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**UNIVERSITY OF OREGON**  
**1996 CAMPUS CLIMATE SURVEY ON LESBIAN, GAY,**  
**BISEXUAL AND TRANSGENDER CONCERNS**

RT

The Office of Student Life is conducting this survey to assess and document any changes in the social climate on campus for gay, lesbian, bisexual and transgender (GLBT) faculty, staff, and students. This information is essential not only to the university's Standing Committee for Lesbian, Gay, Bisexual Issues, but also to campus agencies that provide services to faculty, staff, and students.

It is important that all people who receive the survey respond, regardless of sexual orientation, in order to ensure adequate representation. Survey topics related to GLBT issues include: campus climate; events, courses, workshops and lectures; harassment and discrimination; and suggestions for making campus a more friendly environment for GLBTs on campus. Because the survey questions can be personal or sensitive in nature, your answers and comments are strictly anonymous and voluntary. There is no way to identify who completed a particular questionnaire. All results will be reported in aggregate form only.

If you wish to comment upon questions or qualify any answers, please feel free to write in the margins. Your comments will be read and taken into account. Please contribute to our understanding of the kind of environment which exists for people whose sexual orientation places them in a minority on campus.

Please return the completed survey via campus mail to the University of Oregon Survey Research Laboratory no later than June 30, 1996. It should only take about 10 minutes to complete. If you have any questions or would like to discuss this topic further, please contact Stephanie Carnahan, Coordinator of Educational and Support Services at the Office of Student Life (346-1134).

A. In total, how many years have you been attending THE UO as a student or working at THE UO? \_\_\_\_\_ years

B. Generally speaking, how would you describe the campus environment for GLBT people?

1. Very accepting
2. Somewhat accepting
3. Neutral
4. Somewhat unaccepting
5. Very unaccepting
6. Don't know

C. How would you describe changes in the campus environment for GLBTs since you first began studying or working at THE UO?

1. More accepting
2. Somewhat more accepting
3. No change
4. Somewhat less accepting
5. Less accepting
6. Don't know

D. How would you describe your own sexual orientation?

1. Lesbian
2. Gay
3. Bisexual
4. Transgender
5. Other (please specify) \_\_\_\_\_
6. Heterosexual



D1. Which of the following most closely describes the extent to which others, in general, know of your sexual orientation?

1. I am not sure
2. I am "out" to no one
3. I am "out" to only a select group
4. I am "out" to about half of the people I know
5. I am "out" to a majority of people
6. I am "out" to everyone

E. In the past year, have you attended any events sponsored by GLBT organizations?

1. Yes
2. No

F. Are you part of an organization that primarily provides services to GLBTs?

1. Yes
2. No

Which organization(s)? \_\_\_\_\_

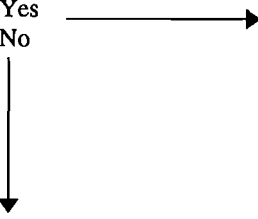
\_\_\_\_\_

G. Have you ever felt it necessary to indicate that you were not GLBT while at the university?

1. Yes
2. No

H. Have you ever attended a course, lecture, or workshop on lesbian, gay, or bisexual concerns?

1. Yes
2. No



H1. Was it a course, lecture or workshop?

1. Course
2. Lecture
3. Workshop
4. More than 1 (please specify) \_\_\_\_\_
5. Other (please specify) \_\_\_\_\_

I. Compared to the campus' current offerings, how many courses, workshops, or lectures on GLBT issues should THE UO offer?

Fewer	About the same	More	Don't know
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1. Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. While attending or employed at THE UO, have you personally experienced any of the following because of your sexual orientation and if so, did you report it? *(whether or not you are lesbian, gay or bisexual)*

Experienced?		Reported?	
No	Yes	No	Yes

1. Verbally harassed or threatened? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
2. Physically confronted or assaulted? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
3. Sexually harassed or assaulted? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
4. Threatened with "exposure" of your sexual orientation? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
5. Viewed anti-lesbian, gay, or bisexual graffiti? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
6. Heard anti-lesbian, gay, bisexual jokes or slurs? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
7. Experienced employment problems? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
8. Pressured into silence? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
9. Had peers or potential friends refuse to associate with you? ....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
10. Asked or pressured into leaving housing? .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU REPLIED NO TO ALL OF THE ABOVE, GO TO THE NEXT PAGE**

J4. Why did you not report the incident(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J5. Had you reported the incident, to whom would you have reported it?

\_\_\_\_\_

\_\_\_\_\_

J2. To whom did you report the incident(s)?

\_\_\_\_\_

\_\_\_\_\_

J3. How satisfied were you with the response you got from reporting the incident?

1. Very satisfied
2. Somewhat satisfied
3. Not very satisfied
4. Not at all satisfied

K. Please describe any harassment, discrimination, or unfair treatment at THE UO you or someone you know received based on sexual orientation. Include the specific instance, when, where, what happened, how you felt, and what you did about it.

- L. Do you think that anti-lesbian or anti-gay harassment on campus is prevalent enough to cause GLBTs to fear for their safety?
1. Yes
  2. No
  3. Don't know

*IF YOU ARE NOT GLBT, GO TO THE NEXT PAGE.*

M. For the following group of questions, please indicate if you have received services from or worked with the specific campus units, if the unit was aware of your sexual orientation, and how that knowledge affected the service you received.

	Received?		→	Aware?			→	Affect services?		
	No	Yes		Don't know	No	Yes		Positive	No affect	Negative
1. THE UO Office of Public Safety .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Housing Department staff .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student Health Center .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Counseling Center .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Career Center .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Academic Advising .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Office of Student Life .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Student Financial Aid .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. University Ombud Officer .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Office of Affirmative Action .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Women's Center .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Coord. of Ed. & Support Svcs. ....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Office of Human Resources .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ASTHE UO student government .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Greek Life .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Multicultural Center .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other (please specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- N. If you could design new campus facilities, services, or programs to meet the personal, social, emotional, recreational, educational, and cultural needs of GLBTs at THE UO, what would you do?

O. How old are you? \_\_\_\_\_ years

P. Are you male, female or other?

1. Male
2. Female
3. Other (please specify) \_\_\_\_\_

Q. Are you a University student or employee?

*(If you are both, please mark what you consider to be your primary role.)*

1. Student  $\longrightarrow$  **GO TO THE NEXT PAGE**
2. Employee  $\downarrow$

***FACULTY AND STAFF ONLY:***

A. What is your current status at THE UO?

1. Classified staff
2. Management service
3. Faculty
4. University administration (Officer of Administration)
5. Other (please specify) \_\_\_\_\_

B. Do you believe that being openly lesbian, gay, or bisexual adversely affects a person's chances for professional advancement at THE UO?

1. Yes
2. No

C. Do you believe that being perceived as lesbian, gay, or bisexual adversely affects a person's chances for professional advancement at THE UO?

1. Yes
2. No

D. Have you ever been accused of being lesbian, gay, or bisexual in a manner which threatened your ability to perform your role as an employee?

1. Yes
2. No

**PLEASE GO TO PAGE 6.**

**STUDENTS ONLY:**

A. What is your current status at THE UO?

1. Freshman
2. Sophomore
3. Junior
4. Senior
5. Post-baccalaureate
6. Law student
7. Graduate student (non law)
8. Other (please specify) \_\_\_\_\_

B. Where do you live?

1. Residence hall
2. Fraternity/sorority house
3. Off campus private housing
4. University family housing
5. Other (please specify) \_\_\_\_\_

C. Are you an international student?

1. Yes
2. No

D. Have you experienced any of the following since coming to THE UO?

	Yes	No
1. A professor or GTF has made anti-lesbian, gay or bisexual remarks.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Taken courses where the instructor did not discuss alternatives to heterosexuality, even though such discussion would have been appropriate to the topic being studied.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Poor treatment from university staff because of sexual orientation.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Met resistance or been unable to find adequate health care through campus services due to sexual orientation.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Met resistance or been unable to find adequate counseling through campus services on issues related to sexual orientation. ....	<input type="checkbox"/>	<input type="checkbox"/>
6. Changed an academic project having to do with issues of sexual orientation because faculty or GTF discouraged such a project. ....	<input type="checkbox"/>	<input type="checkbox"/>
7. Changed an academic project having to do with issues of sexual orientation because of fear that faculty or GTF would disapprove.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Been refused off-campus housing because of sexual orientation. ....	<input type="checkbox"/>	<input type="checkbox"/>
9. Found it difficult to find on-campus housing that comfortably accommodates your sexual orientation.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Been penalized in class because of your sexual orientation (i.e., weaker evaluation, less attention, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>

**ALL RESPONDENTS:**

- R. Are there other areas of concern about the campus climate for the GLBT community that were not addressed in this survey that you would like to mention?

- S. Please feel free to share any additional comments or information in the space below. Your comments will be transcribed and taken into account.

**THIS IS THE END OF THE SURVEY!!!**

**THANK YOU VERY MUCH FOR TAKING THE TIME TO SHARE YOUR COMMENTS.  
THE INFORMATION YOU HAVE PROVIDED IS VERY VALUABLE TO THE STUDY.**

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Campus Mail

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