Document Title:	**Strengths, Needs, and Partnerships Regarding Nebraska Indian Community College's Response to Gender-Based Violence and Victimization**
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Document Number:	**309282**
Date Received:	**July 2024**
Award Number:	**15PNIJ-21-GG-02809-RESS**

Strengths, Needs, and Partnerships Regarding Nebraska Indian Community College's Response to Gender-Based Violence and Victimization

June 30, 2024

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Anthony Warrior, *NICC Human Resources Director and Title IX Coordinator*
Dawne Price, *NICC Dean of Students*
Elizabeth Brown, *NICC Human Services Department Chair*
Misty Flowers, *Executive Director of the Nebraska Indian Child Welfare Coalition*
Lisa Drum, *Umó^{n}ho^{n} Nation Public School Educator*
Gwen Vargas Porter, *NICC alumni and Licensed Clinical Social Worker for the Omaha Tribe*
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Acknowledgments

We would first like to thank Naomi Tom, former Tohono O'odham Community College (TOCC) Dean of Student Services, TOCC Counselor, Alberta Espinoza, and the many TOCC faculty, staff, and students who shared their experiences and ideas with us. This project was born out of your vision to improve TOCC's response to gender-based violence. We are grateful that we could realize your vision at tribal college. We would also like to acknowledge Raquel DeHerrera and Vicki Ybanez from Red Wind, Inc. for their wisdom and guidance, and their unwavering commitment to a holistic response to sexual violence at all tribal colleges and universities. We are grateful for your continuous support.

We are incredibly grateful to the NICC Gender-Based Violence Advisory Board members: Anthony Warrior, Elizabeth Brown, Misty Frazier, Lisa Drum, Gwen Vargas Porter, and Trey RedOwl. Thank you for sharing your expertise and valuable time in contribution to this project. We would also like to thank Dawne Price, NICC Dean of Student Services, for her commitment to this collaboration. Thank you for trusting us and this partnership.

Executive Summary

The Tribal-Researcher Collaboration

This project proposed a new partnership between Nebraska Indian Community College (NICC) and researchers at the University of Nebraska, Omaha (UNO, Dr. Tara Richards; Ms. Sheena Gilbert: Stockbridge-Munsee Tribe) and Urban Institute (Urban, Dr. Emily Wright: Cherokee Nation). To ensure that the mission and values of NICC was centered in every aspect of this partnership, a NICC Gender-Based Violence (GBV) Advisory Board was established with representation from NICC students, staff, and faculty and led by a NICC liaison (e.g., Dawn Price).

Goals and Activities

1. **Complete an assessment** of NICC's strengths and needs for the prevention and response to gender-based violence and victimization on campus/among NICC community members. Current policies and procedures were reviewed and strengths and gaps in policies, training, and resources were identified. Training needs for NICC counseling and student services staff were also assessed.

2. **Identify areas for new partnerships or where partnerships may be strengthened** with non-NICC partners to increase service capacity to NICC community members.

3. **Develop a culturally centered campus climate survey instrument** to assess NICC community members' experiences, perceptions, knowledge, and access to resources regarding gender-based violence and victimization. GBV Advisory Board members and researchers collaborated to create a campus climate survey instrument that is reflective of the needs and lived experiences of NICC community members and captures the services and resources available to the NICC community.

Recommendations

Our recommendations are specific to NICC's response to GBV, but they could likely be extended to other TCUs. Our last points emphasize the importance of enhancing knowledge and understanding among tribes in general regarding federal mandates and the importance of campus climate assessments.

NICC-Specific Recommendations to Improve GBV Response:

Primarily, the recommendations below center on making policies and trainings both available to students, faculty, and staff, likely in a remote or hybrid fashion, and tracking the completion of trainings through a remote learning system (such as Canvas).

1. Make a list of all services – health/wellbeing, GBV, counseling and mental health – available to students, faculty and staff in multiple ways and places: online, posted physically on campus, and in the student catalog and employee handbook.
2. Determine what policies apply to off-campus (remote) students, faculty and staff. For instance, does the drugs and alcohol policy apply to students or staff living in different states, especially

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states where marijuana has been legalized? Protocols should be developed for exclusionary instances where remote status makes services and policies unavailable, or not applicable.

3. Require trainings for students, faculty, and staff and use a tracking system (preferably online, for example, through Canvas) to identify when trainings have been completed.

4. Increase formal and informal relationships with law enforcement and victim service providers who service the areas nearest to NICC campuses and ensure that information in the Annual Security Report complies with the Clery Act requirements.

5. Reestablish bystander intervention, risk reduction tips, and potential aggressor trainings for students, staff, and faculty; create prevention and education programs about sexual assault, domestic violence, dating violence, and stalking; and continue placing information online for domestic violence awareness month, and add other months to raise education and awareness (e.g., sexual assault month, stalking month, human trafficking month).

Establish and Foster Local and National Partnerships:

Most of the recommendations below offer solutions to barriers that have stemmed from NICC's move to remote learning due to COVID-19. These recommendations revolve around establishing more consistent local points of contact with service agencies, as well as developing partnerships with national services for students, faculty, and staff who do not live near NICC.

1. Local law enforcement – NICC should work with local law enforcement to identify a consistent point-of-contact with whom to reach out to for specific questions, as well as annual security data. Preferably, the law enforcement officer(s) would be a long-serving member of the force.

2. Expand and formalize local partnerships with counseling services. Currently, NICC has an MOU with Morningstar Counseling. We recommend NICC attempt to expand to develop an MOU with at least one additional local counseling/mental health service that serves the region.

3. Expand and formalize local partnerships with at least one victim service provider whose service area includes or is close to NICC.

4. Partner with a national advocacy and/or counseling service so that remote students, faculty, and staff can access services. Victim Connect Resource Center, for instance, is a national referral helpline that is operated by the National Center for Victims of Crime.

Enhance Awareness of the Importance of Tribal College Campus Climate Assessments:

Although we were able to create a culturally centered campus climate assessment (CCA) for NICC, we did not deploy the assessment and we found that tribal members and college staff did not initially understand the need to develop an assessment, nor how it would benefit the college. Further, concerns about retraumatizing NICC students and discussing "taboo" topics, such as sexual victimization, were areas of concern mentioned by tribal IRB members. It appeared that Title IX requirements were not always well understood by GBV Advisory Board and tribal IRB members, and there was some confusion as to how the CCA fit into those requirements. We suggest that awareness campaigns are needed to:

1. Explain IHEs obligations under Title IX, Clery Act, and VAWA to TCUs, tribes, and tribal IRB members.

2. Clarify that personal questions in the CCA regarding GBV are included to better understand what is happening with a TCU's student population, so that more tailored prevention and education programs can be developed for their population.
3. Enhance tribes' and TCUs' awareness and understanding of the 2022 federal mandate that all IHEs that receive federal funding deploy a CCA every two years. If TCUs have a CCA that is tailored specifically to them, not only will they be compliant with federal mandates, but they will also collect useful, actionable data to effect change in their communities.

Lessons Learned from the Tribal-Researcher Partnership

We believe the following were essential to the success of this project:

1. Tribal college leadership "buy-in" to the research project.
2. Building relationships between research team members, NICC staff and faculty, and tribal community members through use of a Gender-Based Violence (GBV) Advisory Board.
3. Capturing culturally sensitive areas of interest for a campus climate assessment through ongoing, collaborative conversations with the GBV Advisory Board and multiple rounds of revisions based on their feedback.

However, we did experience some challenges during this project. They included:

1. Tribal Institutional Review Board (IRB) members hesitance to discuss sexual assault on campus or among students or tribal members which resulted in a site change for the project. As such, although the project was successful, the TCU who was instrumental in developing this project design did not benefit from the project.
2. GBV Advisory Board members' capacity to attend meetings and participate in project tasks due to competing priorities.
3. Long-lasting impacts of COVID-19 on tribal campuses, resulting in a shift to online learning and away from a physical campus environment for most NICC students.

Based on the lessons learned during this project, as well as our understanding of the historical context of Native people, which includes trauma, oppression, colonization, and mistreatment by researchers, we provide three specific recommendations for researchers conducting research with Native people and communities:

1. Understand that the development of relationships is an outcome – even if a specific tribal-researcher partnership project is not successfully implemented (e.g., as in the present case where a site change was necessary) – the act of developing relationships between tribal partners and researchers can result in teaching and learning among all parties involved.
2. Recognize that a successful tribal-researcher partnership may require building relationships with many constituencies from the tribal business council/government, tribal organization members (here the TCU), as well as tribal community members at large, and a tribal IRB or IRBs. Such relationship building takes time, and support from one or some constituencies does not ensure support from all constituencies.
3. Accept that a tribal partner may be in a better position to collect data from Indigenous

people/in Indigenous communities than you (the researcher). Be ready to step aside and put the project ahead of your "research needs" or ego.

Background

Gender-Based Violence (GBV) among American Indian (AI) and Alaska Native (AN) College Students and in AI/AN Communities

Research examining a diverse sample of college students from more than 25 large public and private universities found that American Indian (AI) and Alaska Native (AN) (AI/AN[1]) students reported the highest rates of gender-based violence (GBV) including sexual assault, intimate partner violence, harassment, and stalking - higher than those reported by their Asian, African American, Native Hawaiian/Pacific Islander, and/or White student peers (Cantor et al., 2020). These higher rates of GBV victimization among AI/AN students at mainstream universities is unsurprising: although Indigenous communities have many strengths, Indigenous men and women experience disproportionate rates of violence, including GBV, in their lifetime (Rosay, 2016; Catalano, 2007). Of note, the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), indicated that in their lifetime more than 66% of Indigenous women and 70% of Indigenous men experienced psychological aggression by an intimate partner, more than 56% and 27%, respectively, experienced sexual violence, more than 55% and 43% respectively, experienced physical violence, and more than 48% and 18%, respectively, experienced stalking (Rosay, 2016). Given the high rates of GBV victimization among AI/AN persons, it is likely that students attending tribal colleges and universities (TCUs) either enter the TCU having already experienced GBV and/or will experience GBV while attending the TCU.

Among students who have been victimized (hereafter student survivors), the consequences of victimization can be far reaching impacting their academic success, retention in classes/school, and overall physical and mental wellbeing. Research shows that the disclosure process is particularly important, and that poor disclosure experiences further increase the risk of mental and physical health problems, engagement in self-harm and other risky behaviors, a decline in school performance, and/or failure to thrive at school (Banyard et al., 2020; Dworkin et al., 2019; Ullman, 2023). Poor disclosure experiences may also deter the student survivor from further disclosures or from seeking needed services. Student survivors are also at an increased risk of dropping out of school all together, which has a significant impact on their later life opportunities and economic circumstances. Thus, it is imperative that TCU faculty and staff are trained and knowledgeable support providers for student survivors.

Further, historical trauma, or the "cumulative emotional and psychological wounding over the lifetime and across generations, emanating from massive group trauma experiences" (Brave Heart, 2003, p. 7) experienced by Native people likely exacerbates the impacts of GBV on TCU students. The adverse effects of historical trauma may manifest itself in myriad complex challenges such as alcoholism, drug addiction, domestic violence, and child maltreatment. Thus, TCU students are likely to enter college having already experienced childhood trauma, while also experiencing an increased risk of GBV victimization throughout their lifetime. Therefore, AI/AN victims' of GBV may have extensive service needs that require multiple service providers across different agencies (e.g., criminal justice, victim advocacy, health care, social service, etc.). TCUs, as anchor institutions in Indian Country, are optimum places to provide direct services and service referrals to students who have experienced victimization.

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[1] We use AI/AN, Indigenous, Native American, and Native interchangeably throughout this report.

TCUs and the Need for Holistic, Culturally Centered Responses to GBV

It is vital that TCUs can recognize and respond to GBV among their student population, as well as offer services to mitigate the effects of victimization experiences. Further, because they serve primarily Native students, TCUs need to utilize a culturally centered response for their students, which integrates their traditional, Native values, beliefs, and remedies for victimization and trauma, as well as addresses the effects of historical trauma and intergenerational trauma on AI/AN students and their relatives. At the same time, there are few Native-specific materials to utilize as guidance for TCUs when developing a culturally centered response to GBV among AI/AN students. Materials from mainstream or other minority serving institutions (e.g., Historically Black Colleges and Universities) may serve as a starting point but will likely need to be revised extensively to be relevant to TCU students and reflect TCU campuses and communities.

The TCU campus and community environments are unique: the mission of TCUs is to not only educate students, but to be a pillar for traditional ways where Native languages and cultural values are preserved. TCUs often serve small student bodies (e.g., from approximately 150 to 1650 students, IPEDS, 2022) and have more limited financial resources when compared to other universities (Penn Center for Minority Serving Institutions, 2015); the close-knit nature of the Native communities in which TCUs exist may make confidentiality in reporting GBV more difficult. At the same time, many TCUs are located in Indian Country (e.g., remote, rural areas), and thus TCU students may have to travel long distances to access off-campus resources for GBV. Further, the complicated "jurisdictional maze" regarding investigating and prosecuting crimes in Indian Country (Castillo, 2015, p. 314) experienced by victim-survivors, and historical mistrust of government officials (e.g., law enforcement) may further deter reporting by AI/AN victims of GBV. Taken together, responses to GBV at TCU should reflect and integrate traditional practices; however, TCUs are likely limited in their ability to provide the full spectrum of prevention (e.g., sexual assault awareness training) and supportive services (e.g., sexual assault forensic exams, advocacy, counseling) that they can offer on campus (Richards, 2019a) and will need to develop relationships with tribal, and likely non-tribal service providers, to ensure that students have access to all needed services and resources. Ensuring access will likely require considerations for confidentiality, transportation, and cultural sensitivity; TCUs will also need to align their response to GBV with their obligations to meet federal requirements regarding GBV (e.g., Title IX, the Clery Act, and the Violence Against Women Act).

Nebraska Indian Community College

Nebraska Indian Community College (NICC) is a public land-grant[2] tribal college/university (TCU) located in Nebraska that serves the Omaha and Santee Sioux tribes. NICC is an associate degree-level accredited TCU with four campuses located in Macy on the Omaha tribe reservation, Santee on the Santee Sioux reservation, South Sioux City, Nebraska and Pawnee, Oklahoma. NICC offers eight programs of study, including business, education, pre-teacher education, liberal arts, human services, Native American studies, general science studies, and skilled and technical sciences. After completing two years at NICC, students can transfer to a partnered four-year institution to obtain a bachelor's degree. During the COVID-19 pandemic in 2020, NICC transitioned from in-person classes to online (i.e., remote learning). Since then, NICC continues to be a nearly fully remote TCU per student's requests.

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[2] The Morrill Land Grant College Act of 1862 set aside federal lands to create colleges focusing on applied studies (e.g., agriculture, mechanical arts). Most of the land used was taken from Native American tribes through treaties, agreements, and seizures (Morrill Act, 1862).

According to the most recent data (2021-2022 academic year), NICC had a total of 693 students, which was a 61.5% increase from the 2020-2021 academic year. The demographic make-up of the NICC student population includes students that are 69.8% female, 29.7% male, 58.6% first-generation, 76.9% American Indian or Alaska Native (AI/AN), 17.9% White, 2.7% Hispanic, 1.2% Asian, 1.2% Black or African American, and 0.1% Native Hawaiian/Pacific Islander. Most students (75%) who attend NICC were awarded institutional grants or federal grants, including Pell grants (50%).

Tribal-Researcher Partnership

The Tribal-Researcher Collaboration

The **Nebraska Indian Community College** was established in 1973 as the American Indian Satellite Community College under a Fund for the Improvement of Post-Secondary Education grant. The grant was administered through Northeast Technical Community College to provide post-secondary education on the Omaha, Santee, and Winnebago reservations. The mission of NICC is to provide quality higher education and lifelong educational opportunities for Umóⁿhoⁿ (Omaha), Isanti (Santee Dakota) and all learners. The core beliefs of NICC center around tribal values and culture, and include empowering their students with tools for Tribal Nation building to increase sovereignty and self-determination; cultural preservation, continuity, and revitalization consistent with the Omaha and Santee Dakota people; creating a learner-centered atmosphere; and providing a safe and healthy working and learning environment so learners can think holistically and live responsibly and productively in a tribal and global society.

Collaboration with NICC included establishing a Gender-Based Violence (GBV) Advisory Board that consisted of seven NICC faculty, staff, and students and tribal community members. GBV Advisory Board members included Anthony Warrior, NICC Human Resources Director and Title IX Coordinator, Dawne Price, NICC Dean of Students, Elizabeth Brown, NICC Human Services Department Chair, Misty Flowers, Executive Director of the Nebraska Indian Child Welfare Coalition, Lisa Drum, Umóⁿhoⁿ Nation Public School Educator, Gwen Vargas Porter, NICC alumni and Licensed Clinical Social Worker for the Omaha Tribe, and Trey RedOwl, NICC student.

The researchers involved in this Tribal-Researcher Collaboration include **University of Nebraska Omaha (UNO), School of Criminology and Criminal Justice (SCCJ) researchers Dr. Tara Richards and Sheena L. Gilbert and Dr. Emily Wright from the Urban Institute**. Dr. Tara N. Richards is the David Scott Diamond Alumni Professor of Public Affairs and Community Service in SCCJ and Co-Director of UNO's Victimology and Victim StudiesResearch Lab. Her research focuses on prevention, intervention, and system responses to sexual assault, intimate partner violence, and child abuse and neglect. In addition, Dr. Richards serves on Douglas County, Nebraska's Sexual Assault Response Team and Domestic Violence Community Response Team. Sheena L. Gilbert is a Ph.D. candidate in UNO's SCCJ. She is a citizen of the Stockbridge-Munsee Tribe. Her research interests include Indigenous crime and victimization, gender-based violence, and campus/university sexual violence. She is also a member of the Nebraska Tribes Addressing Violence (NETAV) Coalition. Dr. Emily M. Wright is a Senior Research Fellow at the Urban Institute's Justice Policy Center. Dr. Wright is an enrolled member of the Cherokee Nation. Her research focuses on victimization among marginalized communities, especially gender-based violence, intimate partner violence, and family violence. Dr. Wright also serves on the U.S. Department of Justice Section 904 Task Force on Research on Violence Against American Indian and Alaska Native Women and Children.

Drs. Richards and Wright serve as consultants for Red Wind, Inc.- an Office on Violence Against Women-funded tribal training and technical assistance provider. One aspect of this work included site visits to a TCU campus in Arizona, Tohono O'odham Community College (TOCC). The TOCC site visit was hosted by TOCC Dean of Student Services, Ms. Naomi Tom and TOCC Counselor, Ms. Alberta Espinoza, and aimed to gather information regarding the development of a holistic response to sexual

assault at TCUs. During this site visit, meetings with Naomi and Alberta as well as faculty and staff listening sessions, highlighted TOCC's commitment to the safety and well-being of students and the community, and the integration of Tohono O'odham values in service to these goals. At the same time, faculty and staff also identified **gaps in current knowledge, training, and resources, and expressed an enthusiasm for strategic planning to strengthen current responses to address GBV and prevent victimization at TOCC and in the Tohono O'odham Nation overall.**

After the proposal was awarded, changes in TOCC staffing (i.e., Ms. Tom left TOCC) and challenges with Tohono O'odham Tribal IRB resulted in a site change for the project. Red Wind, Inc. connected Richards, Wright, and Gilbert with Nebraska Indian Community College (NICC) as a possible, new TCU partner. The research team began by sending a short proposal to Ms. Dawne Price, Dean of Students, for review. Next, the research team met with Ms. Price and discussed the proposed collaboration and project goals. After this discussion, Ms. Price provided the research team with a Letter of Support from the President of NICC, and the team submitted their IRB application to UNO. After UNO's approval of the project, Ms. Price sought approval from NICC's IRB. After NICC IRB approval, Ms. Price solicited participants for the Gender-Based Violence (GBV) Advisory Board and the Board was formed.

The ideals of community-based participatory research, where researchers and community members hold equal power and influence, guided our research collaboration. Drs. Richards and Wright and Ms. Gilbert collected and analyzed the data for the strengths and needs assessment and developed the initial draft of the campus climate survey; however, the researchers met with the Advisory Board Members on a near monthly basis to garner feedback, answer questions, and engage in discussion regarding the deliverables for this project. GBV Advisory Board members provided meaningful contributions regarding current policies and resources and potential partnerships for improving responses to GBV at NICC as well as the content and phrasing of questions included in the survey.

Project Goals and Activities:

This project had three specific goals, and the UNO research team engaged in several research activities to achieve each goal. The goals and activities are briefly described below; the methodology is then described before delving into the results.

(1) **Complete an assessment** of NICC's strengths and needs for the prevention and response to gender-based violence and victimization on campus/among NICC community members (including students, faculty, and staff). Current policies and procedures were reviewed and strengths and gaps in policies, training, resources, and community member knowledge were identified. Training needs for NICC counseling and student services staff were also assessed.

(2) **Identify areas for new partnerships or where partnerships may be strengthened** with non-NICC partners to increase service capacity to NICC community members.

(3) **Develop a culturally centered campus climate survey instrument** to assess NICC community members' experiences, perceptions, knowledge, and access to resources regarding gender-based violence (GBV) and victimization. GBV Advisory Board members and researchers collaborated to create a campus climate survey instrument that is reflective of the needs and lived experiences of NICC

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community members and captures the services and resources available to the NICC community.

Methodology

Various methodologies were employed by the researchers to meet each goal of the study.

Goal #1: Complete an organizational-level assessment of NICC's strengths and needs for the prevention and response to GBV at NICC. In preparation for the development of a culturally centered campus climate survey instrument for TCUs, the research team conducted a strength and needs assessment for NICC. The assessment of NICC's strengths and needs focused on areas related to: availability of services related to health, wellbeing, safety and security, and GBV among NICC community members (i.e., among student, faculty and staff); NICC community members' knowledge of and/or access to these services; NICC community members' use of these services; identification of underlying issues related to health, wellbeing, safety and security, and GBV among NICC community members; and the culturally centered context and meaning of these underlying issues from an Indigenous perspective.

To accomplish this, UNO researchers reviewed current service offerings regarding health, wellbeing, safety and security, and GBV; policies and procedures regarding responding to these issues; available resources; as well as available trainings on these issues for NICC community members. Information for the strengths and needs assessment were drawn primarily from three sources: 1) review of documentation provided by NICC (e.g., policies, handbooks), b) scouring of NICC's website and Canvas portal, and 3) consultation from the NICC GBV Advisory Board as key informants.

The research team worked collaboratively with the NICC GBV Advisory Board in every step of this process: before conducting the assessment in order to be sure that we were reviewing the topics of interest to the GBV Advisory Board; after a preliminary review of documents and in consultation with the GBV Advisory Board as key informants to ensure that the assessment was congruent with NICC's mission and values; and after the assessment was completed, so that the GBV Advisory Board could make meaningful contributions to the recommendations.

Goal 2: Identify areas for new partnerships and where partnerships may be strengthened to increase service capacity for GBV among NICC community members. The research team built upon the strengths and needs assessment described in Goal #1 above to identify partnerships (NICC and non- NICC related) that would be beneficial for the prevention and response to GBV among NICC community members. Specifically, the research team gathered and reviewed existing memorandums of understanding (MOUs) with tribal/non-tribal law enforcement and victim service providers and other tribal-based entities (e.g., emergency responders). The team worked collaboratively with the GBV Advisory Board to identify where current partnerships could be strengthened as well as identify where new partnerships would be beneficial to expand service capacity (e.g., through the tribal coalition, through telehealth or telecounseling).

Goal 3: Develop a culturally centered campus climate survey instrument to assess NICC community members' experiences with health, wellbeing, and GBV as well as access to, knowledge of, and use of related services. Campus climate surveys aim to gather information on campus community member's attitudes about GBV, experiences with victimization, feelings of safety, perceptions of campus leadership, and knowledge about available services and resources (Krause et al., 2019). The aim here was to develop a tribal-

centered campus climate survey developed specifically for Indigenous people. Thus, the researchers worked in collaboration with the GBV Advisory Board members to create a campus climate survey instrument that is reflective of the needs and lived experiences of NICC community members and captures the services and resources available to the NICC community. Through an interactive process, the research team and the GBV Advisory Board created a campus climate survey for NICC "from the ground up," that reflects the issues of interest to NICC (via the GBV Advisory Board), and that is culturally centered.

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Results

Goal #1: The deliverables for this goal included: 1. A list of available services, procedures/protocols, resources, and training offered at NICC regarding health, wellbeing, and GBV among its community members; 2. a list of unavailable services, procedures/protocols, resources, and training that could be beneficial for NICC to address health, wellbeing, and GBV among its community members, and 3. a list of recommendations for NICC leadership regarding identified needs (see Appendix A). All deliverables were created in collaboration with the GBV Advisory Board.

To achieve this goal, researchers examined current NICC documents and policies. Three main documents were examined: **the employee handbook, student catalog, and the Annual Security Report**. NICC includes all policies and procedures relating to health, wellbeing, safety, security, and GBV within these three documents, as well as placing them on the institution's website. A table was created to indicate what services, procedures/protocols, resources, and training were available and unavailable at NICC, as well as any gaps identified and recommendations (see Table 1). After examining the three documents and meeting with the GBV Advisory Board, we were made aware that some programs and/or services were once available, but due to budget cuts and/or students transitioning to learning remotely, NICC no longer provides them.

<u>**Health and Wellbeing Services**</u>. Because NICC has transitioned to nearly 95% distance learning, NICC no longer offers any health and wellbeing services on campus. Instead, many of the health and wellbeing services are outsourced and/or sought out by the individual. Health and wellbeing service contact information and phone numbers are provided in NICC's employee handbook, student catalog, and on their website. Specifically, for students, NICC does provide contact information and phone numbers for health and wellbeing services (e.g., hospitals, police, medical and mental health providers, counseling services) on their student Canvas home page. On the Canvas page, services are broken down by each campus (e.g., Macy, Santee, South Sioux city, Pawnee), making it easier for students to search and locate service(s) close to where they live. However, we found that some information for students differs on the NICC website from the student catalog (e.g., student catalog does not indicate how students get special needs accommodations, only the website does), and that some information about health and wellbeing services (e.g., special needs information) is not available in the employee handbook.

<u>**Recommendations:**</u> Because many of the services are outsourced or sought out by the individual, it was recommended that NICC make sure that contact information and phone numbers relating to health and wellbeing are available and searchable for current students, staff, and faculty. We recommend that NICC make sure resources/contact information for law enforcement, drug/alcohol providers, and so forth are searchable and available on NICC's website for current students, staff, and faculty. Additionally, we recommend that the information regarding what services are available and how to access them be presented consistently across all platforms, including website, student catalog and employee handbook. Finally, since students are remote and can reside anywhere in the U.S., NICC also needs to determine if some policies (e.g., drugs and alcohol policy) applies to students or staff living in different states. For example, if they live in states where marijuana has been legalized, NICC needs to develop a protocol on how to handle a situation where a student violates the policy in a legalized state.

Counseling and Mental Health Services. One of the few services offered through NICC was counseling. NICC has a MOU with Morningstar Counseling that provides free telehealth mental health counseling

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services for students, staff, and faculty. The GBV Advisory Board members informed us that before the last couple of years, students, faculty, and staff that resided outside of Nebraska were not eligible for the free services, but that Morningstar Counseling has since expanded its ability to counsel students, staff, and faculty that live outside of Nebraska. Despite these efforts, *Morningstar Counseling has not been able to expand to all the states where NICC students, staff, and faculty live, resulting in only approximately 80% of students, staff, and faculty receiving the free telehealth mental health counseling services.* NICC also has working relationships with tribal mental health providers, but some of these mental health providers are only available for students, staff, and faculty who are AI/AN. NICC does have students who are non-AI/AN and would be ineligible for services offered by tribal mental health providers.

NICC provides mental health training for faculty and staff. They used to have an outside company do training for faculty and staff, but they no longer contract with them. Instead, most of these trainings are done internally on Canvas through the Human Resources (HR) department. Many of the trainings consisted of watching videos, reading information, and/or looking at PowerPoint presentations. In addition, these trainings were passive, meaning the employee was responsible for completing the trainings on their own and there was no timeframe listed on Canvas for when the training needed to be completed. For those trainings that are taught by NICC staff, (e.g., emotional intelligence), attendance sheets are used to keep track of who has attended and who needs to complete the training. In addition to those trainings, Morningstar Counseling provides open-access education trainings completely online for students, staff, and faculty (e.g., Mental Health First Aid Training, Safety in Relationships). Emails about these trainings are sent out to all NICC students, staff, and faculty to join. To keep track of how many are attending these open-access trainings, Morningstar Counseling reports *only the number of attendees* to NICC to maintain the confidentiality of students, staff, and faculty. Therefore, NICC is unable to keep track of which individuals have participated in the training. But with the numbers provided by Morningstar, NICC can identify if the open-access training is well attended and should keep providing that training to students, staff, and faculty.

Recommendations: Based on these findings, it was recommended that NICC needs to find mental health service alternatives for those who live in states that Morningstar Counseling has not received certification for and non-AI/AN individuals to ensure equal access to mental health services for all students, staff, and faculty. Further, if NICC continues to offer trainings internally via Canvas, we recommend NICC to continue with their attendance sheets to ensure that employees are 1) completing the trainings, and 2) on time or on a yearly basis. In addition, NICC could create an online accountability system with their attendance sheets, so they have an electronic record of who has attended what trainings.

Campus Safety and Security. Although most NICC students learn remotely and do not have any in-person learning, we looked at their policies and procedures relating to campus safety and security. Unlike some campus communities, NICC does not have on-campus housing. Therefore, they do not have any on-campus security and need to contact local authorities (e.g., tribal police, local police) to handle any security related issues. Part of the Clery Act requires institutions of higher education (IHEs) to collect specific crimes that happen on or near campus and provide them in an annual security report (ASR), but because NICC relies on local authorities for campus security, they do not have an internal source that collects crime data. Instead, they request the crime data from local authorities to obtain the crime statistics that must be reported in their ASR. As mentioned earlier, NICC has multiple campus locations and therefore need to request crime data from multiple jurisdictions. When asked about procedures to obtain crime data, we learned that there was not a specific contact person for law enforcement to request the data from and receiving the data was not always a

guarantee.

Further complications were noted regarding NICC's ASR. First, they did not have their current ASR available online and they did not always provide one annually. Second, because NICC has multiple campuses, they were unsure if they were required to report crime data for all four campus locations or just for their main campus location in Macy, Nebraska. Third, their ASR did not include any of the crime data that is required by the Clery Act. Specifically, the Clery Act requires IHEs to report the current year and the previous two years crime data (three years total) in their ASR. NICC did include their campus safety and security completion certificate that they print out after submitting their crime data via the U.S. Department of Education's Campus Safety and Security Survey.[3]

NICC has several policies and trainings related to campus safety and security that were reviewed. They have a drug and alcohol policy that is available in their employee handbook, student catalog, ASR, and on their website along with a list of resources relating to drug and alcohol for students and employees. We did notice that the resources were listed in all their documents, but not on their website. Further, the GBV Advisory Board brought up concerns relating to policy application, specifically for marijuana, to campus locations and states where students may be living where marijuana is legalized. Currently their policy adheres to the Drug-Free Schools and Communities Act (Public Law 101-226) and the Drug-Free Workplace Act of 1988 (Public Law 101-690), and because they are a TCU, they must abide by drug penalties under tribal, state, and federal laws. All these laws list marijuana as a Schedule I Controlled Substance with varying legal penalties, in addition to NICC sanctions.

Lastly, NICC provides Campus Security Authority (CSA) and Active Killer training for faculty and staff. They previously used an outside vendor to conduct their CSA and Active Killer trainings, but they now conduct it internally through the Human Resources department. Like the other trainings, the CSA and Active Killer training is passive and consists of providing resources, information, and watching videos. Further, we did not identify any similar trainings (e.g., active shooter) for students. NICC does have an active shooter procedure but is only listed in their ASR.

Recommendations: Based on the findings regarding campus safety and security, we recommend that NICC identify a primary contact person with local or tribal law enforcement for each jurisdiction that they need to acquire crime data for their ASR. To assist NICC with their data request, the U.S. Department of Education Office of Postsecondary Education's 2016 *Handbook for Campus Safety and Security*, includes a sample letter to a local law enforcement agency to request crime statistics (U.S. Department of Education, Office of Postsecondary Education, 2016). Using a standard drafted letter would help ensure that NICC requests and receives the crime statistics required by the Clery Act. We also recommend that they create a directory with their law enforcement contact persons if the primary staff member who does this task is unavailable and another staff member must fill in. In addition, to remain compliant with the Clery Act, it is essential that NICC provides an ASR annually and include all necessary information. Regarding their drug and alcohol policy, we recommend that they provide the resources for drug and alcohol on their website to increase transparency and determine if their policy is applicable to states where campuses and students are located.

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[3] Since the project started, NICC has contracted with an outside contractor for their ASR report. NICC's 2023 ASR is on their website and complies with the data requirements by including three years of crime data for each of the four campus locations.

Lastly, NICC should provide an active killer or active shooter training for students, and potentially contract with an outside vendor for this training to provide an engaging training that supports learning for students, faculty, and staff. They should also create an accountability system to keep track of who has completed the training and make the active shooter procedure available on their website, employee handbook, and student catalog.

Gender-Based Violence Services, Prevention, Training. Next, we looked at GBV services, trainings, policies/procedures, and resources that NICC offers. IHEs have obligations regarding GBV established by the Clery Act, VAWA, and Title IX. The Clery Act includes several requirements: (1) disclose accurate and complete crime statistics for crime incidents reported to campus security authorities and local police that occurred on or near campus in an Annual Security Report; (2) share campus safety and security policies/procedures that address sexual assault prevention, drug and alcohol abuse prevention, and emergency response and evacuation; and (3) communicate to the campus community information on campus crime in a timely manner (20 U.S.C. § 1092(f)). A 1992 amendment to the Clery Act also mandates that institutions have a campus sexual assault victim bill of rights that afford sexual assault victims certain basic rights including:

- Accuser and accused must have the same opportunity to have others present.
- Both parties shall be informed of the outcome of any disciplinary proceeding.
- Survivors shall be informed of their options to notify law enforcement.
- Survivors shall be notified of counseling services.
- Survivors shall be notified of options for changing academic and living situations

Title IX of the Educational Amendments of 1972 (Title IX) is an anti-discrimination law enforced by the U.S. Department of Education's Office for Civil Rights (OCR). Gender-based violence (referred to as "sexual misconduct" by institutions of higher education) is prohibited as forms of sex-based discrimination under Title IX. OCR's guidance (1997; 2020) on Title IX requires, among other things, that IHEs have an identified employee who is responsible for coordinating compliance with Title IX, including investigation into complaints of noncompliance (i.e., a Title IX coordinator). IHEs must also adopt and make available grievance procedures that provide for "prompt and equitable" resolutions of complaints of sex discrimination (U.S. Department of Education, Office for Civil Rights, 1997).

Further, incorporated into the reauthorization of the Violence Against Women Act, the Campus Sexual Violence Elimination Act (Campus SaVE Act) requires the adoption of specific discipline procedures and institutional policies to address and prevent sexual violence (Violence Against Women Reauthorization Act of 2013). Campus SaVE also requires that IHEs offer on-going programming to staff and students on awareness and prevention of sexual violence that includes bystander intervention techniques. IHEs must also notify students regarding their right to report or not report to law enforcement and assist students in reporting to law enforcement if the student chooses to do so.

Currently, NICC does have faculty and staff GBV training that includes VAWA, the Clery Act, and Title IX. Like the mental health training, this GBV training is done internally through the HR department on their Canvas home page. Training specifically relating to VAWA, and the Clery Act is passive and includes watching videos, reading information, and/or looking at PowerPoint presentations. In addition to the passive components, Title IX training does include a quiz that employees must complete along with an accountability list to keep track of who has completed the required training and quiz.

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NICC currently does not have any prevention and education about sexual assault, domestic violence, dating violence, and stalking for students, staff, and faculty. They used to offer bystander intervention, risk reduction tips, and potential aggressor training for faculty, staff, and students, but no longer have a contract with the outside company who provided these trainings. NICC does put information up on their website for Domestic Violence Awareness month and has contact information in their employee handbook, student catalog, and website for some local and tribal victim service providers (VSPs) and national hotlines.

Recommendations: Based on the findings regarding the VAWA, Title IX, and the Clery Act, we recommend that NICC establish a victim's bill of rights to adhere to the 1992 Clery Act amendment. Currently NICC does have student's rights listed, but those rights pertain towards education and not sexual violence or sexual misconduct. However, NICC does have complainant and respondent rights included in their Title IX policy, that does include the rights mentioned above.

NICC does have a Title IX policy that is listed on their website, employee handbook, and student catalog, and they also have a Title IX coordinator. As mentioned above, faculty and staff have Title IX training that is included with their VAWA and Clery Act training, but there is no Title IX education or training for students. Instead, at the beginning of each semester, students receive pertinent information related to GBV, including Title IX, at their orientation. During that orientation, students are informed of what GBV policies, information, and resources are included in their student catalog. However, if a student were to miss this orientation, they would be responsible to locate this information on their own in the student catalog or on their Canvas home page.

Based on the findings above, we recommend that NICC 1) reestablish its bystander intervention, risk reduction tips, and potential aggressor trainings for students, staff, and faculty; 2) create prevention and education programs about sexual assault, domestic violence, dating violence, and stalking; and 3) continue placing information online for domestic violence awareness month, and add other months to raise education and awareness (e.g., sexual assault month, stalking month, human trafficking month).

Table 1. Availability of Services

	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
HEALTH & WELLBEING														
Emergency (police)/ Hospital	Contact numbers provided	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes		Make searchable or available on website
Physical Health	Contact numbers provided	Yes	Yes	No	No	No	Yes	No	No	Yes	No	No	These are locally outsourced – not on campus	Make searchable or available on website
Mental Health	Healthy Relationships and Boundaries	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes	All these trainings are passive, and employees are to do them on their own.	Create an accountability system to ensure that employees are completing the trainings.
	Behavioral Intervention Training (BIT)	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes		
	Emotional Intelligence	Yes	No	No	No	No	Yes	No	No	No	Yes	Yes		
	Mental Health and Covid	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes		
	Mental Health Training	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes		
	Mental Health and Behavioral Health Referrals	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes		

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	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
Mental Health	Morning-star Counseling *(can come to campus if students request)	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Morningstar can only do counseling for NE residents. Some can only provide services for tribal members, too	Need alternative for non-state (NE) based students and/or non-tribal students
	Contact Numbers Provided	Yes	No	No	Yes	No	Yes	No	No	Yes	No	No		Make searchable or available on website
Special Needs/ Disability	Policy – Education Access Team (EA) Team	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Website indicates that students need fill out an application for accommo-dations or reach out to and EA team member for support. In student catalog it does not indicate how to get accommo-dations and there is no mention of an EA team member	Make sure information is the same in the student catalog and on the website for consistency and clarity.

| | Existing Policy | Where is policy, procedure, or info located? | | | | How is policy, procedure, or info implemented? | | | | Who Does it Apply To? | | | Gap in Services | Recommendation |
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
	Policy - Services for Students with Special needs	Yes	No	Yes	No	No	Yes	No	No	Yes	No	No	No information about special needs and how to accommodate students in the employee handbook.	Have information in employee handbook.
Special Needs/ Disability	Services for Students with Special Needs training	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes	Training is passive and employees are to complete on own.	Create an accountability system to ensure that employees are completing the trainings.
CAMPUS SAFETY & SECURITY														
NICC does not employ any on-campus security or contract with any security companies – security is handled by local authorities.														• Need MOUs/partnerships for local law enforcement for data collection purposes. • Regular interactions with a law enforcement contact person are recommended for crime data. • Create directory with law enforcement contacts. • Make sure that the annual security report is shared each year and is available online. • Determine if all campuses – even remote – need to be added to this report. • Make sure that Clery and VAWA crime data is included in ASR.
Drugs & Alcohol	Policy	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Drug and alcohol abuse prevention program has not been created to adhere to Part 86 required by the Department of Education.	Make resources/info searchable or available on website. Determine if policy applies to SD and OK who have legalized marijuana.

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	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
Campus Safety & Security	Campus Security Authority (CSA) Training	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes	Used to have CSA training with an outside vendor. Now done internally.	Continue to train multiple CSAs.
Violence & Crime	Violence-free Policy	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes		
Violence & Crime	Active Killer Training	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes	No active shooter/killer training for students. Had a training for employees, but now they watch video of a recorded training.	Make training available to students. Contract with outside vendor to have a more engaged/ hands-on training for faculty and staff. Create an accountability system to ensure employees complete the training.
	Active Shooter Procedure	No	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Info is only available in security report.	Make searchable or available on website, employee handbook, and student catalog
	Crime Prevention	No	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes		
	Riots & Civil Disturbance	No	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes		

	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
Discrimination	Policy	No	No	Yes	Yes	No	Yes	No	No	Yes	No	No		
Code of Conduct	Employee and Student Policies	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes		
GENDER-BASED VIOLENCE														
Clery Act and VAWA	Campus Safety Information & Training	Yes	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	NICC does not require a daily log of crime since they do not have on-campus housing. Get their crime information from local law enforcement. Do not have a consistent law enforcement contact.	Regular reporting to law enforcement; not just by request. Create partnerships with local/tribal law enforcement for crime data reporting purposes. Timely warning to students and employees should be multifaceted: email, text messages, alerts, and posting to website.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
	Campus Safety Info & Training	Yes	No	No	Yes	No	Yes	Yes	No	No	Yes	Yes	At time of review, NICC's Annual Security Report (ASR) does not have crime information only completion certificate. *	Consistent posting of QR code on walls and website. Include Clery and VAWA crimes on the annual report. Ensure NICC is compliant with Clery Act requirements. Make sure NICC updates VAWA crime definitions to the VAWA (2022) definitions.
Title IX	Title IX Policy & Training (yearly training for faculty and staff)	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No due date on quiz for employees. Unsure where quiz completion information is kept	Update documents for AY 2023-2024. Create Title IX education/ training for students. Create accountability system to ensure employees complete the training.

	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
Domestic Violence	Information & definitions provided	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	No training or education about domestic violence. (Do put info on website during DV month.)	Provide list of advocates and contact information for students. Provide direct services on-campus. Determine if referrals apply to remote students or high school students seeking college credit. Add teen dating violence for high school students. NICC should be the go-between for student seeking services. Establish partnerships with local VSPs
Sexual Assault	Sexual and Gender Harassment Policy	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	No sexual assault training or education. Referrals are done on a case-by-case basis. Generally, students seek out services on their own.	Provide list of advocates and contact information. Provide direct services on-campus. NICC should be the go-between for students seeking services. Establish partnerships with local VSPs

	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
	Information and definitions provided	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes		
Stalking	Information and definitions provided	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	No stalking training or education.	Provide list of advocates and contact information. Provide direct services on-campus. NICC should be the go-between for students seeking services. Establish partnerships with local VSPs
LGBTQ2SIA	Becoming Allies for the LGBTQ2SIA Communities training	Yes	No	No	No	No	Yes	Yes	No	No	Yes	Yes	No education or training available for students.	Provide list of advocates and contact information. Provide direct services on-campus. NICC should be the go-between for students seeking services. Establish partnerships with local VSPs
Bystander Intervention	Active Bystander Intervention education and training	No	No	No	No	No	No	No	No	Yes	Yes	Yes	These trainings have been lost.	Add or develop new training for students, faculty, and staff.

	Existing Policy	Where is policy, procedure, or info located?				How is policy, procedure, or info implemented?				Who Does it Apply To?			Gap in Services	Recommendation
		Canvas	Employee Handbook	Student Catalog	Security Report	MOU Exists	Resource & Info	Passive Training	Active Training	Students	Faculty	Staff		
	Definitions provided	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes		
Risk Reduction Tips	Education & training	No	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	This training has been lost.	Restore this training
Potential Aggressor	Education & training	No	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	This training has been lost.	Restore this training
Harassment	Sexual and Gender Harassment Policy	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes		

* NICC's 2023 ASR does include the required Clery Act information.

Community Member's Knowledge and Use of Services. Part of this goal also included identifying community member's knowledge and use of health, wellbeing, and GBV services at NICC. Students obtained most of their information by attending orientation each semester and/or reading the student catalog on their own. An issue noted with the student catalog is that it is 127 pages long and includes a lot of information for a student to digest. Most of the student catalog consists of Title IX policy and procedures. Some GBV Advisory Board members estimated that fewer than 20% of the student population reads and understands the entirety of the catalog, suggesting that most students lack knowledge about the services available to them through NICC.

Regarding training and education opportunities, GBV Advisory Board members indicated that there was minimal turnout when NICC offered training and/or education in-person. They struggled to identify ways to offer training remotely that would accommodate faculty and staff's work schedule and take into consideration the various places and time zones in which students live. Finally, GBV Advisory Board members also indicated that students might have barriers to accessing services. As mentioned earlier, NICC does not offer on-campus services and most students are learning remotely, which means that students may be learning from home and would need to access local services on their own. GBV Advisory Board members feared there was no way to identify services and contact information for all the places where students and staff lived.

Recommendations: Regarding the size of the student catalog, we recommended that NICC create a separate document just for information related to Title IX, which would shorten the student catalog, making the material easier to digest. Regarding training options for GBV prevention and services, we recommend that NICC offer training or education as hybrid (i.e., in-person and remote) or fully remote. **Overall, because NICC has changed from in-person to remote, it needs to find a way to adapt education, training, services, and/or programs to the needs of the students, faculty, and staff operating in an online community.** In addition, to help alleviate costs and because students are learning remotely, NICC terminated some of their programs and services. To reestablish some of these programs and services, NICC could seek out external funding sources to help offset costs. For example, the Office on Violence Against Women offers numerous grants for prevention education and other programs to support college students including a new grant program specific to culturally responsive programming. Similarly, NICC could look into grant programs that offer assistance to students (e.g., Career and Technical Education Project (CTE)) to help students access needed services. Finally, because it may be overwhelming for students to seek out services on their own, we recommended that NICC attempt to be a liaison between students and community-based victim service providers. In other words, NICC Title IX coordinators may serve as navigators and provide a "warm handoff" between students and local victim service providers to help alleviate any feelings of being overwhelmed and to ensure that the student is receiving the correct service for their need(s). This might be especially important for students who reside in Indian Country.

In sum, several themes emerged during our document review and discussions with the GBV Advisory Board. Many of the limitations that NICC is currently experiencing regarding providing services, prevention, and education stem from the campus having moved to remote status in 2020. This led NICC to discontinue some services, programs and/or trainings for students, faculty, and staff. As a result, NICC now outsources services, and/or students, staff, and faculty have to seek out services on their own. Overall, the move to remote status has limited the services that are directly available to NICC community members because NICC cannot offer them on campus and can only offer some services via partnerships with off-campus organizations. Because NICC students, faculty, and staff may live in different states, and some may live on one of the hundreds of sovereign Indigenous Nations in the U.S., NICC cannot feasibly offer services via partnerships in every location; however, NICC Title IX Coordinators can serve as navigators for individual students and assist in connecting students to local organizations based on the student's needs. **Furthermore, NICC has yet to find a software program that can offer GBV services, programs, and trainings remotely and securely, *and* track training sessions and completions**. The complications of offering services and maintaining compliance with Title IX and VAWA requirements have been made more difficult by the remote status of the campus and raises important questions in this regard for other "remote only" campuses (TCU or not). **Overall, the gaps/difficulties for services programs, or trainings created by remote learning means that NICC may need to strengthen relationships with local and tribal victim service providers to help bridge that gap between students, staff, and faculty and NICC, especially for those residing close to campus or in Indian Country**.

Table 2. Community Member's Knowledge and Use of Services.

Policy/ Service	Do they know about services/ policy?			Do they use the services?			Barriers to knowing about services/policy	Barriers to using/accessing services/policy
	Students	Faculty	Staff	Students	Faculty	Staff		
HEALTH & WELLBEING								
Emergency/ Hospital — Contact numbers and location of facilities							If students miss orientation and/or do not look at the "Wellness" page on Canvas, they would not have the list of resources. GBV Advisory Board (AB) believes that less than 20% of students read the student catalog. This information is not in the employee handbook or on Canvas.	No services available on campus. Transportation Childcare Insurance
Physical Health — Contact numbers and location of facilities							If students miss orientation and/or do not look at the "Wellness" page on Canvas, they would not have the list of resources. GBV AB believes that less than 20% of students read the student catalog. This information is not in the employee handbook or on Canvas.	No services available on campus. Transportation Childcare Insurance
Mental Health — Morningstar Counseling	Yes	Yes	Yes				If students miss orientation and/or do not look at the "Wellness" page on Canvas, they would not have the list of resources. GBV AB believes that less than 20% of students read the student catalog. If faculty/staff do not read the employee handbook, they might not know about Morningstar counseling services.	If students live outside of NE, they cannot utilize Morningstar. If students are not tribal, they may not be able to utilize all/any services.
Special Needs/ Disability — Policy							Students - Different information on website and student catalog.	Students might be unaware or unsure of services

	Policy/ Service	Do they know about services/ policy?			Do they use the services?			Barriers to knowing about services/policy	Barriers to using/accessing services/policy
		Students	Faculty	Staff	Students	Faculty	Staff		
Special Needs/ Disability								Faculty/Staff – information is not in employee handbook.	
	Education Access (EA) Team							Students - Different information on website and student catalog. Faculty/Staff – information is not in employee handbook	Is the EA Team available virtually? Or only in-person? If faculty/staff are unsure of policy/procedure, they may not be able to help students
CAMPUS SAFETY & SECURITY									
Campus Safety & Security	Police contact numbers provided							If students miss orientation and/or do not look at the "Wellness" page on Canvas, they would not have the list of resources. GBV AB believes that less than 20% of students read the student catalog.	
	Campus Security Authority (CSA)							Faculty/Staff – passive training on Canvas. Not sure if it is a required training.	
Violence & Crime	Active Killer Training	No	Yes	Yes	No	Yes	Yes	No active shooter/killer training for students	No active shooter/killer training for students
	Active Shooter procedure								
GENDER-BASED VIOLENCE									
VAWA & Clery Act	Campus Safety Information & Training							If students miss orientation and/or do not look at the "Wellness" page on Canvas, they would not have the list of resources. GBV AB believes that less than 20% of students read the student catalog.	No prevention education for students. No accountability for faculty/staff training.

	Policy/Service	Do they know about services/policy?			Do they use the services?			Barriers to knowing about services/policy	Barriers to using/accessing services/policy
		Students	Faculty	Staff	Students	Faculty	Staff		
Title IX	Policy & Training							GBV AB believes that less than 20% of students read the student catalog. If students miss orientation, they might not get information and would be expected to read on own. No training/education for students about Title IX.	No way to gauge if students understand and/or are aware of Title IX. Students are learning remotely and Title IX would apply in more virutal settings. Complications with students learning remotely and faculty/staff knowing or understanding if an incident should be handled by NICC or LE No accountability for faculty/staff Title IX training. (GBV AB comment: a lot of the trainings are mandatory for staff. Those are tracked by the software. Not sure about Title IX training for sure).
Domestic/dating Violence								No prevention/education about domestic/dating violence for students, staff, and faculty	Students are learning remotely and would need to access services within community.
Sexual Assault	Sexual and Gender Harassment Policy							No prevention/education about sexual assault for students, staff, and faculty	
Stalking								No prevention/education about stalking for students, staff, and faculty	
LGBTQ2SIA	Becoming Allies; Transgender Survivors of Domestic Violence training							No education/training surrounding GBV and LGBTQ2SIA for students, staff, and faculty	Views/Ideology of NICC and Elder council differ. Elder council does not support LGBTQ2SIA education/training. GBV AB feels that introducing the concept is important – we can't change people's minds, but letting them know that violence

| | Policy/ Service | Do they know about services/ policy? | | | Do they use the services? | | | Barriers to knowing about services/policy | Barriers to using/accessing services/policy |
		Students	Faculty	Staff	Students	Faculty	Staff		
									does occur with all different identities
Bystander Intervention	Active Bystander Intervention education and training							No bystander intervention training. Some information in student catalog and employee handbook. Requires individuals to read to get info.	

Goal #2: The deliverables for this goal include: 1. a list of existing partnerships between NICC and law enforcement, victim services, and other entities; 2. a list of potentially beneficial partnerships for NICC that are not in place or need to be strengthened; 3. recommendations for establishing and improving these partnerships, and 4. the development of draft MOUs where appropriate.

Regarding partnerships between NICC and law enforcement, victim services, and other entities, this study found that due to the post-COVID remote-learning environment of NICC, many previous partnerships are no longer active. For instance, because NICC does not offer on-campus housing, it does not require a daily log of crime. To comply with the Clery Act, NICC requests crime data from local law enforcement, but NICC does not have a consistent law enforcement contact for each of their four campuses' jurisdictions. Similarly, many direct services are not available on the physical NICC campuses because it does not have on-campus residents/housing. Thus, services related to health and wellbeing are outsourced and/or expected to be sought out by the individual student, faculty, staff member. NICC does have an existing MOU with Morningstar Counseling for telecounseling with students, staff, and faculty. However, Morningstar can only provide counseling for Nebraska residents and tribal mental health providers can only provide services for tribal members. Therefore, while the partnership exists, it is limited regarding who can access the services.

Recommendations: We recommend that NICC develop partnerships with local/tribal law enforcement and establish a contact person for crime data for each of its four campus locations/jurisdictions. Similarly, NICC should develop and provide a list of these law enforcement contacts as well as local/tribal victim advocates' contact information, and national advocacy organizations' contact information for students on the NICC website, Canvas, and in student catalog. Regarding direct service provision, it is recommended that NICC partner with service providers that are located near the four campuses and the Omaha and Santee reservations – they would ideally be able to provide services to students and staff who live close to campus. For remote students and staff, partnerships with national advocate organization would be beneficial – in this case, NICC could partner with the national organization to provide teleadvocacy to students and staff who cannot access the direct services close to campus. The Victim Connect Resource Center, for instance, is a national referral helpline that is operated by the National Center for Victims of Crime. NICC might consider partnering with the local or national advocacy organization to provide GBV education, prevention, and/or training modules

via Canvas. NICC should consider ways to create more active training opportunities for faculty and staff (e.g., contracting with an outside vendor to do the training). They previously used outside vendors that provided CSA, active shooter, VAWA, Clery, and Title IX training, but these partnerships are not currently active.

Specifically, we recommend that the following list of partnerships would greatly benefit NICC's response to GBV, for both local and remote students, faculty, and staff:

(1) Local law enforcement – NICC should work with local law enforcement to identify a consistent point-of-contact with whom to reach out to for specific questions, as well as annual security data for the four campuses. Preferably, the law enforcement officer(s) would be a long-serving member of the department.

(2) Expand and formalize local partnerships with counseling services. Currently, NICC has an MOU with Morningstar Counseling. We recommend NICC develop a MOU with at least one additional local counseling/mental health service that serves the region where each of the fours physical campuses are located.

(3) Expand and formalize local partnerships with at least one victim service provider that serves the region where each of the four physical campuses are located.

(4) Develop a partnership with a national advocacy and/or counseling service so that students, faculty, and staff can access services remotely. Victim Connect Resource Center, for instance, is a national referral helpline that is operated by the National Center for Victims of Crime.

Establishing and fostering partnerships like these can be difficult and do not simply occur overnight. To be successful, we suggest that NICC consider appointing one or two specific administrators to work toward these goals. Administrators will need authority to develop MOUs with these organizations.

Goal #3: The deliverable for this goal is a tribal-centered campus climate assessment. The researchers worked in collaboration with the GBV Advisory Board members to create a campus climate survey instrument that is reflective of the needs and lived experiences of NICC community members and captures the services and resources available to the NICC community. This instrument can be deployed at a future date by NICC administration to gather baseline data regarding NICC community members' experiences with health, wellbeing, and GBV as well as access to, knowledge of, and use of related services and can be changed as new policies, procedure, and/or resources are implemented (see Appendix B).

The purpose of the tribal-centered campus climate assessment (TC CCA) is to assess the prevalence of GBV, risk and/or protective factors, knowledge and understanding of responses to GBV at NICC, and gauge student's perception of their campus climate. Because NICC is a TCU, their mission, vision, core beliefs, and values are centered around tribal identity and culture. Therefore, the GBV Advisory Board was instrumental in making sure that NICC's mission, vision, core beliefs, and values were included in the TC CCA. In addition, when creating the TC CCA behaviorally specific language was used instead of using legal definitions for the different types of GBV (e.g., sexual assault, domestic violence, stalking). Behaviorally specific language is a recognized best practice in measuring gender-based violence because respondents might not know the legal definition or, more importantly, the legal definition might not match how the behavior is stereotypically perceived (Koss et al., 1987; Koss & Oros, 1982). Research finds support for using behavioral specific questions compared to broad or vaguely worded questions (Cook & Koss, 2005; Cook et al., 2011; Fedina et al., 2018; Fisher, 2009). Further, when working with diverse populations, such as TCU students (i.e., Indigenous people), it is recommended that surveys use behaviorally specific language (de Heer & Jones, 2017).

Most of the questions for the TC CCA were derived from previously validated surveys, such as the Association of American Universities (AAU) Campus Climate Survey (Cantor et al., 2020), Kaiser Adverse Childhood Experiences Questionnaire (Felitti et al., 1998), National Epidemiological Survey on Alcohol and Related Conditions-III (NESARC-III; NIAAA, n.d.) and the toolkit from the White House Task Force to Protect Students from Sexual Assault (WHTF, 2014). However, we recognized the limitations of using traditional methodologies and conceptualization of GBV alone, and that they might not fully "tap into Native experiences" (de Heer & Jones, 2107, p. 218), therefore, we not only used behaviorally specific language and sought guidance from the GBV Advisory Board, but we also used Indigenous methodologies to conceptualize TC CCA measures.

Using Indigenous methodologies provides guidance to reflect Indigenous people's values, standards, ethics, and ways in research decisions (Kovach, 2021). An integral part of Indigenous methodologies is the inclusion of Indigenous knowledge by the researcher. It is important to note that Indigenous knowledge varies by the researcher because it is internal, personal, and heuristic to the researcher (Kovach, 2021). This project involved two Indigenous researchers who were able to incorporate their own Indigenous knowledge when creating the TC CCA along with the Indigenous knowledge of the GBV Advisory Board. Although there is no standardized framework for Indigenous methodologies, there are four core foundations: Indigenous epistemology (i.e., beliefs about where knowledge comes from), Indigenous ethics (i.e., conducting research in a good way and giving back to the community), Indigenous community (i.e., including land, place, people, and language), and the self (i.e., your own Indigenous knowledge) (Kovach, 2021). Overall, when using Indigenous methodologies, the research needs to be grounded in the needs of the Indigenous community (Kovach, 2021). The needs of NICC are reflected in the creation of the TC CCA, because once deployed, it will provide a baseline knowledge of the prevalence and equally importantly the context of GBV within the NICC campus community which will aid NICC in the creation of GBV prevention education programs and response strategies to better protect their students.

The TC CCA consists of 164 questions that were tailored using Indigenous knowledge to reflect Indigenous culture and values and the needs and resources available at NICC. Further, two additional sections (e.g., experiences with risk factors, protective factors) were added to make the CCA tribal centered. The TC CCA is broken into 13 sections: 1) demographics/background, 2) general perceptions of campus, 3) perceptions of risk, 4) experiences with risk factors, 5) protective factors, 6) sexual harassment, 7) stalking, 8) domestic violence (DV)/intimate partner violence (IPV), 9) sexual violence, 10) knowledge of resources, 11) perceptions of responses to reporting, 12) sexual misconduct prevention training, and 13) bystander behavior. Although there are 164 questions, not all participants must answer every question. Depending on their responses, participants may skip questions and/or entire sections. For example, if a participant did not experience stalking, they would not need to answer the stalking incident follow-up questions or if a participant indicated in the demographics section that had not been in a relationship during their time at NICC, they would skip the DV/IPV section.

TC CCA Measures

Demographic/Background Items
The first section consists of nine questions asking participants about their demographics/background. Participants will be asked about their race, gender, sexual orientation, relationship status, and if they identify with any disability. Demographic/background questions are asked first because participants responses will trigger which sections and questions should and should not be given. For example, if a participant indicates

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that they identify as Native American, they will be given questions that are designed only for Native American participants (e.g., asking about importance of Native culture, asking about historical trauma). Because the survey is lengthy, we ask participants for their student ID so that we can obtain other demographic information (e.g., age, Pell Grant status, citizenship, sex) from administration records. To maintain confidentiality of the participants, the student IDs would be sent to administration, and they would fill in the requested demographic information without including any information that would make the respondent identifiable to the researchers (e.g., name, date of birth, social security number). The demographic/background questions are important for understanding if certain demographics are associated with any of the risk/protective factors and/or rates of GBV, knowledge of resources, and perceptions of responses to GBV at NICC.

General Perceptions of Campus
The second section consists of five questions modified from the 2014 White House Task Force to Protect Students from Sexual Assault toolkit that ask participants about their perceptions and experience with the NICC campus community (e.g., NICC students, staff, and faculty). Participants are asked about their connection to the campus community, their comfortability with seeking advice from NICC staff or faculty, and their perceptions of fellow students, staff, faculty, and university official's concern about theirs or others wellbeing. Asking these questions will help to understand NICC student's perceptions of their campus climate, and potentially identify campus climate areas that need to be improved to make students feel more connected to the NICC campus community.

Perceptions of Risk
The third section consists of two questions modified from the Association of American Universities (AAU) Campus Climate Survey (Cantor et al., 2020) that ask participants about their perceptions of how problematic sexual assault or other sexual misconduct is at NICC and their perceptions of risk of experiencing sexual assault or other sexual misconduct while attending NICC. The AAU survey does provide definitions of sexual assault and other sexual misconduct, but here we use NICC's definitions of sexual assault and sexual misconduct. These questions will help NICC identify student's perceptions of the extent of sexual assault or other sexual misconduct occurring at NICC generally as well as students' perceptions of their individual risk of experiencing sexual assault or other sexual misconduct, which would allow NICC to create more targeted GBV prevention and intervention efforts.

Experiences With Risk Factors (Culturally Specific)
The fourth section consists of 47 questions asking participants about their lifetime experience with individual and community level factors that prior research shows might be connected to GBV victimization. As mentioned earlier, this is one of the two sections that was added to the TC CCA that is not typically included in a traditional CCA. Asking participants about risk factors is important when working with Native students to help explain the context or root causes of high rates of campus GBV (Cantor et al., 2020), as well as high rates of GBV generally, compared to other populations (Rosay, 2016). Understanding the root causes of GBV among Indigenous students can help to dispel stereotypes about violence committed against Native people and communities and reduce victim blaming. It can also help NICC identify needed supportive services to reduce trauma and prevent (re)victimization.

The questions in this section were derived from previously validated instruments (e.g., Kaiser Adverse Childhood Experiences Questionnaire, Felitti et al., 1998, National Epidemiological Survey on Alcohol and Related Conditions-III (NESARC-III; NIAAA, n.d.), and Indigenous knowledge

and focus on a range of individual- and community-level risk factors that impact AI/AN persons specifically: adverse childhood experiences, knowing someone who has gone missing, experiencing mental health problems or substance addiction, experiencing racial bias, cultural or spiritual abuse, or historical trauma, as well as having a family history of boarding school attendance, and experiencing poverty or reliance on government assistance. For example, research has indicated that Native people have experienced higher levels of adverse childhood experiences (ACEs), such as childhood abuse and neglect and household dysfunction (e.g., witnessing domestic violence, household substance abuse), than other races (Richards et al., 2021a), so we included questions related to these experiences as risk factors on the survey. Specifically, participants are asked if they have experienced a range of ACEs before the age of 18, (e.g., parent or adult in home going to jail/prison, out of home placement or care, run away from home, household mental illness).

Research also finds that Native persons go missing at disproportionate rates (Richards et al., 2021b; Fillmore et al., 2021), and the vulnerability of going missing may be associated with factors stemming from colonization, including GBV victimization (Brown-Rice, 2013; Deer, 2015; Richards et al., 2021b; Struthers & Lowe, 2003). In addition, having a loved one go missing can be very traumatic. As such, we agreed that it would be **important to ask participants if they know anyone who has gone missing, and for those who indicate "yes," ask a follow-up question about whether that person has been found or returned.** In addition, research finds substance use and history of mental illness a risk factor for GBV victimization for college students in general. AI/AN persons have high rates of substance use and mental health illness (Edwards et al., 2021; Edwards et al., 2023), which can increase their vulnerability to GBV victimization. Participants are asked if they have ever drank alcohol or used drugs, and if so, have they experienced any problems with alcohol and/or drug use (e.g., missing too much work, missing too many classes, legal issues) or considered themselves an addict. Of note, AI/AN persons also have high rates of abstinence (Cunningham et al., 2016) which may serve as a protective factor for some TCU students. Further, participants are asked about experiencing a variety of mental health issues (e.g., depression, anxiety, PTSD, suicidal ideation), being sure to use behavioral specific language. If a participant indicates that they have a mental illness, they are then asked if they are taking medication for it. Given that AI/AN persons are disproportionately impacted by substance use and mental health issues which in turn increases their risk of GBV, and further, AI/AN persons who live on or near a reservation may have difficulty accessing quality healthcare, mental health, or behavioral healthcare (Gillespie et al., 2021; Grossman et al., 2005), it is important to ask these questions.

According to the intergenerational transmission of violence, those who experience victimization or witness violence in childhood, have an increased risk of experiencing victimization in adulthood (Widom, 1989; Widom & Wilson, 2015). Research finds that AI/AN persons are more likely to witness and/or experience violence at one point in time than other races/ethnicities (Burnette, 2013; Burnette & Cannon, 2014; Finfgeld-Connett, 2015). Understanding that intergenerational transmission of violence may be happening in AI/AN communities – likely stemming from historical trauma/oppression – we ask participants about witnessing traumatic or stressful events (e.g., another person being killed, other person's serious or life threatening injury/illness, another person being sexually and/or physically abused) and whether they have personally experienced any type of violence, such as robbery, burglary, or assault before the age of 18. In addition, experiencing racial bias or discrimination increases the risk of experiencing GBV among college students, especially students of color (Yu & Stiffman, 2010). Because NICC has both AI/AN and non-AI/AN students, we tailored the question about experiencing racial bias or discrimination for AI/AN and non-AI/AN students: **we ask AI/AN students if they have experienced any racial bias or**

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discrimination because they identify as AI/AN and ask non-AI/AN students if they have experienced any racial bias or discrimination because they *do not* identify as AI/AN.

Other culturally relevant questions on the TC CCA focus on participant's family history of boarding school attendance and whether they have experienced cultural or spiritual abuse and/or historical trauma. For these questions, the GBV Advisory Board was particularly helpful by providing feedback on how to make the question culturally relevant to NICC students (e.g., using language to be inclusive of individual differences). For example, when asking about boarding school attendance, the GBV Advisory Board voiced concerns about using the term "boarding school" as it might not be inclusive enough to include the different types of residential schools attended by AI/AN persons (e.g., religious led schools, mission schools). Further, the GBV Advisory Board noted that the boarding school might not have been a negative experience for each attendee, and thus, that we should ask respondents who attended boarding school about their experience. Finally, the Advisory Board reminded the research team that NICC student respondents will range in age from 18 to 81, and thus, it is possible that some respondents will be old enough to have attended a boarding school themselves. Therefore, the survey includes a screening question regarding whether the participant or the participant's relative/s have been impacted by a residential school. Participants who endorse this screening question are then asked a follow-up question about their overall experience (e.g., from extremely negative to extremely positive).

It was also important to include questions about historical trauma on the TC CCA, but we recognize that is a paucity of existing measures on historical trauma. After a thorough literature search and consultation with the GBV Advisory Board, we chose Whitbeck and colleagues' (2004) Historical Loss Scale developed "based on a series of focus groups with Indigenous elders on two upper Midwestern U.S. Reservations and discussions with Tribal advisory boards, Tribal members, and Indigenous scholars...and revised based on their feedback" (p. 2). The Historical Loss Scale consists of twelve items about loss relating to historical trauma (e.g., loss of land, loss of language, loss of families due to boarding schools, loss of families due to reservation to government location). One of the items from the scale pertains to the losses associated with the effects of alcoholism on AI/AN person. The GBV Advisory Board suggested that we modify the question to include loss from the effects of drug addiction. Along those same lines, we included an item about loss associated with the effects of violence. In addition, the GBV Advisory Board noted the distrust between their community members and law enforcement. Based on this information, we included four questions about participant's perceptions of law enforcement modified from a survey used by Tom Tyler from a study of a random sample of individuals in Chicago about their experiences, attitudes, and behavior with law enforcement (Tyler, 2006). Specifically, we ask participants how satisfied they are with how police solve problems in their area and with how fair police treat people in their area. In addition, we ask participants how much they agree that law enforcement treats them the same compared to an average citizen in their area and how likely they are to report a crime or victimization to law enforcement in their area.

In addition, we ask participants if they have experienced homelessness, unemployment for more than a month, lived in a neighborhood with litter, graffiti, or high crime, received government assistance (e.g., food stamps, TANF), and if they have had difficulty accessing medical/health care. The intention of this question is to assess the socioeconomic status of participants, because research finds AI/AN persons are more likely to live in poverty than other racial/ethnic groups (U.S. Census Bureau, 2019), and low socioeconomic status has been associated with an increased likelihood of experiencing GBV (CDC, 2021). We understand that some of these questions are sensitive and potentially triggering for participants but asking questions about root causes/risk factors is important because, as noted above, it can help to dispel

stereotypes about violence committed against AI/AN people and communities, reduce victim blaming, and guide targeted intervention and prevention programs (e.g., alcohol and drug use, mental health issues).

Protective Factors (Culturally Specific)

The fifth section consists of twelve questions relating to protective factors from GBV victimization. Some traditional CCAs might ask about potential protective factors (e.g., attending religious services), the TC CCA focuses on protective factors that are related to AI/AN persons specifically. Like the experiences with risk factors section, the questions in this section are derived from previous research (e.g., Edwards et al., 2022), questionnaires (e.g., National Survey of Children's Health, Data Resource Center for Child & Adolescent Health, n.d.; NIAAA, n.d.), and Indigenous knowledge. Despite AI/AN persons having a high risk of experiencing GBV victimization, not every AI/AN person is victimized. Therefore, the purpose of this section is to draw on the strengths of AI/AN culture and identify potential protective factors from GBV victimization. **We include measures of positive family environment, social support, living in a positive neighborhood, being religious/spiritual, and having connections to Native culture as protective factors.**

Research finds that having a positive family environment (Yu & Stiffman, 2010), social support, and living in a positive neighborhood (CDC, 2021; 2022) decreases the likelihood of experiencing GBV victimization. For example, individuals who live in a more positive environment and engage with more positive role models, have lower risks of victimization (Tracy et al., 2018; Widom, 1989). Based on this, we ask participants how much they agree with statements about having a **positive family environment (e.g., family believes in me, family made me feel important), a lot of social support (e.g., lots of close friends, someone they can confide in), and living in a positive neighborhood (e.g., people watch out for each other, people help each other out).**

As mentioned above, some traditional CCAs may ask about religion as a protective factor. We wanted to be inclusive with this question and the GBV Advisory Board was instrumental in doing so. Specifically, they informed us that AI/AN students may have adopted traditional Westernized religious beliefs/practices (e.g., Christianity, Catholicism) in addition to or instead of traditional AI/AN cultural/spiritual beliefs/practices. Therefore, we included a "select all" question and provided a range of non-AI/AN religious or spiritual beliefs/practices (e.g., Judaism, Buddhism, Atheism) and **AI/AN religious or spiritual beliefs/practices (e.g., Powwows, drum circles, Sundance's)** for participants. For those participants who indicate that they engage in some type of religious or spiritual belief/practice, a follow-up question asks how important those religious or spiritual beliefs are in their daily lives. The purpose of the follow-up question is to identify if the different levels of importance impacts GBV victimization. For example, does a participant who indicates that their religious or spiritual belief/practice is extremely important experience less GBV victimization, than participants who indicates it is not at all important?

In addition to those five questions, there are seven questions tailored specifically for AI/AN students that ask about the importance of their culture. Specifically, participants are asked how important it is to be **connected to their culture, how much they like doing things that are related to their culture, how much they know about their culture, how proud they are about their culture, if they have a strong sense of identifying as Native American, if they identify with other Native American people, and if most of their close friends are Native American**. The premise behind these questions is that a respondent's connection to their Indigenous culture can provide many strengths and resiliency to victimization, including GBV victimization (Thomas et al., 2016). For example, prior research by Edwards et al. (2021; 2022) found

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that AI/AN students who had a strong connection to their culture and identity experienced less GBV victimization. Overall, these questions can assist NICC in developing or expanding GBV intervention and prevention programs that incorporate specific protective factors or offer resources related to specific protective factors to decrease the likelihood of experiencing GBV.

Sexual Harassment

The sixth section consists of five core questions modified from the AAU Campus Climate Survey (Cantor et al., 2020) asking participants about any sexual harassment that they have experienced during their time at NICC. These five questions are "yes/no" questions that will trigger additional questions depending on their response. For example, if a participant were to respond "yes" to any (or all) of the core questions, they will be given an additional 12 questions that will ask for more details about the sexual harassment incident(s). Specifically, participants will be asked how many offenders harassed them, the offender's race/ethnicity, when the incident occurred, how the experience impacted them, if the offender was associated with NICC, the offender's relationship to them, how many times the incident occurred, and if they contacted anyone about the incident (e.g., police, Title IX coordinator, victim service provider [VSP]). Depending how the respondent answered the question about contacting someone, they will either be asked how helpful the person/resource was and if they pressured them to report or not to report or they will be asked why they did not contact anyone. Participants that respond "no" to the core questions will not be asked these follow-up questions and will be directed to the next survey section.

Sexual harassment is a form of sexual misconduct prohibited by Title IX. These questions will provide NICC with necessary information to develop or expand any prevention education programs targeting sexual harassment and help keep NICC in compliance with the Clery Act, VAWA, and Title IX requirements.[4]

Stalking

The seventh section consists of four core questions modified from the AAU Campus Climate Survey (Cantor et al., 2020) asking participants about any stalking they have experienced during their time at NICC. Specifically, participants are asked about experiencing both in-person and online stalking behavior. Like the sexual harassment section, the four core stalking questions are "yes/no" and a positive response will trigger incident follow-up questions (i.e., respond "yes" to any or all questions) or direct the participant to the next survey section (i.e., respond "no" to all questions). Participants are asked an additional 13 incident follow-up questions that are essentially the same sexual harassment incident follow-up questions (e.g., how many offenders, how they were impacted, when the incident happened, the relationship of the offender).

Stalking is a form of sexual misconduct prohibited by Title IX. These questions will provide NICC with necessary information to develop or expand any prevention education programs targeting stalking behavior and help keep NICC in compliance with the Clery Act, VAWA, and Title IX requirements.

Domestic Violence (DV)/Intimate Partner Violence (IPV)

The eighth section consists of seven core questions modified from the AAU Campus Climate Survey (Cantor et al., 2020) asking participants about DV/IPV incident(s) they have experienced during their time at NICC. However, participants will only be given the DV/IPV section if they indicated in the demographics section that they had previously been in or are currently in a relationship (e.g., marriage, domestic partnership, serious

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[4] The U.S. Department of Education has released their final Title IX regulations, that includes changes to definitions of and response to sex-based harassment that goes into effect August 1, 2024 (U.S. Department of Education, n.d.).

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relationship) while enrolled at NICC.

These seven core questions ask about various types of DV/IPV behaviors they may have experienced. For example, participants will be asked behaviorally specific questions about experiences with coercive control, physical abuse, emotional abuse, reproductive coercion, digital abuse, and spiritual or cultural abuse. Answering "yes" to any or all these questions will trigger 11 incident follow-up questions. In addition to the same incident follow-up questions asked in the sexual harassment and stalking sections, participants are also asked if they were physically injured because of the incident.

DV/IPV is a form of sexual misconduct prohibited by Title IX. These questions will provide NICC with necessary information to develop or expand any prevention education programs targeting DV/IPV behavior and help keep NICC in compliance with the Clery Act, VAWA[5], and Title IX requirements.

Sexual Violence
The ninth section consists of nine core questions modified from the AAU Campus Climate Survey (Cantor et al., 2020) and the White House Task Force to Protect Students from Sexual Assault (2014) asking participants about any sexual violence they have experienced during their time at NICC. Particularly, participants are asked about four different types of nonconsensual or unwanted sexual contact. For example, they are asked about sexual violence incidents involving force or threats of force, incapacitation, coercion, and sexual violence without ongoing, active consent. Answering "yes" to any or all these questions will trigger 20 incident follow-up questions. Those who answer "no" to all core questions, will skip the incident follow-up questions and will be directed to the next survey section.

The incident follow-up questions ask participants some of the same questions from the previous sexual misconduct sections (e.g., how many offenders, race/ethnicity of offender, when the incident occurred, offender relationship, how they were impacted, if they contacted anyone). However, participants will also be asked what type of nonconsensual or unwanted behavior occurred (e.g., kissing, grabbed, groped or rubbed in a sexual way, mouth or tongue made contact with another's genitals), if the offender was drinking alcohol, if the offender was using drugs, if the victim was drinking, if the victim voluntarily took any drugs, if the victim was given any alcohol or drugs without their knowledge or consent, if they were passed out for all or parts of the incident, if they were physically injured, contracted a sexually transmitted disease or infection (STD/STI), and/or became pregnant, or none of those occurred.

Of all the sexual misconduct sections, the sexual violence section is the longest (28 total questions). In addition, participants are asked for intimate details about the incident, but they do have the option to skip any question they do not wish to answer. Although this section can be time-consuming for the participant, sexual violence is a form of sexual misconduct prohibited by Title IX, and more detailed information may help guide intervention and prevention programs targeting sexual violence and help keep NICC in compliance with the Clery Act, VAWA, and Title IX requirements.

Knowledge of Resources
The tenth section consists of four questions modified from the AAU Campus Climate Survey (Cantor et al., 2020) asking participants about their knowledge of definitions, processes, and services related to sexual

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[5] The Violence Against Women Act (2022) Reauthorization has changed the definition of domestic violence that now includes verbal, psychological, economic, and technological abuse (VAWA, 2022). The current TC CCA does not include a question about economic abuse. NICC and other TCUs using this TC CCA, may consider adding a question about economic abuse.

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assault and other sexual misconduct provided by NICC. These questions will help NICC identify if their students know about sexual assault and other sexual misconduct policies and procedures or if additional training is necessary to assist students in understanding where to make a report and what happens after reporting.

Perceptions of Responses to Reporting
The eleventh section consists of six statements modified from the White House Task Force to Protect Students from Sexual Assault (2014) asking participants about their perceptions of the response from NICC if they were to report a sexual assault or other sexual misconduct incident. Participants are asked about their understanding of what happens if they or another student were to report an incident, including if NICC would take the report seriously, protect the privacy of the reporter, forward the report to law enforcement if requested, protect the safety of the reporter, support the reporter, and handle the incident fairly. These questions will help NICC identify if students understand the Title IX process, and for those students who might have reported an incident, to gauge their perceptions of their experience of reporting. Having a better understanding of student's reporting experience is important because research shows that experiencing a negative reaction when reporting an incident may impact the decision to report future incidents (Sabina & Ho, 2014).

Sexual Misconduct Prevention Training
The twelfth section consists of two questions modified from the AAU Campus Climate Survey (Cantor et al., 2020) and the White House Task Force to Protect Students from Sexual Assault (2014) asking participants about any sexual assault or other sexual misconduct prevention training they might have had before and since starting at NICC. If they indicate that they have received some training either before or since they started at NICC (i.e., respond "yes" to the question(s)), they will then be asked what topics the training included (e.g., how sexual assault or other sexual misconduct is defined, how to intervene in situations that might become sexual assault or other sexual misconduct (i.e., bystander intervention)). These questions will provide NICC with a baseline understanding of the level of training students received before beginning at NICC as well as the prevalence of NICC students who have been trained.

Bystander Behavior
The thirteenth and final section of the survey consists of one question modified from the AAU Campus Climate Survey (Cantor et al., 2020) asking about being a bystander to a sexual assault or other sexual misconduct incident. Because NICC students are remote, this question has been tailored to include witnessing any online or on campus sexual assault or other sexual misconduct behavior. If a participant responds "yes", they will be asked what they did in response to this behavior (e.g., checked in with person who seemed impacted by the behavior, expressed concern to school administrators or another person in a position of authority, did nothing because they weren't sure what to do). This question can guide NICC on areas they may need to improve upon and/or add to bystander intervention training.

In sum, the TC CCA is a unique tool that NICC (and other TCUs) can use to assess their campus climate and the prevalence of GBV occurring in their campus community. Understanding the prevalence and context of GBV victimization at NICC (and other TCUs) is essential to developing the necessary resources, education, and/or training to intervene and prevent future/continued GBV victimization. Further, the 2022 Reauthorization of VAWA has mandated that all IHEs receiving federal financial aid must conduct a CCA every two years. However, deploying a CCA at NICC or any TCU should not be undertaken without care and consideration regarding the potential impacts on the students, faculty, and staff. For students who have

not experienced GBV, the survey will take approximately 12-15 minutes; however, for student survivors, the survey may be lengthy (e.g., can take 30 minutes to complete) and answering questions about their experiences with GBV may be triggering for some survivors. Further, if students take the time to complete the survey, they will expect that the data will be used to improve their campus community. As such, TCUs should prepare their campus community by disseminating messages about the importance of the CCA and how the CCA data will be used before deploying the survey. For example, TCU leadership could send the campus community emails explaining the purpose and importance of the survey, post information on the TCU webpage, and provide opportunities for community members to ask questions (e.g., host town halls, post frequently asked questions/answers on the webpage). TCU faculty, staff, and student leaders could be engaged as credible messengers to help garner buy-in and solicit information about questions and concerns. TCUs must also ensure that there is a process to obtain informed consent from participants before they enter the survey (e.g., that informs participants of their rights, the voluntary nature of the survey, any risks and benefits of participation) and a debriefing sheet at the end of the survey that includes the contact information for supportive services. It is likely that GBV disclosures will increase in the days/weeks after the survey as survivors contemplate the impacts of prior experiences, or perhaps, after reading the behaviorally specific survey questions recognize for the first time that past experiences were GBV and need to seek support. Finally, the TCU should make the aggregate CCA data available to the TCU community by posting brief reports on the webpage and/or by hosting town halls and be transparent about how the data will shape action by the TCU (e.g., prevention and intervention programming).

Culturally Specific Tips for Mitigating Trauma or Distress
Based on existing research and feedback from the GBV Advisory Board, we can offer some tips to help alleviate potential trauma and/or emotional distress that a student may experience while completing the survey. First, deploying the survey online can enable the student to complete the survey on their phone, tablet, or computer which may not only allow them to be in a safe space to complete the survey, but research finds that providing students the ability to complete the survey on multiple devices increases participation rates (Krebs et al., 2016). Second, if using on online format for the survey, ensure that the survey allows for respondents to exit the survey and come back and complete it at another time. Doing so may give the respondent the opportunity to take a break from the survey and re-center or re-ground themselves before returning to finish it. However, we do caution that allowing the respondent to stop and start the survey may impact response rates for completed surveys, especially if the respondent begins the survey for the first time close to the date that the survey closes (and does return to finish the survey before it closes).

Third, during the more sensitive and invasive sections, consider inserting "check-in" questions throughout. For example, incorporate a "yes/no" question that asks, "Do you feel okay to continue?" If the respondent selects "yes", then they continue with the section, but if a respondent selects "no," the survey could allow them to skip to the next section. Again, we caution that doing this may impact response rates for completed surveys; however, for TCUs that are particularly concerned about respondent distress – in a community where there has been a recent incident of GBV, for example – this may be a necessary risk to deploy the CCA.

Fourth, consider sending the survey out in sections. This might "feel" less time-consuming to the respondent and would limit survey fatigue. In addition, it would enable the respondent to complete one or two sections at a time, which could be beneficial for the more sensitive sections. Choosing this option would require using a unique identifier so that you could connect all the survey sections together by participant to obtain one complete, unified survey. Further, this option could impact the results similarly to the above-mentioned

options because a student may only complete a few sections, resulting in fewer completed surveys

Lastly, we recognize that TCUs typically serve much smaller student bodies than the majority of four-year and two-year IHEs where CCAs have been previously deployed. Therefore, it may be feasible to implement the TC CCA in an interview format, rather than as a survey. Using an interview format would not only allow for a more personable experience, but it would give the survey administrator the opportunity to recognize if the participant needs a break and/or to provide resources so that they could safely continue with the TC CCA. However, an interview format also has several potential "tradeoffs" to keep in mind (1) respondents may feel greater distress answering sensitive questions in person, (2) respondents may answer differently in person due to social desirability bias (i.e., they want to provide the "right" answer), and (3) there may be confidentiality concerns when reporting answers in-person.

Working with Tribal Communities

Successes and Challenges

Working with tribal communities is very beneficial for research endeavors. We included representatives from the tribal community in this project as much as possible, consistently sought their feedback, and acted on their expertise and recommendations. We discussed our project with campus leaders and tribal leaders at both TOCC and NICC before securing NICC IRB approval and starting the study, and leaders at both institutions were supportive of our collaboration and felt it would benefit the TCU. Once we began the project at NICC, we engaged with the GBV Advisory Board numerous times (almost monthly) throughout the project to solicit their expertise and feedback. They were immensely helpful in both the document review and CCA portions of the project, and we are grateful for their candid communication and insights. Through these conversations, we learned a great deal about culturally sensitive areas of interest that a CCA designed for TCUs should incorporate (e.g., relationship with law enforcement, types of historical trauma, boarding school impact). We found that there are types of victimization that tribal members feel are appropriate to discuss with others (though sometimes hesitant nonetheless), and types of victimization that are still considered somewhat taboo to discuss. In sum, we believe the <u>successes of our project were underpinned by/included</u>:

1. Tribal college leadership "buy-in" to the research project.
2. Building relationships between NICC staff and faculty, research team members, and tribal community members through the use of a GBV Advisory Board.
3. Capturing culturally sensitive areas of interest for a campus climate assessment through ongoing, collaborative conversations with the GBV Advisory Board and multiple rounds of revisions based on their feedback.

However, we did experience some challenges during this project. We had trouble securing tribal IRB approval for our study at our first site, TOCC, despite having support from both the TCU and tribal leadership for the project. We also found during our conversations with the NICC GBV Advisory Board, as well as tribal IRB members, that tribal members had several questions about the utility of a CCA at the TCU. Their questions included "What is a campus climate assessment?" "Why do we have to ask our students and staff such detailed questions about their victimization?" "What information do we need to get from the assessment?", and "How is the information and data going to be used?" among others. **Their questions suggest that many tribal members – including faculty and staff who work at TCUs – may not understand why these assessments are important for campuses, as well as the federal mandates regarding Title IX and VAWA.** Finally, we were reminded how impactful COVID-19 was in disrupting the daily operations of TCUs. In sum, <u>the challenges we experienced included</u>:

1. Tribal Institutional Review Board (IRB) members hesitance to discuss sexual assault on campus or among students or tribal members which resulted in a site change for the project. As such, although the project was successful, the TCU who was instrumental in developing this project design did not benefit from the project.
2. GBV Advisory Board members' capacity to attend meetings and participate in project tasks due to competing priorities.
3. Long-lasting impacts of COVID-19 on tribal campuses, resulting in a shift to online learning and away from a physical campus environment for most NICC students.

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Lessons Learned

Based on the lessons learned during this project, as well as our understanding of the historical context of Native people, which includes trauma, oppression, colonization, and mistreatment by researchers, we provide three specific recommendations for researchers conducting research with Native people and communities:

1. Understand that the development of relationships is an outcome – even if a specific tribal-researcher partnership project is not successfully implemented (e.g., as in the present case where a site change was necessary) – the act of developing relationships between tribal partners and researchers can result in teaching and learning among all parties involved.

2. Recognize that a successful tribal-researcher partnership may require building relationships with many constituencies from the tribal business council/government, tribal organization members (here the TCU), as well as tribal community members at large, and a tribal IRB or IRBs. Such relationship building takes time, and support from one or some constituencies does not ensure support from all constituencies.

3. Accept that a tribal partner may not in a better position to collect data from Indigenous people/in Indigenous communities than you (the researcher). Be ready to step aside and put the project ahead of your "research needs" or ego.

Reflections on the Current Collaboration by the Team's Indigenous Researchers. Two members of the research team – Dr. Wright and Ms. Gilbert – are Indigenous. They have been conducting research related to Native Americans for many years, and yet, they continue to learn important lessons when collaborating with members of various Tribes. Based on the current project work with, first, Tohono O'odham Community College (TOCC), and NICC, they would like to reflect on three broad issues: data sovereignty, tribal IRBs, and taboo topics still in existence among tribal communities.

First, this project lasted two and a half years – much longer than anticipated because of the need to seek a second TCU site (the first being TOCC). Barriers to collaborating successfully with TOCC came down to expectations of the tribal IRB, which oversees and approves the research being conducted with or on the TOCC campus. Although we had built strong relationships with TOCC leadership, the Tohono O'odham Counsel, and the TOCC Executive Board, and made numerous attempts to assuage the concerns of the IRB, the IRB denied our collaboration with TOCC, citing concerns with data sovereignty, the belief that we would be collecting identifiable data, and their expectation that any reports or publications resulting from the study would have to be approved by the IRB and the tribe; the IRB maintained that the tribe owned both the data and the results. This would have prohibited us from depositing any data (as required by the National Institute of Justice) gathered during the project to the National Archive of Criminal Justice Data (NACJD) and disseminating any findings. Additionally, although we proposed to create the TC CCA – not to deploy it on campus or gather data from it – the IRB maintained that we were nonetheless collecting identifiable data from the tribe.

In our opinion, these issues raise grave concerns for future research collaborations with Native communities. As Indigenous researchers, we understand the concerns of Native communities regarding data sovereignty, and we understand the value and importance of tribal IRBs. Research conducted in the past on Native Americans has been flawed leading to the proliferation of

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stereotypes about Native communities and in some cases has caused physical harm to Indigenous people, leaving Natives feeling untrusting of research in general. We also understand hesitancy on behalf of tribes and tribal IRBs when outside researchers – even researchers who are Indigenous – want to come into their community and are seen as part of a colonial system (e.g., work for a mainstream university), which have negatively impacted tribes through cultural hegemony and discrimination. In addition, there may be conflict in how the data is collected, interpreted, and/or presented, even when acting in culturally sensitive ways by researchers (Indigenous or not), because of foundationally different cross-cultural beliefs. For example, using traditional survey methodology or presenting results using a Western theoretical orientation may conflict with Indigenous culture and potentially reinforce acculturation processes. However, in our case, an important – and needed – service to the TCU was prohibited by the tribal IRB: the IRB went against the wishes of both the TCU leadership and the tribal council (both of which we had discussed the project extensively with and had granted approval). To extend beyond our specific example, what might become of important, needed public health related policy, derived from research, if tribal IRBs often go "against" the wishes of the tribal community and/or leaders? Take COVID-19 as an example. COVID-19 seemed to disproportionately impact tribal members (Hurwitz et al., 2023; Slutske et al., 2023) – but why were Indigenous people more susceptible to the virus than others? Research is necessary to study this phenomenon to identify effective preventative interventions. However, to draw from our experience, tribal IRBs may not allow such research if the project mandates data to be deposited to a data depository, if the board feels that biological or sensitive data would be gathered, or that the tribe owns the data and results and would have to approve any publications or reports that stemmed from the research.

Relatedly, during this project, we interacted with two different tribal IRBs, and had very different experiences where the IRBs emphasized very different concerns for the same project. This suggests a lack of understanding across the IRBs – where one was concerned that we were collecting personally identifying (and sometimes biological) data (a misplaced concern because we were not collecting data from anyone), the other raised concerns about retraumatizing student victims (a legitimate concern, given the topic under study, though not applicable to our project since we did not deploy the survey to students). Our point here is that tribal IRBs should be more standardized across nations. We do not mean to suggest that all tribes are similar and therefore should have IRBs that think exactly the same, but instead, that tribal IRB members need to be trained on the same elements of research (e.g., vulnerable populations, personal identifying information, informed consent, biological and nonbiological data, risks and benefits of research, and so forth) similar to other accredited IRBs, and should maintain a *minimum* standard of training to operate. This would ensure that different IRBs would identify the same research ethics concerns for the same project.

We do not pretend to know the answers to these problems. We can only offer some thoughts about potential solutions. In the case of tribal IRBs – we suggest that all tribal IRB members 1. Have a minimum, standardized level of training on ethical considerations in research; 2. Are appointed based on their skills and expertise; and 3. Are compensated for their time, and expertise. In many cases, tribal IRB membership is an unpaid position, and these members may have regular jobs and family obligations and may be providing a service to the board as just that – service. They may be members of the tribe, elders, or off-reservation members who must review proposals in their free time. Indeed, we experienced several occasions where the tribal IRB could not meet or

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could not review our proposal in a timely manner. This leads to delayed projects, low researcher morale, and frustration – all at the outset of a long-term project. Additionally, we suggest that all tribes and Indigenous people would be better protected, and better served, if their IRB members were appointed based on their skills, expertise, and knowledge of research, compensated for their efforts, and trained to a minimum standard. These provisions would mean that board membership would be seen as less of a burden and more of an employed position and would ensure that all members understood the basic ethnical research concerns that all IRBs must adhere to.

Reflections on Broader Collaborations. Despite the above frustrations, overall, the collaboration between NICC and researchers at the University of Nebraska Omaha and the Urban Institute was successful. We identified service provision needs and gaps in access to NICC students, faculty, and staff which were formerly unknown, including medical and mental healthcare and GBV related training and education. We learned about the many barriers that NICC faces when offering GBV services, prevention, and education, especially under remote circumstances. We note that these lessons learned at NICC are likely applicable at many other TCUs. We also produced a preliminary CCA that incorporated Indigenous knowledge and values and was developed "from the ground up," alongside Native advisory members that could easily be minimally revised to incorporate the definitions/policies and services/resources of other TCUs.

Taboo Topics. However, like most research, this collaboration led to additional unanswered questions, which may be relevant in other tribal communities. First, our discussions with the GBV Advisory Board demonstrated that, at least at NICC, members perceived that generally tribal elders were not supportive of discussing certain topics. Specifically, it was mentioned that some tribal members were hesitant to discuss sexual assault with students, and similarly, did not want to discuss violence against LGBTQ2S individuals. Further discussion on this topic alluded to lack of education that led to confusion from community members on what two-spirit means (e.g., sexuality vs. gender) and being uncomfortable with public displays of affection (PDA) involving LGBTQ2S individuals. Push back about PDA stemmed from believing that being LGBTQ2S was "not traditional" or "not how we did things," but Indigenous thinking means to honor two-spirit individuals. GBV Advisory Board members mentioned how this created difficulties for NICC to adhere to Title IX and VAWA requirements because there were differences between necessary policies and procedures, their way of thinking, and appeasing some tribal community members.

This is a larger issue for many Native communities where such topics are still considered taboo. There may be some hesitancy because of the high prevalence rate of sexual victimization, in that tribal members do not want to discuss it for fear of 'retraumatizing' others (or themselves), or because it draws from a "deficit" framework. Given the prevalence of sexual victimization among Indigenous persons (Gilbert et al., 2023; Rosay, 2016), this may be a concern in other tribes beyond those included in the present study. Additionally, the hesitation to discuss sexual victimization or victimization among two-spirit individuals may have implications for the disclosure of these forms of victimization by students, faculty and/or staff; that is, they may be more hesitant to talk about their victimization (or to report on behalf of others) because of the social norms in the tribe. They may also be less likely to formally report these victimization experiences to law enforcement or service providers. There are potential implications to this, too – for instance, regarding the types of services offered on campus, as well as regarding the importance of confidentiality to victims. It might be especially important, given the norms of the tribe, that sexual victimization and/or victimization

against two-spirit individuals be handled with the utmost confidentiality, both in terms of offering physical safe spaces for these victims, and/or in terms of reporting, where disclosures are not shared verbally with others.

Limited Understanding of Federal Mandates and the Benefits of CCAs. During our meetings with tribal IRBs and the GBV Advisory Board, questions and concerns were raised multiple times about the utility of a CCA and how it would benefit the TCU. This raised concerns for the researchers regarding whether TCU faculty and staff – as well as tribal members – understood the TCU's obligations under Title IX, the Clery Act, and VAWA. It appeared that Title IX requirements were understood by the Advisory Board, and NICC had even tailored some of their definitions of sexual violence and sexual misconduct (required by Title IX) to reflect remote learning. However, there was some confusion as to how the CCA fit into those requirements, and little understanding of the new VAWA 2022 requirements mandating that all IHEs deploy a CCA every two years. We explained that the CCA was a tool to collect information on the prevalence and context of GBV at NICC specifically – rather than relying on national data – as well as information on NICC students' understanding and utilization of trainings, services, etc. A nuanced understanding of NICC's climate regarding GBV could directly inform NICC's prevention and awareness programming as well as their supportive service offerings – all mandates from Clery and VAWA 2013.

After explaining the requirements, the utility of the CCA was better understood, but there remained concerns about why we were asking such personal and invasive questions in the CCA. We explained that the more we know about what is happening with the NICC student population, the more tailored they can make prevention and education programs. For example, if most students indicate that drugs or alcohol were involved with sexual violence or sexual misconduct incidents, then NICC (or a TCU) could incorporate how drugs and alcohol impact vulnerability and perpetration of sexual violence and other sexual misconduct.

During our meetings, it also became apparent that many were unaware of the new federal mandate under the 2022 VAWA Reauthorization. Specifically, VAWA (2022) requires that all IHEs that receive federal funding, *including TCUs*, must deploy a CCA every two years. To assist IHEs in maintaining compliance, the U.S. Department of Education (DOE) is creating a universal CCA; however, it is probable that this universal CCA will not be suitable for the unique TCU environments or student bodies. Overall, if TCUs have a CCA that is tailored specifically for them, not only can they be compliant with federal mandates, but they can also collect useful, actionable data to effect change in their communities.

Remote Status and Federal Compliance. Finally, our project raised general questions related to how TCUs – which are under resourced compared to mainstream campuses – can comply with certain federal mandates requiring GBV services, prevention, training and education to students, faculty, and staff, especially when the campus community members are mostly or entirely remote. It is possible that "getting into compliance" with such federal mandates would be extremely financially burdensome, if not impossible, for TCUs (e.g., if they had to purchase expensive software platforms or packages to deliver and track trainings securely). The geographic location of many TCUs, which is often isolated and/or in Indian Country, can limit the physical services that can be provided on campus, and limits the availability of service providers to outsource to or partner with. When students, faculty, or staff are living in different states, outside of Indian Country, or elsewhere not

close to the TCU or home reservation, TCUs may be entirely unable to accommodate their needs.

Working with NICC highlighted some difficulties that TCUs might have with complying with federal mandates. Those difficulties were primarily related to transitioning from in-person to completely remote learning. First, when discussing the different types of training that is required for faculty and staff (e.g., Title IX, VAWA), Advisory Board members informed us that due to budget cuts, they no longer contracted with outside vendors to provide these trainings and instead now offered them internally through the human resources department. By doing this, the trainings became less interactive, and faculty and staff were left to complete these trainings on their own. Advisory Board members commented that in-person training was preferrable, but because NICC was now remote, it was hard to find a time to do a training that worked for everyone.

Second, NICC previously offered services on campus for students, but no longer did so, given that students are now remotely learning. This raised some concern because VAWA (2013) requires that IHEs provide prevention education (e.g., relating to sexual assault, domestic violence, dating violence, and stalking) and assistance notifying law enforcement. NICC previously offered bystander intervention, risk reduction tips, and potential aggressor trainings for students, but no longer does so due to budget cuts and the move to remote learning. Like faculty and staff training, it was difficult to find a time and a format to offer these trainings to students because of different time zones (i.e., being remote), work schedules, and limited access to internet. As mentioned above, NICC does provide counseling services for students, staff, and faculty free of charge through Morningstar counseling, but only available to those who live in Nebraska. Remote students who live outside of Nebraska are not eligible for this free service.

Lastly, when discussing GBV incidents and reporting with the GBV Advisory Board, members spoke of difficulties being remote for students who report to the Title IX coordinator. For example, given the remote status of NICC, all in person incidents that were reported occurred "off campus". This made it difficult for the Title IX coordinator to determine if the incident was related to Title IX (e.g., impacted their ability to learn) or if it should be referred to law enforcement. For incidents that were referred to law enforcement, we asked how well the working relationship was between NICC and local law enforcement. The GBV Advisory Board was unsure how strong the relationships were between NICC and law enforcement but knew that some type of relationship existed. Further, because NICC does not offer GBV support services and students were off campus, the only option for the Title IX coordinator was to refer survivors to victim service providers in the community for support. When asked about relationships with victim service providers, we were informed that some groundwork had been done, but that the relationships continued to evolve. NICC does provide a list of services surrounding each of the campus locations, which led us to believe that students were required to seek out services on their own. Not only can this be overwhelming for a student/survivor, but some students might not have transportation and/or childcare to seek out these services.

Although NICC is one of the 35 TCUs in the U.S., we suspect they are not alone in experiencing difficulties complying with federal mandates. These federal mandates are costly, and they are unfunded. Further, TCUs are underfunded by the federal government and may not be eligible for state funding (Penn Center for Minority Serving Institutions, 2015) to help alleviate these costs. Therefore, it is not surprising that TCUs are less likely to adhere to federal mandates or best practices

relating to GBV compared to other IHEs (Richards, 2019b). This proves problematic as AI/AN students have high GBV victimization rates (Cantor et al., 2020) and the negative impacts can be widespread (e.g., impact academic success, drug and alcohol use, physical and mental health; Edwards et al., 2021; Edwards et al., 2023; Qeadan et al., 2021; Yu & Stiffman, 2010), resulting in a dire need for TCUs to have GBV education, prevention, and services to help combat GBV and provide a safe learning environment for AI/AN students.

Considerations for Future Partnerships

We are extremely grateful to our NIJ team, who helped us navigate the process of changing sites from TOCC to NICC and were supportive of the necessary accommodations that were needed, e.g., time extensions, budget modifications, grant modifications, and so forth. We maintain, as we have noted in previous reports (Richards et al., 2021b) that additional time is often required to engage in a meaningful tribal-researcher partnership – this includes both during the proposal solicitation stage, and during the project timeline. Given the significant up-front work that is needed to establish tribal relationships and secure tribal support for the project, we suggest that NIJ consider keeping the tribal-researcher solicitations open significantly longer (we recommend up to six months) or consider implementing multiple rolling deadlines for these grant submissions (this option would likely be preferable). NIJ may also consider offering or partnering with other organizations that fund "developmental" grants, or offer development and evaluation grants separately, as they may raise different concerns or benefits with the tribe and/or tribal IRB (e.g., developmental grants may be seen as more beneficial and less risky by the tribe and tribal IRB, whereas evaluation grants or surveys about tribal experiences, especially experiences like GBV, may be seen as more risky and detrimental).

Tribal-researcher partnerships often include more bureaucratic steps, namely, seeking tribal council approval and tribal IRB approval, than projects that include non-tribal partners. Many times, the extra steps add time, and therefore costs, to the project. Additionally, we are learning that more may be needed to incentivize tribal members to engage in the research process. All these issues point to the need for increased funding allowances for the tribal-researcher partnerships, and we urge NIJ to consider significantly increasing the overall expected funding amounts for these grant opportunities.

Finally, we have noted before (Richards et al., 2021b; Gilbert et al., 2021) that it is helpful to have a Native American partner on the research team to ensure the research methods are appropriate, the topics, questions, and conclusions are culturally sensitive and appropriate, and that findings are disseminated and provided to tribal leaders and members. Research teams should also include and consult with a trusted Native American community member when designing the research project, implementing the methods, interpreting the results, and disseminating the results. However, we expand our recommendations here to potentially include funding for a Native researcher "on the ground," that is, who lives or works in the specific tribal community. We believe this team member could circumvent some of the barriers in working with tribal communities – they would know the tribal government structure and who to speak to regarding certain issues, they could serve as translators if/when needed, and they can attend tribal council or IRB meetings in person, whereas other research team members may only be able to attend remotely.

Given everything discussed in this report, we recommend that:

- NIJ consider extended solicitation openings (6 months or so) or rolling submission deadlines for the Tribal-Researcher Capacity-Building Grants to accommodate extra layers of approval needed for tribal collaboration.
- NIJ consider phased projects, for instance, one for the development of a survey or intervention (beneficial to the tribe), and one for the deployment of and/or evaluation of the survey or intervention (which may introduce more levels of tribal IRB review, and must be deemed appropriate, necessary, and beneficial to tribal members).
- NIJ consider allowing a waiver of the data deposit – potentially as the default in any tribal research solicitation.
- NIJ consider significantly increasing the funding amounts available for the Tribal-Researcher Capacity-Building Grants. Significantly increasing the total funding amounts would allow for:
  - Funding for an "on the ground" Native American research partner;
  - Increased incentives/stipends for tribal member participation; and/or advisory board membership;
  - Increased travel to tribal communities to develop, support, cultivate personal relationships and trust, and offer more in-person meetings;
  - Allowances for larger drawdowns of funds and for long periods to accommodate the significant up-front work of getting the project "off the ground" for researchers (council approval, tribal IRB approval);
  - Allowances for longer Periods of Performance for these projects, as developing and cultivating trusting and empowering researcher-tribal relationships simply take time.
- Consider "relationships" with tribal communities as a long-term "outcome" of research endeavors and federal priorities.
- Understand that tribes may want approval over the use of data, the publication of findings, and/or the data itself, and those expectations may impact the deliverables that a research project can produce.

Implications and Recommendations

Based on the successes and challenges we experienced in this project we provide overarching recommendations below. Our recommendations are specific to NICC's response to GBV, but they could likely be extended to other TCUs. Our last points emphasize the importance of enhancing knowledge and understanding among tribes in general regarding federal mandates and the importance of campus climate assessments.

NICC-Specific Recommendations to Improve GBV Response:

Primarily, the recommendations below center on making policies and trainings both available to students, faculty, and staff, likely in a remote or hybrid fashion, and tracking the completion of trainings through a remote learning system (such as Canvas):

1. Make a list of all services – health/wellbeing, GBV, counseling and mental health – available to students, faculty and staff in multiple ways and places: online, posted physically on campus, and in the student catalog and employee handbook.
2. Determine what policies apply to off-campus (remote) students, faculty and staff. For instance, does the drugs and alcohol policy apply to students or staff living in different states, especially states where marijuana has been legalized? Protocols should be developed for exclusionary instances where remote status makes services and policies unavailable, or not applicable.
3. Require trainings for students, faculty, and staff and use a tracking system (preferably online, for example, through Canvas) to identify when trainings have been completed.
4. Increase formal and informal relationships with law enforcement and victim service providers who service the area nearest to NICC and ensure that information in the Annual Security Report complies with the Clery Act requirements.
5. Reestablish bystander intervention, risk reduction tips, and potential aggressor trainings for students, staff, and faculty; create prevention and education programs about sexual assault, domestic violence, dating violence, and stalking; and continue placing information online for domestic violence awareness month, and add other months to raise education and awareness (e.g., sexual assault month, stalking month, human trafficking month).

Establish and Foster Local and National Partnerships:

Most of the recommendations below offer solutions to barriers that have stemmed from NICC's move to remote learning due to COVID-19. These recommendations revolve around establishing more consistent local points of contact with service agencies, as well as developing partnerships with national services for students, faculty, and staff who do not live in or near NICC.

1. Local law enforcement – NICC should work with local law enforcement to identify a consistent point-of-contact with whom to reach out to for specific questions, as well as annual security data. Preferably, the law enforcement officer(s) would be a long-serving member of the force.
2. Expand and formalize local partnerships with counseling services. Currently, NICC has an MOU with Morningstar Counseling. We recommend NICC attempt to expand to develop an MOU with at least one additional local counseling/mental health service that serves the

region.

3. Expand and formalize local partnerships with at least one victim service provider whose service area includes or is close to NICC.
4. Partner with a national advocacy and/or counseling service so that remote students, faculty, and staff can access services. Victim Connect Resource Center, for instance, is a national referral helpline that is operated by the National Center for Victims of Crime.

Enhance Awareness of the Importance of Tribal College Campus Climate Assessments:

Although we were able to create a culturally sensitive campus climate assessment for NICC, we did not deploy the assessment and we found that tribal members and college staff did not initially understand the need to develop an assessment, nor how it would benefit the college. Further, concerns about retraumatizing NICC students and discussing "taboo" topics, such as sexual victimization, were areas of concern mentioned by tribal IRBs. It appeared that Title IX requirements were not always well understood by GBV Advisory Board and tribal IRB members, and there was some confusion as to how the CCA fit into those requirements. We suggest that awareness campaigns are needed to:

1. Explain IHEs obligations under Title IX, Clery Act, and VAWA to TCUs, tribes, and tribal IRB members.
2. Clarify that personal questions in the CCA regarding GBV are included to better understand what is happening with a TCU's student population, so that more tailored prevention and education programs can be developed for their population.
3. Enhance tribes' and TCUs' awareness and understanding of the 2022 federal mandate that all IHEs that receive federal funding deploy a CCA every two years. If TCUs have a CCA that is tailored specifically to them, not only will they be compliant with federal mandates, but they will also collect useful, actionable data to effect change in their communities.

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Appendices

Appendix A. NICC Policies, Training, and Services Takeaways and Recommendations

NICC Policies, Training, and Services Takeaways and Recommendations:

Health and Wellbeing

1. *Health and Wellbeing* – Many of the services are not available on NICC campus because they do not have on-campus residents/housing. Thus, services related to health and wellbeing are outsourced and/or sought out by the individual.
   a. **Recommendation #1: Make sure contact information and phone numbers relating to health and wellbeing (e.g., hospitals, police, medical providers, mental health providers, behavioral health providers, counseling services, etc.) are available and searchable on NICC's website for current students, staff, and faculty.**

2. *Mental Health* - NICC has a MOU with Morningstar Counseling for students, staff, and faculty. Morningstar has expanded their reach beyond Nebraska but are currently only providing services to 80% of NICC students, staff, and faculty and some other mental health providers can only provide services for tribal members.
   a. **Recommendation #2: Need to find a mental health service alternative for non-tribal individuals and for those who live in the states that Morningstar Counseling has not received certification to provide services to ensure equal access to mental health services for all students, staff, and faculty.**

3. *Special Needs/Disability Policy and Services* – Information for students differs on the website from the student catalog (e.g., student catalog does not indicate how students get accommodations, only the website does). Special Needs information is not available in the employee handbook.
   a. **Recommendation #3: Make sure that information is the same across all platforms (e.g., website, student catalog, employee handbook) and include this information in employee handbook.**

4. *Faculty and Staff Trainings* – NICC used to have an outside company do trainings for faculty and staff, but no longer contracts with them. Most trainings are done internally on Canvas through the HR department (i.e., Anthony Warrior). In addition, all these trainings are passive, and employees are to complete them on their own. There was also no timeframe listed on Canvas for training completion. For trainings that are required and taught by NICC staff, attendance sheets are used to keep track of who has completed and who has yet to complete the training(s).
   a. **Recommendation #4: Create an online accountability/tracking system with their attendance sheets, so they have an electronic record to ensure that employees are completing the required trainings on time.**

Campus Safety and Security

5. *Security* – NICC does not employ any on-campus security or contract with any security companies. Instead, campus security is handled by local/tribal law enforcement.
   a. **Recommendation # 5: Create partnerships/MOUs with local/tribal law enforcement for campus security purposes. Create a directory with law enforcement contact information for staff and faculty to access.**

6. *Drugs and Alcohol* – The drug and alcohol policy are applicable and enforceable at all NICC campuses. Contact information for drug/alcohol providers is available in the student catalog and employee handbook, but not on NICC's website. In addition, to comply with the drug-free schools and campuses regulations (EDGAR Part 86) requires that institutions of higher education (IHEs) must certify that they have adopted and implemented a

program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

    a. **Recommendation #6: Since students are mostly remote and essentially could reside anywhere in the U.S., NICC needs to determine if the drugs and alcohol policy applies to states where marijuana has been legalized and develop a protocol on how to handle a situation where a student violates the policy in a legalized state.**

    b. **Recommendation #7: Make sure resources/contact information for drug/alcohol providers is searchable and available on NICC's website for current students, staff, and faculty.**

    c. **Recommendation #8: Examine and develop the requirements of the drug-free school and campuses regulations to comply with the Department of Education mandate. There is a helpful guide on complying with the regulations. (See link)** http://safesupportivelearning.ed.gov/sites/default/files/hec/product/dfscr.pdf

7. *Campus Security Authority (CSA)* – NICC used to have an outside vendor do this training for faculty and staff, but it is now done internally on Canvas. This training, along with the others is passive and employees are to complete on their own.

    a. **Recommendation #9: Continue to train CSAs and create an accountability/tracking system to ensure faculty and staff are completing this training.**

8. *Active Killer/Shooter Training* – NICC used to have a hands-on/active training for faculty and staff, but now they just watch a video of a training on Canvas. In addition, there is no training for students.

    a. **Recommendation #10: Find a way to create a more active training for faculty and staff (e.g., contracting with an outside vendor to do the training).**

    b. **Recommendation #11: Create a training for students.**

9. *Active Shooter Procedure* – This information is only available in the annual security report.

    a. **Recommendation #12: Make this information available on the website, in the employee handbook, and student catalog.**

Gender-Based Violence

10. *Clery Act and VAWA* – NICC does not require a daily log of crime because they do not have on-campus housing. To comply with the Clery Act, NICC gets/requests crime data from local law enforcement. However, NICC does not have a consistent law enforcement contact to get crime data for each campus. In addition, the Clery Act has key requirements that IHE's must meet and VAWA (2022) established and expanded new GBV definitions.

    a. **Recommendation #13: Develop partnerships with local/tribal law enforcement and establish a contact person for crime data for each campus location/jurisdiction.**

    b. **Recommendation #14: Ensure that NICC is meeting the requirements of the Clery Act, VAWA, and Title IX:**

        1. Disclose accurate and complete crime statistics for crime incidents reported to campus security authorities and local police that occurred on or near campus in an Annual Security Report: currently meets requirement (previous ASRs did not include crime statistics).

        2. Share campus safety and security policies/procedures that address sexual assault prevention, drug and alcohol abuse prevention, and emergency response and evacuation: currently meets requirement.

        3. Communicate to the campus community information on campus crime in a timely manner: currently meets requirement.

        4. Have campus sexual assault victim bill of rights: NICC does not have a specific victim bill of rights, but they do have complainant and respondent rights included in their Title IX

policy that list the rights included in the 1992 Clery Act amendment.

    c. **Recommendation #15: Ensure that NICC has updated any policies, the employee handbook, student catalog, website, and anywhere else that has VAWA crime definitions to the VAWA (2022) definitions and the new Title IX updated definition and response to sex-based harassment that goes into effect August 1, 2024.**

11. *Title IX* – Faculty and staff have a training in Canvas for Title IX, VAWA, and Clery (all together as one training). There is a quiz that employees must take for Title IX but does not include a date/time that it is due, but there is an accountability tracking for the quiz. There is no training/education for students. QR codes have been placed around campus and online that students can scan and take them to the Title IX policy/procedure.

    a. **Recommendation #16: Create Title IX education/training for students.**

12. *Domestic Violence, Sexual Assault, Dating Violence and Stalking* – NICC does not have any training education about domestic violence, sexual assault, dating violence, and stalking for students, staff, and faculty. NICC does put information on the website for Domestic Violence month and has contact information for some local/tribal VSPs and national hotlines on the website. Referrals to VSPs is done on a case-by-case basis.

    a. **Recommendation #17: Create prevention education program/class about domestic violence, sexual assault, dating violence, and stalking for students to be compliant with the Clery Act.**

    b. **Recommendation #18: Provide a list of local/tribal advocates and contact information for students on website, Canvas, and in student catalog.**

    c. **Recommendation #19: Provide direct services on campus (if need be/requested) by having an advocate meet the student on campus.**

    d. **Recommendation #20: Establish partnerships with VSPs to assist in education/training and to allow NICC to be the go-between for students and VSPs if their services are needed/requested (i.e., warm handoff). Doing this takes the burden off the student on having to locate and/or contact a VSP on their own.**

    e. **Recommendation #21: Determine if referrals apply to remote students and/or high school students seeking college credits.**

    f. **Recommendation #22: In addition to placing information online and around campus about DV during National DV month, NICC could do the same for other months (e.g., sexual assault month, pride month, stalking month, human trafficking month, etc.)**

13. *LGBTQ2SIA* – NICC provides a passive training (Becoming Allies for the LGBTQ2SIA Communities) on Canvas for faculty and staff. There is no training/education for students.

    a. **Recommendation #23: Create an accountability/tracking system to ensure faculty and staff are completing the training.**

    b. **Recommendation #24: Provide education/training about DV, SA, dating violence, and stalking among the LGBTQ2SIA community for students.**

14. *Bystander Intervention* – NICC has lost bystander intervention training for students, staff, and faculty.

    a. **Recommendation #25: Develop or reestablish bystander intervention training/education for students, staff, and faculty.**

15. *Risk Reduction Tips* – NICC has lost risk reduction tips training for students, staff, and faculty.

    a. **Recommendation #26: Develop or reestablish risk reduction tips training/education for students, staff, and faculty.**

16. *Potential Aggressor* – NICC has lost potential aggressor training for students, staff, and faculty.

    a. **Recommendation #27: Develop or reestablish potential aggressor training for students, staff, and faculty.**

Overall, many of the necessary and required services, training, and education relating to gender-based violence are no longer available or were never available for students, staff, and faculty at NICC. Ninety five percent of students at NICC are learning entirely remotely, which can create gaps/difficulties in providing services. Strengthening relationships with local/tribal law enforcement and victim service providers can help bridge that gap between students and NICC.

In addition, meetings with the NICC GBV Advisory Board made the UNO team aware that some departments/programs/services were once available, but due to budget cuts and/or students learning remotely NICC no longer provides them. These necessary GBV services or programs should still be made available to students on campus, and with students learning remotely, it may be necessary that NICC would have to adapt these programs or services to meet the needs of the students.

To assist with funding/budgetary concerns, VAWA (2022) has created additional grant funding for IHEs to create prevention education programs. NICC could look at the application process to acquire these funds to create GBV prevention education. In addition, to help alleviate costs and strengthen relationships, NICC could utilize local and tribal VSPs to aid in GBV education and training for students, staff, and faculty.

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Appendix B. Tribal-Centered Campus Climate Assessment (TC CCA) Tool

SECTION A – BACKGROUND/DEMOGRAPHICS

First, we'd like to ask you a few questions about your background.

A1. Please enter your student ID* (This question is required)
   a. _____
[We will use the student ID to gather other demographic info from [University] admin records to reduce the number of questions being asked]

A2. Do you identify as Native American?
   a. Yes [GO TO QUESTION A3]
   b. No [GO TO QUESTION A4]

A3. What is your tribal affiliation?
   a. _____

A4. Do you identify as transgender?
   a. Yes
   b. No
   c. Prefer not to answer.

A5. Do you consider yourself to be: (Mark all that apply)
   a. Heterosexual or straight
   b. Gay or lesbian
   c. Bisexual
   d. Asexual
   e. Queer
   f. Questioning
   g. Two-spirit
   h. Not listed. I consider myself (specify) _____
   i. Decline to answer.

A6. Since you have been a student at [University], have you been in any of these partnered relationships? (Mark all that apply)
   a. Marriage or civil union
   b. Domestic partnership or cohabitation
   c. Steady or serious relationship
   d. Other ongoing relationship involving physical or sexual contact
   e. None of the above

A7. Are you currently …
   a. Never married
   b. Not married but living with a partner
   c. Married
   d. Divorced or separated
   e. Other

A8. Do you identify as a student with any of the following? (Mark all that apply)
  a. Learning disability
  b. ADHD
  c. Autism Spectrum Disorder
  d. Mobility-related disability (e.g., spinal cord injury, muscular dystrophy, etc.)
  e. Sensory disability (e.g., hard of hearing, low vision, etc.)
  f. Chronic mental health condition (e.g., depression, PTSD, anxiety disorder, etc.)
  g. Chronic medical condition (e.g., cystic fibrosis, diabetes, chronic pain, etc.)
  h. Other disability or chronic condition
  i. None of the above [SKIP TO SECTION BB]
  [ANY OTHER RESPONSES GO TO A9]

A9. Have you registered with [University] office of student accessibility and disability services?
  a. Yes
  b. No

SECTION BB – GENERAL PERCEPTIONS OF CAMPUS

The next few questions are about your experience with the [University] community.

BB1. How connected do you feel to the [University] community (e.g., other [University] students, [University] faculty, staff, and employees) as a whole?
   a. Not at all
   b. A little
   c. Somewhat
   d. Very
   e. Extremely

BB2. How comfortable are you seeking advice from faculty or staff at [University], even about something personal?
   a. Not at all
   b. A little
   c. Somewhat
   d. Very
   e. Extremely

BB3. How concerned are students at [University] about each other's well-being?
   a. Not at all
   b. A little
   c. Somewhat
   d. Very
   e. Extremely

BB4. How concerned are faculty or staff at [University] about your well-being?
   a. Not at all
   b. A little
   c. Somewhat
   d. Very
   e. Extremely

BB5. How concerned are University officials (e.g., Dean of Students, President, Board of Directors) at [University] about your well-being?
   a. Not at all
   b. A little
   c. Somewhat
   d. Very
   e. Extremely

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SECTION B – PERCEPTIONS OF RISK

These next questions ask about your perceptions related to the risks of experiencing sexual assault or sexual misconduct.

- **Sexual Assault: [UNIVERSITY SPECIFIC DEFINITION]**
- **Sexual Misconduct: [UNIVERSITY SPECIFIC DEFINITION]**

B1. Based on the definitions above, how problematic do you think sexual assault or other sexual misconduct is among the [University] community?
- f. Not at all
- g. A little
- h. Somewhat
- i. Very
- j. Extremely
- k. I don't know

B2. Based on the definitions above, how likely do you think it is that <u>you</u> will experience sexual assault or sexual misconduct <u>in the future</u> while enrolled at [University]?
- a. Extremely unlikely
- b. Somewhat unlikely
- c. Neither likely nor unlikely
- d. Somewhat likely
- e. Extremely likely
- f. I don't know

SECTION C – EXPERIENCES WITH RISK FACTORS

The following questions are going to ask you about potential individual factors of violence/victimization that you may have experienced in your lifetime. Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

ACES

C1. BEFORE YOU WERE 18 YEARS OLD, did a parent or other adult living in your home do any of the following things to you? (Mark all that apply)
  a. Psychological abuse. Examples could be:
     • A parent or other adult living in your home swear at you, insult you, say hurtful things, or put you down.
     • A parent or other adult living in your house act in ANY other way that made you afraid that you would be physically hurt or injured.
     • A parent or other adult living in your home threaten to hit you or throw something at you but didn't do it.
  b. Physical abuse. Examples could be:
     • A parent or other adult living in your home push, grab, shove, slap, or hit you.
     • A parent or other adult living in your home hit you so hard that you had marks or bruises or were injured.
  c. Sexual abuse. Examples could be:
     • An adult or other person touch or fondle you in a sexual way when you didn't want them to or when you were too young to know what was happening.
     • An adult or other person have you touch their body in a sexual way when you didn't want to, or you were too young to know what was happening.
     • An adult or other person <u>attempt to</u> have sexual intercourse (oral, anal, or vaginal) with you when you didn't want them to, or you were too young to know what was happening.
     • An adult or other person <u>actually have</u> sexual intercourse (oral, anal, or vaginal) with you when you didn't want them to or when you were too young to know what was happening.
  d. Emotional neglect. Examples could be:
     o A parent or other adult living in your home never or rarely helped you feel important or special.
     o A parent or other adult living in your home never or rarely made you feel loved.
     o A parent or other adult living in your home never or rarely looked out for each other and felt close to each other.
     o A parent or other adult living in your home was never or rarely a source of strength and support.
     o You thought your parents wished you were never born.
     o You felt that someone in your family hated you.
     o A parent or other adult living in your home called you things like "lazy" or "ugly."
  e. Physical neglect. Examples could be:
     • Made to do chores that were too difficult or dangerous for someone your age.
     • Were left alone or unsupervised when you were too young to be alone, that is, before you were 10 years old.
     • Go without things you needed like clothes, shoes, or school supplies because a parent or other adult living in your home spent the money on themselves.
     • A parent or other adult living in your home make you go hungry or not prepare regular meals.
     • A parent or other adult living in your home ignore or fail to get you medical treatment when you were sick or hurt.
     • A parent or other adult living in your home was too drunk or high to take care of the family.
  f. None of the above

C2. BEFORE YOU WERE 18 YEARS OLD, did a parent or anyone in the household do any of the following things to your mother or other female household member:
- Push grab, slap, or throw something at her.
- Kick, bite, hit her with a fist, or hit her with something hard.
- Repeatedly hit her for at least a few minutes.
- Threaten her with a knife or gun or use a knife or gun to hurt her.
  a. Yes
  b. No

C3. BEFORE YOU WERE 18 YEARS OLD, was a parent or other adult living in your home a problem drinker or alcoholic?
  a. Yes
  b. No

C4. BEFORE YOU WERE 18 YEARS OLD, did a parent or other adult living in your home use street drugs? (e.g., marijuana, cocaine, heroin, methamphetamine, LSD, ecstasy)
  a. Yes
  b. No

C5. BEFORE YOU WERE 18 YEARS OLD, was a parent or other adult living in your home treated or hospitalized for a mental illness, or did a parent or other adult living in your home attempt to commit suicide or commit suicide?
  a. Yes
  b. No

C6. BEFORE YOU WERE 18 YEARS OLD, did a parent or other adult living in your home go to jail or prison?
  a. Yes
  b. No

C7. BEFORE YOU WERE 18 YEARS OLD, did your (biological/adoptive) parents get divorced or permanently stop living together?
  a. Yes
  b. No

C8. BEFORE YOU WERE 18 YEARS OLD, did anyone in your household ever commit a serious crime?
  a. Yes
  b. No

C9. When you were growing up (BEFORE THE AGE OF 18), were you raised by adoptive parents, by relatives, by foster parents, by other guardians, or in an institution like an orphanage?
  a. Yes
  b. No

C10. BEFORE YOU WERE 18 YEARS OLD, did you ever run away from home for more than one day?
  a. Yes
  b. No

Missingness

C11. Has anyone close to you ever "gone missing" (i.e., not been where they are supposed to or been unable to be contacted)?
  a. Yes [GO TO QUESTION C12]
  b. No [GO TO QUESTION C13]

C12. Was the person found or did they return home?
   a.   Yes
   b.   No

Witnessing violence

C13. In your entire life, have you ever personally witnessed any traumatic or stressful events happening to a friend, relative, or any other person? Examples could be:
   • Other person's serious or life-threatening injury/illness.
   • Another person being killed (e.g., shot, stabbed).
   • Other person exposed to a natural disaster (e.g., flood, fire, earthquake).
   • Another person being sexually and/or physically abused.
   • Another person beaten up by a spouse/significant other/someone else.
   • Another person mugged/stalked/kidnapped.

   a.   Yes
   b.   No

Substance Use

C14. In your lifetime, have you ever drank alcohol (i.e., had more than a few sips)?
   a.   Yes [GO TO QUESTION C15]
   b.   No [GO TO QUESTION C18]

C15. Have you ever gotten drunk?
   a.   Yes
   b.   No

C16. Have you ever had a problem with your use of alcohol? (e.g., missing too much work, not doing your work well, being demoted or losing a job, being suspended, expelled, or dropping out of school, missing too many classes, skipping class because you're hungover, or legal issues)
   a.   Yes
   b.   No

C17. Have you ever considered yourself to be an alcoholic?
   a.   Yes
   b.   No

C18. In your lifetime, have you ever used any of the following drugs? (Mark all that apply)
   a. Marijuana
   b. Cocaine
   c. Heroin
   d. Methamphetamine (Meth/Crystal Meth)
   e. LSD (Acid)
   f. MDMA (Ecstasy/Molly)
   g. PCP (Angel Dust)
   h. Fentanyl
   i. Ketamine
   j. Magic Mushrooms/Shrooms
   k. Steroids (Anabolic)
   l. Synthetic Cannabinoids (K2/Spice)
   m. Bath salts/Flakka
   n. Prescription Opioids (Oxy/Percocet)
   o. Benzos/Benzodiazepines (e.g., alprazolam (Xanax), diazepam (Valium), lorazepam (Ativan))
   p. Inhalants (e.g., paint thinners, gasoline, aerosol computer cleaning products, butane lighters, hair, or deodorant sprays)
   q. Prescription stimulants (e.g., speed, amphetamine (Adderall), methylphenidate (Concerta, Ritalin))
   r. Other (please specify) _____
   s. None of the above [GO TO QUESTION C21]
   [IF NO RESPONSES MARKED, GO TO QUESTION C21]

C19. Have you ever had a problem with drugs? (e.g., missing too much work, not doing your work well, being demoted or losing a job, being suspended, expelled, or dropping out of school, missing too many classes, skipping class because you're high, or legal issues)
   a. Yes
   b. No

C20. Have you ever considered yourself to be addicted to drugs?
   a. Yes
   b. No

Mental health concerns

C21.IN YOUR ENTIRE LIFE, have you ever had any of the following mental health issues? (Mark all that apply)
   a. Had a time when you felt sad, hopeless, depressed, or down nearly every day for at least 2 weeks.
   b. Had a time when you didn't care about the things you usually care about, or when you didn't enjoy the things, you usually enjoyed nearly every day for at least 2 weeks.
   c. Thought about committing suicide or killing yourself.
   d. Attempted to commit suicide or try to kill yourself.
   e. Had a time lasting at least 1 week when you felt so extremely excited or elated that other people thought you weren't your normal self or were concerned about you.
   f. Had a time lasting a least 1 week when you were so irritable or easily annoyed that you acted really angry and often started fights or arguments.
   g. Had a panic attack (e.g., all of a sudden you felt extremely frightened or uncomfortable, overwhelmed, or nervous, almost as if you were in great danger, but really weren't).
   h. Experienced social anxiety (e.g., strong fear of social situations, like doing things in front of other people, interacting with people or being the center of attention, that they become EXTREMELY frightened or anxious or they try to avoid them).
   i. Had a time lasting at least 3 months when most of the time you felt extremely worried or anxious about many different things like your family, school or work, finances, or health.
   j. A stressful or traumatic event(s) happened to you personally (e.g., serious or life-threatening injury/illness, saw a dead body or body parts, mugged, active military combat, kidnapped/held hostage, natural disaster).
   k. None of the above
   [IF ANY RESPONSES MARKED, GO TO QUESTION C22]
   [IF NO RESPONSES MARKED, GO TO QUESTION C23]

C22. Do you take medications to address your mental health concerns?
   a. Yes
   b. No

Prior Victimization Since Age 18

C23. SINCE YOU TURNED 18 YEARS OLD, has any of the following happened to you? (Mark all that apply)
   a. Something that belonged to you was stolen (e.g., wallet, purse, cellphone, jewelry).
   b. Something in your home was stolen (e.g., tv, furniture).
   c. Someone broke in or attempted to break into your home by forcing a door or window, pushing past someone, jimmying a lock, cutting a screen, or entering through an open door or window.
   d. You were attacked by someone with a weapon (e.g., gun, knife, baseball bat, scissors) or threatened by someone with a weapon, that resulted in serious injury (e.g., broken bones, severe laceration, possible internal injury, knocked unconscious).
   e. You were attacked by someone WITHOUT a weapon that resulted in NO injury.
   f. Someone made you fearful of bodily harm using threatening words and/or other conduct.
   g. Someone transported or detained you against your will (i.e., kidnapped/abducted).
   h. None of the above.

Discrimination/Racial Bias

C24. Since you have been a student at [University], has another student, or a staff member, faculty, or other employee of [University] prevented you from doing something, hassled you or made you feel inferior because you identify as Native American?
[QUESTION WILL ONLY DISPLAY FOR THOSE WHO MARK "YES" TO QA2]
   a. Yes
   b. No

C25. Since you have been a student at [University], has another student, or a staff member, faculty, or other employee of [University] prevented you from doing something, hassled you, or made you feel inferior because you <u>do not identify as Native American</u>?
[QUESTION WILL ONLY DISPLAY FOR THOSE WHO MARK "NO" TO QA2]
    a. Yes
    b. No

Boarding School

C26. Have you or a relative ever been impacted by the Federal Residential School system, that may or may not have been operated by a religious institution or organization (e.g., Indian boarding school, mission school)? (Mark all that apply)
[QUESTION WILL ONLY DISPLAY FOR THOSE WHO MARK "YES" TO QA2]
    a. Yes, I have been impacted by the Federal Residential School system. [GO TO C27]
    b. Yes, a relative has been impacted by the Federal Residential School system. [GO TO C28]
    c. No [GO TO C28]
    d. I don't know [GO TO C28]

C27. How was your overall experience?
    a. Extremely negative
    b. Somewhat Negative
    c. Neither positive nor negative
    d. Somewhat positive
    e. Extremely positive

The following question is going to ask about community/neighborhood related factors.

C28. In your entire life have you ever experienced any of the following? (Mark all that apply)
    a. Had a time that lasted at least 1 month when you had not regular place to live (e.g., living on the street or in a car).
    b. Been unemployed and/or looking for a job for more than a month.
    c. Lived in a neighborhood/community with litter or garbage on the street or sidewalk, poorly kept or rundown housing, vandalism such as broken windows and graffiti, or high crime.
    d. You or your family received money from government assistance programs like welfare, food stamps, general assistance, Aid to Families with Dependent Children, or Temporary Assistance for Needy Families.
    e. Had difficulty accessing medical care/health care.
    f. None of the above.

Satisfaction with police

The following questions are going to ask you about your satisfaction with law enforcement/police in the area where you live.

C29. In general, how satisfied are you with how well the police solve problems and help those who call them in the area where you live?
    a. Extremely satisfied
    b. Somewhat satisfied
    c. Neither satisfied nor dissatisfied
    d. Somewhat dissatisfied
    e. Extremely dissatisfied

C30. Overall, how satisfied are you with the fairness of the way the police treat people and handle problems in the area where you live?
   a. Extremely satisfied
   b. Somewhat satisfied
   c. Neither satisfied nor dissatisfied
   d. Somewhat dissatisfied
   e. Extremely dissatisfied

C31. People like yourself, that is, people of your age, race, gender, income, and nationality, receive the same treatment from the police as the average citizen in the area where you live.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

C32. How likely are you to report a crime and/or victimization to the police in the area where you live?
   a. Extremely Likely
   b. Somewhat likely
   c. Neither likely nor unlikely
   d. Somewhat unlikely
   e. Extremely unlikely

Historical trauma

The following questions are going to ask you about historical trauma and the losses that are associated with historical trauma. Please use the scale provided to mark how much you think about the following historical losses:
[C33-C46 WILL ONLY DISPLAY FOR THOSE WHO MARK "YES" TO QA2]

C33. The loss of our land.

Never				About half the time					Always
1	2	3	4	5	6	7	8	9	10

C34. The loss of our language.

Never				About half the time					Always
1	2	3	4	5	6	7	8	9	10

C35. Losing our traditional spiritual ways.

Never				About half the time					Always
1	2	3	4	5	6	7	8	9	10

C36. The loss of our family ties because of boarding schools.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C37. The loss of families due to the reservation to government relocation.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C38. The loss of self-respect from poor treatment by government officials.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C39. The loss of trust in white people from broken treaties.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C40. Losing our culture.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C41. The losses from the effects of alcoholism on our people.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C42. The losses from the effects of drug addiction on our people.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C43. The losses from the effects of violence on our people.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C44. Loss of respect from our children and grandchildren for elders.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C45. Loss of our people through early death.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

C46. Loss of respect by our children for traditional ways.

				About half the time					Always
Never									
1	2	3	4	5	6	7	8	9	10

Cultural/Spiritual Abuse

C47. Since you have been a student at [University], has another student, or a staff member, faculty, or another employee of [University] culturally or spiritually abused you? Examples could include:
[QUESTION WILL ONLY DISPLAY FOR THOSE WHO MARK "YES" TO QA2]
- Telling you that you're not "Native enough."
- Use hurtful stereotypes to put you down (e.g., "Indians are drunks", Indians are lazy").
- Prevent you from participating in ceremonies, powwows, feasts.
- Use tribal membership against you.
- Tell you that you're not allowed to drum, dance, sing, fast, or otherwise participate in traditions because of your gender.
- Belittles your beliefs, practices, and traditions.
    a. Yes
    b. No

SECTION D – PROTECTIVE FACTORS

The following questions are going to ask you about factors relating to your lifestyle that you may experience.

Please mark how much you agree or disagree with the following statements:

D1. I have a positive family environment (e.g., close-knit family, family believes in me, family is a source of strength and support, family made me feel important).
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

D2. I have a lot of social support (e.g., a lot of close friends, someone I can turn to for advice, someone I can confide in, have someone to spend time with).
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

D3. I live in a positive neighborhood (e.g., people watch out for each other, people help each other out).
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

D4. What religious or spiritual beliefs/practices do you currently engage in? (Mark all that apply)
   a. Christianity
   b. Judaism
   c. Buddhism
   d. Hinduism
   e. Catholicism
   f. Islam
   g. Atheism
   h. Confucianism
   i. Animism
   j. Totemism
   k. Powwows
   l. Talking circles
   m. Drum circles
   n. Vision Quests
   o. Sweat lodge ceremonies
   p. Peyote ceremonies
   q. Sundance
   r. Native American church
   s. Other (please specify) _____
   t. None of the above
   [ANY OF THE RESPONSES MARKED, GO TO D5]
   [NO RESPONSES MARKED, GO TO D6 OR E1]

D5. In general, how important are religious or spiritual beliefs in your daily life?
   a. Extremely important
   b. Very important
   c. Moderately important
   d. Slightly important
   e. Not at all important

Please mark how much you agree or disagree with the following statements:
[D6-D12 WILL ONLY DISPLAY FOR THOSE WHO MARK "YES" TO QA2]

D6. It's important for me to be connected to my Native American culture.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

D7. I like doing things that are part of my Native American culture.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

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D8. I know about my Native American culture and history.
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree
   e.   Strongly disagree

D9. I am proud to be Native American.
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree
   e.   Strongly disagree

D10. I have a strong sense of myself as a Native American.
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree
   e.   Strongly disagree

D11. I identify with other Native American people.
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree
   e.   Strongly disagree

D12. Most of my close friends are Native American.
   a.   Strongly agree
   b.   Somewhat agree
   c.   Neither agree nor disagree
   d.   Somewhat disagree
   e.   Strongly disagree

SECTION E – SEXUAL HARASSMENT

These next questions ask about behaviors you may have experienced <u>while a student at [University]</u>. Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

E1. Since you have been a student at [University], has another student, or a staff member, faculty, or another employee of [University] made sexual remarks or told sexual jokes or sexual stories that were insulting or offensive to you?
   a. Yes
   b. No

E2. Since you have been a student at [University], has another student, or a staff member, faculty, or another employee of [University] made inappropriate or offensive comments about you or someone else's body, appearance, or sexual activities?
   a. Yes
   b. No

E3. Since you have been a student at [University], has another student, or a staff member, faculty, or another employee of [University] said crude or gross sexual things to you or tried to get you to talk about sexual matters when you didn't want to?
   a. Yes
   b. No

E4. Since you have been a student at [University], has another student, or a staff member, faculty, or another employee of [University] used social or online media to do any of the following that you didn't want:
   • Send offensive sexual remarks, jokes, stories, messages, pictures, or videos <u>to you.</u>
   • Communicate offensive sexual remarks, jokes, stories, pictures, or videos <u>about you.</u>

   a. Yes
   b. No

E5. Since you have been a student at [University], has another student, or a staff member, faculty, or another employee of [University] continued to ask you to go out, get dinner, have drinks, or have sex even though you said, "No"?
   a. Yes
   b. No

BOX E1
IF YES TO ANY QUESTION E1-E5, CONTINUE

ELSE GO TO F1

You said that <u>one or more</u> of the following happened to you since you've been a student at [University]:
   • Someone made sexual remarks or told sexual jokes or stories that were insulting or offensive.
   • Someone made inappropriate, offensive comments about you or someone else's body, appearance, or sexual activities.
   • Someone said crude or gross sexual things to you or made unwelcomed attempts to get you to talk about sexual matters.
   • Someone used social or any other form of online media to communicate offensive sexual remarks, jokes, stories, pictures, or videos to you or about you.
   • Someone continued to ask you to go out, get dinner, have drinks, or have sex even though you said, "No."

E6. How many different people behaved this way?
   a.   1 person [GO TO E6a]
   b.   2 people [GO TO E6c]
   c.   3 or more people [GO TO E6c]
   [IF BLANK SKIP TO E6c]

E6a. [IF 1 PERSON] Was the person that did this to you…
   a.   Man
   b.   Woman
   c.   Other gender identity
   d.   I don't know
   [FOR ANY RESPONSE OR IF BLANK GO TO E7]

E6b. [IF 1 PERSON] Was the person that did this to you…
   a.   Native American
   b.   White
   c.   Black
   d.   Hispanic/Latino/a
   e.   Asian or Pacific Islander
   f.   Other (specify) _____
   g.   I don't know

E6c. [IF >1 PERSON] Were any of the people that did this to you… (Mark all that apply)
   a.   Man
   b.   Woman
   c.   Other gender identity
   d.   I don't know

E6d. [IF > 1 PERSON] Were any of the people that did this to you… (Mark all that apply)
   a.   Native American
   b.   White
   c.   Black
   d.   Hispanic/Latino/a
   e.   Asian or Pacific Islander
   f.   Other (specify) _____
   g.   I don't know

E7. When did the most recent incident occur?
   a.   Fall of 2023 – present
   b.   Fall of 2022 – Summer of 2023
   c.   Fall of 2021 – Summer of 2022
   d.   Prior to fall of 2021
   e.   I don't know

E8. Did you experience any of the following because of the incident? (Mark all that apply)
    a. Avoided or tried to avoid the person(s)
    b. Fearfulness or being concerned about safety
    c. Feelings of helplessness or hopelessness
    d. Loss of interest in daily activities
    e. Withdrawal from interactions with friends
    f. Stopped participating in extracurricular activities
    g. Nightmares or trouble sleeping
    h. Feeling numb or detached
    i. Headaches or stomach aches
    j. Eating problems or disorders
    k. Increased drug or alcohol use
    l. None of the above

E9. Did you experience any of the following on your academic or professional life? (Mark all that apply)
    a. Decreased class attendance
    b. Difficulty concentrating on course projects, assignments, or exams
    c. Difficulty going to work
    d. Withdrew from some or all classes
    e. Changed my residence or housing situation
    f. Changed my career plan
    g. Considered dropping out of school
    h. Changed major or college
    i. None of the above

E10. How (was the person/were the persons) who behaved (this way/these ways) associated with [University]? (Mark all that apply)
    a. Student
    b. Faculty or instructor
    c. Staff or administrator
    d. Another person associated with [University] (e.g., contractors, visitors, trainers)
    e. The person was not associated with [University]
    f. Unsure about association with [University]

E11. At the time of (this event/these events), what (was the person's/were these persons') relationship to you? (Mark all that apply)
    a. Someone I was involved or intimate with at the time.
    b. Someone I previously had been involved or intimate with
    c. Faculty or Teacher
    d. Boss or supervisor
    e. Co-worker
    f. Family member
    g. Friend
    h. Classmate
    i. Someone I know or recognize but was/is not a friend.
    j. Did not know or recognize this person.

E12. Since the beginning of the Fall 2023 term, how many times has someone behaved this way?
[DROP DOWN LIST]
0-19
20+

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E13. Since you have been a student at [University], have you contacted any of the following about this/these experience(s)? (Mark all that apply)
[UNIVERSITY SPECIFIC LIST]
- a. Title IX Coordinator
- b. [University] Faculty or instructor
- c. [University] Staff or administration
- d. Local police/law enforcement
- e. Tribal police/law enforcement
- f. Victim service provider
- g. Medical/Health care provider
- h. Friend
- i. Family member
- j. Spiritual or religious advisor, leader, or clergy
- k. Therapist or counselor
- l. Sexual or romantic partner
- m. Other resource (e.g., hotline)
- n. Someone else
- o. I didn't tell anyone [GO TO E16]

[IF NO ONE MARKED GO TO E16]

BOX E2

IF E13= "I DIDN'T TELL ANYONE" OR NO PERSON/RESOURCE MARKED THEN GO TO E16

ELSE ADMINISTER ITEMS E14 and E15 FOR EACH PERSON/RESOURCE MARKED IN E13 (UP TO 10)

E14 [A-J]. How useful was [PERSON/RESOURCE] in helping you?
- a. Not at all useful
- b. Slightly useful
- c. Moderately useful
- d. Very useful
- e. Extremely useful

E15 [A-J]. At any time, did you feel pressure from [PERSON/RESOURCE] to report or file a complaint (e.g., with the Title IX Coordinator, law enforcement)?
- a. No, I did not feel pressure to proceed with reporting or filing a complaint.
- b. Yes, I felt pressure to proceed with reporting or filing a complaint.
- c. Yes, I felt pressure NOT to report or file a complaint.

E16. Why did you decide not to contact anyone? (Mark all that apply)
- a. I did not know where to go or who to tell.
- b. I felt embarrassed, ashamed or that it would be too emotionally difficult.
- c. I did not think anyone would believe me.
- d. I did not think it was serious enough to contact any of these programs or resources.
- e. I did not want the person to get into trouble.
- f. I feared negative academic, social, or professional consequences.
- g. I feared it would not be kept confidential.
- h. I could handle it myself.
- i. I feared retaliation.
- j. I didn't think these resources would give me the help I needed.
- k. Incident occurred while school was not in session.
- l. Other

E16a. Please review the list below and mark any of the reasons that may better describe why you didn't contact anyone (Mark all that apply).
  a. I was not injured or hurt.
  b. The reaction by others suggested that it wasn't serious enough to contact any of these programs or services.
  c. I contacted other programs or services that I felt were appropriate.
  d. I had trouble reaching the program or service.
  e. I was too busy.
  f. The event happened in a context that began consensually.
  g. Because of the person's gender, I thought it would be minimized or misunderstood.
  h. I might be counter-accused.
  i. Alcohol and/or other drugs were present.
  j. Events like this seem common.
  k. My body showed involuntary arousal.
  l. Other (please specify) _____

SECTION F – STALKING

The next questions ask about instances where someone behaved in a way that made you afraid for your personal safety or caused you substantial emotional distress. Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

F1. Since you have been a student at [University], has someone made unwanted phone calls, sent emails, voice, text or instant messages to you, or posted unwanted messages, pictures, or video on social media to or about you or elsewhere online?
   a.   Yes
   b.   No [GO TO F2]
   [IF BLANK GO TO F2]

F1a. Did the same person do this to you more than once since you have been a student at [University]?
   a.   Yes
   b.   No
   c.   I don't know

F2. Since you have been a student at [University], has someone showed up somewhere uninvited or waited for you when you did not want that person to be there?
   a.   Yes
   b.   No [GO TO F3]
   [IF BLANK THEN GO TO F3]

F2a. Did the same person do this to you more than once since you have been a student at [University]?
   a.   Yes
   b.   No
   c.   I don't know

F3. Since you have been a student at [University], has someone spied on, watched, or followed you in person?
   a.   Yes
   b.   No [GO TO F4]
   [IF BLANK THEN GO TO F4]

F3a. Did the same person do this to you more than once since you have been a student at [University]?
   a.   Yes
   b.   No
   c.   I don't know

F4. Since you have been a student at [University], has someone spied on, watched, followed, or tracked your location using social media or devices or software on your phone or computer?
   c.   Yes
   d.   No [GO TO BOX G0]
   [IF BLANK THEN GO TO BOX G0]

F4a. Did the same person do this to you more than once since you have been a student at [University]?
   d.   Yes
   e.   No
   f.   I don't know

You said that <u>one or more</u> of the following happened to you since you've been a student at [University]:
- Someone made unwanted phone calls, sent emails, voice, text or instant messages to you, or posted unwanted messages, pictures, or videos on social media to or about you or elsewhere online.
- Someone showed up somewhere uninvited or waited for you when you did not want that person to be there.
- Someone spied on, watched, or followed you in person.
- Someone spied on, watched, followed, or tracked your location using social media or devices or software on your phone or computer.

F5. Did the same person do more than one of these to you since you have been a student at [University]?
   a. Yes
   b. No
   c. I don't know

F5a. Were any of the people that did this to you… (Mark all that apply)
   a. Man
   b. Woman
   c. Other gender identity
   d. I don't know

F5b. Were any of the people that did this to you… (Mark all that apply)
   a. Native American
   b. White
   c. Black
   d. Hispanic/Latino/a
   e. Asian or Pacific Islander
   f. Other (specify) _____
   g. I don't know

F6. When did the most recent incident occur?
   a. Fall of 2023 – present
   b. Fall of 2022 – Summer of 2023
   c. Fall of 2021 – Summer of 2022
   d. Prior to fall of 2021
   e. I don't know

F7. Did you experience any of the following because of the incident? (Mark all that apply)
a. Avoided or tried to avoid the person(s)
b. Fearfulness or being concerned about safety
c. Feelings of helplessness or hopelessness
d. Loss of interest in daily activities
e. Withdrawal from interactions with friends
f. Stopped participating in extracurricular activities
g. Nightmares or trouble sleeping
h. Feeling numb or detached
i. Headaches or stomach aches
j. Eating problems or disorders
k. Increased drug or alcohol use
l. None of the above

F8. Did you experience any of the following on your academic or professional life? (Mark all that apply)
a. Decreased class attendance
b. Difficulty concentrating on course projects, assignments, or exams
c. Difficulty going to work
d. Withdrew from some or all classes
e. Changed my residence or housing situation
f. Changed my career plan
g. Considered dropping out of school
h. Changed major or college
i. None of the above

F9. How (is the person/are the persons) who did these things to you associated with [University]? (Mark all that apply)
a. Student
b. Faculty or instructor
c. Staff or administrator
d. Another person associated with [University] (e.g., contractors, visitors, trainers)
e. The person was not associated with [University]
f. Unsure about association with [University]

F10. At the time of these events, what (was the person's/were the persons') relationship to you? (Mark all that apply)
a. Someone I was involved or intimate with at the time.
b. Someone I previously had been involved or intimate with
c. Faculty or Teacher
d. Boss or supervisor
e. Co-worker
f. Family member
g. Friend
h. Classmate
i. Someone I know or recognize but was/is not a friend.
j. Did not know or recognize this person.

F11. Since the beginning of the Fall 2023 term, how many times have you had any of these experiences?
[DROP DOWN LIST]
0-19
20+

F12. Since you have been a student at [University], have you contacted any of the following about any of these experiences? (Mark all that apply)
[UNIVERSITY SPECIFIC LIST]
    a. Title IX Coordinator
    b. [University] Faculty or instructor
    c. [University] Staff or administration
    d. Local police/law enforcement
    e. Tribal police/law enforcement
    f. Victim service provider
    g. Medical/Health care provider
    h. Friend
    i. Family member
    j. Spiritual or religious advisor, leader, or clergy
    k. Sexual or romantic partner
    l. Therapist or counselor
    m. Other resource (e.g., hotline)
    n. Someone else
    o. I didn't tell anyone [GO TO F15]
    [IF NO PROGRAM MARKED THEN GO TO F15]

Box F2
IF F12= "I DIDN'T TELL ANYONE" OR NO PERSON/RESOURCE MARKED THEN GO TO F15

ELSE ADMINISTER F13 and F14 FOR EACH PERSON/RESOURCE MARKED IN F12 (UP TO 10)

F13 [A-J]. How useful was [PERSON/RESOURCE] in helping you?
    a. Not at all useful
    b. Slightly useful
    c. Moderately useful
    d. Very useful
    e. Extremely useful

F14 [A-J]. At any time, did you feel pressure from [PERSON/RESOURCE] to report or file a complaint (e.g., with Title IX Coordinator, law enforcement)?
    a. No, I did not feel pressure to proceed with reporting or filing a complaint.
    b. Yes, I felt pressure to proceed with reporting or filing a complaint.
    c. Yes, I felt pressure NOT to report or file a complaint.

F15. Why did you decide not to contact anyone? (Mark all that apply)
    a. I did not know where to go or who to tell.
    b. I felt embarrassed, ashamed or that it would be too emotionally difficult.
    c. I did not think anyone would believe me.
    d. I did not think it was serious enough to contact any of these programs or resources.
    e. I did not want the person to get into trouble.
    f. I feared negative academic, social, or professional consequences.
    g. I feared it would not be kept confidential.
    h. I could handle it myself.
    i. I feared retaliation.
    j. I didn't think these resources would give me the help I needed.
    k. Incident occurred while school was not in session.
    l. Other

F15a. Please review the list below and mark any of the reasons that may better describe why you didn't contact anyone (Mark all that apply).
   a.   I was not injured or hurt.
   b.   The reaction by others suggested that it wasn't serious enough to contact any of these programs or services.
   c.   I contacted other programs or services that I felt were appropriate.
   d.   I had trouble reaching the program or service.
   e.   I was too busy.
   f.   The event happened in a context that began consensually.
   g.   Because of the person's gender, I thought it would be minimized or misunderstood.
   h.   I might be counter-accused.
   i.   Alcohol and/or other drugs were present.
   j.   Events like this seem common.
   k.   My body showed involuntary arousal.
   l.   Other (please specify) _____

SECTION G – DOMESTIC VIOLENCE (DV/INTIMATE PARTNER VIOLENCE (IPV)

BOX G0
IF A6 = YES (PRIOR RELATIONSHIP) GO TO G1

ELSE GO TO H1

Earlier in the survey, you indicated that you have been in a partnered relationship at least part of the time since you have been a student at [University]. Recall that a partnered relationship can be any of the following:
- **Marriage or civil union**
- **Domestic partnership or cohabitation**
- **Steady or serious relationship**
- **Other ongoing relationship involving physical or sexual contact**

People treat their partners in many different ways. The next section asks you questions about your relationship (s) with your partner(s). Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

G1. Since you have been a student at [University], has a partner controlled or tried to control you? Examples could be when someone:
- Kept you from going to classes or pursuing your educational goals.
- Did not allow you to see or talk with friends or family.
- Made decisions for you such as where you go, what you wear, or eat.
- Threatened to "out" you to others.

a. Yes
b. No

G2. Since you have been a student at [University], has a partner threatened to physically harm you, someone you love, a pet, or him/herself?
a. Yes
b. No

G3. Since you have been a student at [University], has a partner used any kind of physical force against you or otherwise physically hurt or injured you? Examples could be when someone:
- Bent your fingers or bit you.
- Choked, slapped, punched, or kicked you.
- Hit you with something other than a fist.
- Attacked you with a weapon.

a. Yes
b. No

G4. Since you have been a student at [University], has a partner emotionally abused you? Examples could be when someone:
- Acts extremely jealous or possessive of you.
- Humiliates or shames you.
- Constantly calls you hurtful or degrading names, insults you, or criticizes you.
- Threatens to hurt your children, family members, or pets.
- Calls you "crazy", "too sensitive", or denies abuse is happening when confronted (e.g., gaslighting).

a. Yes
b. No

G5. Since you have been a student at [University], has a partner used reproductive coercion against you? Examples could be when someone:
- Refuses to use a condom or other types of birth control.
- Breaking or removing a condom during intercourse (e.g., stealthing).
- Forcing their partner to get an abortion or preventing them from getting one.
- Threatening to tell family, friends, or law enforcement about receiving an abortion.
- Threatening their partner or becoming violent if they don't follow their wishes to either end or continue a pregnancy.

a. Yes
b. No

G6. Since you have been a student at [University], has a partner digitally abused you? Examples could be when someone:
- Constantly calls or texts.
- Reading through your messages or conversations.
- Sending threatening or insulting messages.
- Demanding access to online accounts.

a. Yes
b. No

G7. Since you have been a student at [University], has a partner spiritually or culturally abused you? Examples could be when someone:
- Belittle your beliefs, practices, and traditions.
- Prevent you from participating in spiritual or cultural traditions.
- Force you to participate in practices (not your own).
- Misstate or misuse spiritual practices against you.
- Practice bad medicine against you.
- Tell you that you're "too Indian".

a. Yes
b. No

BOX G1
IF G1 = YES OR G2 = YES OR G3 = YES OR G4 = YES OR G5 = YES OR G6 = YES OR G7 = YES, THEN GO TO G8

ELSE GO TO H1

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You said that <u>one or more</u> of the following happened to you since you've been a student at [University]:
- A partner controlled or tried to control you.
- A partner threatened to physically harm you or someone you love.
- A partner used physical force against you.
- A partner emotionally abused you.
- A partner committed reproductive coercion.
- A partner digitally abused you.
- A partner spiritually or culturally abused you.

G8. How many different partners treated you this way?
- a. 1 partner [GO TO G8a]
- b. 2 partners [GO TO G8c]
- c. 3 or more partners [GOTO G8c]
  [IF BLANK GOTO G8c]

G8a. [IF 1 PERSON] Was the person that did this to you…
- a. Man
- b. Woman
- c. Other gender identity
- d. I don't know

G8b. [IF 1 PERSON] Was the person that did this to you…
- a. Native American
- b. White
- c. Black
- d. Hispanic/Latino/a
- e. Asian or Pacific Islander
- f. Other (specify) _____
- g. I don't know

G8c. [IF >1 PERSON] Were any of the people that did this to you… (Mark all that apply)
- a. Man
- b. Woman
- c. Other gender identity
- d. I don't know

G8d. [IF > 1 PERSON] Were any of the people that did this to you… (Mark all that apply)
- a. Native American
- b. White
- c. Black
- d. Hispanic/Latino/a
- e. Asian or Pacific Islander
- f. Other (specify) _____
- g. I don't know

G9. When did the most recent incident occur?
- a. Fall of 2023 – present
- b. Fall of 2022 – Summer of 2023
- c. Fall of 2021 – Summer of 2022
- d. Prior to fall of 2021
- e. I don't know

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G10. Did you experience any of the following because of the incident? (Mark all that apply)
   a. Avoided or tried to avoid the person(s)
   b. Fearfulness or being concerned about safety
   c. Feelings of helplessness or hopelessness
   d. Loss of interest in daily activities
   e. Withdrawal from interactions with friends
   f. Stopped participating in extracurricular activities
   g. Nightmares or trouble sleeping
   h. Feeling numb or detached
   i. Headaches or stomach aches
   j. Eating problems or disorders
   k. Increased drug or alcohol use
   l. None of the above

G11. Did you experience any of the following on your academic or professional life? (Mark all that apply)
   a. Decreased class attendance
   b. Difficulty concentrating on course projects, assignments, or exams
   c. Difficulty going to work
   d. Withdrew from some or all classes
   e. Changed my residence or housing situation
   f. Changed my career plan
   g. Considered dropping out of school
   h. Changed major or college
   i. None of the above

G12. Were you physically injured because of (this incident/any of these incidents)?
   a. Yes
   b. No

G13. Since the beginning of the Fall 2023 term, how many times have you (had this experience/had any of these experiences)?
[DROP DOWN LIST]
0-19
20+

G14. Since you have been a student at [University], have you contacted any of the following about any of these experiences? (Mark all that apply)
[UNIVERSITY SPECIFIC LIST]
- a. Title IX Coordinator
- b. [University] Faculty or instructor
- c. [University]Staff or administration
- d. Local police/law enforcement
- e. Tribal police/law enforcement
- f. Victim service provider
- g. Medical/Health care provider
- h. Friend
- i. Family member
- j. Spiritual or religious advisor, leader, or clergy
- k. Therapist or counselor
- l. Sexual or romantic partner
- m. Other resource (e.g., hotline)
- n. Someone else
- o. I didn't tell anyone [GO TO G17]
  [IF NO ONE MARKED THEN GO TO G17]

BOX G2
IF G14 = "I DIDN'T TELL ANYONE" OR NO PERSON/RESOURCE MARKED THEN GO TO G17

ELSE ADMINISTER G15 and G16 FOR EACH PERSON/RESOURCE MARKED IN G14 (UP TO 10)

G15 [A-J]. How useful was [PERSON/RESOURCE] in helping you?
- a. Not at all useful
- b. Slightly useful
- c. Moderately useful
- d. Very useful
- e. Extremely useful

G16 [A-J]. At any time, did you feel pressure from [PERSON/RESOURCE] to report or file a complaint (e.g., with the Title IX Coordinator, law enforcement)?
- a. No, I did not feel pressure to proceed with reporting or filing a complaint.
- b. Yes, I felt pressure to proceed with reporting or filing a complaint.
- c. Yes, I felt pressure NOT to report or file a complaint.

G17. Why did you decide not to contact anyone? (Mark all that apply)
- a. I did not know where to go or who to tell.
- b. I felt embarrassed, ashamed or that it would be too emotionally difficult.
- c. I did not think anyone would believe me.
- d. I did not think it was serious enough to contact any of these programs or resources.
- e. I did not want the person to get into trouble.
- f. I feared negative academic, social or professional consequences.
- g. I feared it would not be kept confidential.
- h. I could handle it myself.
- i. I feared retaliation.
- j. I didn't think these resources would give me the help I needed.
- k. Incident occurred while school was not in session.
- l. Other

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G17a. Please review the list below and mark any of the reasons that may better describe why you didn't contact anyone (Mark all that apply).

- a. I was not injured or hurt.
- b. The reaction by others suggested that it wasn't serious enough to contact any of these programs or services.
- c. I contacted other programs or services that I felt were appropriate.
- d. I had trouble reaching the program or service.
- e. I was too busy.
- f. The event happened in a context that began consensually.
- g. Because of the person's gender, I thought it would be minimized or misunderstood.
- h. I might be counter-accused.
- i. Alcohol and/or other drugs were present.
- j. Events like this seem common.
- k. My body showed involuntary arousal.
- l. Other (please specify) _____

SECTION H – SEXUAL VIOLENCE

This next section asks about nonconsensual or unwanted sexual contact you may have experienced while attending [University].

The sexual behavior may have been performed on you or you may have been made to perform the sexual behavior on another person. The person with whom you had the nonconsensual or unwanted contact could have been someone you know, such as someone you are currently or were in a relationship with, a co-worker, a professor, or a family member. Or it could be someone you do not know.

Please consider anyone who did this, whether or not the person was associated with [University].

The following questions separately ask about contact that occurred because of physical force, incapacitation due to alcohol and/or drugs, and other types of pressure.

The first few questions ask about incidents that involved force or threats of force against you. Force could include someone using their body weight to hold you down, pinning your arms, hitting, or kicking you, or using or threatening to use a weapon against you. Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

H1. Since you have been attending [University], has someone used physical force or threats of physical force to do the following with you:
- Sexual penetration. When one person puts a penis, finger(s), or object inside someone else's vagina or anus.
- Oral sex. When someone's mouth or tongue contacts someone else's genitals.

  a. Yes [GO TO H1a]
  b. No [GO TO H2]

H1a. Since you have been a student at [University], how many times has this happened?
  a. 1 time
  b. 2 times
  c. 3 times
  d. 4 or more times

H1b. When did the most recent incident occur?
  a. Fall of 2023 – present
  b. Fall of 2022 – Summer of 2023
  c. Fall of 2021 – Summer of 2022
  d. Prior to fall of 2021
  e. I don't know

H2. Since you have been attending [University], has someone used physical force or threats of physical force in an unsuccessful attempt to do any of the following with you:
- Sexual penetration. When one person puts a penis, finger(s), or object inside someone else's vagina or anus.
- Oral sex. When someone's mouth or tongue contacts someone else's genitals.

  a. Yes [GO TO H2a]
  b. No [GO TO H3]

H2a. Since you have been a student at [University], how many times has this happened?
   a. 1 time
   b. 2 times
   c. 3 times
   d. 4 or more times

H2b. When did the most recent incident occur?
   f. Fall of 2023 – present
   g. Fall of 2022 – Summer of 2023
   h. Fall of 2021 – Summer of 2022
   i. Prior to fall of 2021
   j. I don't know

H3. Since you have been attending [University], has someone used physical force or threats of physical force to do any of the following with you:
   • Kissing.
   • Touching someone's breast, chest, crotch, groin or buttocks.
   • Grabbing, groping, or rubbing against the other in a sexual way, even if the touching is over the other's clothes.

   a. Yes [GO TO H3a]
   b. No [GO TO H4]

H3a. Since you have been a student at [University], how many times has this happened?
   a. 1 time
   b. 2 times
   c. 3 times
   d. 4 or more times

H3b. When did the most recent incident occur?
   a. Fall of 2023 – present
   b. Fall of 2022 – Summer of 2023
   c. Fall of 2021 – Summer of 2022
   d. Prior to fall of 2021
   e. I don't know

The next questions ask about incidents when you were <u>unable</u> to consent or stop what was happening because you were passed out, asleep, or incapacitated due to drugs or alcohol. Please include incidents even if you are not sure what happened. Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

H4. Since you have been attending [University], has any of the following happened to you while you were unable to consent or stop what was happening because you were passed out, asleep or incapacitated due to drugs or alcohol:
   • <u>Sexual penetration</u>. When one person puts a penis, finger(s), or object inside someone else's vagina or anus.
   • <u>Oral sex</u>. When someone's mouth or tongue contacts someone else's genitals.

   a. Yes [GO TO H4a]
   b. No [GO TO H5]

H4a. Since you have been a student at [University], how many times has this happened?
   a. 1 time
   b. 2 times
   c. 3 times
   d. 4 or more times

H4b. When did the most recent incident occur?
   a. Fall of 2023 – present
   b. Fall of 2022 – Summer of 2023
   c. Fall of 2021 – Summer of 2022
   d. Prior to fall of 2021
   e. I don't know

H5. Since you have been attending [University], has any of the following happened to you while you were unable to consent or stop what was happening because you were passed out, asleep or incapacitated due to drugs or alcohol:
   • Kissing.
   • Touching someone's breast, chest, crotch, groin, or buttocks.
   • Grabbing, groping, or rubbing against the other in a sexual way, even if the touching is over the other's clothes.

   a. Yes [GO TO H5a]
   b. No [GO TO H6]

H5a. Since you have been a student at [University], how many times has this happened?
   a. 1 time
   b. 2 times
   c. 3 times
   d. 4 or more times

H5b. When did the most recent incident occur?
   a. Fall of 2023 – present
   b. Fall of 2022 – Summer of 2023
   c. Fall of 2021 – Summer of 2022
   d. Prior to fall of 2021
   e. I don't know

The next questions ask about incidents when someone coerced you by threatening serious non-physical harm or promising rewards. Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

H6. Since you have been a student at [University], has someone had contact with you involving <u>penetration or oral sex</u> by threatening serious non-physical harm or promising rewards such that you felt you must comply? Examples include:
   • Threatening to give you bad grades or cause trouble for you at work.
   • Promising good grades or a promotion at work.
   • Threatening to share damaging information about you with your family, friends or authority figures.
   • Threatening to post damaging information about you online.

   a. Yes [GO TO H6a]
   b. No [GO TO H7]

H6a. Since you have been a student at [University], how many times has this happened?
   a.   1 time
   b.   2 times
   c.   3 times
   d.   4 or more times

H6b. When did the most recent incident occur?
   a.   Fall of 2023 – present
   b.   Fall of 2022 – Summer of 2023
   c.   Fall of 2021 – Summer of 2022
   d.   Prior to fall of 2021
   e.   I don't know

H7. Since you have been a student at [University], has someone had contact with you involving <u>kissing or other sexual touching</u> by threatening serious non-physical harm or promising rewards such that you felt you must comply? Examples include:
   •   Threatening to give you bad grades or cause trouble for you at work.
   •   Promise good grades or a promotion at work.
   •   Threatening to share damaging information about you with your family, friends or authority figures.
   •   Threatening to post damaging information about you online.

   a.   Yes [GO TO H7a]
   b.   No [GO TO H8]

H7a. Since you have been a student at [University], how many times has this happened?
   a.   1 time
   b.   2 times
   c.   3 times
   d.   4 or more times

H7b. When did the most recent incident occur?
   a.   Fall of 2023 – present
   b.   Fall of 2022 – Summer of 2023
   c.   Fall of 2021 – Summer of 2022
   d.   Prior to fall of 2021
   e.   I don't know

The next questions ask about incidents that occurred without your active, ongoing voluntary agreement. Please remember that your responses are confidential and anonymous, and you can skip any question(s) you do not wish to answer.

H8. Since you have been a student at [University], has someone had contact with you involving <u>penetration or oral sex</u> without your active, ongoing voluntary agreement? Examples include someone:
   •   Initiating sexual activity despite your refusal.
   •   Ignoring your cues to stop or slow down.
   •   Went ahead without checking in or while you were still deciding.
   •   Otherwise failed to obtain your consent.

   a.   Yes [GO TO H8a]
   b.   No [GO TO H9]

H8a. Since you have been a student at [University], how many times has this happened?
   a.   1 time
   b.   2 times
   c.   3 times
   d.   4 or more times

H8b. When did the most recent incident occur?
   a.   Fall of 2023 – present
   b.   Fall of 2022 – Summer of 2023
   c.   Fall of 2021 – Summer of 2022
   d.   Prior to fall of 2021
   e.   I don't know

H9. Since you have been a student at [University], has someone kissed or sexually touched you without your active, ongoing voluntary agreement? Examples include:
   •   Initiating sexual activity despite your refusal.
   •   Ignoring your cues to stop or slow down.
   •   Went ahead without checking in or while you were still deciding.
   •   Otherwise failed to obtain your consent.

   a.   Yes [GO TO H9a]
   b.   No [GO TO BOX H1]

H9a. Since you have been a student at [University], how many times has this happened?
   a.   1 time
   b.   2 times
   c.   3 times
   d.   4 or more times

H9b. When did the most recent incident occur?
   a.   Fall of 2023 – present
   b.   Fall of 2022 – Summer of 2023
   c.   Fall of 2021 – Summer of 2022
   d.   Prior to fall of 2021
   e.   I don't know

BOX H1
IF ANY OF H1-H9 = YES THEN CONTINUE

ELSE GO TO I1

You said that <u>one or more</u> of the following happened to you since you have been a student at [University]:
   •   Penetration or oral sex involving physical force or threats of physical force.
   •   Attempted but not successful penetration or oral sex involving physical force or threats of physical force.
   •   Sexual touching involving physical force or threats of physical force.
   •   Penetration or oral sex when you were unable to consent or unable to stop what was happening.
   •   Sexual touching when you were unable to consent or unable to stop what was happening.
   •   Penetration or oral sex when you were coerced by threats of serious non-physical harm or promised rewards.
   •   Sexual touching when you were coerced by threats of serious nonphysical harm or promised rewards.
   •   Penetration or oral sex without your active ongoing consent.
   •   Sexual touching without your active ongoing consent.

H10. How many people did this to you?
  a. 1 person [GO TO H10a]
  b. 2 people [GO TO H10c]
  c. 3 or more people [GO TO H10c]
  [IF BLANK GO TO H10c]

H10a. [IF 1 PERSON] Was the person that did this to you …
  a. Man
  b. Woman
  c. Other gender identity
  d. I don't know

H10b. [IF 1 PERSON] Was the person that did this to you …
  a. Native American
  b. White
  c. Black
  d. Hispanic/Latino/a
  e. Asian or Pacific Islander
  f. Other (specify)_____
  g. I don't know

H10c. [IF > 1 PERSON] Were any of the people that did this to you … (Mark all that apply)
  a. Man
  b. Woman
  c. Other gender identity
  d. I don't know

H10d. [IF > 1 PERSON] Were any of the people that did this to you … (Mark all that apply)
  a. Native American
  b. White
  c. Black
  d. Hispanic/Latino/a
  e. Asian or Pacific Islander
  f. Other (specify)_____
  g. I don't know

H11. What type of nonconsensual or unwanted behavior occurred during this incident? (Mark all that apply)
  a. Penis, finger(s) or object(s) was inside someone's vagina or anus.
  b. Mouth or tongue made contact with another's genitals.
  c. Kissed.
  d. Touched breast, chest, crotch, groin or buttocks.
  e. Grabbed, groped or rubbed in a sexual way.
  f. Other

H12. Did any of the following occur during the incident? (Mark all that apply)
  a. The person(s) used physical force or threats of physical force.
  b. The person(s) did this when I was unable to consent or stop what was happening because I was passed out, asleep, or incapacitated due to drugs or alcohol.
  c. The person(s) threatened serious non-physical harm or promised rewards.
  d. The person(s) did this without my active, ongoing, voluntary agreement.

H13. Before the incident, (was/were) (the person/any of the persons) who did this to you drinking alcohol?
   a. Yes
   b. No
   c. I don't know

H14. Before the incident, (was/were) (the person/any of the persons) who did this to you using drugs?
   a. Yes
   b. No
   c. I don't know

H15. Before the incident were you drinking alcohol? Keep in mind that your use of alcohol in no way absolves a person who acted against your will.
   a. Yes
   b. No

H16. Before the incident did you voluntarily take any drugs? Keep in mind your use of drugs in no way absolves a person who acted against your will.
   a. Yes
   b. No

H17. Before the incident, had you been given alcohol or another drug without your knowledge or consent?
   a. Yes, I am certain.
   b. I suspect, but I am not certain.
   c. No
   d. I don't know

BOX H2

IF H15 = YES OR H16 = YES OR H17 = YES OR "I SUSPECT", THEN CONTINUE TO H18

ELSE GO TO H19

H18. Were you passed out or asleep for all or parts of this incident?
   a. Yes
   b. No
   c. Not sure

H19. Where did this incident occur? (Mark all that apply)
   a. On a [University] campus location
   b. On a [University] affiliated off-campus location
   c. At work
   d. At home
   e. At a friend's, neighbor's, or relative's house
   f. Restaurant, bar, or club
   g. Other non-residential building (e.g., movie theater, mall, bank, gym)
   h. In a vehicle
   i. Outdoor or recreational space
   j. Some other place
   k. I don't know

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H20. Did you experience any of the following because of the incident? (Mark all that apply)
   a. Avoided or tried to avoid the person(s)
   b. Fearfulness or being concerned about safety
   c. Feelings of helplessness or hopelessness
   d. Loss of interest in daily activities
   e. Withdrawal from interactions with friends
   f. Stopped participating in extracurricular activities
   g. Nightmares or trouble sleeping
   h. Feeling numb or detached
   i. Headaches or stomach aches
   j. Eating problems or disorders
   k. Increased drug or alcohol use
   l. None of the above

H21. Did you experience any of the following on your academic or professional life? (Mark all that apply)
   a. Decreased class attendance
   b. Difficulty concentrating on course projects, assignments, or exams
   c. Difficulty going to work
   d. Withdrew from some or all classes
   e. Changed my residence or housing situation
   f. Changed my career plan
   g. Considered dropping out of school
   h. Changed major or college
   i. None of the above

H22. Did any of the following happen to you from this experience? (Mark all that apply)
   a. Physically injured.
   b. Contracted a sexually transmitted disease or infection (STD/STI).
   c. Became pregnant.
   d. None of the above.

H23. How (is the person/are the persons) who did this to you associated with [University]? (Mark all that apply)
   a. Student
   b. Faculty or instructor
   c. Staff or administrator
   d. Another person associated with [University] (e.g., contractors, visitors, trainers)
   e. The person was not associated with [University]
   f. Unsure about association with [University]

H24. At the time of this event, what (was the person's/were these persons') relationship to you? (Mark all that apply)
   a. Someone I was involved or intimate with at the time
   b. Someone I previously had been involved or intimate with
   c. Faculty or Teacher
   d. Boss or supervisor
   e. Co-worker
   f. Friend
   g. Family member
   h. Classmate
   i. Someone I know or recognize, but was not a friend
   j. Did not know or recognize this person

H25. Have you ever contacted any of the following about this experience? (Mark all that apply)
[UNIVERSITY SPECIFIC LIST]
- a. Title IX Coordinator
- b. [University] Faculty or instructor
- c. [University] Staff or administration
- d. Local police/law enforcement
- e. Tribal police/law enforcement
- f. Victim service provider
- g. Medical/Health care provider
- h. Friend
- i. Family member
- j. Spiritual or religious advisor, leader, or clergy
- k. Therapist or counselor
- l. Sexual or romantic partner
- m. Other resource (e.g., hotline)
- n. Someone else
- o. I didn't tell anyone [GO TO H28]
  [IF NO ONE MARKED THEN GO TO H28]

BOX H3
IF H25 = "I DIDN'T TELL ANYONE" OR NO PERSON/RESOURCE MARKED, THEN GO TO H28

ELSE ADMINISTER H26 and H27 FOR EACH PERSON/RESOURCE MARKED IN H25 (UP TO 10)

H26 [A-J]. How useful was [PERSON/RESOURCE] in helping you?
- a. Not at all useful
- b. Slightly useful
- c. Moderately useful
- d. Very useful
- e. Extremely useful

H27 [A-J]. At any time, did you feel pressure from [PERSON/RESOURCE] to report or file a complaint (e.g., with Title IX Coordinator, law enforcement)?
- a. No, I did not feel pressure to proceed with reporting or filing a complaint.
- b. Yes, I felt pressure to proceed with reporting or filing a complaint.
- c. Yes, I felt pressure <u>NOT</u> to report or file a complaint.

H28. Why did you decide not to contact anyone? (Mark all that apply)
- a. I did not know where to go or who to tell.
- b. I felt embarrassed, ashamed or that it would be too emotionally difficult.
- c. I did not think anyone would believe me.
- d. I did not think it was serious enough to contact any of these programs or resources.
- e. I did not want the person to get into trouble.
- f. I feared negative academic, social or professional consequences.
- g. I feared it would not be kept confidential.
- h. I could handle it myself.
- i. I feared retaliation.
- j. I didn't think these resources would give me the help I needed.
- k. Incident occurred while school was not in session.
- l. Other

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H28a. Please review the list below and mark any of the reasons that may better describe why you didn't contact anyone (Mark all that apply).
   a.   I was not injured or hurt.
   b.   The reaction by others suggested that it wasn't serious enough to contact any of these programs or services.
   c.   I contacted other programs or services that I felt were appropriate.
   d.   I had trouble reaching the program or service.
   e.   I was too busy.
   f.   The event happened in a context that began consensually.
   g.   Because of the person's gender, I thought it would be minimized or misunderstood.
   h.   I might be counter-accused.
   i.   Alcohol and/or other drugs were present.
   j.   Events like this seem common.
   k.   My body showed involuntary arousal.
   l.   Other (please specify) _____

SECTION I – KNOWLEDGE OF RESOURCES

The next questions ask about the services and resources offered by [University] for those affected by sexual assault and other sexual misconduct.

I1. How much do you know about how sexual assault and other sexual misconduct are defined at [University]?
   a. None
   b. A little
   c. A moderate amount
   d. A lot
   e. A great deal

I2. How much do you know about where to get help at [University] if you or a friend experienced sexual assault or other sexual misconduct?
   a. None
   b. A little
   c. A moderate amount
   d. A lot
   e. A great deal

I3. How much do you know about where to make a report of sexual assault or other sexual misconduct at [University]?
   a. None
   b. A little
   c. A moderate amount
   d. A lot
   e. A great deal

I4. How much do you know about what happens when a student reports an incident of sexual assault or other sexual misconduct at [University]?
   a. None
   b. A little
   c. A moderate amount
   d. A lot
   e. A great deal

SECTION J – PERCEPTIONS OF RESPONSES TO REPORTING

The following statements are about what might happen if someone were to report a sexual assault or other sexual misconduct to an official at [University].

J1. [University] would take a report of sexual assault or other sexual misconduct seriously.
   a. Strongly disagree
   b. Somewhat disagree
   c. Neither agree nor disagree
   d. Somewhat agree
   e. Strongly agree

J2. [University] would do its best to protect the privacy of an individual making a report of sexual assault or other sexual misconduct.
   a. Strongly disagree
   b. Somewhat disagree
   c. Neither agree nor disagree
   d. Somewhat agree
   e. Strongly agree

J3. If requested by an individual making a report of sexual assault or other sexual misconduct, [University] would forward the report to law enforcement.
   a. Strongly disagree
   b. Somewhat disagree
   c. Neither agree nor disagree
   d. Somewhat agree
   e. Strongly agree

J4. [University] would take steps to protect the safety of the individual making a report of sexual assault or other sexual misconduct.
   a. Strongly disagree
   b. Somewhat disagree
   c. Neither agree nor disagree
   d. Somewhat agree
   e. Strongly agree

J5. [University] would support an individual making a report of sexual assault or other sexual misconduct.
   a. Strongly disagree
   b. Somewhat disagree
   c. Neither agree nor disagree
   d. Somewhat agree
   e. Strongly agree

J6. [University] would handle a report of sexual assault or other sexual misconduct fairly.
   a. Strongly disagree
   b. Somewhat disagree
   c. Neither agree nor disagree
   d. Somewhat agree
   e. Strongly agree

SECTION K – SEXUAL MISCONDUCT PREVENTION TRAINING

K1. <u>Before starting at</u> [University], did you complete any training modules or information sessions about sexual assault or other sexual misconduct?
   a.   Yes [GO TO K1a]
   b.   No [GO TO K2]
   c.   I don't know [GO TO K2]
   [IF BLANK THEN GO TO K2]

K1a. [IF K1=YES] What topics did these training modules or information sessions include? (Mark all that apply)
   a.   How sexual assault or other sexual misconduct is defined.
   b.   How to prevent sexual assault or other sexual misconduct.
   c.   How to intervene in situations that might become sexual assault or other sexual misconduct (i.e., bystander intervention).
   d.   Where to seek help should you or someone else experience sexual assault or other sexual misconduct.

K2. <u>Since starting at</u> [University], have you completed any training modules or information sessions about sexual assault or other sexual misconduct?
   a.   Yes [GO TO K2a]
   b.   No [GO TO L1]
   c.   I don't know [GO TO L1]
   [IF BLANK THEN GO TO L1]

K2a. [IF K2=YES] What topics did these training modules or information sessions include? (Mark all that apply)
   a.   How sexual assault or other sexual misconduct is defined at [University].
   b.   How to prevent sexual assault or other sexual misconduct.
   c.   How to intervene in situations that might become sexual assault or other sexual misconduct (i.e., bystander intervention).
   d.   Where to seek help should you or someone else experience sexual assault or other sexual misconduct.

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SECTION L – BYSTANDER BEHAVIOR

The next question is about situations you may have seen since you have been a student at [University].

L1. Since you have been a student at [University], have you noticed someone at [University] – either online (e.g., in an online course, on a student discussion board) or on campus making inappropriate sexual comments about someone else's appearance, sharing unwanted sexual images, or otherwise acting in a sexual way that you believed was making others feel uncomfortable or offended?
   a.   Yes [CONTINUE]
   b.   No [END OF SURVEY]

L1a. Thinking about the last time this happened, what did you do? (Mark all that apply)
   a.   Directly intervened or interrupted the situation in the moment.
   b.   Checked in with the person who seemed impacted by the behavior.
   c.   Confronted or expressed concern to the person engaging in the behavior.
   d.   Sought help from either person's friends.
   e.   Sought help from someone else.
   f.   Expressed concern to school administrators or another person in a position of authority.
   g.   Did nothing because the person impacted appeared to be handling the situation.
   h.   Did nothing because I wasn't sure what to do.
   i.   Did nothing for another reason.
   j.   Other (please specify): _____

Appendix C. Questions from the AAU That Were Not Included in the TC CCA

QUESTIONS FROM THE AAU THAT WERE NOT INCLUDED IN TC CCA
Question numbers may vary based on how you format your survey

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SECTION A – BACKGROUND/DEMOGRAPHICS

A1. How old are you?
[DROP DOWN LIST]
Under 18
18-39, by single year
40+

A2. Which of the following best describes your current student affiliation with [University]?
   a.   Undergraduate [CONTINUE]
   b.   Graduate [GO TO A4]
   c.   Professional [GO TO A4]
   [IF BLANK THEN GO TO A5]

A3. What is your class year in school? Answer on the basis of the number of credits you have earned.
   a.   1st year [GO TO A5]
   b.   2nd year [GO TO A5]
   c.   3rd year [GO TO A5]
   d.   4th year [GO TO A5]
   [IF BLANK THEN GO TO A5]

A4. What year are you in the program? Answer on the basis of the number of years enrolled in the graduate or professional academic program.
   a.   1st year
   b.   2nd year
   c.   3rd year
   d.   4th year
   e.   5th year
   f.   6th year or higher

A5. In which school at [University] are you enrolled? If you are enrolled in more than one choose the school that you consider your primary affiliation (e.g., most credits, college of main advisor)
[UNIVERSITY SPECIFIC LIST]

A6. In what year did you first enroll as a student at [University]?
[DROP DOWN LIST]
Prior to 2020
2021-2024 by single year

A6a. [IF A2=Graduate OR Professional] Did you first enroll as an undergraduate student?
   a.   Yes [GO TO A6b]
   b.   No [GO TO A7]

A6b. What year did you enroll as a graduate or professional student?
[DROP DOWN LIST]
Prior to 2020
2021-2024 by single year

A7. Are you in a program in which you take all your courses online?
   a. Yes
   b. No

A8. Do you identify as Hispanic or Latino/a/x?
   a. Yes
   b. No

A9. Select one or more of the following races that best describes you: (Mark all that apply)
   a. American Indian or Alaska Native [GO TO A10]
   b. Asian [GO TO A9a]
   c. Black or African American [GO TO A10]
   d. Native Hawaiian or Other Pacific Islander [GO TO A10]
   e. White [GO TO A10]
   f. Other [GO TO A10]
   [IF BLANK GO TO A10]

A9a. Please select one or more of the following that best represents your background:
   a. Asian Indian
   b. Chinese
   c. Filipino
   d. Japanese
   e. Korean
   f. Vietnamese
   g. Other Asian

A10. Are you a U.S. citizen or permanent resident?
   a. Yes
   b. No

A11. Which best describes your gender identity?
   a. Woman
   b. Man
   c. Trans woman (male-to-female)
   d. Trans man (female-to-male)
   e. Nonbinary or genderqueer
   f. Questioning
   g. Not listed. I describe myself as (specify) _____
   h. Decline to state.

A16. Since you have been a student at [University], have you been a member of or participated in any of the following?
(Mark all that apply)
[UNIVERSITY SPECIFIC LIST]
None of the above

A17. Which best describes your living situation?
[UNIVERSITY SPECIFIC LIST]

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SECTION D – PROTECTIVE FACTORS

D11. Being Native American is important in my life.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

D14. Being Native American plays a big part in how I interact with others.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

SECTION E – SEXUAL HARASSMENT

E5a. Did (this/any of these) experience(s) affect you in any of the following ways? (Mark all that apply)
   a. Interfered with your academic or professional performance
   b. Limited your ability to participate in an academic program
   c. Created an intimidating, hostile or offensive, academic, or work environment
   d. None of the above

E7. How (was the person/were the persons) who behaved (this way/these ways) associated with [University]? (Mark all that apply) (Options that were not included in the survey)
   a. Student teaching assistant
   b. Research staff
   c. Coach or trainer
   d. Alumni

E8. At the time of (this event/these events), what (was the person's/were these persons') relationship to you? (Mark all that apply) (Options that were not included in the survey)
   a. Advisor
   b. Someone I was teaching or advising
   c. Live-in residential staff
   d. Coach or trainer

E11 [A-J]. When did you most recently contact [PERSON/RESOURCE] about (this experience/these experiences)?
   a. Fall of 2023 – present
   b. Fall of 2022 – Summer of 2023
   c. Fall of 2021 – Summer of 2022
   d. Prior to fall of 2021

SECTION F – STALKING

F4b. Did any of these unwanted contacts or behavior cause you substantial emotional distress?
   a. Yes
   b. No

F5. How (was the person/were the persons) who behaved (this way/these ways) associated with [University]? (Mark all that apply) (Options that were not included in the survey)
   a. Student teaching assistant
   b. Research staff
   c. Coach or trainer
   d. Alumni

F6. At the time of (this event/these events), what (was the person's/were these persons') relationship to you? (Mark all that apply) (Options that were not included in the survey)
   a. Advisor
   b. Someone I was teaching or advising
   c. Live-in residential staff
   d. Coach or trainer

F9 [A-J]. When did you most recently contact [PERSON/RESOURCE] about (this experience/these experiences)?
   a. Fall of 2023 – present
   b. Fall of 2022 – Summer of 2023
   c. Fall of 2021 – Summer of 2022
   d. Prior to fall of 2021

SECTION G – DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE

G9 [A-J]. When did you most recently contact [PERSON/RESOURCE] about (this experience/these experiences)?
   a. Fall of 2023 – present
   b. Fall of 2022 – Summer of 2023
   c. Fall of 2021 – Summer of 2022
   d. Prior to fall of 2021

SECTION H – SEXUAL VIOLENCE

- We chose to use some of the questions in Attachment 1 and 2 and integrate them into the sexual violence section.
- If you wish to use Attachment 1 and 2, then do not include any questions beyond BOX H1 in the initial survey.

> **BOX H1* (if using Attachment 1, then use this Box format) ***
> IF ANY OF H1-H9 = YES THEN GO TO ATTACHMENT 1
>
> ELSE GO TO I1

SECTION I – KNOWLEDGE OF RESOURCES

I1. Are you aware of the services and resources provided by the following? (Mark all that apply)
[UNIVERSITY SPECIFIC LIST]
None of the above

SECTION L – BYSTANDER BEHAVIOR

L1. Since you have been a student at [University], have you noticed someone at [University] making inappropriate sexual comments about someone else's appearance, sharing unwanted sexual images, or otherwise acting in a sexual way that you believed was making others feel uncomfortable or offended?
  a. Yes [CONTINUE]
  b. No [GO TO L2]
  [IF BLANK THEN GO TO L2]

L1a. Thinking about the last time this happened, what did you do? (Mark all that apply)
  a. Directly intervened or interrupted the situation in the moment.
  b. Checked in with the person who seemed impacted by the behavior.
  c. Confronted or expressed concern to the person engaging in the behavior.
  d. Sought help from either person's friends.
  e. Sought help from someone else.
  f. Expressed concern to school administrators or another person in a position of authority.
  g. Did nothing because the person impacted appeared to be handling the situation.
  h. Did nothing because I wasn't sure what to do.
  i. Did nothing for another reason.
  j. Other (please specify): _____

L2. Since you have been a student at [University], have you witnessed a pattern of ongoing sexual comments or behaviors that made you concerned that a fellow student at [University] was experiencing sexual harassment?
  a. Yes [CONTINUE]
  b. No [GO TO L3]
  [IF BLANK THEN GO TO L3]

L2a. Thinking about the last time this happened, what did you do? (Mark all that apply)
  a. Directly intervened or interrupted the situation in the moment.
  b. Checked in with the person who seemed impacted by the behavior.
  c. Confronted or expressed concern to the person engaging in the behavior.
  d. Sought help from either person's friends.
  e. Sought help from someone else.
  f. Expressed concern to school administrators or another person in a position of authority.
  g. Did nothing because the person impacted appeared to be handling the situation.
  h. Did nothing because I wasn't sure what to do.
  i. Did nothing for another reason.
  j. Other (please specify): _____

L3. Since you have been a student at [University], have you witnessed someone at [University] behaving in a controlling or abusive way towards a dating or sexual partner?
- a. Yes [CONTINUE]
- b. No [GO TO L4]
- [IF BLANK GO TO L4]

L3a. Thinking about the last time this happened, what did you do? (Mark all that apply)
- a. Directly intervened or interrupted the situation in the moment.
- b. Checked in with the person who seemed impacted by the behavior.
- c. Confronted or expressed concern to the person engaging in the behavior.
- d. Sought help from either person's friends.
- e. Sought help from someone else.
- f. Expressed concern to school administrators or another person in a position of authority.
- g. Did nothing because the person impacted appeared to be handling the situation.
- h. Did nothing because I wasn't sure what to do.
- i. Did nothing for another reason.
- j. Other (please specify): _____

L4. Since you have been a student at [University], have you witnessed a situation that you believed could have led to a sexual assault?
- a. Yes [CONTINUE]
- b. No [END OF SURVEY]

L4a. Thinking about the last time this happened, what did you do? (Mark all that apply)
- a. Directly intervened or interrupted the situation in the moment.
- b. Checked in with the person who seemed impacted by the behavior.
- c. Confronted or expressed concern to the person engaging in the behavior.
- d. Sought help from either person's friends.
- e. Sought help from someone else.
- f. Expressed concern to school administrators or another person in a position of authority.
- g. Did nothing because the person impacted appeared to be handling the situation.
- h. Did nothing because I wasn't sure what to do.
- i. Did nothing for another reason.
- j. Other (please specify): _____

> **BOX H1_1**
>
> IF H[X]= YES THEN CONTINUE TO H1a
>
> ELSE GO TO NEXT ITEM IN SECTION H

H1a. Since you have been a student at [University], how many times has this happened?
   a. 1 time
   b. 2 times
   c. 3 times
   d. 4 or more times

> **BOX H1_2**
>
> ADMINISTER H1B AND H1C FOR EACH INCIDENT REPORTED IN H1A, UP TO 4 TIMES
>
> IF H1A IS BLANK THEN ADMINISTER H1B AND H1C ONCE

You said that the following occurred (1/2/3/4 or more) time(s):
   • [INCIDENT SUMMARY]

H1b. When did (this/the (second/third/fourth) most recent) incident (of this type) occur?
   a. Since the beginning of the Fall 2023 term [GO TO NEXT BOX]
   b. Prior to the Fall 2023 term [GO TO H1c]
   [IF BLANK GO TO BOX H1_2]

H1c. [IF H1b=b] In what school year did it occur?
   a. Fall 2022 to Summer 2023
   b. Fall 2021 to Summer 2022
   c. Fall 2020 to Summer 2021
   d. Prior to Fall of 2020
   e. It occurred before I was a student at [University] [GO TO BOX H1_2]
   [IF BLANK GO TO BOX H1_2]

> **BOX H1_3**
>
> IF TIME PERIOD REPORTED IN H1B AND H1C IS THE SAME AS TIME PERIOD REPORTED IN PREVIOUS H ITEM FOLLOW-UP, THEN GO TO H1D
>
> ELSE RETURN TO H1B FOR NEXT INCIDENT REPORTED IN H1A
>
> IF NO MORE INCIDENTS, THEN GO TO NEXT H ITEM

H1d. Was this part of (the other incident/any of the other incidents) you reported as occurring (during the) (time period) (school year)?
   a. Yes [GO TO H2e]
   b. No [GO TO BOX H1_2]
   [IF BLANK THEN GO TO BOX H1_2]

H1e. [If H1d = Yes] Was it part of any of the following incidents you reported earlier?
[LIST PRIOR ANSWERS THAT OCCURRED DURING SAME TIME PERIOD]
   a. [IF H[X] TIME PERIOD = H1 TIME PERIOD] Penetration or oral sex involving physical force or threats of physical force
   b. [IF H[X] TIME PERIOD = H2 TIME PERIOD] Attempted but not successful penetration or oral sex involving physical force or threats of physical force
   c. [IF H[X] TIME PERIOD = H3 TIME PERIOD] Sexual touching involving physical force or threats of physical force
   d. [IF H[X] TIME PERIOD = H4 TIME PERIOD] Penetration or oral sex when you were unable to consent or unable to stop what was happening
   e. [IF H[X] TIME PERIOD = H5 TIME PERIOD] Sexual touching when you were unable to consent or unable to stop what was happening
   f. [IF H[X] TIME PERIOD = H6 TIME PERIOD] Penetration or oral sex when you were coerced by threats of serious non-physical harm or promised rewards
   g. [IF H[X] TIME PERIOD = H7 TIME PERIOD] Sexual touching when you were coerced by threats of serious non-physical harm or promised rewards
   h. [IF H[X] TIME PERIOD = H8 TIME PERIOD] Penetration or oral sex without your active ongoing consent
   i. None of the above

BOX H1_4
IF H1A = '4 OR MORE TIMES' AND ALL H1B = 'SINCE FALL 2023' THEN CONTINUE TO H1F

ELSE RETURN TO H1B FOR NEXT INCIDENT REPORTED IN H1A

IF NO MORE INCIDENTS, THEN GO TO NEXT H ITEM

H1f. You said that this happened other times as well. Did any of these other incidents also occur since the beginning of the Fall 2023 term?
   a. Yes
   b. No

BOX HA0

IF ALL ITEMS H1-H9 = 'NO' OR BLANK THEN GO TO SECTION I

ELSE CONTINUE TO BOX HA1

BOX HA1

Section HA is administered up to 4 TIMES based on incidents reported in items H1-H9
Respondents who reported at least 1 incident in H1-H9 will be asked to complete 1 DIF.
Respondents who reported more than 1 incident will be given the option to complete up to 4 DIFs (see the end of section HA for this request).

A DIF will be in reference to 1 single incident.

The incident referenced by a DIF will be selected by the respondent, based on how much the experience impacted or affected the respondent.
--The FIRST DIF will reference the incident which IMPACTED OR AFFECTED the respondent THE MOST
--the SECOND DIF will reference the incident which IMPACTED OR AFFECTED the respondent THE SECOND MOST
--… up to 4 incidents

BOX HA1.5

Count number of eligible incidents for each item in section H:

  Do for X = 1 – 9 AND Y = 1 – 4

    If H [X]=YES then do

      H[X] count = H[X] a

      If H[X]a = BLANK then H[X] count=1

        If H[X]c_[Y] = 5 OR H[X]e_[Y] = (1 to 8) then H[X] count – 1

Dynamic text

If sum (H1count-H9count) = 1 then:

  "… what happened during the incident you reported…"

If sum (H1count-H9count) > 1 AND first incident then:

  "… what happened during one of the incidents you reported…"

If sum (H1count-H9count) > 1 AND 2nd-4th incident then:

  "… what happened during another one of the incidents you reported…"

The following questions ask about what happened during (the/(another) one of the) incident(s) you reported earlier. Sometimes it is difficult to report on these details, but the information you provide will help us understand the context and consequences of the incident.

Please remember that you can skip any question if you do not want to answer.

[IF FIRST INCIDENT]: **You said that the following happened to you since you have been a student at [University]:**
- [IF H1count > 0] Penetration or oral sex involving physical force or threats of physical force ([H1count] incidents)
- [IF H2count > 0] Attempted but not successful penetration or oral sex involving physical force or threats of physical force ([H2count] incidents)
- [IF H3count > 0] Sexual touching involving physical force or threats of physical force ([H3count] incidents)
- [IF H4count > 0] Penetration or oral sex when you were unable to consent or unable to stop what was happening ([H4count] incidents)
- [IF H5count > 0] Sexual touching when you were unable to consent or unable to stop what was happening ([H5count] incidents)
- [IF H6count > 0] Penetration or oral sex when you were coerced by threats of serious non-physical harm or promised rewards ([H6count] incidents)
- [IF H7count > 0] Sexual touching when you were coerced by threats of serious nonphysical harm or promised rewards ([H7count] incidents)
- [IF H8count > 0] Penetration or oral sex without your active ongoing consent ([H8count] incidents)
- [IF H9count > 0] Sexual touching without your active ongoing consent ([H9count] incidents)

[IF ONE INCIDENT]: *Please answer the following questions about what happened during this experience and how it impacted or affected you.*

[IF FIRST INCIDENT OF 2 OR MORE]: *The following questions ask you about what happened during one of these experiences. While all such experiences are of great concern, please answer the following questions about the experience that has impacted or affected you the most.*

[IF SECOND, THIRD OR FOURTH INCIDENT]: *You reported that [XX] other incidents involving sexual contact occurred. The following questions ask you about what happened during the incident that had the NEXT greatest impact on you. Please remember that you can skip any question if you do not want to answer.*

HA1. How many people did this to you (during this incident)?
- a. 1 person [GO TO HA2a]
- a. 2 people [GO TO HA2b]
- b. 3 or more people [GO TO HA2b]
- [IF BLANK GO TO HA2b]

HA2a. [IF 1 PERSON] Was the person that did this to you …
- a. Man
- a. Woman
- b. Other gender identity
- c. I don't know
- [FOR ANY RESPONSE OR IF BLANK GO TO HA2c]

HA2b. [IF 1 PERSON] Was the person that did this to you …
   a. Native American
   b. White
   c. Black
   d. Hispanic/Latino/a
   e. Asian or Pacific Islander
   f. Other (specify)_____
   g. I don't know

HA2c. [IF > 1 PERSON] Were any of the people that did this to you … (Mark all that apply)
   a. Man
   b. Woman
   c. Other gender identity
   d. I don't know

HA2d. [IF > 1 PERSON] Were any of the people that did this to you … (Mark all that apply)
   a. Native American
   b. White
   c. Black
   d. Hispanic/Latino/a
   e. Asian or Pacific Islander
   f. Other (specify)_____
   g. I don't know

HA2e. What type of nonconsensual or unwanted behavior occurred during this incident? (Mark all that apply)
   a. Penis, finger(s) or object(s) was inside someone's vagina or anus
   b. Mouth or tongue made contact with another's genitals
   c. Kissed
   d. Touched breast, chest, crotch, groin or buttocks
   e. Grabbed, groped or rubbed in a sexual way
   f. Other

HA2f. How did the person do this? (Mark all that apply)
   a. The person(s) used physical force or threats of physical force.
   b. The person(s) did this when I was unable to consent or stop what was happening because I was passed out, asleep, or incapacitated due to drugs or alcohol.
   c. The person(s) threatened serious non-physical harm or promised rewards.
   d. The person(s) did this without my active, ongoing, voluntary agreement.

HA3. How (is the person/are the persons) who did this to you associated with [University]? (Mark all that apply)
   a. Student
   b. Student teaching assistant
   c. Faculty or instructor
   d. Research staff
   e. Staff or administrator
   f. Coach or trainer
   g. Alumni
   h. Other person associated with [University]
   i. The person was not associated with [University]
   j. Unsure about association with [University]

HA4. At the time of this event, what (was the person's/were these persons') relationship to you? (Mark all that apply)
   a. Someone I was involved or intimate with at the time
   b. Someone I previously had been involved or intimate with
   c. Faculty or Teacher
   d. Advisor
   e. Someone I was teaching or advising
   f. Live-in residential staff
   g. Coach or trainer
   h. Boss or supervisor
   i. Co-worker
   j. Friend
   k. Family member
   l. Classmate
   m. Someone I know or recognize, but was not a friend
   n. Did not know or recognize this person

HA5. Before the incident, (was/were) (the person/any of the persons) who did this to you drinking alcohol?
   a. Yes
   b. No
   c. I don't know

HA6. Before the incident, (was/were) (the person/any of the persons) who did this to you using drugs?
   a. Yes
   b. No
   c. I don't know

HA7. Before the incident were you drinking alcohol? Keep in mind that your use of alcohol in no way absolves a person who acted against your will.
   a. Yes
   b. No

HA8. Before the incident did you voluntarily take any drugs? Keep in mind your use of drugs in no way absolves a person who acted against your will.
   a. Yes
   b. No

HA9. Before the incident, had you been given alcohol or another drug without your knowledge or consent?
   a. Yes, I am certain
   b. I suspect, but I am not certain
   c. No
   d. I don't know

BOX HA2
IF HA7 = YES OR HA8 = YES OR HA9 = YES OR "I SUSPECT", THEN CONTINUE TO HA10

ELSE GO TO HA11a

HA10. Were you passed out or asleep for all or parts of this incident?
   a. Yes
   b. No
   c. Not sure

HA11a. Did this incident occur on academic break or recess?
   a. Yes
   b. No

HA12a. Where did this incident occur?
   a. University residence hall/dorm
   b. Fraternity house
   c. Sorority house
   d. Other space used by a single-sex student social organization
   e. Other residential housing
   f. Classroom, lab or fieldwork setting
   g. Faculty or staff office
   h. Restaurant, bar or club
   i. Other non-residential building
   j. Outdoor or recreational space
   k. Some other place

HA12b. Did this incident occur:
   a. On a [University] campus location
   b. On a [University] affiliated off-campus location
   c. Some other place

HA13a. Did you experience any of the following because of the incident? (Mark all that apply)
   a. Avoided or tried to avoid the person(s)
   b. Fearfulness or being concerned about safety
   c. Feelings of helplessness or hopelessness
   d. Loss of interest in daily activities
   e. Withdrawal from interactions with friends
   f. Stopped participating in extracurricular activities
   g. Nightmares or trouble sleeping
   h. Feeling numb or detached
   i. Headaches or stomach aches
   j. Eating problems or disorders
   k. Increased drug or alcohol use
   l. None of the above

HA13b. Did you experience any of the following on your academic or professional life? (Mark all that apply)
   a. Decreased class attendance
   b. Difficulty concentrating on course projects, assignments, or exams
   c. Difficulty going to work
   d. Withdrew from some or all classes
   e. Changed my residence or housing situation
   f. Changed my career plan
   g. Considered dropping out of school
   h. Changed major or college
   i. None of the above

HA14. Did any of the following happen to you from this experience? (Mark all that apply)
   a.   Physically injured [CONTINUE TO HA15]
   b.   Contracted a sexually transmitted disease or infection (STI/STD) [GO TO HA15]
   c.   Became pregnant [GO TO HA15]
   d.   None of the above [GO TO HA15]
   [IF BLANK THEN GO TO HA15]

HA15. [IF A8=ANY] You said that you have:
*(question about the student identifying with any disability – number may differ by survey)
   •   [list of conditions marked in A8]

Did this incident have any of the following effects on you? (Mark all that apply)
   a.   It led to my developing (at least one of these/this) condition(s).
   b.   It exacerbated or made worse (at least one of these/this) condition.
   c.   It had no effect (on any of these/on this) condition(s).

HA16. Have you ever contacted any of the following about this experience? (Mark all that apply)
[UNIVERSITY SPECIFIC LIST]
   a.   Title IX Coordinator
   b.   Faculty or instructor
   c.   Staff or administration
   d.   Local police/Law enforcement
   e.   Tribal police/law enforcement
   f.   Victim service provider
   g.   Medical/Health care provider
   h.   Friend
   i.   Family member
   j.   Spiritual or religious advisor, leader, or clergy
   k.   Therapist or counselor
   l.   Sexual or romantic partner
   m.   Other resource (e.g., hotline)
   n.   Someone else
   o.   I didn't tell anyone [GO TO H17]
   [IF NO ONE MARKED THEN GO TO H17]

BOX HA4
IF NO PERSON/RESOURCE MARKED OR "I DIDN'T TELL ANYONE", GO TO HA17

ELSE ASK HA16a, HA16b, and HA16c FOR THE FIRST 4 PERSONS/RESOURCES SELECTED IN HA16

HA16a. When did you most recently contact [PERSON/RESOURCE] about this experience?
   a.   Fall of 2023 – present
   b.   Fall of 2022 – summer of 2023
   c.   Fall of 2021 – summer of 2022
   d.   Prior to fall 2021

BOX HA5
IF MORE PERSONS/RESOURCES MARKED THEN RETURN TO BOX HA4

ELSE GO TO HA18

HA17. Why did you decide not to contact anyone? (Mark all that apply)
    a.   I did not know where to go or who to tell.
    b.   I felt embarrassed, ashamed or that it would be too emotionally difficult.
    c.   I did not think anyone would believe me.
    d.   I did not think it was serious enough to contact any of these programs or resources.
    e.   I did not want the person to get into trouble.
    f.   I feared negative academic, social or professional consequences.
    g.   I feared it would not be kept confidential.
    h.   I could handle it myself.
    i.   I feared retaliation.
    j.   I didn't think these resources would give me the help I needed.
    k.   Incident occurred while school was not in session.
    l.   Other

BOX HA6

IF HA17 = "NOT SERIOUS ENOUGH" OR "OTHER" THEN CONTINUE

ELSE IF MORE THAN ONE RESPONSE MARKED THEN GO TO HA17b

ELSE GO TO HA18

HA17a. Please review the list below and mark any of the reasons that may better describe why you didn't contact anyone (Mark all that apply).
    a.   I was not injured or hurt.
    b.   The reaction by others suggested that it wasn't serious enough to contact any of these programs or services.
    c.   I contacted other programs or services that I felt were appropriate.
    d.   I had trouble reaching the program or service.
    e.   I was too busy.
    f.   The event happened in a context that began consensually.
    g.   Because of the person's gender, I thought it would be minimized or misunderstood.
    h.   I might be counter-accused.
    i.   Alcohol and/or other drugs were present.
    j.   Events like this seem common.
    k.   My body showed involuntary arousal.
    l.   Other: _____

BOX HA7

IF MORE THAN ONE RESPONSE MARKED ACROSS HA17 AND HA17a THEN CONTINUE

ELSE GO TO BOX HA8

HA17b. What was the most important reason why you did not contact anyone?
[LIST OF ALL OPTIONS MARKED IN HA17 AND HA17a]

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HA18. You told us that you experienced [sum of (H1count-H9count) - # of completed DIFs]
other incidents involving sexual contact since you have been a student at NICC.

Would you like to tell us about the details involved in another incident?

Please keep in mind that this is completely voluntary. If you don't want to answer any
more questions about specific incidents, select "no".

  a.   Yes, I would like to answer questions about another incident [RETURN TO BOX HA1]
  b.   No, continue with the rest of the survey [CONTINUE TO SECTION I]
       [IF BLANK THEN CONTINUE TO SECTION I]

June 19, 2024

To: Dr. Tara Richards, Dr. Emily Wright, and Doctorial Candidate Sheena Grant
From: Dawne M. Price, MA

Thank you for your comprehensive assessment of the Nebraska Indian Community College's compliance with Title IX, the Clery Act, and VAWA policies. This evaluation will help NICC improve services and continue to grow compliance with these Title IV mandates. The process has also raised concerns and awareness around IRB training and the importance of this resource to the college.

I have a couple of suggestions or responses that I would like to add to the report or make clear to the receivers of this report. These include training components that were missed in the evaluation of materials, the term "all" related to NICC's distance education, and, lastly, the counseling and psychoeducation courses and Morningstar Counseling's breadth of reach.

First, in the report, the terms "all" and "entirely" are used to discuss courses offered at NICC. While it is true that NICC is nearly 95% distance education in multiple formats, including Video teleconference, Virtual with MS Teams and Zoom, Online with Canvas LMS, and blended, there are still 5% or slightly more courses that are taught in person on campus. These courses are primarily made up of the nursing program and the carpentry programs, but a few other classes are designated for on-campus learning. However, these on-campus courses do not populate at high levels, so most NICC students remain in distance education, but not all (p. 17 and p. 65).

Next, there are still open access education points that are being done that were missed in the evaluation of materials and have been listed as part of the recommendations. One is that MorningStar Counseling has been offering monthly psychoeducational programs to all NICC students, staff, and faculty. A few of the training that have been provided are Mental Health First Aid Training, Meth 101 Training, Safety in Relationships, and supporting loved ones through Addiction. These open-access trainings are sent out to all NICC students, staff, and faculty via NICC email, and all are welcome to join. In the area of confidentiality, Morningstar Counseling reports the number of attendees based on the number of students and employees. NICC is growing this space, making these required is a valid recommendation. NICC also has

All Staff meetings that are required and that attendance sheets are kept are listed below. These are a few of the training courses from last year.

2024	January	5	Recorded presentation with quiz	Title IX Training; Employee Handbook acknowledgement	Anthony Warrior
	September	8	Macy Campus	Multi-cultural communication/ Field Trip around Omaha Nation	Dawne Price ; Vanessa Hamilton

There is an accountability list of employees who have completed the Title IX training in Canvas. Emotional intelligence was one of the three components of the multicultural training.

The annual security report has been done annually since 2016. While the report did not meet all of the checkpoints in the last year, it was further developed with an outside contractor and now complies with the data included. You can review this on the NICC website at this link.

In Conclusion, it should also be noted that Morningstar Counseling has expanded its ability to counsel nearly all NICC students and employees as they have added certifications over the last two years and now serves nearly all of the states that NICC represents in our body as of 2024. The percentage for this has not been calculated but is close to 80% for the students and employees. I plan to calculate this based explicitly on the NC-SARA report completed in June 2024. Some of the items in this report for recommendation are already being addressed, and the continued application of support suggested will be considered to continue improving programming for Title IX, Clery, and VAWA compliance.

Nebraska Indian Community College

Morningstar Counseling & Consultation
College Counseling Services

Presentations

Wednesday, January 24 12–1pm
Creating an Environment for Learning

Wednesday, February 14 12–1pm
Safety in Relationships

Thursday, March 21 12–1pm
Procrastination, Perfectionism, and Panic, Oh My!

Thursday, March 28 12–1pm
Sleep Health

Thursday, April 4 12–1pm
Understanding Grief

Thursday, April 18 12–1pm
Supporting Loved Ones Through Addiction

Thursday, May 2 12–1pm
Test Anxiety

Art & Soul Group

Tuesday, February 6 12–1pm
Tuesday, February 20 12–1pm
Tuesday, March 19 12–1pm
Tuesday, April 2 12–1pm
Tuesday, April 16 12–1pm

Parenting Skills Group

Wednesday, February 28 12–1pm
Wednesday, March 27 12–1pm
Wednesday, April 24 12–1pm

Employee Talking Circles

Friday, February 16 11am–12pm
Friday, March 22 11am–12pm
Friday, April 19 11am–12pm

All sessions are 100% online.
Zoom links will be provided in the calendar invites sent to your NICC email.

Contact Us Today:
(402) 327-9711
contact@morningstar-counseling.com
www.morningstar-counseling.com

Morningstar Counseling