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2025 Campus Safety and Violence Prevention (CSVP) Annual Report FAQs and Guidance

I. Incident Data Collection

1) What changes have been made to the incident data collection section of the report?

No changes have been made to the incident data collection section for the 2025 submission.

2) What will the reporting time period be for the 2025 CSVP Annual Report?*

The data being requested is for incidents that occurred, or actions taken, during calendar year 2024: January 1, 2024 – December 31, 2024. IHEs will have until **December 1, 2025** to complete the 2025 CSVP Annual Report.

3) When will the portal be made available?*

CSVP contacts will be notified directly by DHE when the portal is live.

4) Will there be training on how to use the portal?*

A DHE hosted webinar is scheduled for September 2025. An email notification will be sent to all CSVP contacts, with a registration link and other details. Additional information and resources will be made available on DHE's CSVP webpage: <https://www.mass.edu/strategic/csvp.asp>. Questions should be directed to Amanda Robbins, Campus Safety Advisor, arobbins@dhe.mass.edu.

5) Can reports be amended after they are submitted?

Yes, but for a limited amount of time. When a report is submitted, it is placed in a "Submitted" status until DHE either "Reverts" the report for IHEs to make additional edits or "Approves" the report after which point the IHE will no longer be able to edit the report. If an IHE needs to amend a report prior to DHE's approval/acceptance of the report, the IHE can request DHE to "Revert" the report while it is in the "Submitted" status.

If an IHE needs to amend a report after it has been "Approved" and accepted by the DHE, the IHE will need to start a new one and communicate the reason for the subsequent submission.

6) Many IHEs that have sexual misconduct policies which closely align with federal Title IX regulations often also have broader equity policies that cover conduct beyond the scope of Title IX. How will the department address cumulative data where definitions of conduct may vary widely from school to school as it pertains to those broader equity policies?

The Massachusetts statute defines “sexual misconduct” and requires institutions to submit annual incident data based upon this statutory definition: “an incident of sexual violence, dating violence, domestic violence, gender-based violence, violence based on sexual orientation or gender identity or expression, sexual assault, sexual harassment or stalking.” Institutions should note the scope of the statute’s definition of sexual misconduct and ensure that data reported to the DHE include incidents which may have been reported or addressed through other institutional policies, e.g., regarding gender-based harassment, if the institution’s Title IX policies do not include incidents within the scope of the statute’s definition of sexual misconduct.

7) What is the definition of sexual misconduct for reporting purposes?

Sexual misconduct is defined in the statute as, “an incident of sexual violence, dating violence, domestic violence, gender-based violence, violence based on sexual orientation or gender identity or expression, sexual assault, sexual harassment or stalking.” Note, the 2021 Campus Sexual Assault Law’s definition of sexual misconduct may include conduct that otherwise might be excluded under “sexual harassment” as defined in Title IX regulations.

8) What is meant by a report? Do reporting parties or claimants need to be identified for something to be considered a report? This is an important distinction because institutions receive many complaints that do not include identification.*

While the term “report” is not defined in the statute, the DHE interprets the term “report” to mean reaching out to share information regarding an alleged sexual misconduct incident with a student or employee of the institution regardless of the reporting person’s identity or the identity of the alleged perpetrator, regardless of where the incident allegedly occurred, that is initially or subsequently brought to the attention of and recorded by the institution’s Title IX Coordinator or sexual misconduct coordinator. The number of reports are the total number of reports made to the Title IX or sexual misconduct coordinator, whether they progress to a formal complaint that would trigger the Title IX or sexual misconduct investigatory process, informal resolution, or no action taken, for a variety of reasons.

9) What is meant by “disciplinary action?”*

“Disciplinary action” is a broad term that includes any actions taken by an institution against a respondent pursuant to the outcome or findings made in a formal complaint and/or disciplinary process outlined in institutional policy, and that resulted in an institutional consequence (e.g., suspension, dismissal, note on transcript, etc.). This number usually aligns closely with the number of students/employees found responsible, as a finding of responsibility is usually accompanied by disciplinary consequences.

10) What is meant by a “finding of responsibility?”*

A “finding of responsibility” means that a person was found to be responsible for the conduct that resulted in a violation of the institution’s sexual misconduct policy. This is the equivalent of a “guilty” verdict in a criminal case. However, this does not necessarily mean that person was subject to disciplinary action, e.g., if no disciplinary action was taken, the student withdrew or the employee resigned, etc.

11) What is meant by “formal complaint?”

A “formal complaint” is a complaint that is filed by a student or employee of the institution pursuant to the institution’s formal grievance procedures for sexual misconduct or other equity policy regarding conduct that falls under the scope of the statute’s definition of sexual misconduct. A formal complaint may also be considered a “report” if both the report is made, and formal complaint filed, simultaneously. Formal complaints do not necessarily include all instances in which a report is made and supportive measures are provided or the report is resolved through informal resolution. Formal complaints are only complaints made pursuant to the institution’s formal grievance procedure.

12) Should IHEs report the number of formal complaints that could not be adjudicated due to a student or employee’s withdrawal or voluntary departure? What about pending investigations?

Yes, these reports should be reported under three sections of the incident data component of the annual report: 1) As a report of sexual misconduct made by an employee or student against an employee or student (or third party); 2) under the sub-category of reports that were made by an employee or student against a student (or third party) that resulted in a formal complaint; and 3) as a formal complaint that was dismissed, withdrawn, or did not result in disciplinary action.

13) Should an institution include in its numbers reports of pre-enrollment sexual misconduct?

Generally, no; however, reports concerning sexual misconduct that occurs after the student(s) have made a deposit and are in the process of enrolling or are engaged in summer or other pre-term activities at the institution should be included.

14) What is meant by a “report investigated by sworn campus police officers or LLEAs [local law enforcement agencies], if known?” Sometimes institutions are not always informed of such reports or investigations, or such investigations are confidential under federal or state law.

A report investigated by sworn campus police officers or LLEAs, if known, means a report of sexual misconduct investigated by a state or local law enforcement agency that has been shared with the institution’s Title IX Coordinator; or a report of sexual misconduct that results in a criminal investigation, conducted by campus police who are sworn officers, that has been shared with the institution’s Title IX Coordinator. If an investigation is confidential, it should not be reported if it would be in violation of any federal or state law concerning the privacy of such investigations.

15) How should IHEs report when a complainant decides not to move forward with filing a formal complaint after making a report of sexual misconduct?

These reports should be reported under two sections of the incident data component of the annual report. First, as a report of sexual misconduct made by an employee or student against an employee or student (or third party), and second, under the sub-category of reports that were made by an employee or student against a student (or third party) that did not result in a formal complaint.

16) How should IHEs report instances where a bystander reported an incident of sexual misconduct where that instance of sexual misconduct was not confirmed by the Complainant?

These reports should be reported under two sections of the incident data component of the annual report. First, as a report of sexual misconduct made by an employee or student against an employee or student (or third party), and second, under the sub-category of reports that were made by an employee or student against a student (or third party) that did not result in a formal complaint.

17) How should IHEs report when multiple reports are filed regarding the same incident?

An IHE, in its discretion, may opt to report multiple reports as one consolidated report where multiple reports have been filed concerning the same incident. IHEs should generally report the total number of reports by each category as close to the circumstances of the incident as appropriate, e.g., if a report is made by a student and an employee regarding the same incident of student-to-student sexual misconduct, it should be counted as one report of sexual misconduct filed by a student against another student. If, however, only the employee filed a report concerning the student-to-student sexual misconduct, it would be reported as a report of sexual misconduct filed by an employee against a student that did not result in a formal complaint. Ultimately, in this fact pattern, if one of the students were found responsible, the IHE would report there being one (1) student found responsible for this incident, regardless of the number of reports filed concerning the incident.

If the institution wishes to provide additional clarification to be included in any published report, the institution will continue to have the ability to add any such clarifications. An institution, for example, may wish to report an unduplicated total number of incidents for any category and then clarify any instance in which multiple reports have been made regarding one (1) complainant or respondent, or vice versa.

18) How should IHEs report sexual misconduct incidents that occur off-campus?

These incidents should be tallied in the same manner as other reports, formal complaints, etc., as the scope of the 2021 Campus Sexual Assault Law includes off-campus conduct. The law does not ask IHEs to differentiate in its numbers between on or off-campus incidents like Clery does.

19) What is the reporting period for reports, formal complaints, or adjudicatory actions that concerned conduct from a prior year?

The totals for all fields in the 2025 CSVP Annual Report should concern activities in the 2024 calendar year, which may include reports of sexual misconduct made in 2024, formal complaints filed in 2024, and disciplinary actions taken in 2024. Although some adjudicatory actions, for example, may result from reports or formal complaints filed in a prior year, the data will smooth out over time given the annual nature of this report.

Institutions will also continue to have the ability to clarify differences in data from year to year as cases span across reporting periods.

20) If an institution is concerned regarding its interpretation of the reports required by the statute, compared to other reporting criteria, such as under the Clery Act, will institutions be able to provide information regarding their methodology to the DHE in the report?

Yes, institutions will continue to have the ability to communicate any concerns they have regarding data quality in the annual reporting portal.

21) Are Presidents/CEOs required to initial each President/CEO field, or can a designee initial those fields on behalf of the President/CEO?

A President or CEO may log in directly to initial the fields themselves if they choose to do so; but if they would prefer that another CSVP contact do so on their behalf, that is also acceptable, as only Presidents/CEOs and CSVP contacts can access the CSVP Annual Report. Please note that the portal will log which user initials each field for documentary purposes.

22) How can CEOs/Presidents designate new or additional CSVP contacts for the institution?

To designate additional or new CSVP contacts, institutions should contact Amanda Robbins, Campus Safety Advisor, arobbins@dhe.mass.edu.

II. Local Law Enforcement MOUs

1) The Regulations (610 CMR 14.00) define Local Law Enforcement Agency as “A municipal or state law enforcement agency, with jurisdiction on or around an institution’s campus, including property owned and not owned by the institution.”

Is there an expectation that every College in the Commonwealth enter or attempt to enter into an MOU with the State Police?

Only where the institution deems a State Police unit to have jurisdiction on or around the institution’s campus, e.g., there is a reasonable likelihood that the State Police would be more or as likely to respond to a report of sexual misconduct as a local/municipal LEA. In most cases, it is expected that IHEs will only need to enter into MOUs with local/municipal LEAs.

2) The definition of Local Law Enforcement Agency further provides, “As set forth in 610 CMR 14.03(2), an institution subject to the jurisdiction of more than one local law enforcement agency may enter into one MOU with multiple law enforcement agencies.” Section 14.03(1) then states, “Each institution shall, to the extent feasible, enter into an MOU with each local law enforcement agency having jurisdiction to report as a first responder to an incident of sexual misconduct occurring on or around each campus of the institution.”

Where institutions are in multiple jurisdictions, *must* they attempt to enter into an MOU with each local law enforcement agency?

Yes, especially if the institution for the purposes of Clery Act reporting must report on incidents in multiple jurisdictions.

3) For institutions that have a main campus in one City of the Commonwealth, but may have satellite campuses (which are reportable under Clery) in other cities or towns, will those smaller satellite campuses need MOUs as well?

Yes. For each campus which reports under Clery, the institution will need to submit a separate MOU for each campus, and also indicate any applicable LEAs with jurisdiction on or around each campus, the status of its entrance into any applicable MOUs, and any applicable feasibility determinations the institution has made regarding each campus.

4) How should an institution that is still experiencing resistance from its local LEA(s) report this status to the DHE?

Pursuant to 610 CMR 14.04(2), if an institution has not entered into an MOU, the terms of which are in compliance with 610 CMR 14.03, with each LEA with jurisdiction on or around each of the institution's campuses, the institution will still need to certify that entry into such an MOU or MOUs at this time is not feasible; and to indicate any applicable reasons. The CSVP annual report is designed to accommodate this scenario by providing institutions ample space to provide additional information regarding its efforts to enter into the required MOU or MOUs. For example, one potential reason provided that an institution could select is that an MOU could not be negotiated or finalized despite good faith efforts of both the LEA(s) and the institution. There is also an "other" field where the institution could provide more specific details, in addition to the "Status Update" field where institutions will provide a Status Update on compliance with 610 CMR 14.00. Please note that the DHE requests you reiterate, and update, your status update each year if an MOU(s) has not been executed.

The DHE has posted additional LEA MOU resources on the CSVP website, including model MOUs, at <https://www.mass.edu/strategic/csvp.asp>. All institutions are expected to substantially comply with the LEA MOU requirement and 610 CMR 14.00 by December 1, 2024, unless you have already spoken with Amanda Robbins directly and have been granted a temporary waiver.

5) Is there an expectation that IHEs will review LEA MOUs within a certain time period?

Yes, 610 CMR 14.03(3) states: *Each institution shall review the MOU(s) with each law enforcement agency that is a signatory **every three years**. As part of the review process, the institution shall contact each signatory local law enforcement agency to discuss how changes in policies or procedures at either the institution or the local law enforcement agency may impact the provisions of the MOU. If changes in policies or procedures are identified that impact the provisions of the MOU, the institution and the local law enforcement agency(ies) shall update the MOU, as necessary. Such review and revision process may also consider input from internal and external entities.*

III. Sexual Assault Crisis Service Center (SACSC) and Domestic Violence Program (DVP) MOUs

1) M.G.L. c. 6, § 168D(c) states that the sexual assault crisis centers with whom institutions must enter into must be funded by the Department of Public Health (DPH), but many crisis centers may not be funded by DPH. Is there any flexibility on this requirement?

Per the statute, there is not. IHEs must enter into MOUs with DPH-funded general, community-based sexual assault crisis service centers (SACSCs) and domestic violence programs (DVPs). DPH has published lists of general community-based SACSCs by region [here](#); and general community-based DVPs by program type [here](#).

2) Is there an expectation to execute separate MOUs with a SACSC AND a DVP?

Per the statute, both sexual assault services and domestic violence services are required to be made available to students and employees. A single provider may not be able to satisfy both requirements; in which case, an institution may need to execute an MOU with more than one provider.

3) Is there assistance available for IHEs experiencing a challenge connecting and executing an MOU with a provider(s)?

All outreach efforts and challenges that have been included in an annual report's comment section, or via direct email to Amanda Robbins, have been noted and assistance offered where applicable and possible. If an institution is still experiencing challenges, please reach out directly to Amanda Robbins, Campus Safety Advisor, via email at arobbins@dhe.mass.edu. All institutions are expected to substantially comply with the SACSC and DVP MOU requirement by December 1, 2025, unless you have already spoken with Amanda Robbins directly and have been granted a temporary waiver.

4) If an institution provides its own Sexual Assault Crisis Service Center (SACSC) for students, but needs to enter into MOUs to provide crisis center services for its employees; or vice versa, how should an institution report on its status of compliance with M.G.L. c. 6, § 168D(c)?

Institutions which provide their own SACSC for students and employees are exempt from this requirement, pending a DHE review of its program. If an institution's SACSC does not provide services to both students and employees, the institution must enter into the required MOUs to provide services to students or employees not already served by the institution's SACSC.

For any institution which has a SACSC, the SACSC must provide the minimum required services in the statute to students and employees, which include:

- (i) provide an off-campus alternative for students and employees to receive sexual assault crisis services, including access to a sexual assault nurse examiner if available, or domestic violence crisis services in response to sexual misconduct;
- (ii) ensure that a student or employee of the institution is able to access free and confidential counseling and advocacy services either on campus or off campus; and
- (iii) encourage cooperation and trainings between the institution and the service center or program to ensure an understanding of the roles that the institution, service center and program should play in responding to reports and disclosures of sexual misconduct against students and

employees of the institution and the institution's protocols for providing support and services to the students and employees.

IV. Confidential Resource Providers

1) Are IHEs required to report on the designation of a Confidential Resource Provider (CRP), pursuant to M.G.L. c. 6, § 168E(I)?

Yes. There is a section in the annual report inquiring about implementation of the CRP requirement in the law. There is a separate tab to this effect, with several questions related to the designation of the CRP.

2) Will the DHE provide additional guidance on the CRP requirement?

In consultation with our partners, including Jane Doe, Inc., and institutional representatives, the DHE is working to share guidance in this area. Additionally, training was offered in the Spring of 2024 related to the CRP requirement. DHE plans to hold another training on this topic this academic year and is available to field questions as needed.

V. Campus Climate Surveys

1) Did the DHE issue model survey questions?

The Task Force on Sexual Misconduct Surveys' final report and recommendations, as approved by the Commissioner of Higher Education on May 3, 2022, can be found [here](#). Supporting documents are also available on the DHE's [CSVP website](#).

2) When will IHEs be required to conduct their first sexual misconduct survey under the 2021 statute? And will IHEs be required to report on their progress in implementing their surveys to the DHE, as well as once the survey has been completed?*

Per DHE's interpretation of the statute, IHEs had until **August 1, 2025** to conduct their first complainant survey. IHEs will be asked via the annual reporting portal to indicate their status as it relates to conducting a sexual misconduct survey using the Task Force's model questions, or developing their own survey that aligns with the Task Force's model questions. If an IHE has previously submitted the required documentation, either via email or a prior annual report, please upload copies in the 2025 reporting portal as supporting documentation.

If a survey has yet to be conducted, please note that the survey is overdue and should be completed as soon as possible. An institution that has not yet completed a survey should indicate in the reporting portal when it plans to do so and whether it will use the model questions or develop its own survey. Institutions seeking to develop their own surveys are encouraged to reach out to DHE early and often in the design process to ensure alignment.

Once a survey has been completed, IHEs are required, under the law, to post a summary of their results. The law states: *Within 120 days after completion and analysis of a sexual misconduct climate survey, each institution shall post a summary of the results on the institution's website.* The link and a PDF of the summary shared should be

uploaded in the reporting portal for DHE review, even if previously submitted, along with any supporting documents for a survey that deviates from the model questions (see question 3 below). See Appendix A of this document for more detail on what is required.

While the statute does not detail what should be included in the above referenced summary, the Task Force Report has a section on *Generating Meaningful and Representative Results* that includes suggestions on data analysis and reporting results.

3) Is there additional guidance for IHEs wishing to develop their own survey rather than use the Task Force's model questions?

The Department encourages all IHEs to use the model questions as developed by the Task Force and approved by the Commissioner of Higher Education. For IHEs seeking to develop their own survey, the DHE has developed additional guidance on submitting a justification for a deviation(s) from the model questions, which can be found in Appendix A of this document as well as on the DHE's [CSVP website](#).

4) What if a survey yields a low response rate? Will IHEs in this case be required to administer it again?

If a survey receives a "low" response rate, DHE will not automatically require the survey to be re-administered before the four (4) year requirement. In this instance, however, conducting another survey within two (2) years may be recommended.

The Task Force Report has a section on *Generating Meaningful and Representative Results* that includes response rate guidance.

5) What is the definition of "student"?

While the statute does not define "student," DHE recommends the definition be based on an IHE's own specific definition of student for inclusion in the survey. A suggested baseline for the definition is to consider whether the category of student in question has exposure to the types of things the survey is asking about, regardless of where they currently are (i.e., location from which they are taking classes) or how they are enrolled (e.g., part-time vs full) as a part of the community.

For students taking courses partly or completely online, those students should be included. Although the survey asks about campus safety, it more importantly asks about the degree to which community members feel safe while engaged in MA IHEs educational programs (implicitly including online programs). Additionally, misconduct such as sexual/gender harassment and stalking may occur online as well as "in person." And although the statute is a MA statute, it speaks about eliciting data from "all students" not just ones located in MA, so exclusion of online students (some of whom *are* in MA) would not be advisable. There is also the consideration that if online students were excluded entirely, how would that work for students that attended in-person in the past as some of the survey questions ask students to reflect on their entire enrollment.

It might make sense for IHEs with a significant online student population to include a "Not Applicable" response to questions about conduct that could only occur on campus. And, perhaps in addition or alternatively to a "NA" option, institutions could add a question to the demographic section of the survey regarding whether students are attending classes entirely online, primarily online/hybrid, primarily in-person, or entirely in-person. Then if

institutions are using surveys with skip logic, the on-campus-related questions could be skipped for the students attending entirely online. From an analysis perspective, being able to distinguish between in-person and remote students is one way to also help make the results more applicable to policy/practice -- e.g., if remote students are reporting many incidences, or poor levels of safety, that could help an institution identify areas for intervention (e.g., perhaps physical campus safety resources may be lesser priority than something else).

6) When is the next iteration of the survey due, once the first complaint survey has been completed?*

The statute requires each institution to conduct a sexual misconduct climate survey of all students at the institution *not less than once every 4 years*; therefore, IHEs should note the date of their last survey and ensure the next iteration is executed within this timeframe. The DHE does not anticipate changes to the content of the survey and/or the required documentation described in this document. The DHE is working on additional guidance related to increasing response rates, among other topics that will be published as it is finalized.

APPENDIX A: Guidance for Developing a Sexual Misconduct Survey

Introduction & Background

This implementation guidance was authored by the Department of Higher Education (DHE or Department) and developed in furtherance of [Chapter 337 of the Acts of 2020: An Act Relative to Sexual Violence on Higher Education Campuses](#), also known as the 2021 Campus Sexual Assault Law. It is designed to provide guidance to an institution of higher education (IHE) that has chosen to develop its own sexual misconduct climate survey, rather than utilize the [sexual misconduct climate survey and model questions](#) (Appendix B in the linked report) developed by the Task Force on Sexual Misconduct Surveys and approved by the Commissioner of Higher Education.

Under the law, M.G.L. c. 6, § 168D (d)(4) states: *The commissioner of higher education shall review and approve the sexual misconduct climate survey model questions provided by the task force and shall periodically review and make recommendations for changes to the model questions and to the content and timing of the sexual misconduct climate surveys. In addition, the task force may be revived at any time by the commissioner. The commissioner shall provide a copy of the model questions to all institutions; provided, **however, that an institution may develop and use its own campus-specific survey if the survey: (i) is designed to provide the institution with data to inform policies to prevent and respond to sexual misconduct; (ii) meets quality standards determined by the commissioner; and (iii) includes the subset of model questions described in paragraph (2).***

The Task Force and DHE interpreted this clause in the law to allow for IHE's to develop and implement their own surveys. This option is included in the Task Force's [Report](#):

Recommendation #2: [The Commissioner shall] [i]ssue policy guidance and allow for a process, in furtherance of the intended purpose of M.G.L. c. 6, § 168D(d)(4) of the law, which enables institutions to develop their own surveys for use on their campuses, as long as the institutions include a subset of questions that generate responses related to topics including, but not limited to:

- a. the prevalence of sexual misconduct on campus;
- b. student knowledge of and familiarity with campus practices for reporting and addressing sexual misconduct; and
- c. services available to victims of sexual misconduct.

Institutions developing their own surveys are encouraged to review and utilize the model questions in Appendix B of the [Report](#) for use in their surveys and/or to serve as a guide to successful question development. To the extent that an institution chooses not to use the model questions, the institution must indicate to the Department the modules and/or specific questions in its survey that generate responses related to the mandatory topics required by statute and covered by the model questions.

Compliance with the Law / Reporting to DHE

In order to be in compliance with the law, an institution that wishes to exercise the option to develop, in whole or in part, its own sexual misconduct climate survey, **MUST**:

- (1) certify that its survey:
 - a. is designed to provide the institution with data to inform policies to prevent and respond to sexual misconduct;
 - b. meets quality standards determined by the commissioner; and
 - c. includes the subset of questions set forth in **M.G.L. c. 6, § 168D(b)(2)***

AND

- (2) provide a chart/matrix setting out the basis for the IHE's certification of compliance with Section 1(a-c) of this guidance.

IHEs shall fulfil the certification requirement by providing this information in *chart/matrix* form, an example of which is included below. An IHE may choose to provide a *narrative description* in addition to the chart/matrix of how its survey is designed to provide the institution with data to inform policies to prevent and respond to sexual misconduct (Section 1(a) above), and meets quality standards determined by the commissioner (Section 1(b) above). "Quality standards" for this purpose are the recommendations and best practices set forth in the Task Force of Sexual Misconduct Survey's Report and Recommendations document¹ approved by the Commissioner on May 3, 2022, and in particular those set forth in Sections I., III., and IV. of the report. Additional guidance on quality standards and guiding principles can be found below.

All IHEs will be expected to provide this certification as an attachment to its Campus Safety and Violence Prevention (CSVP) Annual Report, hosted on the Department's EDvera platform, which collects other compliance information required by M.G.L. c. 6, § 168E(q) and 610 CMR 14.04(1). As with the collection of compliance information and sexual misconduct incident data, certification as it relates to developing a sexual misconduct climate survey shall be submitted through the portal not later than December 1st of each year.²³ DHE will notify all designated CSVP contacts when the reporting portal is open for submissions.

¹ The Task Force on Sexual Misconduct Climate Surveys' final report and recommendations are available at: <https://www.mass.edu/strategic/documents/Task%20Force%20on%20Sexual%20Misconduct%20Surveys%20Final%20Report%20and%20Recommendations-Update.pdf>. For additional information, please visit <https://www.mass.edu/strategic/csvp.asp>.

² DHE reserves the right to adjust data collection periods and due dates.

³ Per DHE's interpretation of the statute, IHEs had until August 1, 2025 to conduct their first survey; and are required to conduct subsequent surveys *no less than every four years*, as required by the statute. IHEs will be asked via the annual reporting portal to indicate their status as it relates to conducting a sexual misconduct survey using the Task Force's model questions, or developing their own survey that aligns with the Task Force's model questions.

Additional Guidance

Quality Standards & Guiding Principles

In terms of fulfilling the requirement to include a subset of questions described in paragraph (2) [of the statute]* (Section 1c above), IHEs shall also provide a matrix/chart (e.g., in a spreadsheet program, or a table embedded within a word processing program, or otherwise) that clearly identifies which modules or questions within the institution's survey align with or satisfy the requirements set forth in the statute and described above.

In addition to the quality standards set forth in the recommendations and best practices of Task Force's Report, and in particular those set forth in Sections I, III, and IV of the report, the following Guiding Principles should be considered when designing and administering an alternate survey:

- Terminology should be consistent throughout the survey. For example, if an institution uses the wording "the most recent incident" at the outset of its questions on sexual misconduct, it should be sure to continue to use "most recent" when asking about incidents. Consistency on this point will be essential to ensure valid data capture.
- Use of the word "incident" instead of "experience" should appear consistently throughout the survey. This was debated at length by the Task Force members, and it was determined that "incident" is a more effective and accurate term. Additionally, "incident" is a more trauma-informed term whereas "experience" can sound positive.
- Use of the statutory term "sexual misconduct" -- as defined in the MA statute⁴ -- is required. Institutions should eliminate any other synonyms.
- Identity questions⁵ should be included in each section regarding incidents of sexual misconduct (whatever type), and should include an "other" option, not just "none of the above."

Evaluation of Compliance

The Department will review each alternative survey that is submitted based on the following criteria:

1. Potential failure to comply with the MA Statute.
2. Survey differs not only from the Model Questions but also from ARC3 (from which the Model Questions were drawn), in ways that DHE deems significant.
3. Differences viewed as reasonable variations that would not prevent an IHE from eliciting the data required by the MA Statute.

All module/question deviations will be reviewed by the Department. Those that fall into the "1" or "3" categories are generally straightforward and will be evaluated as such. Those that fall into the "2" category above will require a more in-depth review. In most cases, deviations that fall into category "3", or "2" and found to be non-complaint, will receive notification of such through the DHE comments provided in the annual report portal. In

⁴ M.G.L. c. 6, § 168D(a) defines "Sexual misconduct" as *an incident of sexual violence, dating violence, domestic violence, gender-based violence, violence based on sexual orientation or gender identity or expression, sexual assault, sexual harassment or stalking.*

⁵ This is in reference to the question that asks whether you (the student) believe any aspect of your identity was implicated in the act of sexual assault, stalking, etc. That question has a drop down list that includes identities (race, sexual orientation, gender identity, etc.) and it should include "other."

*Indicates a new or revised section

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most cases, IHEs that receive this notification will be expected to make the necessary adjustments prior to their next survey administration to remain in compliance.

Sample Matrix/Chart

Statute & Task Force Recommended Topics	Task Force Module	IHE Deviation	Justification
the prevalence of sexual misconduct on campus;	<ul style="list-style-type: none"> ➤ Sexual Violence Victimization (ARC3 Module 11) ➤ Dating Violence Victimization (ARC3 Module 9) ➤ Stalking Victimization (ARC3 Module 7) ➤ Sexual Harassment By Faculty/Staff (ARC3 Module 5) ➤ Sexual Harassment By Students (ARC3 Module 6) 		
student knowledge of and familiarity with campus practices for reporting and addressing sexual misconduct	<ul style="list-style-type: none"> ➤ Perceptions of Campus Climate Regarding Sexual Misconduct (ARC3 Module 4) 		
services available to victims of sexual misconduct	<ul style="list-style-type: none"> ➤ Institutional Responses (ARC3 Module 13) 		
Bystander Questions (optional module)	<ul style="list-style-type: none"> ➤ Bystander Intervention (ARC3 MODULE 16) 		

APPENDIX B: 2025 CSVP Annual Survey Reporting Template

2025 CSVP Annual Report Incident Data Template

(Data provided for demonstrative purposes)

Reports of sexual misconduct made to TIX coordinator	100
filed by students against students	25
filed by students against employees	25
filed by students against unknown / third party	0
filed by employees against employees	25
filed by employees against students	25
filed by employees against unknown / third party	0

Reports of sexual misconduct investigated by sworn campus police officers or LLEAs, if known	20
filed by students against students	5
filed by students against employees	5
filed by students against unknown / third party	0
filed by employees against employees	5
filed by employees against students	5
Filed by employees against unknown / third party	0

Reports of sexual misconduct made to TIX coordinator that <u>did not</u> result in a formal complaint	40
filed by students against students	10
filed by students against employees	10
filed by students against unknown / third party	0
filed by employees against employees	10
filed by employees against students	10
filed by employees against unknown / third party	0

Reports of sexual misconduct made to TIX coordinator that did result in a formal complaint **60**

filed by students against students	15
filed by students against employees	15
filed by students against unknown / third party	0
filed by employees against employees	15
filed by employees against students	15
filed by employees against unknown / third party	0

Formal complaints under Title IX or sexual misconduct policies that were dismissed, withdrawn, or did not result in disciplinary action **28**

filed by students against students	7
filed by students against employees	7
filed by students against unknown / third party	0
filed by employees against employees	7
filed by employees against students	7
filed by employees against unknown / third party	0

Formal complaints under Title IX or sexual misconduct policies that resulted in disciplinary action **32**

filed by students against students	8
filed by students against employees	8
filed by employees against employees	8
filed by employees against students	8

Students and employees found responsible for violating Title IX or sexual misconduct policies & whether subject to disciplinary action **32**

number of students found responsible	16
number of students subject to disciplinary actions as a result	16
number of employees found responsible	16
number of employees subject to disciplinary actions as a result	16