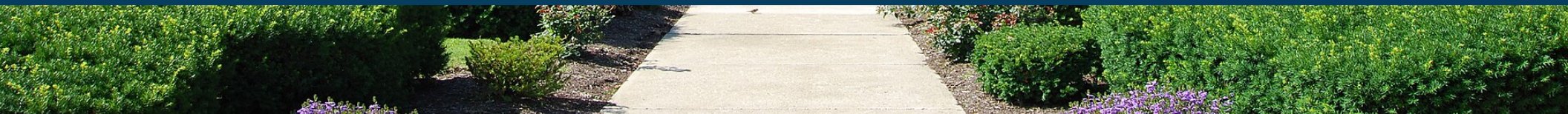




Albany College of Pharmacy and Health Sciences Student Experience Survey

2026 Report



PREPARED FOR

Albany College of Pharmacy
and Health Sciences
June, 2026

PREPARED BY

Grand River Solutions, Inc.
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Study Design

The Albany College of Pharmacy and Health Sciences Student Experience Survey surveyed graduate and undergraduate students aged 18 or older. The survey was administered online by Grand River Solutions, an independent company, with a survey tool developed by the Grand River Solutions team.

Albany College of Pharmacy and Health Sciences identified the student pool for the survey, and sent a message to potential participants notifying them to expect an email from Grand River Solutions with the survey link. When possible, Albany College of Pharmacy and Health Sciences provided the race/ethnicity, binary gender, age, class year, residency status, full/part-time status, Pell Grant status, and academic level (undergraduate/graduate) of the participant pool. This information was provided to Grand River Solutions through a secure portal. If Albany College of Pharmacy and Health Sciences could not provide this data, a question was included in the survey to obtain it.

Grand River Solutions sent a personalized email to the students, each with a unique link to the survey, and sent reminder emails to non-respondents over the field period. The number of reminder emails and the field period were mutually agreed upon by Albany College of Pharmacy and Health Sciences and Grand River Solutions.

All personally identifying information was automatically de-linked from survey responses once submitted. All personally identifying information was permanently deleted from Grand River Solutions devices and accounts within 60 days of the end of the survey field period and Albany College of Pharmacy and Health Sciences was provided with a signed certification of data destruction.

Participants were informed that their responses were confidential and would be reported in aggregate form and no individually identifying information would be reported. The survey was provided in English and Spanish, and participants were able to toggle between the two languages throughout the survey. All survey questions were optional to participants. Albany College of Pharmacy and Health Sciences was able to add custom questions to the survey as agreed upon by Albany College of Pharmacy and Health Sciences and Grand River Solutions. The survey was approved by Ethical & Independent Review Services.

At the end of the survey, participants were given the opportunity to enter a raffle to win one of three \$50 Amazon gift cards. Participants' survey responses were not connected to their raffle entry in any way.

Study Measures

Demographics

In addition to the demographic data provided by Albany College of Pharmacy and Health Sciences, the survey included questions pertaining to the student's self-identification as an intercollegiate athlete, first generation college student, housing status, and parental status, when applicable. Students were also asked to identify their sex assigned at birth, gender identity, sexual orientation, and disability status.

Knowledge and campus culture

Students were asked about their knowledge of key campus policies relevant to sexual and interpersonal violence. They were also asked about their perceptions of the campus culture, Albany College of Pharmacy and Health Sciences's prevention and response efforts relevant to sexual and interpersonal violence, and bystander intervention.

Sexual and interpersonal violence

The survey asked participants about their experiences of sexual and interpersonal violence in the past 12 months, including sexual harassment, sexual assault, rape, intimate partner violence, and stalking.

The survey included follow-up questions for those that indicated experiencing sexual and interpersonal violence. These questions asked about academic, professional, and mental health impacts of their experience, their relationship with the perpetrator, the location of the incident, whether or not they reported the incident, reasons why they did not report, and their experiences during the reporting process.

School connectedness

Students were asked to reflect on their experiences at Albany College of Pharmacy and Health Sciences and to identify their feelings and perceptions of belonging, equity, and well-being.

Data Analysis Methods

To be considered valid, a respondent had to have answered at least one question beyond the demographic section. To preserve participant confidentiality, any findings with a low response rate were omitted in reports to Albany College of Pharmacy and Health Sciences.

Reports provided to Albany College of Pharmacy and Health Sciences included only statistically significant findings. Statistical significance was determined using chi square tests and a p-value of <0.05 . Statistical significance for the difference in means was determined using a t-test or one-way anova. When cell counts were less than 5, a Fisher's t-test was used to evaluate statistical significance.

All personal experience questions were collapsed to yes/no variables for each of the types of sexual and interpersonal violence. Sexual orientation was collapsed to straight/heterosexual and LGB+. Gender identity was collapsed to man, woman, and transgender, genderqueer, nonbinary, or gender nonconforming (TGQN). Race/ethnicity were collapsed into federally recognized categories of Black, Indigenous, and People of Color (BIPOC), and White. Definitions of these categories are included on the following page.

All likert scales (strongly agree to strongly disagree) were converted to a four-point ranking where 4= positive response and 1= negative response. Likert questions were grouped based on pre-determined themes of belonging, well-being, equity, and culture (when applicable). Responses to these questions were averaged for each theme and reported on a scale of 1 to 4.

Key Terms

BIPOC

Black, Indigenous, and People of color (BIPOC) includes respondents who self-identified as African, Alaska Native, Asian/Asian American, American Indian/Indigenous, Black or African American, Caribbean/West Indian, East Asian, European, Hispanic/Latino/a/x/e, Latin American, Middle Eastern or North African, Native Hawaiian/Pacific Islander, South Asian, Southeast Asian, or another race/ethnicity.

LGB+

Lesbian, gay, and bisexual plus (LGB+) includes respondents that self-identified as lesbian, gay, bisexual, asexual, fluid, pansexual, queer, questioning, or another sexual orientation.

Sexual and interpersonal violence (SIV)

Used to refer to sexual harassment, sexual assault, rape, intimate partner violence, and stalking collectively.

Sexual violence

Used to refer to sexual assault and/or rape collectively.

TGQN

Transgender, genderqueer, nonbinary, or gender nonconforming (TGQN) includes respondents that self-identified as agender, genderqueer/gender-fluid, non binary, questioning, two-spirit, another gender identity, intersex, man but not male assigned at birth, or woman but not female assigned at birth.

Response Rate and Participant Demographics

A total of 743 Albany College of Pharmacy and Health Sciences students were invited to participate, and 69 (9%) completed the survey. The results of this report reflect only those who participated and may not reflect the experiences of all Albany College of Pharmacy and Health Sciences students. Findings in this report should not be used to make conclusions about the entire student population.

Fig. 1 Race and ethnicity



Fig. 2 Gender identity

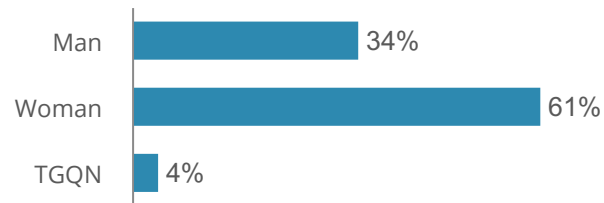


Fig. 3 Age

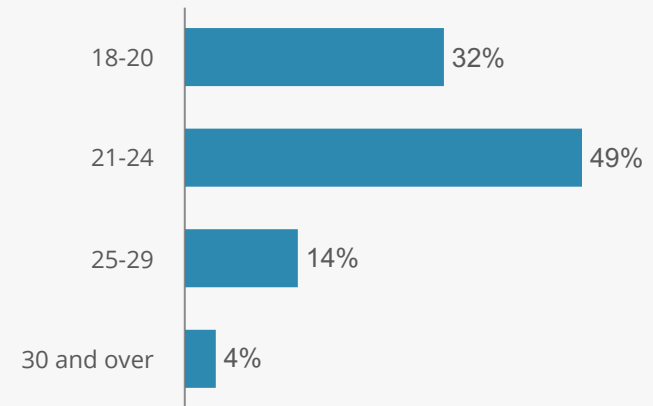


Fig. 4 Sexual orientation

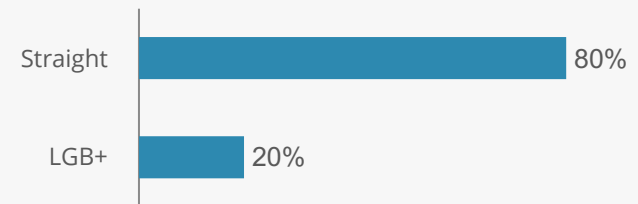
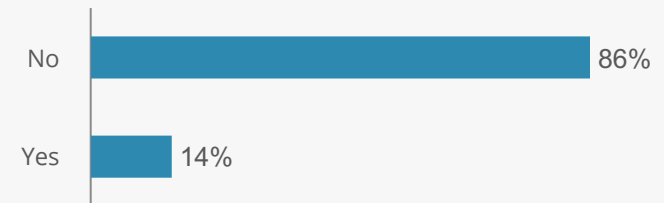


Fig. 5 Disability status



Percentages may not add to 100% due to rounding.

Participant Demographics

Fig. 6 Degree level

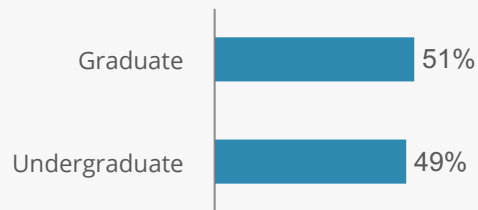


Fig. 7 Class year

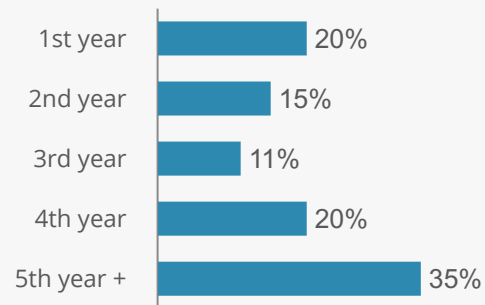


Fig. 8 Enrollment status

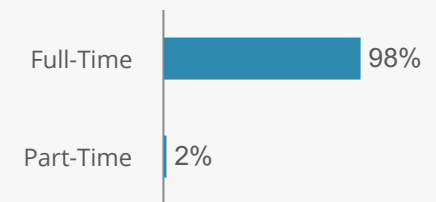


Fig. 9 Transfer status

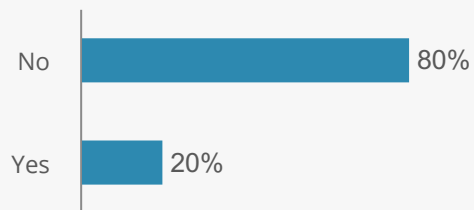


Fig. 10 Residency

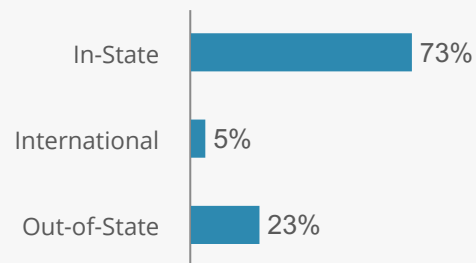
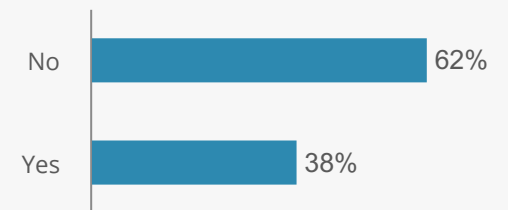


Fig. 11 Pell grant status



Percentages may not add to 100% due to rounding.

Participant Demographics

Fig. 12 Athlete

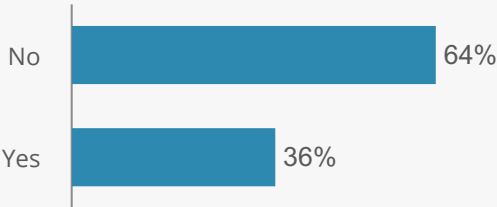


Fig. 13 First generation student

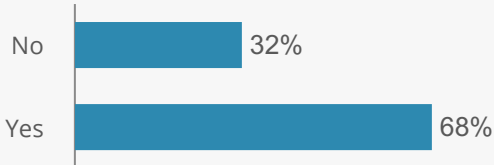


Fig. 14 Housing insecure

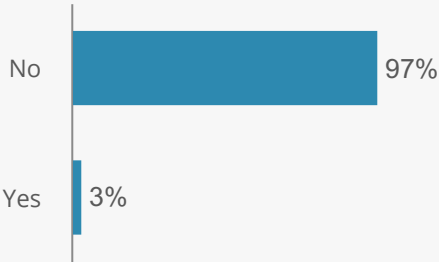
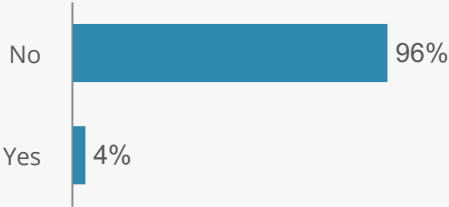


Fig. 15 Parent



Executive Summary

School connectedness

Overall, a majority of participants agreed that they feel safe and protected at Albany College of Pharmacy and Health Sciences. On average, participants slightly agreed that they feel a sense of belonging and equity at Albany College of Pharmacy and Health Sciences. Perceptions of belonging, equity, and well-being varied across some demographic groups.

Campus climate and confidence in reporting

Overall, participants slightly agreed that it is uncommon for people at the school to make sexist comments or jokes and that Albany College of Pharmacy and Health Sciences is doing a good job of preventing and responding to sexual and interpersonal violence. Perceptions of the campus culture varied across some demographic groups.

Knowledge of policies, resources, and offices

Most participants were aware of the Title IX Coordinator at Albany College of Pharmacy and Health Sciences. A majority of participants confirmed that knew where at Albany College of Pharmacy and Health Sciences they could get help if someone they know experiences sexual and interpersonal violence and a majority confirmed they understand affirmative consent.

Sexual and interpersonal violence

Seventeen percent (17%) of participants indicated that they had experienced sexual harassment, intimate partner violence, stalking, sexual assault, or rape in the past 12 months at Albany College of Pharmacy and Health Sciences.

Reporting

The majority of participants who experienced sexual and interpersonal violence did not report the incident to Albany College of Pharmacy and Health Sciences. The most common reasons why students chose not to report were that they did not trust that the report would be taken seriously, they did not think the incident was serious enough to report, and they felt it would take time away from studies or other activities.

Bystander intervention

Most participants that witnessed a potential incident of sexual and interpersonal violence intervened in some way.



Findings

School Connectedness

Perceptions of Belonging, Equity, and Well-being

Students were asked to what extent they agreed or disagreed with statements about their feelings of belonging, equity, and well-being at Albany College of Pharmacy and Health Sciences. Their responses were scored on a scale from 1 to 4, with 4 being the most positive response.

Belonging

On average, most students **slightly agreed** that they feel a sense of belonging at Albany College of Pharmacy and Health Sciences.

Equity

On average, most students **agreed** that Albany College of Pharmacy and Health Sciences treats all students equitably.

Well-being

On average, most students **agreed** that they feel safe and cared about at Albany College of Pharmacy and Health Sciences.

3.0_{/4}

Belonging

3.1_{/4}

Equity

3.1_{/4}

Well-being

1 = negative response
4 = positive response

Differences in Perceptions of Belonging, Equity, and Well-Being

Perceptions of belonging, equity, and well-being varied among demographic groups.

Belonging

Graduate students, LGB+ students, Pell Grant recipients, and students with a disability reported a lower sense of belonging than their respective counterparts.

Equity

Graduate students, White students, and students with a disability were less likely to agree that Albany College of Pharmacy and Health Sciences treats students equitably than their respective counterparts.

Well-being

Graduate students, LGB+ students, White students, and students with a disability reported a lower sense of well-being than their respective counterparts.

Fig. 16 Differences in perceptions of belonging



Fig. 17 Differences in perceptions of equity



Fig. 18 Differences in perceptions of well-being





Findings

Campus Climate

Campus Culture

Students were asked about the culture of sexual harassment at Albany College of Pharmacy and Health Sciences, and their perceptions of Albany College of Pharmacy and Health Sciences's efforts to prevent and respond to sexual and interpersonal violence. Their responses were scored on a scale from 1 to 4, with 4 being the most positive response.

On average, students **slightly agreed** that it is uncommon for people at the school to make sexist comments or jokes, and that Albany College of Pharmacy and Health Sciences is doing a good job of trying to prevent sexual and interpersonal violence from occurring, and of holding perpetrators accountable.

2.8_{/4}

Campus Culture

1 = negative response

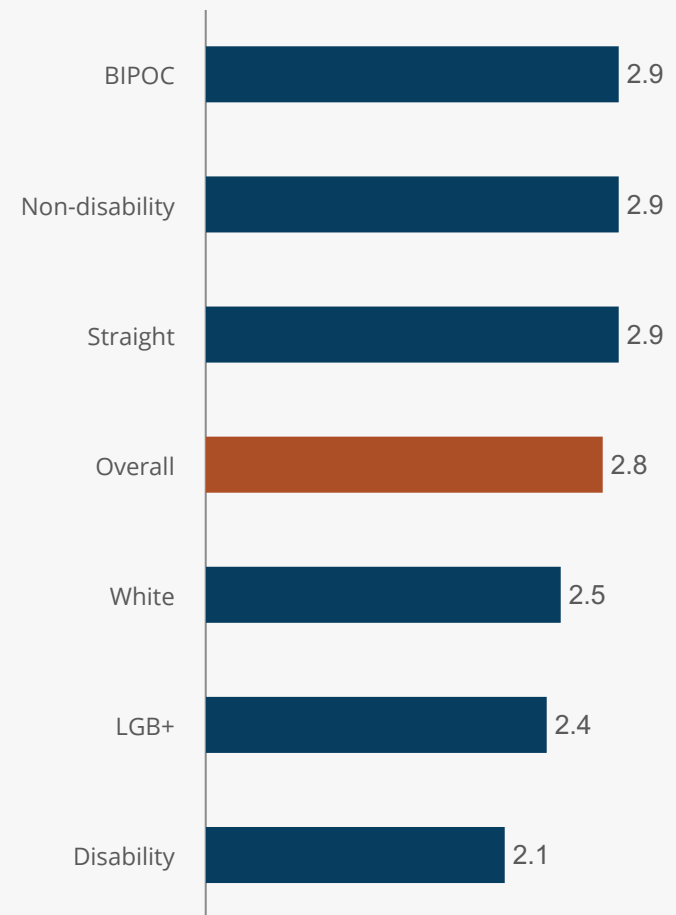
4 = positive response

Differences in Perception of Campus Culture

Perceptions about the culture of sexual harassment at Albany College of Pharmacy and Health Sciences varied among demographic groups.

White students, LGB+ students, and students with a disability were less likely to agree that it is uncommon for people at the school to make sexist comments or jokes, and that the school is doing a good job of preventing and responding to sexual and interpersonal violence.

Fig. 19 Differences in perception of campus culture



1 = negative response
4 = positive response

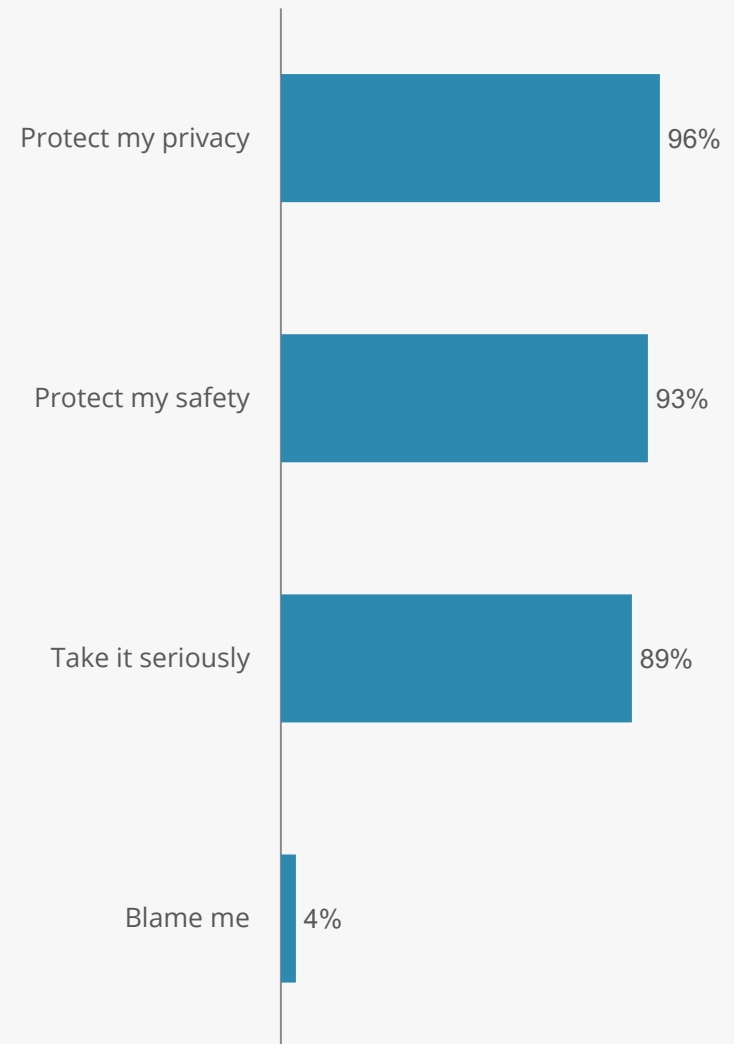
Confidence in Reporting

Participants who did not experience an incident of sexual or interpersonal violence in the past year were asked about their confidence in Albany College of Pharmacy and Health Sciences's reporting process and campus resources.

Twenty-two percent (22%) of students indicated that they would go to the Center for Counseling and Wellness or Russell Sage Health Center, 19% would go to University Heights Association Public Safety, and 41% would go to another employee if they experienced sexual and interpersonal violence.

Eighty-nine percent (89%) of students believed that their case would be taken seriously, and 4% of students believed that Albany College of Pharmacy and Health Sciences would blame them or not believe them about the incident. Ninety-six percent (96%) of students believed that their privacy would be protected, while 93% believed that Albany College of Pharmacy and Health Sciences would take steps to protect their safety.

Fig. 20 If I experienced SIV, I believe ACPHS would...





Findings

Knowledge of Resources and Policies

Knowledge of Resources and Policies

Knowledge of key information

Seventy-one percent of students confirmed that they have learned about sexual and interpersonal violence through classes, training, or other programs at Albany College of Pharmacy and Health Sciences, 74% knew campus policy addressing sexual assault, and 92% understood the definition of affirmative consent.

Knowledge of procedures

Seventy-one percent understood what happens when a student reports sexual and interpersonal violence, while 73% knew the difference between the college disciplinary process and the criminal justice system.

Knowledge of resources and protections

Eighty-six percent (86%) indicated that they know Title IX protections against sexual and interpersonal violence, and 80% knew where at Albany College of Pharmacy and Health Sciences they could get help if someone they know experiences sexual and interpersonal violence.

When asked if the College has a Title IX Coordinator, 88% of participants answered 'yes,' while 0% of participants answered 'no', and another 12% answered that they were unsure.

Fig. 21 Knowledge of campus resources and policies

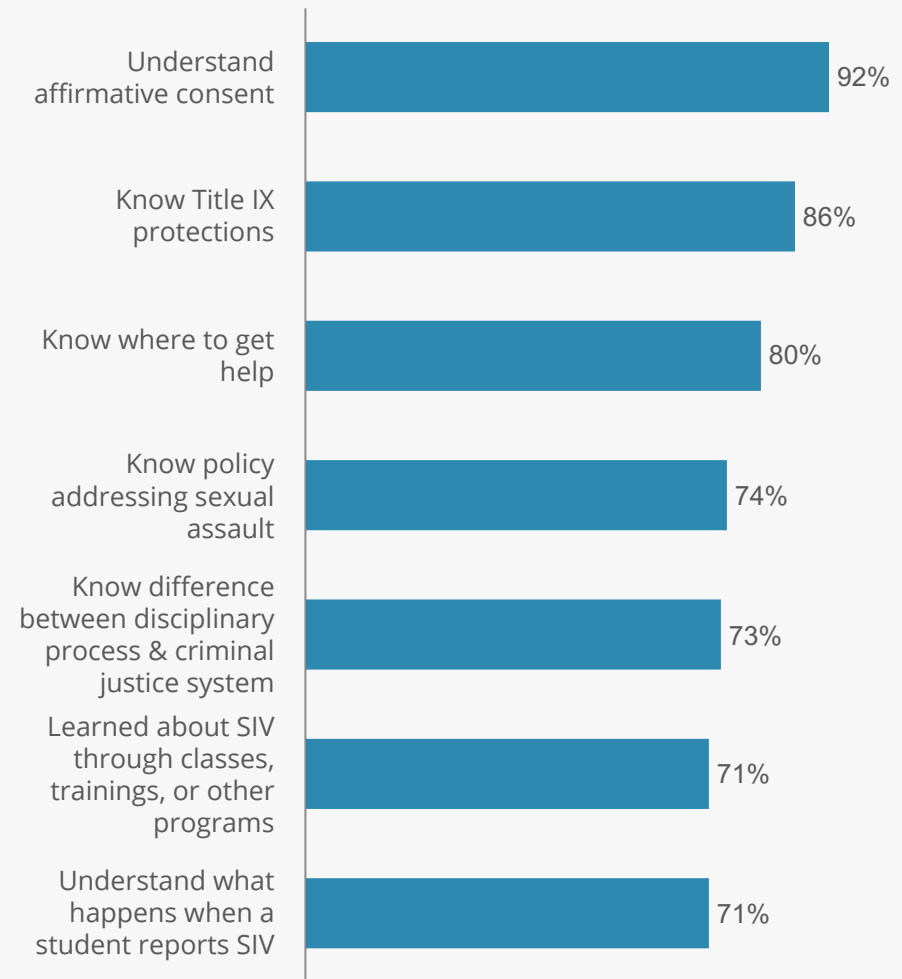
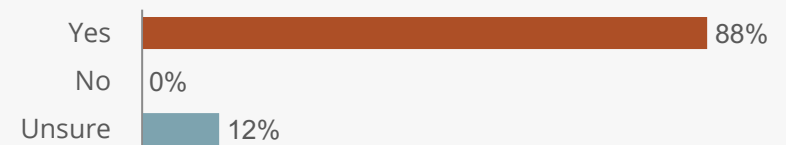


Fig. 22 Does ACPHS have a Title IX coordinator?





Findings

Personal Experience

17% of Students Experienced Sexual and Interpersonal Violence or Harassment

The survey asked students about their experiences of non-consensual sexual contact, sexual harassment, stalking, and intimate partner violence in the past 12 months. Overall, 17% of participants experienced at least one form of sexual and interpersonal violence or harassment in the past 12-months.

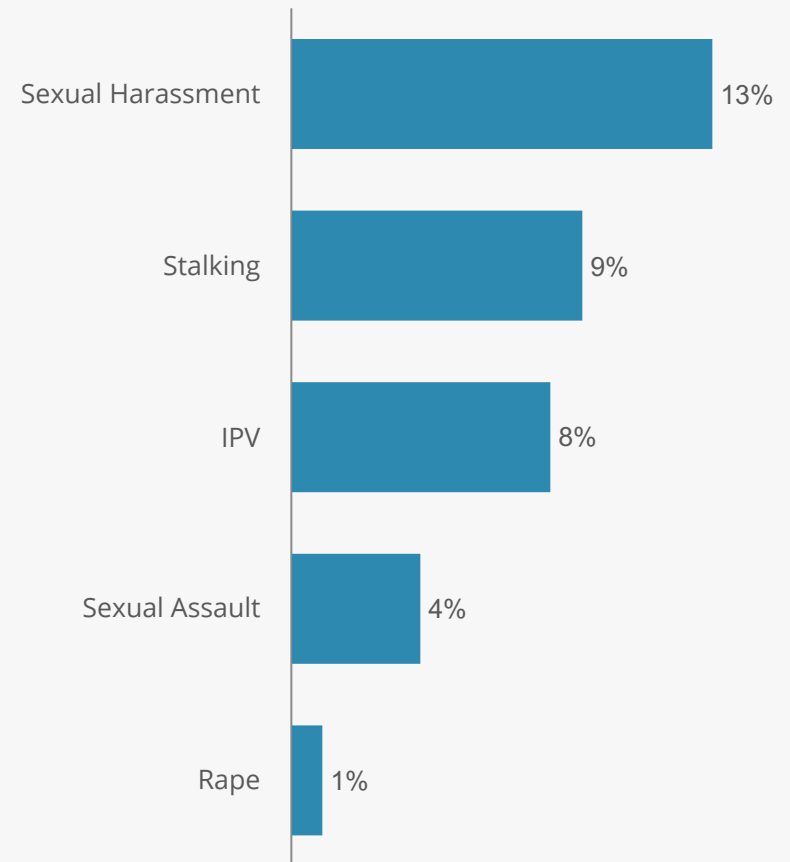
- **13%** experienced sexual harassment
- **9%** experienced stalking
- **8%** experienced IPV
- **4%** experienced sexual assault

INSIGHTS

Even with an anonymous survey, individuals may be hesitant to disclose experiences of unwanted sexual contact.¹

¹ Hirsch, J. S. & Khan, S. (2020). Sexual citizens: A landmark study of sex, power and assault on campus. WW Norton.

Fig. 23 Prevalence of sexual and interpersonal violence (last 12 months)



9%

experienced **two or more** instances of sexual and interpersonal violence.

13% of Students Experienced Sexual Harassment

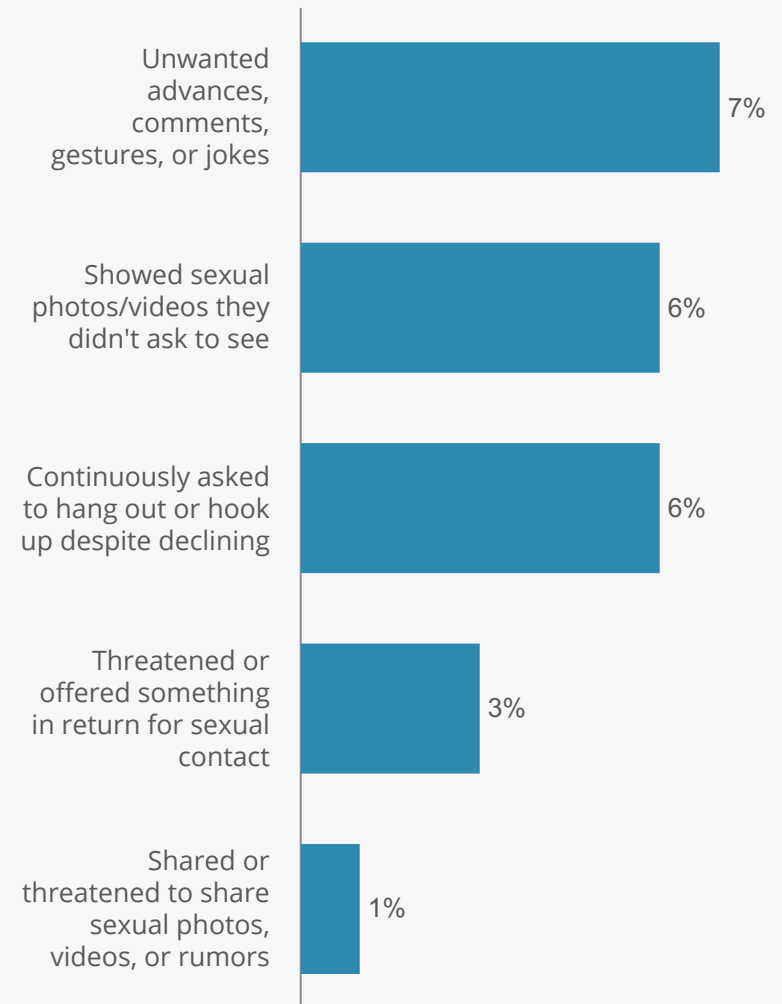
The survey asked students about their experiences of sexual harassment in the past 12 months. Overall, 13% of participants experienced sexual harassment.

The highest percentage of students expressed that someone **made unwanted sexual advances, comments, gestures, or jokes toward them (7%)**.

- **6%** indicated someone sent or showed them sexual photos or videos that they did not ask to see
- **6%** indicated someone continuously asked them to hang out or hook up despite saying no
- **3%** indicated someone threatened them or offered something in return for sexual contact
- **1%** indicated someone shared or threatened to share sexual photos, videos, or rumors of them that they did not want shared

The prevalence of sexual harassment was too small to report additional information relevant to these experiences, including: the relationship of the students to the perpetrators, the location of the incident, the percentage of students who reported the incident, and significant differences in prevalence observed across demographic groups, if applicable.

Fig. 24 Prevalence of sexual harassment

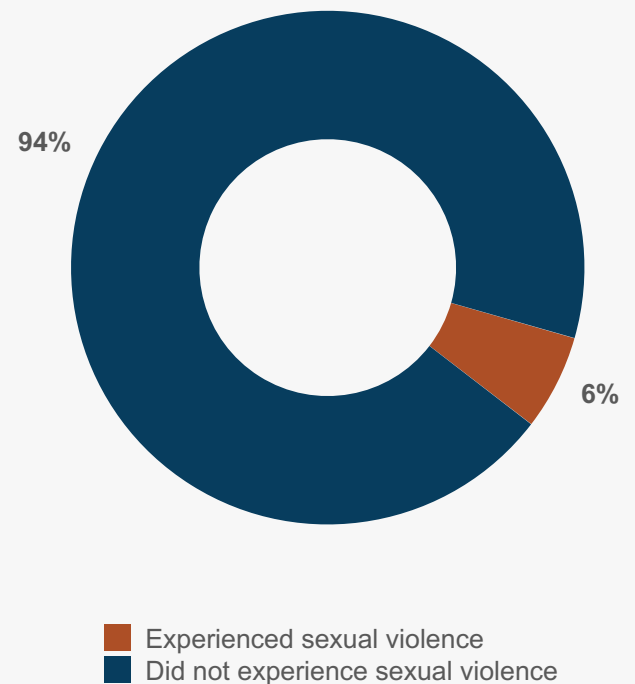


6% of Students Experienced Sexual Violence

The survey asked students about their experiences of sexual assault and rape in the past 12 months. Overall, only 6% of students experienced at least one instance of sexual violence.

The prevalence of sexual violence was too small to report additional information relevant to these experiences, including: the relationship of the students to the perpetrators, the location of the incident, the percentage of students who reported the incident, and significant differences in prevalence observed across demographic groups, if applicable.

Fig. 25 Prevalence of sexual violence



8% of Students Experienced Intimate Partner Violence

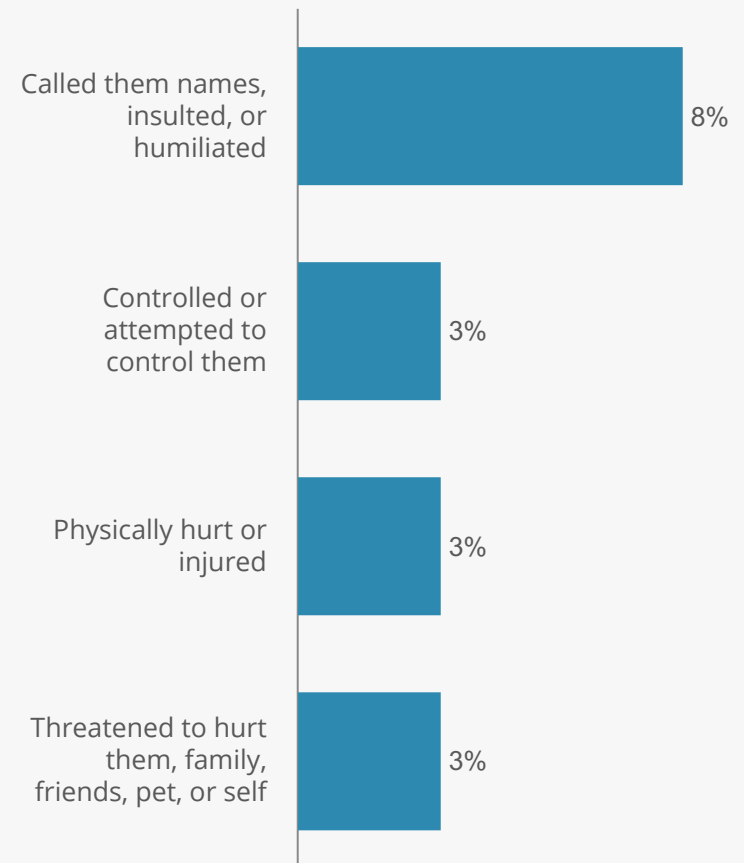
The survey asked students about their experiences of intimate partner violence (IPV) in the past year. Overall, 8% of participants experienced IPV.

The highest percentage of students expressed that an intimate partner **called them names, insulted, or humiliated them (8%)**.

- **3%** indicated a current or former partner controlled or attempted to control them physically, emotionally, or financially
- **3%** indicated a current or former partner physically hurt or injured them
- **3%** indicated a current or former partner threatened to hurt them, their family, friends, pets or threatened to hurt themselves

The prevalence of IPV was too small to report additional information relevant to these experiences, including: the percentage of students who reported the incident and significant differences in prevalence observed across demographic groups, if applicable.

Fig. 26 Prevalence of intimate partner violence



9% of Students Experienced Stalking

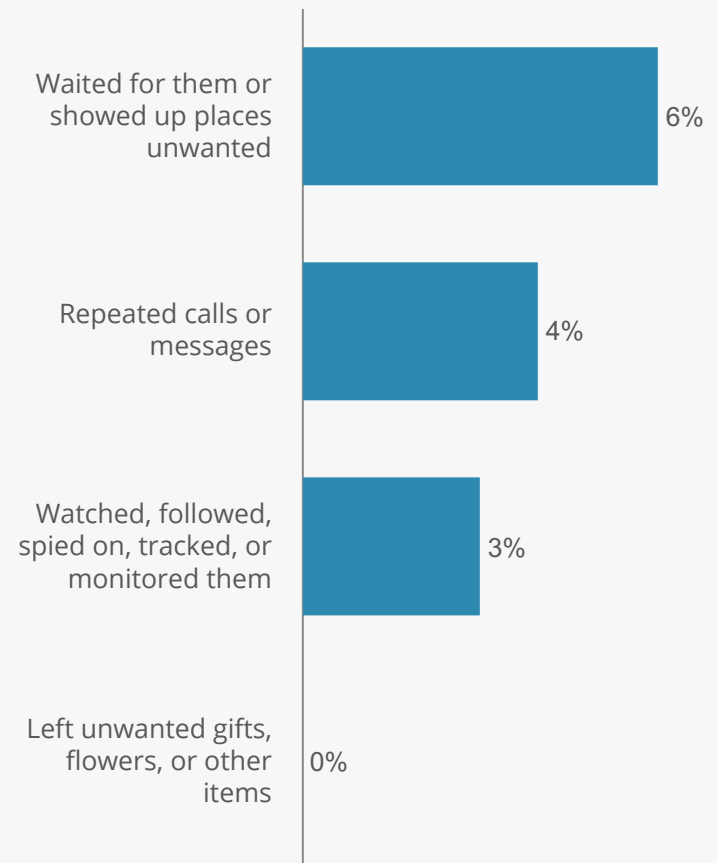
Students were asked about stalking situations when someone acted in a way that seemed obsessive or made them concerned for their safety in the past year. Overall, 9% of participants experienced at least one form of stalking.

The highest percentage of students expressed that someone **waited for them or showed up in places when they didn't want them there (6%)**.

- **4%** indicated someone repeatedly called them or sent unwanted messages
- **3%** indicated someone watched, followed, spied on, tracked, or monitored them

The prevalence of stalking was too small to report additional information relevant to these experiences, including: the relationship of the students to the perpetrators, the percentage of students who reported the incident, and significant differences in prevalence observed across demographic groups, if applicable.

Fig. 27 Prevalence of stalking by behavior





Findings

Reporting

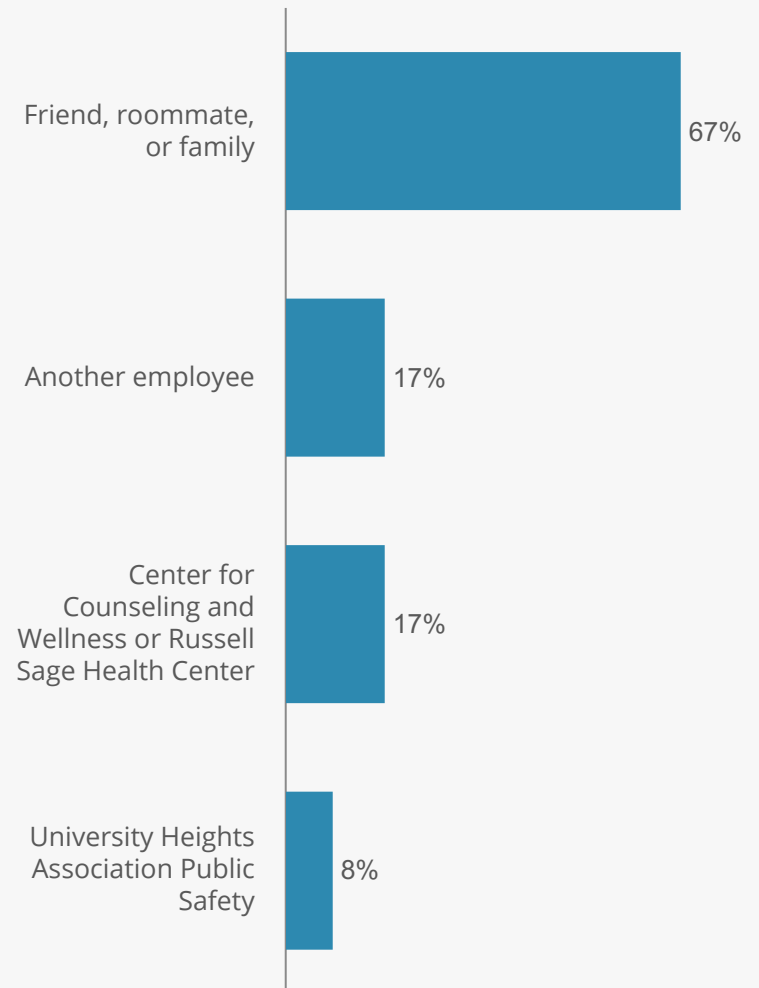
Reporting of Sexual and Interpersonal Violence

Students who experienced sexual and interpersonal violence (SIV) in the past year were asked if they told someone about the incident.

While most students told a friend, roommate, or family member (67%), a majority did not report the incident to the school.

- 17% contacted another campus employee
- 17% contacted the Center for Counseling and Wellness or Russell Sage Health Center
- 8% contacted University Heights Association Public Safety

Fig. 28 Reporting of SIV





Findings

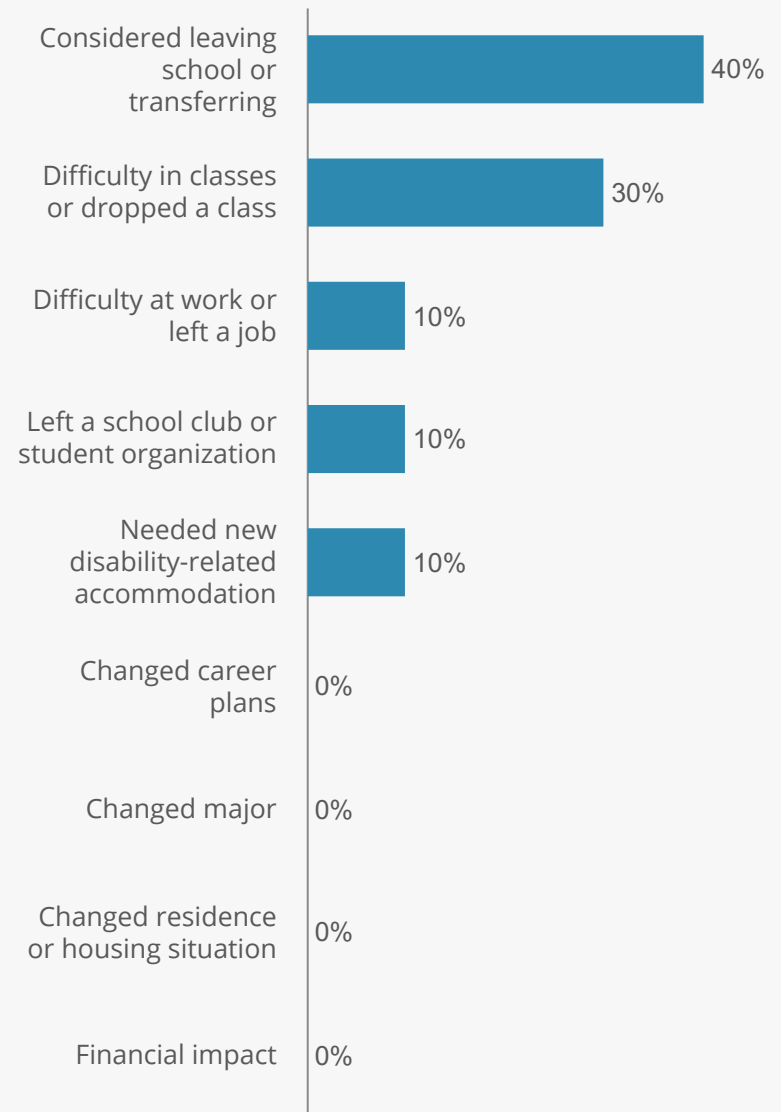
Impacts

Academic, Professional, & Student Life Impacts

Students who experienced sexual harassment, sexual violence, intimate partner violence, or stalking were asked about impacts they experienced following the incident.

The highest percentage of students indicated that they considered leaving school or transferring (40%), difficulty in classes or dropped a class (30%), and difficulty at work or left a job or internship (10%).

Fig. 29 Impacts on academic, professional, or student life

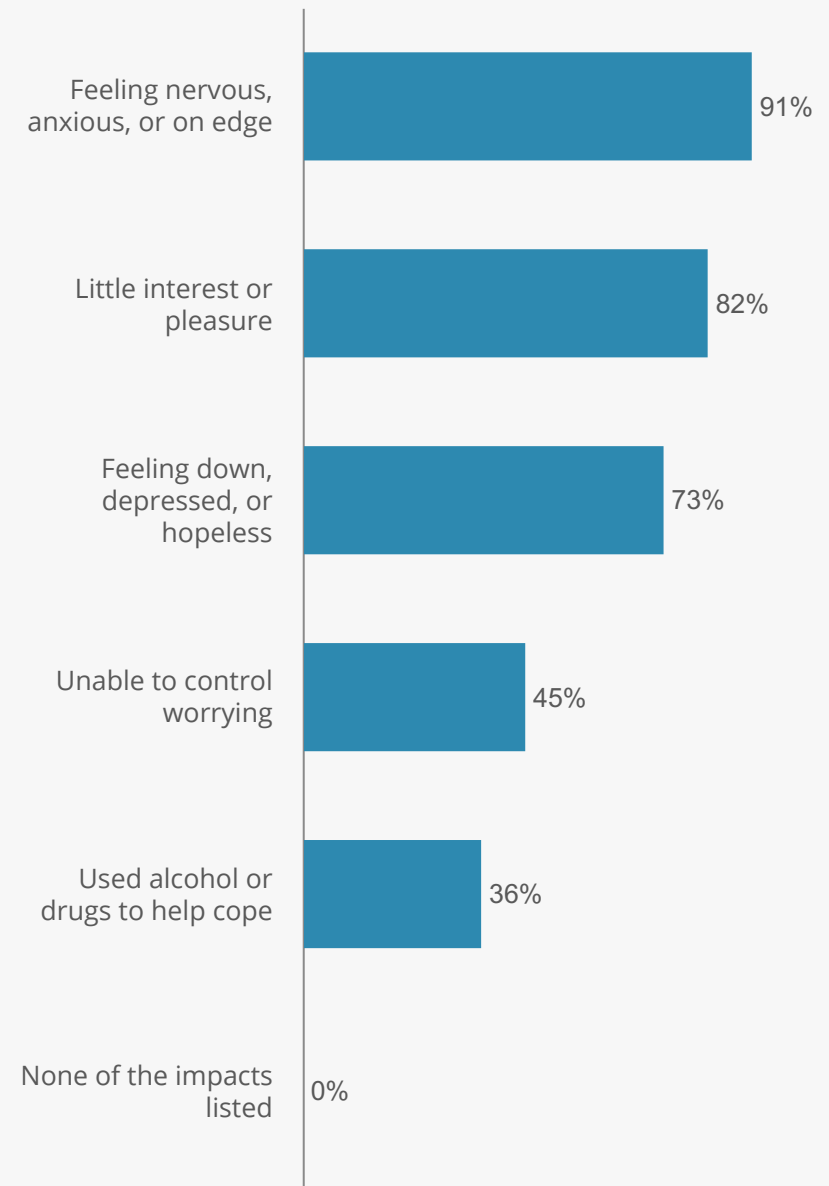


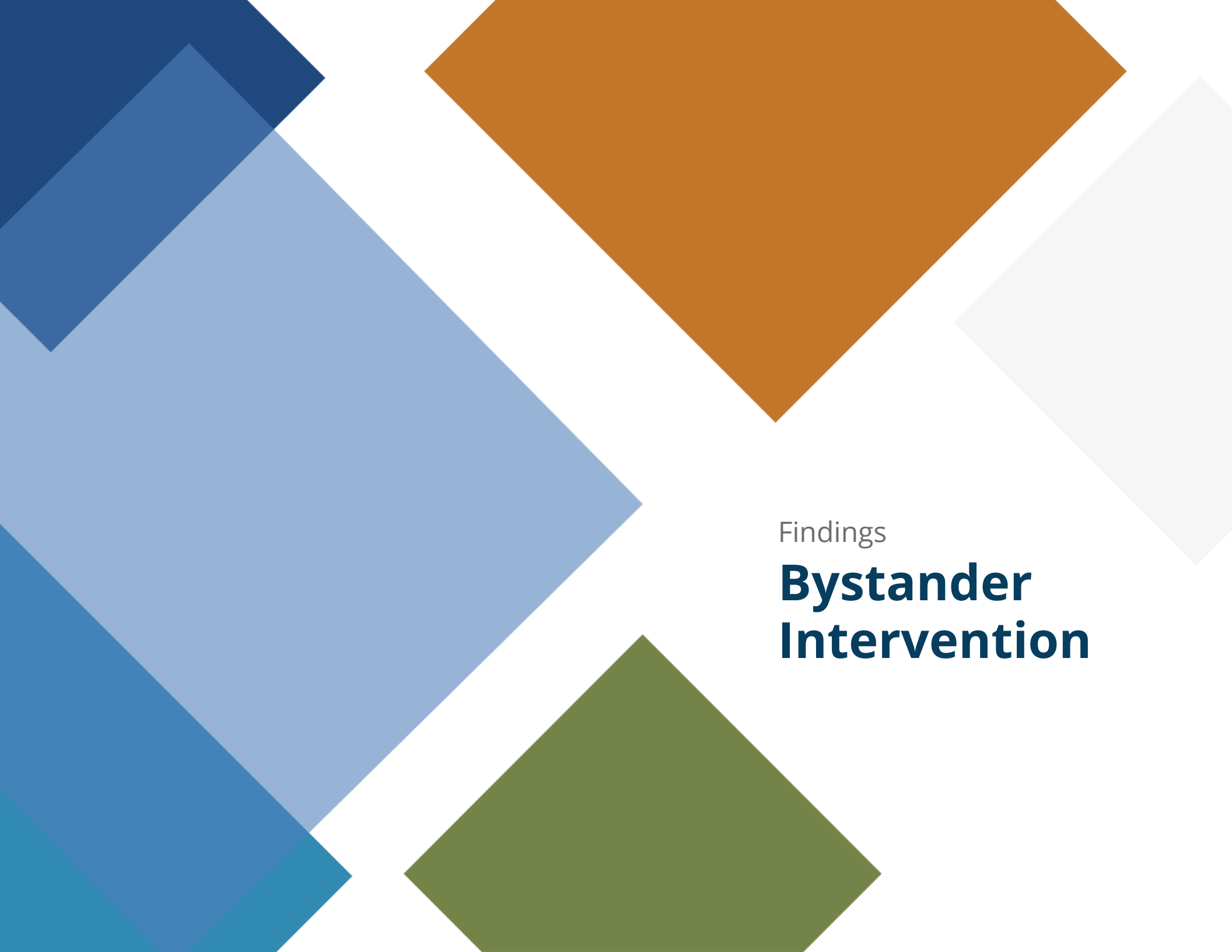
Mental Health Impacts

Students who experienced sexual harassment, sexual violence, intimate partner violence, or stalking were also asked about whether they experienced certain mental health symptoms in the past year. Overall, 92% of participants who experienced SIV reported at least one mental health impact.

The highest percentage of students reported that they felt nervous, anxious, or on edge (91%) and felt little interest or pleasure in doing things (82%).

Fig. 30 Impacts on mental health





Findings

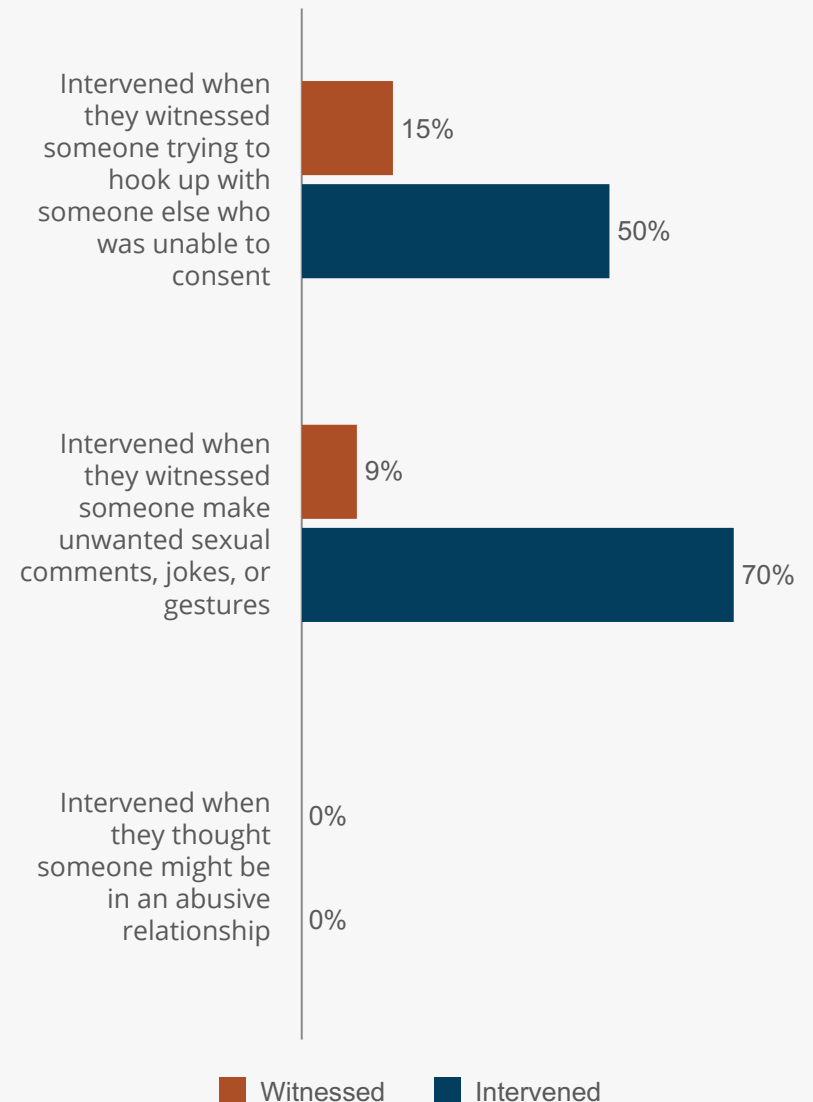
Bystander Intervention

Bystander Behaviors

Students were asked if they witnessed certain situations of sexual and interpersonal violence (SIV) in the past year and, if so, how they responded to those situations.

- **15%** witnessed someone trying to hook up with someone else who was passed out or unable to consent. Among those, **50%** intervened in some way.
- **9%** witnessed someone make unwanted sexual comments, jokes, or gestures. Among those, **70%** intervened in some way.
- **0%** thought someone might be in an abusive relationship.

Fig. 31 Percentage of students who intervened after witnessing sexual misconduct





Recommendations

Recommendations

Included on the following pages are recommendations to address key findings from the survey. We recognize that it may not be feasible to implement all of these recommendations, but this list serves as a starting point for you to develop an evidence-based action plan.

Any mention of specific programs is not an endorsement of the program, but a recommendation that was developed based on evidence of risk and protective factors for sexual and interpersonal violence, effectiveness, accessibility, and input from experts.

Research supports that effective programming should 1) be implemented at several [socio-ecological](#) levels, 2) utilize various approaches, 3) and occur often. Research also shows that retention of knowledge and skills tends to decline after three months, highlighting the importance of frequent training and programming.²

2 McMahon, S., Steiner, J. J., Snyder, S., & Banyard, V. L. (2021). Comprehensive Prevention of Campus Sexual Violence: Expanding Who Is Invited to the Table. *Trauma, Violence, & Abuse*, 22(4), 843–855.

Developing an Action Plan

An action plan can help you implement and track the effectiveness of the prevention efforts at your institution over time.

Considerations when developing the action plan:

- 1 Collaborate with a diverse group of campus stakeholders.** When developing and implementing the action plan you may choose to include students, faculty/staff, leadership, and community partners, among others. This group should be representative of the entire campus population.
- 2 Tailor the action plan to your institution.** Our recommendations are broad and should be considered within the context, needs, and culture of your institution. An effective action plan should include a specific goal, actionable steps, allocation of resources, a timeline, and a plan for monitoring and evaluating progress.
- 3 Be transparent.** Every campus community member has a vested interest in reducing sexual and interpersonal violence. Being open and honest when communicating about the action plan can help build trust.

Key Findings

Students expressed some concerns about school connectedness and the campus culture.

[pg. 13 & 16](#)

Recommendations

1. Evaluate current steps being taken to protect students' physical and emotional safety and improvements that can be made.
2. Provide programming that addresses rape myths, gender norms, and unhealthy relationship dynamics.
3. Strengthen and expand on campus services provided for LGB+ students, graduate students, and students with disabilities.
4. Address systemic and cultural discrimination of sexual minorities and students with disabilities on campus.
5. Consider conducting focus groups to better understand the experiences of students and their perceptions of the campus culture and belonging, equity, and well-being.
6. A low campus culture score among some groups indicates students believe the institution should be doing more to prevent sexual misconduct and hold perpetrators accountable.
7. Transparently communicating how the College plans to address these survey findings can help improve perceptions of the campus culture and accountability.

Key Findings

Students who experienced sexual and interpersonal violence reported academic and mental health impacts.

[pg. 29-30](#)

Recommendations

1. Educate faculty about the role mental health can play in academic performance and the support resources that are available to students.
2. Consider expanding partnerships with community mental health services to provide support to students.
3. Ensure that professors and staff are able to identify signs of mental health concerns within the classroom and are equipped with skills to provide support and referrals including options for off-campus resources and services.