



Campus Sexual Assault and Student Mental Health

Sexual misconduct, including sexual assault, is a pervasive issue on college campuses with profound repercussions. Survivors often experience elevated rates of depression, anxiety, and post-traumatic stress disorder (PTSD), which can persist long after the inciting incident.^{i, ii} These psychological impacts frequently interfere with academic performance, leading to decreased GPA, course withdrawal, and even stopping out.ⁱⁱⁱ The intersection of trauma and educational disruption underscores the need for comprehensive prevention and support services within higher education institutions and in public policy.

While sexual assault can affect anyone, certain populations face heightened risk. Female undergraduates experience the highest prevalence, with approximately one in four reporting nonconsensual sexual contact during college, compared to one in 20 male undergraduates.^{iv} Students who identify as LGBTQ+, individuals with disabilities, and students of color are also disproportionately impacted.^v

Reports of nonconsensual sexual contact, by gender

23.1%
Female students

5.4%
Male students

24.1%
Transgender, genderqueer,
or gender non-conforming
students



*Each figure represents 1% of undergraduate students in that group.
Cantor et. Al, 2020*

Impact of Campus Sexual Assault

Campus sexual assault has life-altering consequences for both survivors and perpetrators. For victims, the psychological toll can be severe and enduring. Academically, survivors often face disruptions such as difficulty concentrating, absenteeism, and declining grades, which can lead to course withdrawal, delayed graduation, or leaving college altogether.^{vi} Survivors frequently experience depression, anxiety, and PTSD, with symptoms that can persist for years after the assault.^{vii} Many struggle with shame, isolation, and diminished trust in campus institutions, particularly when reporting processes are perceived as inadequate.^{viii} Trauma resulting from sexual violence, including sexual assault, can lead to increased suicide risk, substance use, or chronic illness such as heart disease or cancer.^{ix} These effects can derail educational and career trajectories and undermine long term well-being, underscoring the urgent need for comprehensive support systems.

Students found responsible for sexual assault face serious repercussions, including disciplinary actions such as suspension or expulsion under Title IX and institutional policies. Beyond campus, consequences may extend to criminal charges, civil lawsuits, and, in some cases, mandatory registration as a sex offender. While these measures are critical for accountability and campus safety, it is equally important that adjudication processes are fair, evidence-based, and trauma-informed to protect all parties involved. Ensuring due process alongside survivor-centered practices helps maintain trust in institutional systems and underscores the shared goal of preventing sexual violence and fostering safe learning environments.

Risk Factors and Prevention

The prevalence of campus sexual assault is influenced by a range of individual, social, and environmental factors. Peer norms and campus culture that tolerate or trivialize sexual aggression, combined with inadequate bystander intervention, contribute to the problem.^x

Prevention requires a comprehensive, evidence-based approach. Effective strategies include campus-wide education on consent and healthy relationships, bystander intervention training, and policies that promote accountability and transparency in reporting processes.^{xi} Environmental measures, such as improving campus lighting and security, and fostering inclusive campus cultures that challenge harmful norms, are also critical.^{xii} Institutions that implement multi-level prevention programs; combining education, enforcement, and support services; are better positioned to reduce sexual harassment and assault and protect student well-being.^{xiii}

Survivor Resources and Recovery

Providing comprehensive, trauma-informed care is essential to supporting survivors of campus sexual assault and promoting recovery. Survivors often delay disclosure due to fear, distrust of institutional processes, and concerns about retraumatization. As a result, sexual assault is one of the most underreported crimes on college campuses, with

College students who experience sexual assault are **2 to 4x more likely** to face severe, overlapping mental health challenges, including depression, anxiety, suicidal thoughts, self-harm, and substance use.^{xvi}

estimates suggesting that fewer than 20% of incidents are formally reported to authorities.^{xiv} Psychological science indicates that institutions should prioritize creating a safe, supportive environment that validates survivors' experiences and restores a sense of control, which can reduce the lasting negative mental health effects of sexual assault and empower recovery.^{xv} This includes offering confidential medical and psychological services, access to sexual assault forensic exams (SAFE/SANE), and culturally responsive standards of care. Survivors should have clear, well-publicized pathways to counseling and academic accommodations.

Effective survivor care also requires trauma-informed practices across campus systems, including hiring mental health professionals trained in treating trauma and integrating trauma-informed pedagogy into classrooms. Partnerships with local rape crisis centers, hospitals, and community organizations can expand access to specialized services and advocacy. Finally, policies must center survivor autonomy, such as adopting "mandatory supporting" rather than "mandatory reporting," to ensure that institutional responses prioritize healing and empowerment over procedural harm.

Policy Recommendations

These recommendations align with the 2019 APA Resolution on Campus Sexual Assault^{xvii}, which emphasizes comprehensive prevention, trauma-informed practices, and improved campus climate assessments.

- **Mandate Comprehensive Prevention Programs:** Require age-appropriate, evidence-based education on consent, healthy relationships, and bystander intervention for all students and staff.
- **Implement Trauma-Informed Practices:** Ensure adjudication processes minimize harm to survivors while safeguarding due process, and integrate trauma-informed practices across campuses.
- **Enhance Survivor Support Services:** Ensure campuses provide confidential medical and psychological care, sexual assault kits, culturally responsive care, and academic accommodations at no cost.

- **Improve Reporting Systems:** Strengthen reporting processes by clarifying distinctions between disclosure for the purposes of seeking support and formal reporting to initiate an adjudication process, and adopt “mandatory supporting” rather than “mandatory reporting” policies to prioritize survivor autonomy.
- **Expand Community Partnerships:** Encourage relationships between campuses and local sexual assault and domestic violence organizations, hospital SANE/SAFE teams, and rape crisis centers for referrals and advocacy.
- **Invest in Training and Education:** Provide ongoing training for faculty, staff, and student leaders on sexual violence prevention, consent complexities, and technology-related abuse.
- **Increase Federal Support and Regulations:** Support programs like Project Prevent, Project SERV, the Clery Act, the Violence Against Women Act, mental health service grants, and the Garrett Lee Smith Campus Suicide Prevention Program. Strengthen Title IX rules to improve protections and ensure flexibility in reporting and resolution processes.

ⁱ Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women’s mental health. *Trauma, Violence, & Abuse*, 10(3), 225–246. <https://doi.org/10.1177/1524838009334456>

ⁱⁱ Carey, K. B., Durney, S. E., Shepardson, R. L., & Carey, M. P. (2018). Incapacitated and forcible rape of college women: Prevalence and associations with mental health and academic outcomes. *Journal of American College Health*, 66(7), 593–601. <https://doi.org/10.1080/07448481.2018.1431916>

ⁱⁱⁱ Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Journal of Interpersonal Violence*, 29(9), 1624–1647. <https://doi.org/10.1177/0886260513511698>

^{iv} Association of American Universities. (2019). *AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct*. Retrieved from <https://www.icpsr.umich.edu/web/ICPSR/series/1600>.

^v Cantor, D., et al. (2020). *Report on the AAU Campus Climate Survey on Sexual Assault and Misconduct*. Association of American Universities.

^{vi} Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Journal of Interpersonal Violence*, 29(9), 1624–1647. <https://doi.org/10.1177/0886260513511698>

^{vii} Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women’s mental health. *Trauma, Violence, & Abuse*, 10(3), 225–246.

^{viii} Cantor, D., et al. (2020). *Report on the AAU Campus Climate Survey on Sexual Assault and Misconduct*. Association of American Universities.

^{ix} Olson, R. M. (2024, December 5). *Sexual violence can cast a long shadow on health*. Harvard Health Blog. Retrieved from <https://www.health.harvard.edu/blog/sexual-violence-can-cast-a-long-shadow-on-health-202412053083>

^x Cantor, D., et al. (2020). *Report on the AAU Campus Climate Survey on Sexual Assault and Misconduct*. Association of American Universities.

^{xi} DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior*, 19(4), 346–362. <https://doi.org/10.1016/j.avb.2014.05.004>

^{xii} Johns Hopkins Center for Injury Research & Policy. (2015). *Applying a public health approach to campus sexual assault prevention*. Johns Hopkins Bloomberg School of Public Health. Retrieved from <https://www.jhsph.edu/research/centers-and-institutes/injury-research-and-policy/publications>

^{xiii} Centers for Disease Control and Prevention. (2016). *Sexual violence on campus: Strategies for prevention*. National Center for Injury Prevention and Control. Retrieved from <https://www.cdc.gov/violenceprevention/sexualviolence/campus>

^{xiv} Sinozich, S., & Langton, L. (2014). *Rape and sexual assault victimization among college age females, 1995–2013* (NCJ 248471). U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf>

^{xv} Adams-Clark, A. A., Barnes, M. L., Lind, M. N., Smidt, A., & Freyd, J. J. (2024). Institutional courage attenuates the association between institutional betrayal and trauma symptoms among campus sexual assault survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://doi.org/10.1037/tra0001812>

^{xvi} Parr, N. J. (2020). Sexual Assault and Co-Occurrence of Mental Health Outcomes Among Cisgender Female, Cisgender Male, and Gender Minority U.S. College Students. *Journal of Adolescent Health*, 67(5), 722–726. <https://doi.org/10.1016/j.jadohealth.2020.03.040>.

^{xvii} American Psychological Association. (2019, February). *Resolution on campus sexual assault*. <https://www.apa.org/about/policy/resolution-campus-sexual-assault.pdf>