ACHA Position Statement:
Sexual and Relationship Violence on College and University Campuses

Campus sexual and relationship violence are serious public health issues that adversely affect college and university students because students cannot learn in an atmosphere in which they do not feel safe. Sexual and relationship violence comprise a continuum of behaviors that include, but are not limited to, sexual/gender harassment, sexual coercion, sexual abuse, stalking, sexual assault, and rape. Victims/survivors\(^1\) of sexual and relationship violence may experience alienation, barriers to academic success, lower graduation rates, health problems, persistent mental health issues, and fear of retaliation. The American College Health Association (ACHA) supports action through legislation and public education to address college sexual and relationship violence and recognizes that college health professionals are uniquely positioned to play a leading role by implementing appropriately-resourced prevention and response strategies within their institutions. Therefore, college health and other higher education professionals must have an active voice in new and ongoing initiatives, policies, and legislation.

Background
Recent findings from the Spring 2015 ACHA-National College Health Assessment (NCHA)\(^2\) reveal that 9.3% of undergraduate students (11.4% of females, 4.4% of males, and 22.4% of transgender students) report having been sexually touched without consent within the previous 12 months. Furthermore, 4.1% (5.2% of females, 1.4% of males, and 7.3% of transgender students) indicated that within the previous 12 months, they experienced attempted or completed penetration (vaginal, anal, or oral) without consent. With regards to intimate partner relationships, 9.2% of respondents (10.6% of females, 6.1% of males, and 17.0% of transgender students) indicated having experienced an abusive relationship (emotionally, physically, or sexually) within the previous 12 months.

In addition, the 2015 Campus Climate Survey on Sexual Assault and Sexual Misconduct conducted by the Association of American Universities across 27 universities found that since enrolling at their university, 16.5% of seniors experienced sexual contact involving penetration or sexual touching as a result of physical force or incapacitation. Senior females (26.1%) and those identifying as TGQN (transgender, genderqueer, non-conforming, questioning, or something not listed) (29.5%) are, by far, the most likely to experience this type of victimization. Senior males are subject to much smaller risk (6.3%).\(^3\)

\(^1\)The decision was made to use the term victim/survivor for the following reasons: 1) empowerment of the person to identify in a way that feels truest to their current reality; 2) the term “victim” may allow for the individual to validate and decrease avoidance of the difficult feelings associated with their experience; and 3) the term “survivor” may help the person connect with their sense of agency and resiliency.

\(^2\) Spring 2015 ACHA-National College Health Assessment: 64,910 full-time undergraduate students at 108 U.S. institutions; 18 to 24 years old, 68.8% female, 30.7% male, 0.4% transgender. Data were restricted to undergraduate students due to the majority of research has used undergraduate populations. However, programming and initiatives on each campus should be reflective of consideration for the entire campus population.

\(^3\) Cantor, Chibnall, Fisher, Townsend. Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct, September 2015. Data were restricted to undergraduate students due to the majority of research focusing on undergraduate populations. Inclusion of graduate and professional student data tends to skew overall data. Institutions with graduate and professional students should take this population into consideration as part of overall planning and programming reflective of their specific needs.
The ACHA-NCHA data demonstrated a consistent and in some cases strong relationship between being the victim/survivor of sexual violence and a number of interpersonal health related issues, including the following subset of variables: feelings of hopelessness, loneliness, anxiety, difficulty functioning due to depression, self-injurious behaviors, and suicidal thoughts.

**Percentage of undergraduate students reporting certain feelings or experiences by whether they have been a victim of sexual or relationship violence within the previous 12 months**

<table>
<thead>
<tr>
<th>Victim of sexual or relationship violence*</th>
<th>Feelings of hopelessness* (% Yes)</th>
<th>Loneliness* (% Yes)</th>
<th>Overwhelming anxiety* (% Yes)</th>
<th>Difficult to function due to depression* (% Yes)</th>
<th>Self-Injury* (% Yes)</th>
<th>Suicidal thoughts* (% Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70.6</td>
<td>79.8</td>
<td>75.4</td>
<td>57.6</td>
<td>16.2</td>
<td>21.1</td>
</tr>
<tr>
<td>No</td>
<td>46.5</td>
<td>58.7</td>
<td>54.8</td>
<td>31.2</td>
<td>5.7</td>
<td>7.7</td>
</tr>
</tbody>
</table>

* Phi ≥ .15

Furthermore, when asked about issues that had been traumatic or difficult for them to handle in the last 12 months, students victimized by sexual violence had greater difficulty with intimate relationships (62.3% vs. 24.9%),** other social relationships (47.7% vs. 24.3%),* personal health issues (35.5% vs. 18.2%),* and sleep problems (45% vs. 26.2%).* Students victimized by sexual violence were also more likely to indicate that their academic performance had been negatively impacted by anxiety (37.7% vs. 20.4%) and depression (28.1% vs. 11.9%)* within the last 12 months. Sexual and relationship violence may have profound personal health and wellness consequences, as well as inhibit engagement during a victim’s/survivor’s academic career.

* Phi ≥ .15; ** Phi ≥ .30

Campuses have a responsibility and an opportunity to engage with emerging research, evaluate the efficacy of their own prevention, response, and treatment efforts, and actively share lessons learned. Trauma-informed practices should be adopted in every aspect of care in order to provide a more sensitive response and lower the risk of re-victimization. Services, resources, and training should be congruent with best practices as they evolve.

For additional information and resources, please consult the ACHA Guidelines for [Addressing Sexual and Relationship Violence on College and University Campuses](https://www.acha.org/).