate Students Who Participated in In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs).

	IDI (n = 86)	FGD (N = 25 focus groups; n = 136 students)	University of California Undergraduate Demographic Characteristics (2018–2019) ^a (n = 56,266)
	n (%)	n (%)	n (%)
Campus			
UCSB	36 (35.6%)	10 (40.0%)	Not available
UCSD	33 (32.7%)	9 (36.0%)	Not available
UCLA	32 (31.7%)	6 (24.0%)	Not available
Gender			
Woman	42 (48.8%)	92 (67.6%)	34,941 (61%)
Man	29 (33.7%)	41 (30.1%)	21,400 (37%)
Nonbinary/agender	5 (5.8%)	3 (2.2%)	1,080 (2%)
Age in years range, (mean)	18–30 (20.01)	18–29 (21.9)	Not available
Sexual orientation			
Heterosexual/straight	52 (60.5%)	83 (61.0%)	47,356 (83%)
Bisexual	7 (8.1%)	15 (11.0%)	4,085 (7%)
Homosexual/lesbian/gay	7 (8.1%)	13 (9.6%)	1,925 (3%)
Other	9 (10.5%)	25 (18.4%)	3,631 (7%)
Race/ethnicity			
White	26 (30.2%)	52 (38.2%)	48,432 (21.4%)
Asian	18 (20.9%)	26 (19.1%)	75,675 (33.5%)
Latinx/Spanish/ Hispanic	13 (15.1%)	17 (12.5%)	55,971 (24.8%)
Black or African American	9 (10.5%)	19 (14.0%)	9,371 (4.1%)
More than one race	5 (5.8%)	18 (13.2%)	Not available
Other	4 (4.7%)	4 (2.9%)	Not available
Living with a disability			
Yes	2 (2.3%)	9 (6.6%)	Not available
Involved in student group or leadership			
Yes	53 (61.6%)	50 (36.8%)	Not available
Athlete			
Yes	18 (20.9%)	38 (27.9%)	Not available
Greek life			
Yes	13 (15.1%)	36 (26.5%)	Not available

Note: UCSB = University of California Santa Barbara; UCSD = University of California San Diego; UCLA = University of California Los Angeles.

^aUC-wide demographic information was obtained via the 2018 University of California Undergraduate Experience Survey (UCUES) and the 2019 University of California Undergraduate Admissions Summary.

regarded as the first support services that students access. This is in stark contrast to the Title IX office, Campus Police, and the Office of Student Conduct, which were viewed as reporting entities that could add additional burden and stress to student survivors:

I don't know how many people who've been sexually assaulted have gone [to CAPS]. I know of one person who has gone to therapy and has reported to the police. Outside of that, I have no idea if any of them are really getting help or how they're getting help. I think part of what they're doing is interacting with CARE, but I think that's it. But in terms of reporting or any Title IX claim, I don't know. [FGD]

In rare cases, students could name specific resources, and articulate important nuances about them, including the survivor-centered culture that is a component of some resources' mission statements and practices:

I think [CARE is] a really invaluable resource because it's this liaison between the student body and the Title IX Office. Instead of being [a] scary, legal thing, it's peer-to-peer educators; people who are advocating for you; people who are taking into account accommodation. It's very survivor-informed. [IDI]

Other students could provide detailed responses about SVSH-resources both on and off campus, but this was uncommon among students we interviewed:

CARE and CAPS are the big two. For reporting options, Title IX and UC Police Department. For immediate care, the [local] Rape Treatment Center is good because they can give you free rides there. Then, the [local] emergency room is there for immediate medical health care. Student Legal Services for legal support. For LGBT, I know the LGBT Center has drop-in [appointments] and counseling for LGBTQspecific issues. [IDI]

Ultimately, undergraduate students had differing knowledge about the SVSH services on their campus. While some students were completely unaware of available resources, others had basic knowledge or felt confident they could use the internet to find resources if in need. About half could name resources and provide brief definitions of the services associated with them, and a small proportion of students (likely those engaged in SVSH-related work or perhaps those who were survivors themselves) could articulate details about on- and off-campus SVSH resources.

Theme 2: Expanding and Tailoring Existing SVSH Services: Key Gaps Identified by Knowledgeable Undergraduates

As highlighted by the student participants above, those who were knowledgeable about the SVSH resources were able to point out key features, compare services, discuss their strengths and weaknesses, and identify areas for expansion and improvement. We present their voices and suggestions here.

Expansion of Mental Health and Survivor Advocate Services. Participants highlighted the large student demand for mental health services on each campus. This demand was perceived to be higher among students exposed to SVSH. Students considered CAPS and CARE to be well-known resources that offer confidential mental

health services, specifically for SVSH survivors, and noted CAPS' unique ability to reach a large number of students. Nevertheless, participants consistently referred to the months-long waiting periods they had to endure to be seen by a CAPS provider:

I know they are terribly understaffed. It's very difficult to get an appointment with them. So even if you feel like, okay, today's the day that I get help ... you go in and they tell you to schedule an intake appointment two months from now. The timeline between deciding you need help and them actually helping you is quite large. [IDI]

The substantial wait times were perceived to be the result of the demand for services exceeding the number of providers, as well as having limited space available to provide services. Many students expressed the need to expand on-campus support services to be more time-sensitive:

Making appointments with counselors is hard because there's not enough. There are not that many CAPS counselors, [so] they refer you to people who are on the phone [and/or] off-campus, which is not the same. Especially if you're a student living on campus. They need more resources in terms of actual counselors. [IDI]

Services identified as needing expansion included psychological counseling, medical care, emergency housing, transportation, academic schedule rearrangement to prevent a survivor and their perpetrator from occupying shared spaces, SVSH reporting assistance, and/or disciplinary action mandates by university administration for SVSH perpetrators. Students thought that the existing confidential advocacy services suffered from a lack of funding, as the number of counselors and available appointment options were extremely limited.

Diversifying Counselors. In addition to requesting improved availability and access to confidential services, another common suggestion was to hire counselors who reflect the demographics of the student body (i.e., LGBTQ+, persons of color):

I think more counselors, a diverse set of counselors, is really important. I just don't feel comfortable telling a white woman my problems. There is only white and Black—just get more diversity and have options for people so they can feel comfortable with someone who may look like them. [IDI]

The client (student)/counselor mismatch made many students resistant to utilizing services out of fear of not being understood. Students deserve environments where they can be comfortable sharing difficult or traumatic experiences; they felt that having counselors with shared lived experiences (i.e., being of the same racial/ethnic background, being part of the LGBTQ+ community) would increase the impact of services and their overall quality.

CAPS can be very good, but there's one or two Black folks working at CAPS. I've had trouble getting someone who can meet me at a baseline ... which, not that I necessarily

need a Black therapist because I've had therapists from a host of backgrounds, but when dealing with trauma it can be helpful. The main Black woman who works [at CAPS]—every Black student on this campus knows about her—so they're all trying to get appointments [with her]. You are talking about 1,500 Black students trying to get an appointment with one woman. [FGD]

Specific Student Populations Who Could Benefit From Tailored Services. In alignment with students who felt increased attention should be placed on the diversification of those responsible for serving as counselors and support systems for students seeking SVSH-related help, they identified specific student populations who could benefit from tailored education and prevention strategies.⁷ Such recommendations were likely informed by their own personal experiences (e.g., a student of color recommending additional SVSH resources and support for other students of color, including themselves) and personal and shared understanding of SVSH, sexual encounters, and consent.

Students of Color. In addition to preferring counselors and SVSH-related personnel who share their lived experiences and identities, students of color voiced that it was very personal to talk about sexual violence. They shared that their SVSH-related experiences differ from white students. Students of color felt they were not prioritized and posited that this was due to the relatively small number of students and faculty of color within the university system.

[Institution redacted] is a predominantly white institution—they are coming from privilege. They're not sensitive to the different cultures and people that occupy the space alongside them. [IDI]

This sentiment was replicated when discussing specific resources available on campus, specifically campus police. There is a complex relationship that exists between students, specifically students of color, and “official” reporting entities, especially those that require police involvement and official reporting. One student reflected on her ability to recommend and refer friends to culturally sensitive resources and how her Black female friends might not be willing to engage with campus police if sexually assaulted:

I'm a woman in 2019; two-thirds of my friends have been raped. I've had the post-rape conversation before, so I know what to say as a supporter, friend, and as someone who wants to help heal. But in terms of resources on campus, I agree with [other participant] because [many campus services] have mandatory reporting that will say, “if you come here, you have to tell the police; you have to tell campus security.” You don't always want to send someone there when they're in a super vulnerable spot, especially people of color who have really complex interactions with police anyway. If my Black friend gets raped, I don't want to say, “Well, go tell the cop!” That's not the direction that I want to send somebody in. I think we would do well to say, “Here are some student-centered resources that are run by students that do not incorporate mandatory reporting,” because not everyone is in a place after they get assaulted to make a police report. [FGD]

In the context of the long history of policing and police brutality experienced disproportionately by communities of color, these quotes highlight the experiences of many students of color who do not want to be directed to authorities who are associated with this history. Students of color may prefer and require more student-centered and culturally appropriate SVSH services and staff to meet their needs. This highlights a need for the diversification of services, staff, and additional educational trainings to address privilege and biases within our academic institutions.

LGBTQ ± Students. Though students identified the presence of LGBTQ + centers on their campuses, they were uncertain whether such centers provide educational materials or services that specifically address SVSH within the LGBTQ + community. Further, people with specific identities within the broader LGBTQ + community were highlighted as needing focused attention and resources to address their increased vulnerabilities. One student pointed out the heteronormative content that is distributed for SVSH prevention; they wanted more inclusivity in the materials that are distributed about safe-sex practices and consent and for it to be focused on LGBTQ + students:

If you are part of the LGBT community, I think so many of these things are going to be so different for you. And if we're talking about services, I don't know if the LGBTQ Center here has services particularly for [SVSH], and maybe they do but, if you're a trans person, particularly transwomen who are often targeted by sexual assault ... having resources [is important], because a lot of the dialogue about sexual assault is around heterosexual relationships. So, promoting more dialogue about, "What does it mean to be assaulted if you're a trans person, or if you're lesbian or gay?" [is needed]. [IDI]

International Students. Many non-international, domestic students recognized the vulnerability of their international peers, indicating that international students may face barriers to reporting SVSH and seeking help because of differing cultural norms and expectations around sexual consent and assault. They pointed out that university campuses in California have a substantial proportion of international students (ranging from 15% to above 20%) (University of California, 2020), and observed that culturally tailored and linguistically diverse SVSH programming for international students is lacking. One student reflected that there was little knowledge on how sexual consent and assault were understood by international students from various cultural backgrounds and how failing to address these differences increases their vulnerability to experiencing SVSH:

It would be especially important [to address international students' vulnerabilities to SVSH] at our campus [which] has a high number of international students and students of a wide variety of cultures and cultural backgrounds, and all of the implications that come with that. [The] understanding of what a healthy relationship looks like can vary greatly from an American student to a non-American student. ... It's one thing to ask how many students are having a certain experience, like how many students have felt pressured to have sex on a date or how many students have been sexually assaulted, but if their

definition of sexual assault doesn't match up, then that poses a problem. You have to really understand where students are coming from. [IDI]

Another student highlighted the cultural contexts that surround sex, sexuality, and sexual violence. This student pointed out that acknowledging and/or reporting SVSH is hard enough in one's home country, and substantial cultural barriers may exist for international students on college campuses:

I feel like this might be a cultural thing, but just not being afraid to come out about [SVSH]; like, encouraging an atmosphere where you're able to report sexual assault ... I know some people might be ashamed. I see this in international students. They don't like talking about things as openly as American or local students do. They're really hushed about everything. And especially because of cultural differences ... that gives even more reason to have a unified discussion about consent and assault [on campus]. [IDI]

Students Involved in Greek Life and Athletics. Participants focused on the heavily gendered and problematic aspects of Greek Life and athletic communities within the university system. Many of the recommendations offered in this section were provided by members of their group for members of their group (e.g., an athlete providing recommendations for other athletes). Students provided specific suggestions for how to further include, educate, and keep members of their own communities accountable. For example, one member of a fraternity shared how important accountability and support are in combatting SVSH within their community and on campus:

[We need] mandatory workshops for every fraternity and sorority on campus so that guys know that it's okay for girls to come out [about experiencing SVSH] and to believe them. And for girls to know that other girls have their back. And that guys, most importantly, have guys' support too. ... I feel like it could make boys more aware [and] look out for their brothers, to make sure that they're holding each other accountable [and see] sexual assault as unacceptable. [IDI]

Students who are members of Greek Life and athletics have historically received a great deal of attention related to SVSH prevention; however, a handful of students felt that the "specialized" SVSH education they receive should be provided to the entire student body, specifically education related to sexual consent:

The sexual assault education that's provided for student athletes should be standard for everyone. I think this is something that everyone should be on the same page [about]: consent is essential to all sexual activity, it can be removed and taken away, it's not permanent, and being under the influence of drugs and alcohol can influence that. There needs to be a [shared] baseline. [FGD]

Additional SVSH education and prevention efforts geared toward understanding and highlighting the roles that drugs and alcohol play in SVSH were often mentioned among these students.⁸

Student Survivors of SVSH. A group of students who are often left out of conversations about SVSH prevention and education efforts are survivors themselves. A handful of students suggested introducing university platforms that elevate the voices of student survivors, though it is unknown if they themselves identified as survivors. They indicated that such efforts would be designed for all students, suggesting that hearing directly from peers who have experienced SVSH might be useful for other students, both those who are at risk of SVSH victimization and perpetration. Such efforts could provide some needed context and aid in understanding the very real and long-term consequences of experiencing or perpetrating SVSH:

Offer survivors a stronger platform that's more integrated into the campus community ... I'm saying, [those] who feel comfortable going up and sharing ... [and] giving accounts of what being a survivor means to them. [FGD]

I think it's really valuable when survivors come and share their story and express themselves to the people around them and to their friends. I think, for me, that's the reason why I began to care. [FGD]

Another student indicated they would want to hear from student survivors anonymously, further supporting the point that survivors' voices are integral additions to SVSH education.

You can basically pass along anonymously other people's stories to hit home further with students here. I think that that would start to point everybody in the right direction of understanding what sexual assault survivors go through, how you can prevent it in the future and why it's a bigger deal than a lot of people think it is. [FGD]

Theme 3: Undergraduate Student-Generated Solutions for Bridging the Gap Between Available Services and Needed Improvements

In addition to the suggestions and feedback students provided about current services, students also offered innovative ideas about how to bridge gaps between what is currently offered for SVSH prevention and education and what they need. Overall, students want to have relevant, regularly occurring, and interactive educational experiences about SVSH, covering a diverse set of intersecting topics (e.g., sexuality, consent, gender, sexual identity, race/ethnicity). Further, participants voiced the importance of adequately funded, trauma-informed, survivor-centered service providers, and service availability.

To understand interconnected themes and to draw conclusions about how undergraduate students want to see SVSH education, prevention, and programming evolve, we summarized students' suggestions by utilizing a modified version of the SEM to highlight the multiple and interconnected levels within a university setting (i.e., individual, interpersonal, campus services on prevention and education, campus infrastructure, policy).⁹

Changing the Structure of SVSH Prevention Education to Smaller, Interactive, and In-Person Formats

At the top level of our modified SEM is Policy. Suggestions for policy-level changes are wide and overarching, but capture a “major change in attitude, principle or point of view” that impacts how SVSH services, education, and prevention is currently disseminated (Cerna, 2013, pp. 1–31). Students reflected on how SVSH education and prevention are currently offered on their campuses, citing the need for substantial changes in content and delivery. The current format of SVSH education across campuses was described as didactic and noninteractive, often occurring in a large lecture hall or through an impersonal online format. The overwhelming majority of students would prefer to have interactive, small-group discussions.

If you do it at orientation there’s so many people. Which, I understand, it’s the most effective way to relay information to mass amounts of people. [It] just becomes very impersonal. The issues of sexual assault and violence, especially in the #MeToo movement, is effective because it is personal and someone’s explicit experience. If you break that down to smaller groups where people have to be accountable ... it makes the messages stick more. [IDI]

Students provided ample examples of the limitations of mass communication education efforts universities typically utilize for the dissemination of SVSH information, including orientations and online education—again, indicating their preference for smaller, more intimate, and direct settings where their “voice” could be heard in-person:

I think [in] smaller groups, it’s nicer to talk about these kinds of issues. [Because in] larger groups it’s harder to have a voice. [FGD]

Online trainings were perceived as the “easiest” way for a university to disseminate information on SVSH; however, participants did not feel this method effectively engaged them or their peers. Some noted how online training allowed students to skip through important information and did not provide information on how campus-based resources differ or how to choose the best service provider to meet students’ needs. Ultimately, students thought that changes such as these would have increased benefits (e.g., actively engaging with the subject material) and a longer-lasting impact when discussing such personal and complicated topics:

I think it’s always better in person. A lot of the messages conveyed through [online trainings] you can understand as long as you care [about it]. If you don’t, you can just click through and not read anything. It’s not very personal. If you did it face-to-face, it’s better because you have to actually learn the lessons. [IDI]

Offering Course Credit for General Education on SVSH. In addition to discussing the pros and cons of using large-group and online platforms for SVSH-related education,

students suggested having a university-mandated in-person General Education course (potentially as a graduation requirement) and/or a 1-unit seminar focused on SVSH, consent, and prevention.

A point to start out with would be to educate more people [beyond the online course] and do something relatable! Like, having someone come in and talk to us, having a real course that we have to take, actually getting preventative measures that would make students feel more safe living on campus. ... There's a lot of things they could do, they just aren't doing any of them. [FGD]

Appropriately Protecting Survivors and Addressing Perpetrators. Also located within the Policy level of the SEM is the need to increase accountability for perpetrators while continuing to appropriately protect survivors and provide survivor-centered care and resources. Students want universities to transform their response to SVSH perpetrators. They indicated that existing responses are extremely lacking (e.g., nonaction taken against perpetrators, nonseverity of disciplinary actions) and that the paucity of proper or adequate disciplinary action further deters students from reporting sexual violence:

I think of Twitter where they're like, "This individual did such-and-such thing. Retweet so that it can be spoken about!" We retweet and retweet. [The perpetrators] get a smack on the hand and that's it. It's very prevalent. You see instances where the students pick up on it but the school doesn't do much about it. It's like, So what's the point? ... Individuals want to share the experiences that they had, but they can't because they notice that there isn't much repercussion to the individual who was the assaulter/perpetrator. [IDI]

Students reflected on the SVSH claims they had witnessed by friends or colleagues, which were similar to their own experiences of SVSH. They recalled their claims being returned with accusatory and aggressive questioning from Title IX investigators, requiring multiple hearing procedures, which are often triggering and re-victimizing experiences. Such processes were defined as harmful to student survivors, especially when reports did not result in remediation.

I think as a university, the consequences [of SVSH] should be: if you [commit SVSH], you should be expelled automatically. If you investigate it and everyone is saying it happened, there should be no conversation about, "Well, it wasn't that bad." You shouldn't have to tell someone to measure their experience from 1-10, How traumatized are you? ... There should be more consequences. [FGD]

Further, students believed that proper disciplinary action on the university's behalf would deter future instances of SVSH by exemplifying real consequences to accused students.

People are gonna say, "This isn't even a punishment and I can do this and get away with it." But if you enforce a stricter rule, where if [SVSH] happens, you would have bigger consequences, it would deter people from actually doing the criminal act. [IDI]

These suggestions (e.g., if you assault someone, you should be expelled; bigger consequences deter SVSH perpetration) are oversimplistic. As our interviews with community stakeholders revealed, the majority of SVSH-related cases on campus are not cut-and-dry predatory assaults. Rather, many are quite complex and have occurred within relationships or when consent was initially provided (and then revoked) or consent was “implied.” This is not to say that these SVSH experiences should be taken any less seriously than others, but does indicate that solutions for such occurrences might need more nuance than simply expelling a perpetrator or increasing the severity of punishment.

Overhauling Campus Cultural Norms Around SVSH. The second level of the modified SEM is Campus Infrastructure, which includes students’ desires to overhaul their campus’s climate and cultural norms regarding SVSH. Alterations to Campus Infrastructure would require substantial modernization and reconstruction of the current system. Students were specifically interested in opportunities to combat problematic aspects of their campus culture and increase accountability from the top down. For example, one student indicated that simply acknowledging that SVSH occurs on their campus would be an appropriate starting point in bringing conversations about SVSH into the mainstream and (re)allocating resources (perhaps beyond CARE) to address it:

We as a campus should acknowledge that [SVSH] happens. It’s awful and shouldn’t, but it’s a thing that happens as a part of coming to college and you should be wary of it, but also they should show all the resources available if it does end up happening to you. [IDI]

This student’s thoughts are complemented by the quote below, where another student highlights that a systematic overhaul is needed (but that it will not happen overnight). A true adjustment in students’ attitudes are needed, including changes in “small things” such as accountability among peers for upholding rape myths and problematic gender norms:

It’s the same as having a systematic overhaul. You need to have the attitude adjustment of small things. When someone makes a joke, like rape jokes or something ... instead of laughing, just be like, “Hey man that isn’t cool. ...” I don’t know if you’ve ever seen it, but if you’re in a room full of people and someone makes a joke and no one laughs, that person is going to change their tune really quick or get very upset. [IDI]

While specific, concrete, and actionable suggestions were not necessarily generated within this level of the SEM, the students’ sentiments are worth noting, as they highlight that structural change is needed throughout the system in order for change to be seen within it.

Providing and Expanding Physical Safe Spaces for Student Survivors. As described in the introduction, the aftermath of SVSH for students can be long-lasting and highly impactful on their mental and physical health, as well as their ability to survive and thrive in their classrooms and community. In addition to providing more resources

for prevention and education, students also suggested that resources should go toward caring for SVSH survivors and providing them with opportunities (and physical space) for community and connection among other survivors. According to our SEM model, creating or designating physical “safe spaces” fits within the Campus Infrastructure level. This was highlighted by one student who suggested providing a space among peers (and not adults) to host support groups or to create a survivor network for students and student survivors:

I think it'd be cool to have a network of people that have gone through the same thing, where instead of talking to an adult about something that happened, you could talk to other survivors. I don't know if people would be willing to be on some sort of list or something, but to be like, Hey, these are a bunch of people that would be willing to talk to you about your experience, or someone that is more relatable, or your age, or not an adult, to talk to. [IDI]

Raising Awareness of Existing Confidential Services. Suggestions geared toward alterations in Campus Services on Prevention and Education are in the middle section of the SEM. One key recommendation was to raise awareness and increase outreach efforts linked to SVSH-related information throughout campus in easily accessible ways. These suggestions included providing SVSH and reporting information on student IDs and course syllabi, and widely distributing flyers. This directly responds to findings in Theme 1, which demonstrated there are differences in student knowledge about SVSH-related resources on campus. For example, the most popular request for “additional” services was a “middle ground” option where students could obtain SVSH-related help without either knowingly or unknowingly reporting or instigating legal consequences when coming forward:

It feels like there's no middle ground for people who want to look at their options—[they have to choose] between a hotline that is run by some national organization and going to some sort of official campus resource. [IDI]

Such students were unaware that this “middle ground” confidential service is already offered through CARE, highlighting the seemingly obvious point that students must first be aware of the services (and policies) on their campus in order to access and use them.

Opening the “Black Box”: Introducing Transparent SVSH Reporting Processes and Outcomes of Reported Incidents

Also located in the middle section of the SEM (Campus Services on Prevention and Education) is transparency. As previously stated, while many students could identify SVSH resources on campus (e.g., CARE, CAPS), many could not articulate which specific services they offer, who is eligible to utilize the services, whether their reporting processes are confidential, and what potential outcomes could result from utilizing the services. Students were extremely uncomfortable and wary of reporting SVSH, as there was significant fear surrounding anonymity and lacking information and transparency

about the process of engaging with SVSH resources, in general, and reporting, specifically. One student described the SVSH reporting process as a “black box.”

It’s a difficult issue because of confidentiality, but if more students knew what was available to them and if they were informed of previous outcomes from similar cases, I think they would feel more comfortable initiating the process. At least from my perspective it’s almost like a black box that you’re entering in. This notion is unlikely to have a positive outcome. [IDI]

Other students pointed out that there were no clear directives or outcomes associated with accessing campus-based resources and services, which can be viewed as an extension of both the “black box” sentiment (as described above) and additional requests for “middle ground” options (as mentioned in the previous recommendation section):

I think [the process of seeking help/resources] is mysterious to people. Like if I go to CARE, what happens? Do I have to report? Once I touch that, does it start a chain reaction that I can’t get ahead of? People don’t know about that, so there’s no exploratory middle ground of: What can I do? What is out there? What are my options? [IDI]

When asked for other ideas about how to protect anonymity while allowing students to articulate their experiences and concerns, a handful of students suggested an “off the grid” online forum. Through their description, something akin to this is already available and online, but is not specifically geared toward SVSH:

There’s an online group called “[Campus] Confessions” and a lot of people post on it. ... A lot of it is super-serious and detailed—people explaining their experiences with dating violence or asking for relationship advice. Some kind of anonymous forum would be helpful in this situation, obviously monitored and focused on sexual assault and relationship advice. ... I feel if there was some kind of forum for people to post anonymously, it would have an extra layer of not having anxiety about going to [a campus-based resource], because I feel people who are sexually assaulted often feel isolated and wouldn’t necessarily want to walk into somewhere new by themselves. [IDI]

While the details (and legalities) of making such a forum available are unknown, the underlying sentiment is that students experience significant anxieties when contemplating accessing in-person and on-campus resources. Other options, such as an off-campus collaboration for a SVSH resource center or an online support group, may help mitigate these anxieties.

Leveraging Student Leadership. The fourth level of the SEM is the Interpersonal level. Some students reflected on their positions as leaders within their campus community and highlighted that they themselves, or the group with which they are affiliated, have a responsibility to others on campus to hold each other accountable. There were several students who were involved in leadership positions who participated in the FGDs and IDIs, including Greek Life and athletes. In a male, Greek Life FGD, one student reflected on his responsibility to keep his brothers accountable:

I'm really passionate about this. I think we have set the standard for what's acceptable and we have a lot of influence. I don't mean that in a pretentious way, but we have a lot of influence at this school and on our peers. There needs to be zero tolerance for any kind of misconduct. I think that, especially as a man—as men here in the focus group—we all have a responsibility to be better and hold those around us to higher standards. [FGD]

It was stated how significantly Greek Life impacts campus culture, particularly in social settings. Another participant felt Greek Life members could positively change party culture and engage as bystanders to keep environments safer for everyone.

Greek Life has a lot of influence at this school, especially the bigger fraternities, and there's a lot of people who look to them to define behavior: What's okay in a party setting and in other settings? I think it's about carrying yourself and being open about these things and you yourself prevent[ing] it. I think leading by example is the most important thing. [FGD]

These student leaders felt accountable for setting standards on their campus and within their “community” related to SVSH. In addition to accountability, students want to change the culture into one that is more open to discussing SVSH as a problem within their communities and friend groups. Both are important aspects of addressing SVSH for students.

[We] need to destigmatize this whole idea of having a conversation. ... I just remember telling some girls in my chapter, “Hey, I'm going to this focus group to talk about relationships and sexual assault.” And they were like, “Are you really? You really want to do that?” ... Regardless of genders, I feel there is a taboo whether or not it's okay to talk about this. ... It's a very touchy topic for some people but it needs to be done. Action needs to be taken. [FGD]

Discussion

Through a thematic analysis of qualitative data collected from IDIs and FGDs with 222 study participants, our research presents three main findings. First, only half of undergraduate students are aware of the SVSH-related resources on their campus. Though not a focus of our article, more work is needed to explore the differences in knowledge and the varying vulnerabilities of students. Second, in addition to the identification of critical gaps in the capacity and diversity of mental health and survivor-centered advocacy programs and counsellors, five student groups (LGBTQ + students, students of color, international students, students involved in Greek Life and athletics, student survivors of SVSH) emerged as key populations who may benefit from tailored SVSH services. Third, we used the SEM to organize and highlight the student-generated solutions of our participants. This was undertaken so that university communities can adapt their current efforts to incorporate the suggestions of undergraduate students.

Lack of student awareness of campus resources (McMahon & Stepleton, 2018; Moylan & Javorka, 2020; Schulze & Perkins, 2017) and demonstrated need for tailored and survivor-centered services for targeted student populations (Gagnon et al., 2018;

Harris et al., 2017; Linder, 2018; Munro-Kramer et al., 2017; Potter et al., 2020a) are consistent with the findings of previous studies. However, student participation in sexual violence prevention and response efforts has historically been minimal, with students often left on the receiving end of education and prevention trainings, and are focused on how students should prevent sexual assault from happening to themselves or their peers (e.g., bystander interventions), awareness events (e.g., Take Back the Night), or help-seeking post-SVSH (Banyard et al., 2009; Jouriles et al., 2018; Moynihan et al., 2010; Potter et al., 2009). Students are rarely asked to be part of evaluating, improving, or informing SVSH prevention, response, or policy-change efforts. The recommendations in this article for altering, expanding, and tailoring SVSH services and prevention and education efforts within this university setting are centered on student voice and experience (Nation et al., 2003).

Our work supports McMahon's call for utilizing a Whole School Approach (e.g., a framework that highlights the role of the entire school environment as a protective factor against SVSH by expanding the roles students, faculty, staff, and the community play in violence prevention) (McMahon, Steiner et al., 2019a; McMahon, Wood et al., 2019b) and expands on Garcia and colleagues' work, which utilized "go-along" interviews to capture students' ideas on how to prevent SVSH on campus, instead of merely responding to it (Garcia et al., 2012). Some of their suggestions mirror our own, confirming that our methodologies indeed reflected student voice, including requests for more robust educational materials and resources about SVSH, additional staff (with diverse backgrounds) dedicated to SVSH service provision, and increased safety mechanisms on campus (i.e., call-boxes, campus lighting—included in Table 2, but not highlighted via quotes).

There is a stark difference, however, in our findings about campus security. The students we spoke to recognize the difficult and often troubling relationship that students (specifically, students of color) have with campus police and security, whereas the students in Garcia et al.'s (2012) work call for increased campus security as a safety mechanism to prevent SVSH. The gray literature has covered this extensively, with multiple universities considering (but not committing to) recalling, reforming, or removing police forces from their campus (Hanes, 2020; Walker, 2020); however, more work is needed to assess the impact of campus security and police on campus, especially for students of color and other historically marginalized student groups. As is happening within our larger national context, university systems must also reckon with and address the longstanding issues of police racism, brutality, and distrust in university settings, and seek student-centered alternatives to traditional policing tactics.

Future research must prioritize historically marginalized student voices and expand its focus on intersectionality (McCauley et al., 2019). Incorporating student voice is embedded in promoting students' agency and self-efficacy (Freire, 2000; Templeton et al., 2019), which is highlighted in literature dedicated to prioritizing the lived experiences of students who have been historically marginalized and/or excluded from institutional considerations (Mansfield et al., 2012; McMahon, Steiner, et al., 2019a; Wernick et al., 2014). Additional research is needed on student populations with

Table 2. Summary of Student-Generated Solutions Organized Socioecological Model (SEM) Levels.

SEM level	Suggested solutions
Policy	<p data-bbox="213 1124 231 1220">Saturation</p> <ul data-bbox="242 161 548 1220" style="list-style-type: none"> <li data-bbox="242 204 293 1220">• Ensure sexual violence and sexual harassment (SVSH) resources and reporting information are provided in commonly utilized campus materials (e.g., student ID card, syllabi) <li data-bbox="297 222 348 1220">• Multiple exposures to SVSH education (outside of online trainings and orientation) in small group or breakout session format <p data-bbox="352 1081 370 1220">Course credit</p> <ul data-bbox="381 230 405 1220" style="list-style-type: none"> <li data-bbox="381 230 405 1220">• Provide SVSH education through 1-unit seminar or require SVSH course as graduation requirement <p data-bbox="408 1020 427 1220">Perpetrator services</p> <ul data-bbox="437 161 489 1220" style="list-style-type: none"> <li data-bbox="437 161 489 1220">• Increase accountability for perpetrators of SVSH and follow-up programs, trainings, or therapy to provide opportunities to change violent perceptions or behavior <p data-bbox="492 1124 510 1220">Reporting</p> <ul data-bbox="521 204 548 1220" style="list-style-type: none"> <li data-bbox="521 204 548 1220">• Alterations to reporting processes (e.g., Title IX) to be more survivor-centered and provide additional protections for survivors
Campus infrastructure	<p data-bbox="580 1142 599 1220">Funding</p> <ul data-bbox="609 222 686 1220" style="list-style-type: none"> <li data-bbox="609 552 633 1220">• Prioritize funding for SVSH campus resources, personnel, outreach <li data-bbox="637 222 686 1220">• Additional personnel for SVSH and related mental health and wellness services (e.g., Counseling and Psychological Services [CAPS] and Campus Advocacy Resource and Education [CARE] services) <p data-bbox="689 1159 708 1220">Safety</p> <ul data-bbox="718 447 801 1220" style="list-style-type: none"> <li data-bbox="718 447 742 1220">• Creation of designated, physical safe spaces, specifically for survivors of SVSH <li data-bbox="746 933 770 1220">• Better lighting on campuses <li data-bbox="773 664 797 1220">• Additional installations of blue-light emergency stations
Campus Services on Prevention and Education	<p data-bbox="804 951 823 1220">Awareness raising/outreach</p> <ul data-bbox="833 161 973 1220" style="list-style-type: none"> <li data-bbox="833 161 885 1220">• Additional visibility and marketing campaigns throughout the academic year (e.g., social media, posting flyers, and/or banners) <li data-bbox="888 161 940 1220">• Tailored outreach and education services to specific student populations (e.g., first-year students, students of color, lesbian, gay, bisexual, transgender, queer, questioning [LGBTQ +] students) <li data-bbox="943 751 967 1220">• Opportunities to hear from survivors directly

(continued)

Table 2. (Continued)

<p>Access</p> <ul style="list-style-type: none"> Physical space for SVSH resources and related services Increased number of appointments and varied time slots for those seeking SVSH resources and related services Easy access to community agencies providing SVSH services <p>Accountability</p> <ul style="list-style-type: none"> Comprehensive evaluation of current services monitored by a board comprised of students, faculty, staff, and community partners <p>Transparency</p> <ul style="list-style-type: none"> Easily accessible step-by-step information about what the reporting process entails Increased transparency about prevalence of SVSH and outcomes of SVSH incidents reported on campus Data collection and dissemination on complainants' and respondents' university affiliation, gender identity, race/ethnicity, type of SVSH, timeline between incident, report, and conclusion Post-investigation survey of complainants and respondents under the oversight from an external entity, such as Equity, Diversity and Inclusion offices, and an independent student advisory board <p>Personnel</p> <ul style="list-style-type: none"> Counselors with more diverse backgrounds, meeting the needs of the diverse student population Designated Sexual Assault Nurse Examiner (SANE) nurse on each campus <p>Reporting systems and response services</p> <ul style="list-style-type: none"> Alternative reporting systems ensuring survivors' need and autonomy, confidentiality, and transparency Campus-based app with list of all emergency services Transportation to off-campus SVSH services <p>Research</p> <ul style="list-style-type: none"> University-wide (preferably including 10 University of California [UC] system-wide) annual campus climate survey to assess the scope of SVSH issues; My Voice Survey conducted at UC Berkeley in 2018 is a good model program Additional qualitative research focused on SVSH survivors and perpetrators <p>Structural change</p> <ul style="list-style-type: none"> Students with more decision-making power; beyond serving as placeholders for student advisory boards and similar entities 	
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(continued)

Table 2. (Continued)

Interpersonal

- Skill-based education
 - Practical skill-based workshops and additional education opportunities
- Relationship focused
 - Focus on interpersonal relationships (i.e., friendships, relationships, membership to specific student groups)
- Peer accountability
 - Peer-to-peer accountability (e.g., toxic masculinity, athletics, Greek system)
- Peer sensitivity
 - Sensitivity training for when/if a survivor reaches out for support
- Campus climate change
 - Overhauling campus climate and cultural norms surrounding SVSH

Individual

- Skill-based education
 - Provide practical skill-based workshops and additional educational opportunities
- Communication
 - Skill-building in communication and confrontation (e.g., case studies and dialogues)
- Practical
 - Real-life meaning of consent, healthy relationships, dating violence, sexual harassment, sexual assault, stalking defined by students' own terms
- Bystanders
 - Bystander intervention programming
- Self-defense
 - Self-defense classes for evading and resisting assault

known vulnerabilities, especially those who do not or cannot access SVSH services without fear of being outed, deported, or further victimized (e.g., students living with disabilities, undocumented students, LGBTQ + students, international students, and DACA students). Further, our participants want to hear directly from student survivors of SVSH. While every effort should be made not to increase the already heavy burden that survivors carry, it may be appropriate to find opportunities for the voices of student survivors to be prioritized in empowering ways. Ample research suggests that survivors want the opportunity to share their experiences, especially if it contributes to violence prevention efforts or helps others (Campbell & Adams, 2009; Edwards et al., 2009; Jaffe et al., 2015). Ultimately, if student voice is prioritized in SVSH work, we can better serve and protect our increasingly diverse students from experiencing violence, and when it happens, ensure their needs are met in equitable ways.

While there are several strengths unique to qualitative studies, including highlighting the complexities and subtleties of human experience and examining issues in detail and depth, there are also inherent limitations. Our study took place on three large R1 public university campuses in California. While our findings and recommendations may be transferable to colleges and universities in similar settings, there are marked differences between the UC system and other state-funded colleges and universities, schools in rural areas, private colleges, commuter campuses, and schools that are Hispanic-Serving Institutions or Historically Black Colleges and Universities. Therefore, our findings have limitations in generalizability and representativeness to the over 5,000 colleges in the U.S. Snowball sampling was utilized to obtain increased participation from key student groups (e.g., LGBTQ + students, students of color), ultimately allowing us to identify their unique needs and present actionable solutions that are rooted in their own experiences (e.g., students of color avoid contacting the police for SVSH and related experiences due to experiences of racism and fear; LGBTQ + students need inclusive spaces and tailored education and prevention materials; student survivors need safe spaces to connect with other survivors and allies). Nevertheless, despite our efforts to prioritize the voices of historically marginalized students, we recognize that white students were over-represented in our sample. This highlights a key challenge in SVSH prevention: minoritized and vulnerable populations are often the most difficult to reach *and* are the most under-served; concerted efforts must be made to prioritize their voices in SVSH prevention and education research and evaluation.

Conclusion

Our work contributes to the creation of spaces dedicated to mutual learning and critical consciousness among student researchers and study participants. CBPR methodologies can be implemented to overcome shortcomings of existing SVSH prevention efforts, as it may increase participation in and relevance of SVSH programs. While this article significantly contributes to the idea-generating phases of SVSH resource reform, concerted efforts must be made to turn these suggestions into action plans. For example, providing options for students to choose CAPS

and CARE counselors who share their core identities is a simple but highly impactful solution that would address students' concerns. We also hope that this study generates momentum for others involved with research and policy to include diverse students when gathering members of a campus's leadership to make decisions that impact them, establishing advisory boards that are inclusive, conducting resource audits, and incorporating qualitative or mixed-methods research methodologies alongside quantitative efforts (e.g., campus climate surveys) in order to develop student-centered action plans that are based on both "hard data" and on the lived experiences of students that numbers alone cannot capture. Students are at the center of our academic institutions; providing them the physical and metaphorical space to advocate and protect themselves from potential harm is imperative. We should invite diverse students to share their lived experiences, educate those who hold positions of power, and continue to empower them to voice their concerns, demand change, and push our universities into making changes to SVSH prevention, education, and programming.

Appendix I—Parent- and Child-Codes Generated from UC Speaks Up In-Depth Interviews and Focus Groups, as Relevant to the Current Analysis.

Parent code	Child codes
Knowledge, awareness ($n = 177$)	<ul style="list-style-type: none"> • #MeToo Movement ($n = 164$) • Campus sexual violence ($n = 137$) • Definition ($n = 25$) <ul style="list-style-type: none"> • Consent ($n = 11$) • Dating violence ($n = 95$) • Sexual assault ($n = 148$) • Sexual harassment ($n = 106$) • Unclear/confused ($n = 21$) • Gray area ($n = 28$) • Reasons for not reporting ($n = 206$) • Risk factors ($n = 45$) • Who perpetrate ($n = 25$) • Why it happens ($n = 37$)
Recommendations ($n = 620$)	<ul style="list-style-type: none"> • Campus culture ($n = 207$) • Policy ($n = 44$) • Responses ($n = 60$) • Services ($n = 176$) • Student engagement ($n = 116$) • Trainings ($n = 94$)

Note: Fifteen broad themes emerged with a total of 67 corresponding subcodes. Included here are the number of excerpts associated with each parent code and corresponding child code for *only* this paper.

Appendix 2—Directed Questions From the In-Depth Interview (IDI) and Focus Group Discussion (FGD) Guides.

Targeted IDI questions	Targeted FDG questions
<p>Can you briefly describe what services are available at UCSD/UCLA/UCSB for students who have experienced sexual assault or sexual harassment or dating violence or some other type of relationship misconduct?</p> <p>(a) What is your feeling about the quality of and ability for students to easily access these services at UCSD/UCLA/UCSB?</p> <p>(b) How do you feel these services could be improved at UCSD/UCLA/UCSB?</p>	<p>Do you think sexual assault is a problem here at UCSD/UCLA/UCSB?</p> <p>What kinds of information have you received about sexual violence since coming to UCSD/ UCLA/UCSB?</p> <p>(a) Where did this information come from?</p> <p>(b) What messages did they receive?</p> <p>(c) Did you think it was useful/beneficial? Why or why not?</p>
<p>Can you briefly describe what prevention programs are available at UCSD/UCLA/UCSB to help students learn about and prevent sexual assault, sexual harassment, dating violence (or other types of relationship misconduct)?</p> <p>(a) What is your feeling about the quality and reliability of these sexual and dating violence prevention programs at UCSD/UCLA/UCSB?</p> <p>(b) How do you feel these sexual and dating violence prevention programs at UCSD/ UCLA/UCSB could be improved?</p>	<p>If you had a friend who was sexually assaulted, would you know where to go to get assistance on campus?</p> <p>Are you aware of any policies on campus related to sexual assault? What do you know about them?</p> <p>Are you aware of any resources that UCSD/ UCLA/UCSB offers to address the issue of sexual assault?</p> <p>(a) If yes, which resources are you aware of?</p> <p>(b) To your knowledge, what are the specific functions of these resources?</p> <p>(c) Are these resources appropriate for addressing sexual assault at UCSD/ UCLA/UCSB?</p>
<p>What other research or services do you think should be implemented on your campus to improve the services available to survivors of assault and harassment, and to stop violence from happening in the first place?</p>	<p>In your opinion, what are some ways to prevent sexual assault (in general)?</p> <p>(a) Specific prevention methods for universities?</p> <p>In regards to sexual assault, are you aware of any preventative measures that UCSD/UCLA/ UCSB employs?</p> <p>(a) If so, how effective or ineffective are these methods?</p> <p>(b) If effective, why are these approaches working?</p> <p>(c) If ineffective, why aren't these approaches working?</p> <p>(d) What can be done to improve these approaches?</p>

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The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Supplemental Material

Supplemental material for this article is available online.

Notes

1. Title IX is a federal civil rights law that was enacted to prevent gender discrimination in settings, such as colleges and universities, that receive federal funding.
2. The Clery Act, established in 1990, is a law that requires colleges/universities to publicly disclose information about crime in and around their campuses.
3. The CDC's RPE program was authorized through the Violence Against Women Act and provides funding to state health departments to prevent sexual violence.
4. The White House Task Force to Protect Students from Sexual Assault was formed in 2014 under the Obama administration to provide resources for preventing SVSH.
5. Including centers to meet the needs of specific groups who identify as women, students of color, and LGBTQ+ without experiencing any forms of emotional or physical harm.
6. UC Speaks Up student researchers have conducted analyses focused on graduate students' vulnerabilities to SVSH (Bloom et al., 2021), and how SVSH-related offices on campus, such as CARE (Mitra et al., 2021), address the complexities of SVSH.
7. Students' recommendations were geared toward their peers with specific identities (e.g., students of color, LGBTQ+ students, and international students) and/or campus-based affiliations (e.g., Greek Life, athletes), which align with the literature.
8. Previous work has been published or presented by our UC Speaks Up research team, focusing on how athletes perceive SVSH prevention efforts (Carey et al., 2022) and the importance of including alcohol and drug education in SVSH prevention (Swendeman et al., 2020).

9. Table 2 captures an exhaustive list of student-generated solutions identified in IDIs and FGDs via the UC Speaks Up study. Due to space limitations, not all solutions in the table are addressed in this article.

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