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Structural Barriers to Accessing the Campus Assault Resources and Education (CARE) Offices at the University of California (UC) Campuses

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Abstract

In order to continue pushing college campuses to the forefront of survivor-centered practice and student-centered care, it is imperative that the barriers students experience in accessing campus sexual violence resource centers be documented and addressed. This research evaluates student and staff perceptions of barriers to accessing the Campus Assault Resources and Education (CARE) offices on three University of California (UC) campuses. Data were collected by researchers from UC Speaks Up, a cross-campus research initiative at UC Los Angeles (UCLA), UC Santa Barbara (UCSB), and UC San Diego (UCSD) aimed at understanding factors that both contribute to and prevent sexual violence among college students. This analysis only included data that yielded insights into CARE's accessibility. Thematic analysis of 63 interviews and 27 focus group discussions was

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conducted using Dedoose. The following six thematic codes emerged from the data: (1) awareness of office, (2) confidentiality of services, (3) physical accessibility, (4) accessibility for vulnerable and marginalized groups, (5) utilization experiences, and (6) limited institutional support. To increase the accessibility of sexual violence resource centers in higher education, this study indicates that universities and campus sexual violence resource centers should (1) encourage survivor-centered cross-campus collaborations between sexual violence resource centers and other campus entries, (2) add more trainings that are tailored to the needs of vulnerable and marginalized communities, (3) increase the resource's campus-wide office exposure through multiple prevention education opportunities, and (4) better fund sexual violence resource centers. Implications for future research are discussed to maximize this study's public health impact.

Introduction

Campus-based sexual violence, which includes stalking, sexual harassment, relationship violence, and sexual assault, has been documented among university populations for decades in the United States. Unfortunately, sexual violence remains highly prevalent on campuses today (Cantor et al., 2015; Fedina et al., 2018; Krebs et al., 2007). Approximately 1 in 5 female undergraduates and 1 in 16 male undergraduates will experience sexual assault while in college (Krebs et al., 2007). Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students, racial and ethnic minorities, students with disabilities, low-income students, students in Greek Life, and students at the intersections of these social identities are at an increased risk of experiencing sexual violence (Coulter & Rankin, 2020; Findley et al., 2016; Martin-Storey et al., 2018; Mellins et al., 2017; Minow & Einolf, 2009). In response to these statistics, many universities require prevention education for their respective campus communities and have strengthened reporting policies (Iverson & Issadore, 2018). Despite these efforts, research indicates that among college student survivors, only approximately 20% of them report experiences of sexual violence to authorities and only 16% receive some type of assistance following the event (Sinozich & Langton, 2014).

More effort is needed to effectively address campus sexual violence. However, it is important to acknowledge the efforts of communities advancing progress this far. It took the advocacy of student survivors and allies across the nation to create the systematic changes needed for universities to better address campus sexual violence and more actively support survivors. In response to student activism, the Obama administration in 2014 gave educational institutions a set of recommendations to better respond to campus sexual violence and strengthen reporting procedures (Gray, 2014).

Following the White House Task Force recommendations, in July 2014 the former University of California (UC) President, Janet Napolitano, established a UC-wide task force to strategize how the UC can better prevent and respond to sexual violence and sexual assault. In the UC's report, the UC Office of the President (UCOP) acknowledged many of the recommendations crafted in the White House Task Force and documented plans to implement them throughout the UC. Although substantial survivor-centered changes resulted from these efforts, the most impactful in the context of this article was the creation and institutionalization of confidential advocacy offices for sexual harassment and assault on each UC campus (University of California, 2014). This entity was later officially coined the Campus Assault Resources and Education (CARE) office. Today, the CARE offices are dedicated to addressing sexual and gender-based violence through prevention education, alternative healing programs (e.g., yoga, art, journaling, dance, and music), and individualized support and advocacy for students, staff, faculty, and administrators at the UC (UCLA, n.d).

A substantial body of research confirms that college sexual violence resources, such as CARE, support student survivors through their focus on advocacy and healing. Graham et al. (2019) found that college students who utilize these resources after experiencing sexual violence have improved mental health outcomes compared to their peers who did not. The existence of these resources are especially important when considering that survivors are at increased risk of depression, post-traumatic stress disorder (PTSD), suicidal ideation, and substance abuse (Campbell et al., 2009). Trauma-informed and survivor-centered support can help survivors heal and develop resilience. Eisenberg et al.'s (2016) study reinforces this finding and also suggests that undergraduate survivors attending campuses with more survivor support resources have fewer mental health conditions compared to those attending campuses with fewer resources. These resources can also work to educate the larger campus community on issues regarding consent, healthy relationships, and supporting survivors. Students have been shown to actively want more

education on these issues and value services that support survivors (Garcia et al., 2011). Perhaps more importantly, prevention education is correlated with decreased levels of sexual violence on college campuses (Rothman & Silverman, 2007). In addition, prevention programming has been shown to be even more efficacious when it is thorough, utilizes the socioecological model, occurs often (i.e., more than once per year and not at only one point during a student's time at college), is timed appropriately, and uses a myriad of teaching approaches, such as interactive instruction and opportunities for skills-based learning (i.e., role plays, writing exercises) (DeGue et al., 2014). The expertise needed to deliver effective prevention education suggests the importance of it being delivered by trained university staff working in sexual resource centers who best understand how to mitigate campus sexual violence using trauma-informed and survivor-centered approaches.

Despite the value of these resources in supporting survivors and reducing the prevalence of campus sexual violence, many students have little awareness of these services and often do not know where to go for support following an assault (McMahon & Stepleton, 2018; McMahon et al., 2018). This may contribute to why so few students utilize on- and off-campus resources for healing and assistance (Nasta et al., 2005). In one study, of the 86% of research participants who expressed that they experienced relationship violence, only 16% mentioned they used resources to address their mental health challenges, explaining that stigma and embarrassment kept them from seeking support (Próspero & Vohra-Gupta, 2007). Physical barriers such as limited availability of the center's hours, physical distance, required fees, and location of resources partially explain why so few survivors seek out campus sexual violence services (Walsh et al., 2010).

Barriers to accessing these services are even more pronounced among historically underrepresented communities. Compared to White students, non-White students are less aware of sexual violence resources and access them less frequently (Schulze & Perkins, 2017). This finding may be partially explained by the institutional betrayal, or an institution's harm to its dependents, BIPOC (Black, Indigenous, and People of Color) and sexual minority students experience toward the university at large (Gómez, 2021). It is also likely explained by the fact that sexual violence programs by default are tailored to White, heterosexual women and are therefore structurally inaccessible to historically underrepresented communities (Schulze & Perkins, 2017).

While there is growing research on the association of improved mental health outcomes and the existence and use of sexual violence resources on college campuses, there continues to be little research specifically on confidential survivor advocacy services. Research publications on campus-based sexual violence resources do not explicitly clarify what they consider to be a

"sexual violence resource." The barriers students experience in accessing and engaging with medical services, mental health providers, law enforcement, and survivor advocates can all be vastly different based on their specific experience and/or personal histories and identities. Furthermore, there continues to be little research on the experiences of historically underrepresented communities in accessing university sexual violence resource centers. Given that sexual violence is a structural issue that disproportionately and uniquely impacts these students, it is crucial to collect diverse student perspectives in order to create more inclusive policies and gain a holistic understanding of the barriers *all* students experience when accessing sexual violence resources.

With over 280,000 students enrolled across 10 campuses, the UC system is one of the most esteemed public university systems in the world and therefore must work more proactively to support survivors and prevent harm ("The UC System," 2019). With the safety and mental and physical health outcomes of so many students at stake, it is crucial that the UC critically evaluate the ability of the CARE offices to provide prevention education and support for survivors to truly be a national leader in combating sexual harassment and sexual violence and be at the forefront of survivor-centered practice and student-centered care. Unfortunately, such an analysis does not yet exist. However, this article is a first attempt to address this need at a high-level by uncovering, documenting, and addressing the continued barriers that students experience when accessing sexual violence-related services. Thus, this qualitative research study is guided by the following question: How does the accessibility of the CARE office impact its ability to support survivors and implement effective sexual violence prevention education?

Methods

We examined how sexual and interpersonal violence and intimate relationships among university students are affected by individual, interpersonal, and structural (i.e., cultural, community, and institutional) elements using data from UC Speaks Up. UC Speaks Up is a large student-led multisite project that assessed campus climate related to experiences of sexual violence and sexual violence prevention at UC Los Angeles (UCLA), UC San Diego (UCSD), and UC Santa Barbara (UCSB). This article intentionally focuses on barriers and facilitators related to access to the CARE offices and whether they limit CARE's ability to provide emotional support to survivors and implement effective prevention education. The current study examined in-depth interviews (IDIs) and focus group discussions (FGDs) with undergraduates and graduate students and staff to explore diverse opinions on how to mitigate barriers to accessing CARE and their services. The study protocol

was approved by the UCSD Human Research Protection Program, with reliance approval from the institutional review boards (IRB) at UCLA and UCSB.

Participants and Procedures

Three faculty principal investigators (PIs) led a team of ten undergraduate and six graduate student researchers and three coordinator staff. Each team member received extensive training in qualitative methods, trauma-informed and survivor-centered practices, and research ethics. Eligibility criteria to be a research participant included (a) being currently employed at or attending UCSD, UCSB, or UCLA as a student, staff, faculty member, or administrator, (b) consenting to participate in an IDI or FGD, (c) being 18 years or older, and (d) being proficient in English. A combination of purposive and targeted sampling techniques was utilized to recruit key groups of students, faculty, staff, and administrators for IDIs. Snowball sampling was utilized for FGDs. In addition to recruitment flyers shared online and in-person across campuses, targeted email messages were sent to clubs and organizations, administrators, faculty, and community stakeholders. A $25 USD VISA gift card incentive was provided to all participants. Once a participant was deemed eligible through a brief screening survey, project supervisors connected them to a student researcher to schedule an IDI or FGD at a location where privacy could be ensured. All participants provided written consent, including consent to be audio recorded.

Across campuses, IDIs were conducted with undergraduates ($n = 86$), graduate students ($n = 21$), staff and administrators ($n = 34$), faculty ($n = 27$), and community stakeholders ($n = 11$). Undergraduate and graduate IDIs focused on perceptions of campus-based sexual violence and harassment and the sexual violence resources available to them. IDIs with staff, faculty, administrators, and community stakeholders were conducted to assess their beliefs on how campus policies and infrastructure impact the student experience.

FGDs were conducted with various peer groups (e.g., athletes, Greek Life participants, student leaders, survivor advocates) of undergraduate ($N = 25$ groups) and graduate students ($N = 8$ groups). Staff members were not included in FGDs. All FGDs were facilitated by a UC Speaks Up trained student researcher and notetaker. FGDs were primarily conducted to understand group norms surrounding sexual assault, sexual harassment, and dating violence, to obtain suggestions on how to better improve sexual assault

prevention on their respective campuses, and to determine how different community and institutional arrangements affect student experiences.

Data Analyses

IDIs and FGDs were audio recorded and transcribed verbatim. Any personal identifying information was redacted. Thematic coding was conducted in Dedoose, an online mixed-methods analysis platform. In this study, unlike within UC Speaks Up, we consider staff to be those who are employed by the university and are not students or faculty; consequently, administrators are considered staff. As part of a larger analytical strategy and research plan, all 201 IDI and FGD transcripts were read and coded, however, this only analysis only included transcripts that yielded insights into CARE's accessibility from the perspectives of undergraduate and graduate students and staff ($n = 68$ IDI and $N = 27$ FGDs). The perspectives of community stakeholders were not included in this study because none of their transcripts offered insight into CARE's accessibility. On the other hand, we chose to not include the perspectives of faculty in this study because only one faculty transcript yielded insight into CARE's accessibility. Because this one faculty member is not representative of faculty across UCSB, UCSD, and UCLA, we consequently only analyzed transcripts from students and staff. The coding scheme for this analysis on CARE services was developed by the lead author in collaboration with the research team and revised over several iterations.

Results

The following six major themes were identified relating to the barriers and facilitators in the various steps of accessing the CARE offices: (1) awareness of office, (2) confidentiality of services, (3) physical accessibility, (4) accessibility for vulnerable and marginalized groups, (5) utilization experiences, and (6) limited institutional support. If any quote revealed identifying information, the participant's campus affiliation was removed to preserve their anonymity.

Awareness of Office

Awareness is defined herein as the knowledge about CARE as a resource for survivor advocacy and/or sexual violence prevention. CARE's various advertising initiatives through tabling, flyering, and institutionalized resource

dissemination efforts across the three campuses helped bring greater awareness and visibility of the office as a resource:

> I know about CARE at SARC (Sexual Assault Resource Center) because they are always tabling on Library Walk and I've seen them in the residence halls as posters as well.—UCSD undergraduate, FGD

> I'm not sure what CARE does, but I know their phone number is on everyone's key card and that you can call them for support in a sexual assault.—UCSB undergraduate, IDI

> I think every syllabus I've had has had CARE or CAPS (Counseling and Psychological Services) on it.—UCSB undergraduate, FGD

Coordination was noted by participants as a key element in reaching different communities across each campus. Compared to students, staff had the main responsibility of coordinating with CARE to bring increased awareness of the office's services. Staff interview participants revealed that CARE has organized programs with other campus resource centers, such as Title IX, New Student Orientation, the UCLA Guidance, Resilience, Integrity, and Transformation (GRIT) Program, LGBTQ+ Center, and offices supporting undocumented students. Students mentioned that they were familiar with the CARE office through their work in Greek Life, Residential Assistants (RA's), and as peer educators.

While many students expressed that the office was effective at outreach efforts, there still existed a pervasive desire to see CARE advertised more widely:

> I feel like during orientation they throw these resources, like CARE, at you. But then there's silence. Every now and then, there are messages through a message board, but no one talks about them enough for more people to really be familiar with the office. I feel like the university needs to just remind students more of the resources they have.—UCSB undergraduate, IDI

While CARE's outreach and advertising efforts facilitated awareness of the office, the limited understanding of most participants' understanding of CARE's mission, role, and services on each campus remained striking:

> My experience with CARE through my students has been a positive one … I don't know specifically about all of the services that they provide … [But in the past], I've received [requests of accommodation] from CARE.—UCSB graduate student, IDI

> I think it's sort of mysterious to people—like if I go to CARE what happens? Do I [have to] report? … does it start this whole chain reaction that I can't get ahead of?—UCLA undergraduate, IDI

Confidentiality of Services

Among those who were aware of the CARE office, students and staff alike emphasized the confidential services that CARE offers; this facilitated awareness of CARE and the referral of students to the office:

> Mandated reporters are staff members who are obligated to alert the Title IX office of any [shared experience of sexual violence]. But if somebody were to go to CARE at SARC, it would be confidential. They would not tell the Title IX office.—UCSB undergraduate, FGD

> [As someone who works in undocumented student services], my preference has always been to refer to students to CARE because of their confidentiality.—UCSD staff member, IDI

Furthermore, many participants who disclosed experiences of sexual violence expressed that the confidentiality of CARE acted as a facilitator for them seeking advocacy services:

> I ended up going to CARE at SARC because they are confidential. So that was my route to figuring out how to get help … I was able to talk to my [CARE Advocate] in a hypothetical way. I could present hypotheticals and see how they would respond without saying, "This happened." The whole mandated reporter thing I could remove from the situation.—UCSD undergraduate, FGD

Confidentiality seemed to be especially important, given the rampant confusion about the meaning and role of a "mandated reporter," which sometimes resulted in unnecessary harm to students:

> I was in the sharing circle with my NSA (new student advisor) and orientation group … and I was explaining my sexual assault that occurred in [high] school…. A week before UCLA began, I got an email from Title IX [about what I had shared] … I emailed [my NSA] and I was like "You didn't tell me you were a mandated reporter. Plus I told you that this had been dealt with. It was a closed case."—UCLA undergraduate, FGD

Physical Accessibility

Physical accessibility is defined herein as the ability of those seeking CARE to utilize prevention and advocacy services. Some interviewees believed that

the proximity of CARE to other entities on campus helped bring the office more recognition. One staff member at UCSD shared that the location was especially convenient as they "[were] able to connect [their] students directly [because] CARE is [located] just behind them." Others felt the location was particularly inaccessible:

> I haven't seen anything [about CARE]. And maybe that's because of the insular nature of our department. I mean, I'm in the same building every day…. There are little things that are happening within our own area, but I don't think that that's reflective of the university as a whole.—UCSD graduate student, FGD

However, there existed no general consensus on the location of CARE as an accessibility issue.

Similarly, discourse around scheduling appointments varied across the three campuses. At UCSB, an undergraduate student shared that "CARE was the most helpful and easy to get an appointment," something that became even easier with the office's 24-hour hotline. However, a graduate student at UCSB shared that the CARE office's hotline seems more accessible than it is because it at times "directs you to a different helpline—the local crisis center." Most of the concerns with scheduling were voiced by UCLA undergraduate students. One student who had utilized CARE's advocacy services shared her experiences with scheduling Violence Intervention Program (VIP) trainings with CARE:

> I think it's just because … CARE has gone through changes, both staff changes and location changes…. Over the summer [a CARE staff member] left and we as Greek Life got nothing. We didn't get any information about it not being a thing anymore. I didn't know until I personally talked to [a CARE staff member] that the [VIP Program] wasn't a thing anymore.—UCLA undergraduate, IDI

Accessibility for Vulnerable and Marginalized Groups

Within this section, a vulnerable group is defined as a group of students who are at increased risk of experiencing sexual assault within their community (e.g., certain members of Greek Life, such as female sorority members) (Minow & Einolf, 2009). By contrast, a marginalized group refers to a group that is also is at an increased risk of experiencing sexual assault but who also face increased institutional and systemic barriers in receiving support after experiences of sexual violence (e.g., LGBTQ+, BIPOC communities, undocumented students) (McMahon & Seabrook, 2020; Schulze & Perkins, 2017). Before continuing, it is important to note that members within vulnerable

groups can still be a part of a marginalized group. Furthermore, an individual can be part of either a vulnerable or marginalized group and also come from another group that increases their risk of perpetrating violence. For example, although members of Greek Life are more likely to perpetuate violence, there are some groups within this community (e.g., women) who may be at increased risk of sexual violence because of their membership in these campus communities (Martinez et al., 2018; Valenti, 2014).

Many research participants who were familiar with the CARE offices acknowledged the effective survivor-centered and intersectional approaches CARE uses. One UCLA undergraduate student shared that all the material the UCLA CARE office used was "created for and by survivors." A staff member working with the LGBTQ Center commented that while CARE gets trainings from their office, they believed CARE does "a great job of doing queer things without [their] involvement."

Through the data, however, it became clear that CARE also targeted vulnerable populations that are not traditionally viewed as marginalized. Throughout the three campuses, it became clear that that those in Greek Life, a community historically positioned as being responsible for sexual violence perpetration on college campuses, were heavily educated on sexual violence prevention. Members of Greek Life, both sorority and fraternity members, discussed their exposure to substantial tailored prevention education through the "mandatory CARE workshops [they have] each year" and initiatives specific to the Greek community, such as the violence and intervention program (VIP) at UCLA:

> [In the VIP program, at least one] member from every house … meets four times a quarter … [to receive a] a four hour training … [on issues like] stalking, sexual assault, domestic violence, and [supporting survivors] … they then are required to give their house one presentation a quarter.—UCLA undergraduate, FGD

Others called for greater attention to centering the experiences of marginalized identities traditionally left out of sexual violence and sexual harassment (SVSH) discourse:

> As a Latina, I feel that the training on sexual violence [and] … the approach that the university takes [does] not really cater to the experiences of diverse groups. I feel like [this campus's approach] is a one size fits all, [when] we experience violence very differently….—UCLA graduate student, FGD

> I would love to see more training that goes past the things that we did online. I would love to see it in every department for faculty and students that includes training around identity and privilege and oppression.—UCSB graduate student, FGD

One staff member who works with the undocumented community expressed the desire to see more materials geared toward SVSH in relation to undocumented students' experiences. One CARE staff member interviewed shared an even more ambitious desire to center the experiences and do more for communities like "students of color, for queer and trans people of color, the LGBTQ population, the grad students, the nontraditional students, … [and the] undocumented student[s]."

Utilization Experiences

Undergraduate students who disclosed their experiences with violence frequently commented positively on the quality of CARE's services. Those who shared their experiences working with CARE Advocates detailed how they felt supported and validated throughout the reporting process with Title IX:

> I love CARE … the academic help I've needed is tremendous and I can't believe I'm still here … I've had them talk to teachers about things that I need. Late withdrawals from classes, midterms either moved or cut out … CARE kind of mediates that so you can get in touch with teachers [or] your employers…. Even thinking about restraining orders. I realized like, hell no that sounds awful. I don't want to do that. But I was given multiple options and I could do a no contact order, which doesn't involve as many people, but it makes me feel stronger and safer.—UCSB undergraduate, FGD

Other students noted they had experiences with CARE through the office's educational event programming initiatives. Many students who mentioned CARE's educational programming referred to the office in relation to Interrupt, Distract, Engage Peers, Alert Authorities, and Safety First (IDEAS), a set of bystander intervention techniques for sexual violence prevention developed by the CARE staff. One student used the technique in the following scenario:

> I've been in an environment where at a party … [the] girls are really uncomfortable around a guy, and that's the only experience that I've had is with male on female unwanted contact. And I've just kind of stepped in and took the girl somewhere else. Just been like 'alright, let's just go somewhere else. Let's go get a drink' or something like that, utilizing techniques from the IDEAS.— UCSB undergraduate, FGD

Participants also shared that CARE's programming through workshops can be put on by the office for other organizations by request. This was impactful, as demonstrated by some students who recalled the events by name, such as

one UCSD undergraduate who recalled that "CARE at SARC did the 'All You Need is Love' event recently" and another UCSD undergraduate who remembered the "Cute not Creepy" training they received. Other individuals shared initiatives such as the events put on during Sexual Assault Awareness Month (SAAM) that helped bring more visibility to the office. At UCSD, one staff member mentioned that CARE had "a bunch of tabling … in which they have people pin teal ribbons [onto themselves]," a known symbol for SAAM, that was led by their student interns.

Finally, many participants valued the CARE prevention education training and desired additional content and training, as they believed the current campus-wide training to be insufficient:

> To do the [CARE and SVSH training] better, [the training should be] slower, more often, and with the correct material…. Once a month or more—it has to be for long enough that people integrate the message into their minds and we do as much as we can to prevent people from ever having to have those experiences of sexual violence.—UCLA undergraduate student, FGD

Limited Institutional Support

Participants emphasized the need for better institutional support for advocacy, prevention, and healing services at CARE, which was evident by the frequency with which participants framed inaccessibility of the office and the lack of funding and resources allocated for CARE. In this study, institutional support refers to the larger structural barriers and facilitators that affect CARE's accessibility. Many students, especially those who spent a lot of time in survivor advocacy spaces, stressed the need to give the CARE office more funding throughout the three campuses because they were "confidential and survivor-centered." One UCLA survivor advocate expressed her frustration with the lack of funding of the office:

> If you go on … UCLA websites and I think like literally everywhere on all the [UCLA] pamphlets … it's you know like the stamped on next to the building and CAPS where the office of CARE isn't even there anymore ... their website is so beautifully managed and linked through everything and then you go and you see the actual [lack of] support that the office is receiving from the institution….—UCLA undergraduate, FGD

Seeking additional funding grants at UCSD and UCSB helped their CARE offices better serve their respective campus communities in SVSH prevention, advocacy, and healing:

> We've had a lot of grants in the past few years. I think when I was hired on as full-time staff, [I was hired through] one of our Department of Justice grants. At that time we also had a Department of Education grant…. Later … we received another Department of Justice grant. I think with the grants and the additional funding … we were able to increase our availability.—CARE Staff member

> We got a grant recently to provide more programming for underrepresented minority groups on campus and we have three years to do it … [we're thinking about] promoting different types of community healing spaces and [other] alternative methods of healing from sexual assault … [Healing] is not just one size fits all.—CARE Staff member

This lack of funding for the offices impacted the office's ability to provide services:

> I've never contacted CARE as a survivor and need[ed] the services, but I have tried to contact them on a professional level and it's really hard to get in contact with their office and that is not their fault because they're severely understaffed … It's just so—I would imagine it can be difficult for survivors to make appointments to check in with their CARE advocate….—UCLA graduate student, IDI

> CARE at SARC just needs more support because I feel like that office does so much for the small people that they have that if they had more support they could do so much more.—UCSD staff member, IDI

Discussion

There are several key findings from this research that can inform improvement of sexual violence care and prevention services at colleges and universities. Overall, while many research participants were unaware and uncertain about the services provided by CARE, coprogramming initiatives and an emphasis on the office as a confidential resource helped bring more awareness to CARE. This finding suggests these practices can be beneficial on other campuses which have sexual assault resource centers or similar services. The general lack of awareness of sexual violence resources among undergraduates and the significantly lower awareness among graduate students have been substantiated by prior literature (McMahon & Seabrook, 2020; McMahon et al., 2018). While research has already stressed the importance of varied teaching mechanisms such as interactive workshops, small group experiences, and repeated opportunities to enable more effective prevention education (Garcia et al., 2011; Nation et al., 2003), this article,

through its finding of coordination acting as a facilitator for awareness and student emphasis on more prevention trainings, suggests that coordinated educational initiatives coming from additional sources more often can help sexual violence resources better achieve their goals.

This study also suggests that coordinated educational and outreach initiatives will likely help survivor support services become more effective with an emphasis on confidentiality of services. Prior research demonstrates that a lack of confidentiality can be a barrier to using sexual violence resources (Dunlap et al., 2018; Nasta et al., 2005; Sabri et al., 2019) but we demonstrate in this study that it can also be a facilitator for awareness, as participants familiar with the CARE offices frequently stressed the office's confidentiality. Therefore, this study offers novel mechanisms to help facilitate awareness of offices on other universities and colleges, like the CARE office, such as the pursuit of more cross-campus collaborations with other entities on campus by sexual violence resource centers and an increased emphasis on providing confidential resources. Through strategic additional opportunities to enable more effective prevention education, this approach will better maximize student awareness and engagement with sexual violence resource centers (Garcia et al., 2011; Nation et al., 2003).

We also found that physical barriers and accessibility of the CARE office for marginalized and vulnerable groups affected the perceived accessibility of the office. These results suggest that physical barriers in location and scheduling can decrease the campus sexual violence resources' accessibility, a finding that is supported by prior literature (Burgess-Proctor et al., 2016; Walsh et al., 2010). Future research and programmatic improvements should explore how to help more students learn where sexual violence resources are located, given that survivors who know where resources are located are significantly more likely to use them than those who do not (Walsh et al., 2010).

Furthermore, our findings suggest that sexual violence resource centers at the UC and other universities could increase the accessibility and impact of their offices through tailoring their services and outreach to marginalized and vulnerable student groups. The socioecological model used by the office and frequent interaction of CARE with vulnerable groups like Greek Life were perceived to be beneficial, in line with prior research (DeGue et al., 2014; McMahon et al., 2019; Moynihan & Banyard, 2008; Nation et al., 2003). While outside the scope of this article, other UC Speaks Up manuscripts have been published (Bloom et al., 2021) and are in development that specifically focus on minoritized student groups who are at increased risk of sexual violence, what gaps they have identified, and their suggestions to close the gaps to provide more informed and equitable service provision and education. However, in the context of this article, students and staff who directly belong

to or are affiliated with minoritized backgrounds expressed that the office may not understand the needs of their unique communities. This indicates that sexual violence resource centers may be able to reach more students in need if they more directly target marginalized students and tailor support resources accordingly. Furthermore, because historically underrepresented groups experience unique risks in experiencing violence (Heer & Jones, 2017; Mennicke et al., 2019; Potter et al., 2012), prevention educators must pursue more intersectional approaches to more effectively mitigate harm and support survivors in these communities. This can be done by ensuring that staff at sexual violence resource centers are themselves diverse and have similar lived experiences as the campus's student population. It is not sufficient for these centers to just have better outreach. They must also proactively make sure that their students who access their services feel welcomed and seen by their staff to maximize the resource's accessibility.

Among students who had experienced utilizing CARE's services, most students shared positive experiences interacting with the office. Many of those who disclosed their experiences of violence spoke highly of the CARE Advocates and shared how healing and supportive they were. The association of campus sexual violence resources and increased mental health outcomes has been supported in the literature (Eisenberg et al., 2016; Graham et al., 2019). Because survivors are more likely to report if they receive support from and work with an Advocate and the resulting beneficial mental health outcomes (Dunlap et al., 2018), campus sexual violence resource centers should work to ensure that the number of Advocates adequately serve their campus population to best support survivors and keep perpetrators accountable. With prevention services, on the other hand, students shared that the offices' events programming helped them be educated on gender-based violence but noted a desire for there to be additional and recurring training on campus. The importance of frequent education has repeatedly appeared in the literature (Garcia et al., 2011; Nation et al., 2003). Therefore, campus sexual violence resource centers seeking to best minimize violence at the UC and other universities and colleges should seek to pursue more training and programming initiatives to reach more communities more frequently.

Perhaps what was most unique in the findings in this research study was the frequency with which participants shared their belief that the CARE offices on their campus were inadequately supported institutionally. This suggestion reflects participants' conviction that the offices' inability to improve their prevention and education services, outreach and accessibility largely stemmed from them being under-resourced, understaffed, and underfunded. Prior research on sexual violence campus resources have primarily discussed student knowledge and utilization of these services, and

recommendations for improving them (Halstead et al., 2017). While this theme is certainly a recommendation of improving the office likely through knowledge and utilization of its services, this suggestion is not as apparent in student recommendations from other studies (Halstead et al., 2017). This finding suggests that the perceived limitations in sexual violence resource centers to best support survivors and provide prevention education may in actuality result from limited funding, staffing, and institutional support. Therefore, campus administrators at universities and colleges should seek to address this deficiency and increase funding to these offices.

Although this research adds to the literature on the perceived barriers and facilitators in accessing sexual violence resources, it is not without its limitations. By choosing to analyze the transcripts of only participants who explicitly or implicitly mentioned CARE's services, we likely studied a sample that is not representative of the entire UC community, as we know through prior research that many UC students are unaware of what sexual violence services are available (Bloom et al., 2021). Consequently, these findings cannot truly represent the structural barriers to accessing the CARE office at UCLA, UCSB, and UCSD. Additionally, the data collected at these three campuses are not generalizable to the UC as a whole or other public and private institutions. UC campuses are typically Research One universities in medium to large metropolitan areas with a tremendous amount of resources available to them and a large number of diverse student populations. This may not be the case for other smaller colleges and universities and in locations where resources are more sparse, such as rural areas and smaller towns, or where attention to sexual violence has not been historically prioritized as it has within the UC.

Furthermore, because UC Speaks Up broadly looked at how individual, interpersonal, and structural elements at the UC were associated with sexual and interpersonal violence among college students, there were no specific questions in the interview and focus group guides that asked participants explicitly about what they perceived as barriers to accessing the CARE office to have. Consequently, the findings likely do not encompass all facilitators and barriers students may experience. To rectify these limitations, follow-up research is currently being conducted to examine this more specifically across all of the UC campuses.

This research also disproportionately studies the perceptions of undergraduate students (compared to graduate students and staff), and therefore, do not thoroughly represent the full potential of structural barriers to accessing the CARE offices of marginalized and oppressed groups. The disproportionate undergraduate representation resulted from their larger

representation in campus communities and from the methodological design of UC Speaks Up itself.

Conclusion

At a time when California colleges and universities are shifting to the live hearing model for some cases of sexual misconduct following an appellate court ruling that strengthened the rights of the accused, this current campus climate can be extraordinarily triggering for survivors and conducive to violence. Many survivors already choose not to report because they are fearful of retaliation or are afraid of authorities (Krebs et al., 2007; Streng & Kamimura, 2015). If reporting their sexual assault also means they have to endure a live hearing with their assaulter, survivors will be even less likely to report because this experience would be further traumatizing (Vaughan, 2019).

Therefore, increasing the awareness, accessibility, utilization, and institutional support of sexual violence resource centers is especially crucial now. This research offers many solutions to other campuses that are struggling to increase the accessibility of their sexual violence resource centers. Moving forward, the results of this study suggest that universities should encourage survivor-centered cross-campus collaborations between sexual violence resource centers and other entries on campus and add more trainings within the resource tailored to vulnerable and marginalized communities. Sexual assault resource centers also need increased campus-wide exposure to the office through multiple prevention education opportunities, and better funding to better meet the needs of survivors. By following this study's recommendations, universities can better support survivors and more proactively prevent violence.

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