

UWW DASH (Dating, Aggression, Stalking and Harassment) Survey: Preliminary Results



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Introduction

DASH (Dating, Aggression, Stalking and Harassment) Survey's purpose was for University Health and Counseling Services (UHCS) to collect data on the perceived norms, behaviors and experiences of UW-W students.

Dr. Kate Ksobiech from the Communication Department assisted UHCS in the survey design and implementation.

Data will be used to tailor health promotion and educational efforts.

Method

- All UW-W students over the age of 18 received an invitation to complete the online survey.
- Students chose to participate in the online survey.
- Answers were submitted anonymously.
- Students had the option to enter a random drawing for a chance to win one of several prizes.
- One follow-up email was sent to students.
- 426 completed surveys were used in this analysis.

Survey Research Areas

- Bystander Intervention Scenarios
- Online, social media, and cell phone use
- Meeting online individuals in person
- Stalking and Harassment Experiences
- Dating and Threatening Behaviors
- Perceptions of UW-W's Response to DASH Issues

Acknowledgements

UHCS Wellness Coordinator Whitney Henley spearheaded the DASH Survey effort. UWW's SAPA survey sub-group was instrumental in developing the survey items. UCHS student workers and Communication Dept. students assisted in piloting the survey.

If you were going to meet someone in person who you first met online, how likely are you to do each of the following?

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
Take separate cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet at a public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make sure someone knows where you are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take someone with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet with a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT IS YOUR GENDER?

	Frequency	Percent	Valid Percent	Cumulative Percent
MALE	137	32.2	32.2	32.2
Valid FEMALE	289	67.8	67.8	100.0
Total	426	100.0		

What best describes your living situation?

	Frequency	Percent	Valid Percent	Cumulative Percent
On-campus residence hall	158	37.1	37.2	37.2
Off-campus (in Whitewater)	169	39.7	39.8	76.9
Valid Off-campus (commuter)	98	23.0	23.1	100.0
Total	425	99.8		
Missing System	1	.2		
Total	426	100.0		

What is your year in school?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Freshman	79	18.5	18.6	18.6
Sophomore	71	16.7	16.7	35.3
Junior	109	25.6	25.6	60.9
Senior	131	30.8	30.8	91.8
Graduate	35	8.2	8.2	100.0
Total	425	99.8		
Missing System	1	.2		
Total	426	100.0		

In which college are you?

	Frequency	Percent	Valid Percent	Cumulative Percent
Education & Professional Studies	75	17.6	17.6	17.6
Letters & Sciences	148	34.7	34.8	52.5
Valid Business & Economics	119	27.9	28.0	80.5
Arts & Communication	58	13.6	13.6	94.1
Graduate Studies	11	2.6	2.6	96.7
Undeclared/Undecided	14	3.3	3.3	100.0
Total	425	99.8		
Missing System	1	.2		
Total	426	100.0		

DASH Survey

The following questions focus on purposeful behaviors of anyone you have been on a date within the past year:

	Never	Once	Twice	Three or more times
They damaged something that belonged to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They said things to hurt my feelings on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They would not let me do things with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They told me I could not talk to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They did something just to make me jealous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They threatened to hurt me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They made me feel when I was or who I was with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They scolded or slapped me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They examined me or had me against the wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They tried to choke me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They pushed, grabbed, or shoved me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They threw something at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They hit me with a fist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They threatened me with a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They hurt me with a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewing the above behaviors, in the past year, have you done any of those things to someone else?

Yes
 No
 Maybe/Not Sure

Please think about the past year and let us know if someone did any of the following to you:

	Never	Once	Twice	Three or more times
They demanded sex whether I wanted it or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They made me have oral sex against my will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They made me have sexual intercourse against my will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They physically forced me to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They made me have anal sex against my will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They used an object on me in a sexual way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewing the above behaviors, in the past year, have you done any of those things to someone else?

Yes
 No
 Maybe/Not Sure

We are trying to learn more about online, social media, and cell phone use. Please think about the past year and let us know if someone did any of the following to you:

	Yes, before I came to UWW	Yes, while I was a UWW student	Yes, both before and during my time at UWW	No
Has anyone started a romantic relationship with someone you met on a dating site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone started a romantic relationship with someone you met online (other than on a dating site)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone ever physically threatened you online?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone you communicate with online pressured you to meet for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are trying to learn more about stalking and harassment. Please think about the past year and let us know if someone did any of the following to you:

	Never	Once	Twice	Three or more times
They violated a restraining order!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They threatened to cause you harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They vandalized your property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They attempted to harm you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They physically harmed you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They physically harmed themselves in an effort to get a reaction from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They called, texted or emailed you when you didn't want them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They followed or watched you when you didn't want them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They visited you when you didn't want them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They sent photos when you didn't want them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They made threats to your new partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They named your new partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewing the above behaviors, in the past year, have you done any of those things to someone else?

Yes
 No
 Maybe/Not Sure

Results

Percentage Students reported experiencing these behaviors over the past year

	Women	Men	All
threatened online at least once			15
physically harmed	10	6	
sent unwanted photos	13	8	
made to tell a dating partner where they were or who they were with			24
Demanded by someone to have sex whether they wanted to or not	12	8	
forced into sexual intercourse	5	3	
unsure if some of their own behaviors in the past year would be considered stalking and/or harassment	6	4	

Percentage Responses of Women vs Men reporting the following behaviors over the past year

	Women	Men
Being followed or watched	#	##*
Being visited when they didn't wish to be	#	##*
Receiving unwanted texts, calls or emails	#	##*
prevented from seeing other people by their dating partner	23	13
told they could not talk to someone else by their dating partner	26	16
When meeting someone in person they first met online, they are "very likely" to: drive separately, tell others where they are going, take someone with them, and meet up with the person as part of a group	#	#

*Significantly different

Conclusions

- Many students learned about SASA through survey
- Students may lack clarity on whether their own behaviors are stalking or aggression
- Cyber stalking reported as experienced by students as both receiver and sender
- Educational programs needed at UWW
- Additional data needed via qualitative research with students