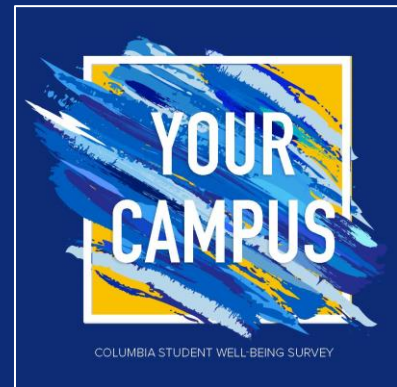
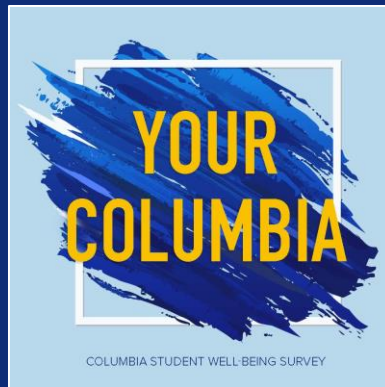
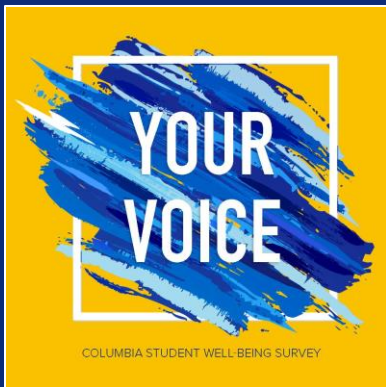


# REPORT ON THE 2018 COLUMBIA STUDENT WELL-BEING SURVEY



# A MESSAGE ON THE STUDENT WELL-BEING SURVEY

October 3, 2019

Dear fellow members of the Columbia community,

We are pleased to share with you this final report on the **Columbia Student Well-Being Survey**, administered in 2018 by the Office of University Life with support from Columbia Health and CUIMC Student Health Service. This comprehensive survey, which looked at campus community, mental health and wellness, and sexual respect and gender-based misconduct, is one important piece of ongoing attention and efforts across Columbia focused on student well-being. These survey findings are being shared both to educate and inform our collective efforts to enhance student well-being across the University. They provide information that can aid ongoing initiatives in classrooms, departments, offices, student organizations and teams, residence halls and schools across the University.

Our analysis validated much of what we know about the student experience, and also identified areas that we are eager to continue to explore further in partnership with you. While responses to survey questions varied across the student body, the majority of students who participated in the survey shared positive experiences with campus resources and indicated that they feel valued in the Columbia community. Some student participants also shared areas, such as sleep habits, where they may need additional support and identified external challenges, including concerns about financial resources and world events, which affect their sense of well-being.

Whether you are a student who wants to learn how to support your own and your friends' well-being, a faculty member interested in working on these issues with your students and colleagues, or a staff member working with students in one of Columbia's schools or central administration, we invite you to learn more, share your thoughts and get involved in this vital work. The University offers many ways to contribute to this important conversation within your school and at the University level through task forces and committees, student-led initiatives and more. Opportunities to get involved in the development of the 2020 Student Well-Being Survey are also available. For more information, visit the [Student Well-Being Survey website](#). You can also find information about campus resources that are tailored for students, faculty and staff on the [University Life website](#).

On behalf of our entire community, we thank you for your engagement in and support of this important work. As always, we invite you to share your comments and ideas with the Office of University Life at [universitylife@columbia.edu](mailto:universitylife@columbia.edu). We look forward to hearing from you.

Sincerely,

Suzanne B. Goldberg  
Executive Vice President for University Life  
Herbert and Doris Wechsler Clinical Professor of Law

Melanie Bernitz, MD, MPH  
Associate Vice President and Medical Director  
Columbia Health

Marcy Ferdtschneider, DO  
Executive Director  
CUIMC Student Health Service

## OVERVIEW

This report provides an analysis of the **2018 Columbia Student Well-Being Survey** and offers highlights of the related student well-being work taking place on campus. It has been developed with students, faculty and administrators from across the University and with leadership from Columbia's Office of University Life. Our analysis of the survey has been a dynamic process, enriched by your questions, suggestions and input.

Visit [universitylife.columbia.edu/wellbeingsurvey](https://universitylife.columbia.edu/wellbeingsurvey) to learn more about how you can get involved in the Spring 2020 Student Well-Being Survey.

In this report, you will find:

- **Goals** – An overview of goals for learning from and acting on the survey analysis
- **Findings** – A summary of the findings, including some comparative context about students nationally and internationally. The analysis focuses on three main areas:
  - **Campus Community – Connection and Belonging**
  - **Mental Health and Wellness**
  - **Sexual Respect and Gender-Based Misconduct**
- **How to Get Involved** – A list of various ways for students, faculty and staff to participate in programs and initiatives. Community participation is essential as we work to enhance the well-being of all Columbia students.
- **References**

### Student Well-Being

It is important – indeed it is an institutional value as part of our educational mission – that we keep a consistent and energetic focus on supporting student well-being, try out new ideas, and strengthen and evaluate current resources and initiatives. Well-being itself is a complex and evolving concept, and all of us at Columbia – students, faculty and staff – can contribute to understanding and refining what well-being means in our community.

For purposes of this report, we define well-being as an overall sense of contentment, satisfaction and positive functioning.<sup>1</sup> It includes overall health, mental health and individuals' sense of belonging, connection and resilience. Well-being can be shaped by students' own behaviors, such as sleep and substance use, and sense of efficacy, as well as external factors such as financial vulnerability and external sources of stress. To be sure, none of us feels well all of the time, and life presents an array of personal, interpersonal and environmental challenges. Our work in this area considers these realities and, at the same time, focuses on what can be done to support and promote well-being and to create positive change in our campus community.

---

<sup>1</sup> For additional discussion of the meaning of well-being, along with citations to relevant scholarship, visit the [CDC website](#) and the [World Health Organization website](#).

## The Survey

The Columbia Student Well-Being Survey grew out of Columbia's commitment to student well-being across all the University's schools and campuses. We know, from data and experience, that a strong sense of well-being is a key contributor to students thriving at Columbia, both academically and socially. The survey was designed to understand more of what contributes to students' experiences and the challenges students face.

Distributed to all full-time Columbia students in the Spring 2018 Semester, the survey data complements and supplements what we have learned from other surveys and student feedback. Students were asked about community and feelings of belonging at Columbia; awareness and use of Columbia resources and services; financial well-being; mental health, including stress; knowledge about sexual respect resources; and experience with sexual assault, sexual harassment and other gender-based misconduct. DataStat, the company that administered the 2018 survey, deleted any identifying information, including names and UNIs, before sending the data to Columbia researchers to analyze. In addition, Columbia's Institutional Review Board (IRB) approved the survey and all promotional materials for distribution. Building on the data and insights from this survey and others, we have begun work on developing a similar survey for Spring 2020.

## Response Rate

At Columbia, more than 8,300 students responded, which is about 28%, or more than one in four students of the full-time student population at that time. Response rates varied at individual schools from 22 to 51% of the student body. The results discussed in this report include students from all 16 schools at Columbia:<sup>2</sup> Columbia College; Fu Foundation School of Engineering and Applied Sciences; School of General Studies; Columbia Business School; College of Dental Medicine; Columbia Journalism School; Columbia Law School; Graduate School of Architecture, Planning and Preservation; Graduate School of Arts and Sciences; Mailman School of Public Health; School of the Arts; School of International and Public Affairs; School of Nursing; Vagelos College of Physicians and Surgeons; School of Professional Studies; and School of Social Work.

In addition, the mental health segments of the survey, which were administered in partnership with the World Health Organization's Mental Health International College Student Initiative, were also completed by undergraduate students at over 30 universities across North America, Australia, Africa, Europe and Asia.

---

<sup>2</sup> Because Barnard College and Teachers College are distinct institutions within Columbia University, they undertake their own surveys of their student bodies.

## Acknowledgments

Many students, faculty and administrators from across Columbia have contributed to this analysis, the survey, and efforts to promote student well-being described here. We want specifically to acknowledge our partners in this effort: Columbia Health (including Counseling and Psychological Services and Alice! Health Promotion) and CUIMC Student Health Service (especially Mental Health Services and the Center for Student Wellness), faculty and student-service providers who are part of University Life's mental health working group, Daniel Rabinowitz, Professor of Statistics at Columbia, and the student leaders, including Well-Being Survey Ambassadors, student government members and student organization leaders who are dedicated to working on these issues.

We also want to recognize and extend our deep thanks to Dr. Claude Ann Mellins, Professor of Medical Psychology (in Psychiatry and Sociomedical Sciences) at the Columbia University Irving Medical Center, whose leadership as principal investigator on the survey has been extraordinary.

With many thanks also to Leigh Reardon, Dr. Jennifer S. Hirsch, the Columbia University Department of Sociomedical Sciences, Dr. Randy Auerbach (who co-led the World Mental Health-International College Student Initiative study), and the Columbia University Department of Psychiatry, among others without whom this analysis would not have been possible.

In addition, countless partners across the University helped to promote the survey and increase participation including Columbia Health; CUIMC Student Health Service; Campus Services; Columbia Libraries; Office of the University Registrar; Student Financial Services; Columbia Athletics; International Students and Scholars Office; and the student affairs offices of Columbia College; Fu Foundation School of Engineering and Applied Sciences; School of General Studies; Columbia Business School; College of Dental Medicine; Columbia Journalism School; Columbia Law School; Graduate School of Architecture, Planning and Preservation; Graduate School of Arts and Sciences; Mailman School of Public Health; School of the Arts; School of International and Public Affairs; School of Nursing; Vagelos College of Physicians and Surgeons; School of Professional Studies; and School of Social Work. We are also grateful to the faculty members who shared information about the survey with their classes and encouraged students to participate in it.

## OUR GOALS

This report is intended to complement other ongoing planning and work across Columbia, both centrally and within the schools, to support a thriving student body.

### Goals

Our primary goals for this analysis of the Columbia Student Well-Being Survey are to:

1. **expand our understanding** of the challenges facing students, especially those related to inclusion and belonging, mental health, and sexual respect and gender-based misconduct.
2. **identify opportunities** for new or enhanced efforts to promote student well-being at Columbia.
3. **support implementation and evaluation** of short- and long-term efforts to achieve our shared vision of enhanced student well-being.

During the 2018-19 academic year, we focused on Goal 1: Expand Our Understanding, with initial work on Goal 2: Identify Opportunities, and Goal 3: Support Implementation and Evaluation, in close collaboration with our University partners. We will delve more deeply into all these goals in the 2019-2020 academic year and beyond.

### Data Analysis

The survey covered a broad range of topics, resulting in a vast data set. We worked with student leaders and campus partners to complete targeted analyses around specific questions or concerns related to student experience and well-being. We will continue to examine this data, along with other information from across the University, to inform our thinking and planning moving forward.

## FINDINGS

The following three sections of this report provide a broad overview of students' experiences and well-being at Columbia based on responses to the 2018 Columbia Student Well-Being Survey.<sup>3</sup>

The analysis included below is divided into three sections:

1. Campus Community – Connection and Belonging
2. Mental Health and Wellness
3. Sexual Respect and Gender-Based Misconduct

Survey participants came from all Columbia schools and represented a variety of interest areas, ages and life experiences. Some survey participants were living on or near campus; others much further away. With future surveys, we will continue to explore how these and other factors shape students' experiences and sense of well-being.

---

<sup>3</sup>As mentioned earlier in this report, the Student Well-Being Survey is a complement to other surveys that are administered at Columbia, including the biennial [Senate Quality of Life Survey](#), the biennial [American College Health Association's National College Health Assessment](#), the [2016 Sexual Health Initiative to Foster Transformation survey](#) and the 2015 [AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct](#). The analysis of the Student Well-Being Survey data is consistent in many respects with results of these other surveys. This survey data also aligns with national data on mental health and gender-based misconduct.



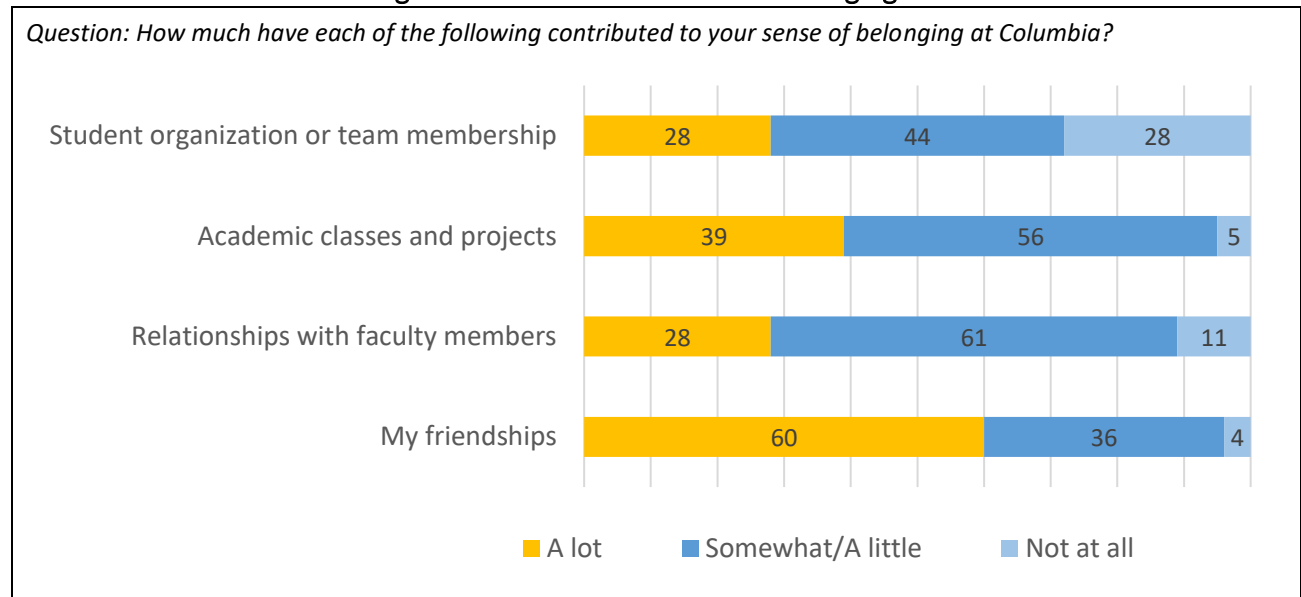
## CAMPUS COMMUNITY – CONNECTION AND BELONGING

This section focuses on students' experiences on campus. It includes students' sense of belonging and community at Columbia, awareness and use of University resources, student interactions within our community and other factors that affect student well-being such as access to financial resources.

### Connection to the Columbia Community

Many on-campus factors contribute to students' sense of belonging in the Columbia community, including experience at orientation, academic classes and projects, being a member of a student organization or team, participating in community service or volunteer work, and friendships and relationships with faculty and staff. Overwhelmingly, survey participants reported that friendships had the largest impact on their connection to the Columbia community.

**Figure 1. Factors that Influence Belonging**



The table on the following page provides more information about these responses, as well as several other factors that influence belonging. Blank responses are not included, which is why some of the percentages do not total 100%.

**Table 1. Factors that Influence Belonging**

*Question: How much have the following contributed to your sense of belonging at Columbia?*

<b>Factors that Influence Belonging</b>	<b>A Lot (%)</b>	<b>Somewhat (%)</b>	<b>Not at All (%)</b>
My experience at orientation	13.8	57.0	28.8
Academic classes and projects	38.7	55.9	4.9
Being a member of a student organization or team	27.7	44.0	27.7
Doing community service or volunteer work	9.8	41.8	46.4
Being part of a faith community	5.2	17.7	74.6
My living situation (e.g., roommates, suitemates, neighbors)	21.6	36.7	40.2
My friendships	59.6	35.7	4.0
Relationships with faculty members	27.6	60.6	11.3
Relationships with staff members in my school	16.1	56.9	26.0
Relationships with other Columbia staff	36.1	50.5	12.2
Working on campus	12.2	30.4	55.3

## Connection Points

The survey asked about various connection points on campus, such as student lounges and faculty office hours. Student participants who used these connection points agreed that they positively impacted their well-being.

**Table 2. Connection Points**

*Question: Have you ever used any of the following services, offices, spaces or opportunities at Columbia? If so, have they positively impacted your well-being during your time at Columbia?*

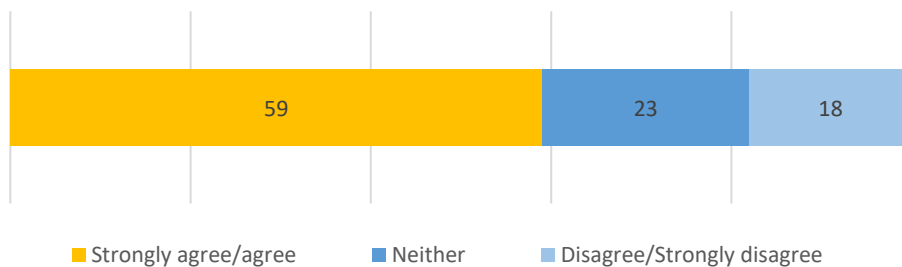
Connection Points	Used, Positively Impacted Well-Being (%)	Used, Did Not Positively Impact Well-Being (%)	Have Not Used (%)
Faculty office hours	67.2	9.7	23.1
Other activities with faculty	54.0	6.1	39.9
Student lounges/spaces	72.0	12.4	15.6
Peer mentorship programs	22.3	6.0	71.7

## Campus Resources

In addition to Columbia providing adequate resources, it is essential that students know about and use these resources. Throughout the University, significant, ongoing work is taking place to update websites, share important information and enhance resources. The chart below shows student responses to the question of whether Columbia provides sufficient resources and programs to foster success.

**Figure 2. Sufficient Campus Resources to Foster Success**

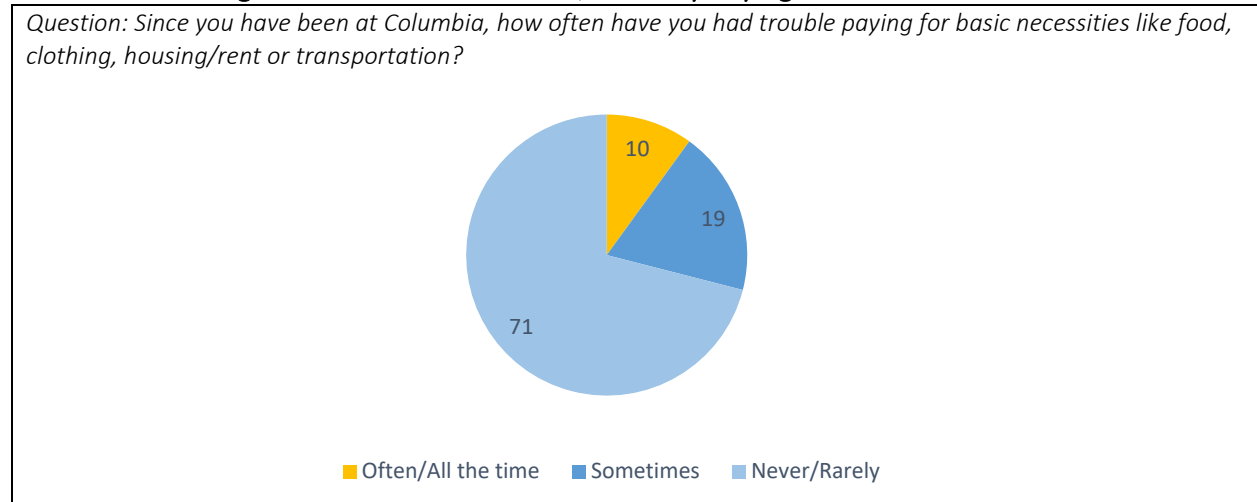
*Question: Considering your experiences at Columbia since the beginning of the academic year, please indicate your agreement with the following statement: Columbia provides sufficient programs and resources to foster my success.*



## Financial Resources

Survey participants were asked about their access to financial resources through a question that focused on how often they had difficulty paying for basic necessities such as food, clothing, housing/rent or transportation. Close to three-quarters of survey participants (71%) indicated that they never or rarely had difficulty paying for basic necessities, 19% sometimes had difficulty and 10% had difficulty paying for basic necessities often or all the time.

**Figure 3. Financial Resources/Difficulty Paying for Basic Necessities**



## Meaningful Interactions with Other People Across Dimensions of Diversity

The survey asked students to share their experiences at Columbia interacting with people who are different from them in a variety of ways. The table below shares students’ responses to these questions; responses of “don’t know/unsure” and blank responses are not included, which is why some of the percentages do not add to 100%. The majority of survey participants reported interacting often or very often with people who are different from them in many respects.

**Table 3. Meaningful Interactions with Other People Across Dimensions of Diversity**

Question: *Since the beginning of this academic year at Columbia, how often have you interacted in a meaningful way with people whose...*

Interactions Across Dimensions of Diversity	Often/Very Often (%)	Sometimes (%)	Never/Seldom (%)
Religious beliefs are different from your own	61.9	18.5	9.6
Political opinions are different from your own	35.1	26.5	30.0
Nationality is different from your own	84.9	10.4	3.0
Race or ethnicity is different from your own	86.5	9.0	3.1
Gender is different from your own	83.2	10.6	4.7
Sexual orientation is different from your own	64.8	18.8	8.4
Economic background is different from your own	65.5	16.8	6.5

## MENTAL HEALTH AND WELLNESS

This section includes findings on mental health diagnoses like depression and anxiety, as well as a variety of factors that can influence a student's mental health: stress, substance use and trouble focusing/concentrating. The World Health Organization defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."<sup>4</sup> Many of the same things that keep us physically healthy, such as sleep, nutrition, exercise and connections, also contribute to our mental health, in addition to biological, genetic, familial, and environmental factors.

The data in this section come from the segment of the Student Well-Being Survey that was part of the [World Health Organization's WMH-ICS Initiative](#) (Auerbach et al., 2018). Through WHO's Initiative, this same segment was distributed to undergraduate students at over 30 colleges and universities in primarily high-income countries. Benchmarks are included in the analysis below, where applicable.<sup>5</sup>

Results from the Columbia Student Well-Being Survey align with what we know is happening nationally. According to a leading researcher on the topic of student mental health:

Across the nation, colleges and universities face distinct challenges related to the mental health and well-being of their students. This is an inherently stressful time as students transition to a new environment and the substantial personal and academic challenges that accompany that transition. Mental illness affects one in five adults in the United States, and up to half of Americans will meet criteria for a mental health condition at some point in their lifetime (Kessler, 2005).

Having this national context helps us to better understand the results of our survey, prioritize goals and develop interventions.

### Background on the Survey's Mental Health Assessment

Throughout the survey, students were asked about a variety of mental health symptoms and other stressors. The questions were based on a modified version of the Composite International Diagnostic Interview (CIDI) (Kessler, 2004), a well-validated set of questions used throughout the world to provide psychiatric diagnoses. As a reminder, DataStat, the survey administrator, de-identified all responses, so Columbia researchers do not know the identities of students who responded to the survey.

The mental health segment of the survey included the World Health Organization's established protocol to encourage students with moderate- or high-level symptoms of certain disorders

---

<sup>4</sup> To learn more about the World Health Organization's definition of mental health, visit the [World Health Organization website](#).

<sup>5</sup> Learn more about the WHO World Mental Health International College Student (WMH-ICS) Initiative [here](#).

(e.g., depression and anxiety) to seek additional support or treatment from a medical or counseling professional. Those students received a pop-up message on the screen and follow-up emails from DataStat encouraging them to reach out to supportive resources on- and off-campus. A small number of undergraduate students received an automated follow-up email from DataStat that also included an opportunity to try an online cognitive behavioral therapy program (iCare) designed by the World Health Organization’s WMH-ICS Initiative; participation was voluntary and fully confidential. This was an automated process handled by DataStat and approved by Columbia’s Institutional Review Board; Columbia does not have information about who received outreach or who participated in the iCare program.

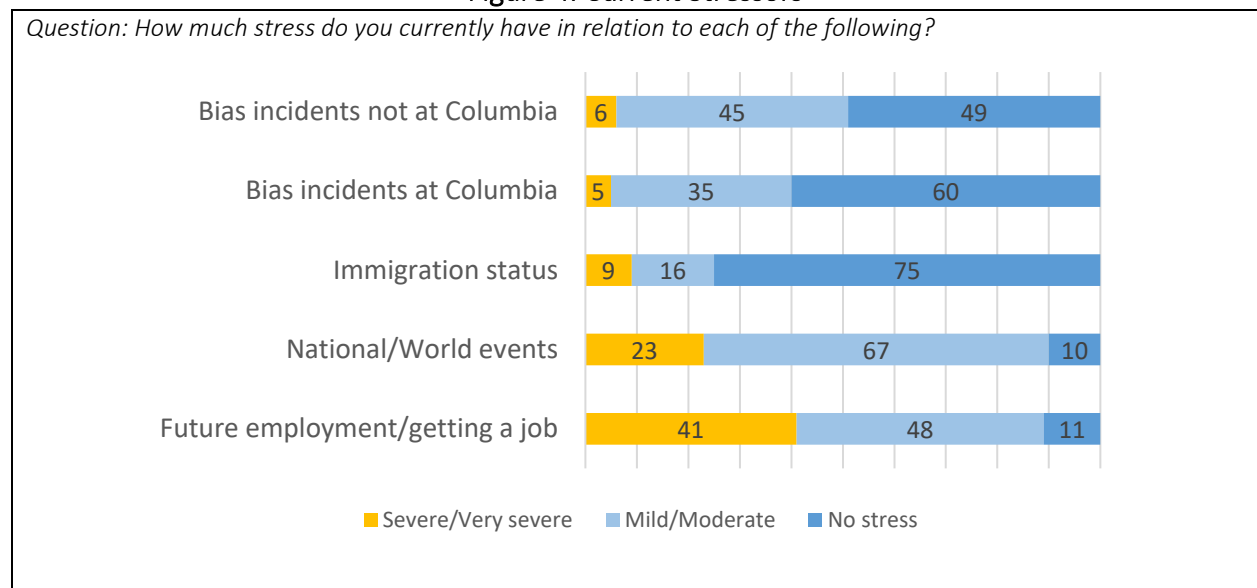
## Stress

There are some contemporary stressors we are increasingly seeing in Columbia students. On average, student survey participants reported experiencing a mild to moderate amount of stress from several sources. This section provides survey data regarding these sources of stress.

### Current Stressors

The survey asked about students’ stress related to areas that were likely to be relevant to the experience of some or many students in current times. Not surprisingly, participants reported that they experienced the most stress about future employment/getting a job (89%, with 41% responding very severe). A majority of survey participants also reported stress regarding national/world events (90%, with 23% reporting very severe). Other factors, such as immigration status and bias incidents, were also sources of stress for some students.

**Figure 4. Current Stressors**



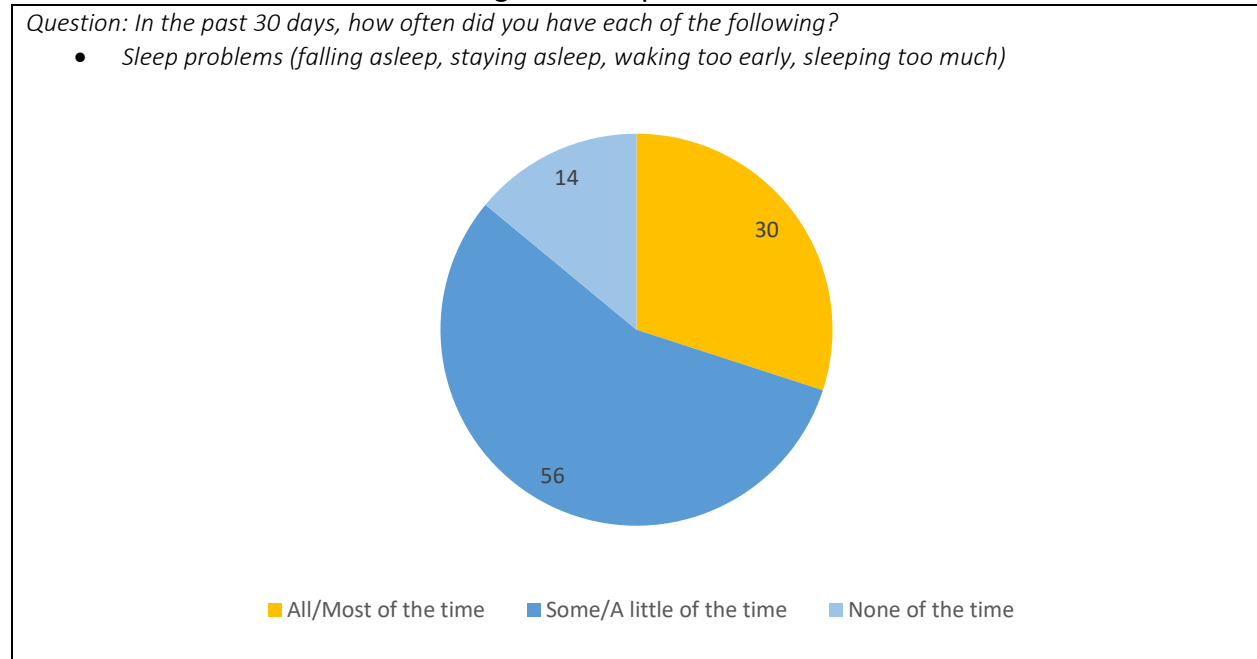
Of note, the survey questions about stress related to bias incidents did not distinguish between incidents that a student had read about in the news or on social media and incidents a student had personally experienced or witnessed. Still, this information is valuable for informing ongoing

initiatives to support inclusion, belonging and community values across our campuses. We expect to expand our inquiry into stressors in the 2020 Student Well-Being Survey.

## Sleep

Almost one-third of survey participants reported experiencing occasional or frequent problems sleeping, including difficulty falling asleep, difficulty staying asleep, waking too early and sleeping too much at least a little of the time.

**Figure 5. Sleep Difficulties**



These types of sleep problems can interfere with daytime functioning. For a broader context, the World Health Organization researchers found in their multi-country survey that about a quarter to a third of student survey participants met diagnostic criteria for a sleep disorder.

## Focusing, Concentrating & Organization

About 21% of survey participants reported a number of symptoms that reflect significant difficulty focusing, concentrating and with organization. This category included students with and without Attention-Deficit/Hyperactivity Disorder (ADHD) diagnoses. Research in this area finds clear links between a lack of sleep and difficulty focusing and concentrating, and we will continue to look at this linkage in our student population.

## Generalized Anxiety Disorder

Generalized Anxiety Disorder is characterized by persistent and excessive worry over a long period of time that is difficult to control. Although most people experience some anxiety from time to time, those with generalized anxiety disorder experience a very high level of persistent anxiety that often interferes with daily life. Notably, national data shows an increase in anxiety disorder diagnoses across the country, especially at the college student level (Flannery, 2018).

Approximately 16% of survey participants at Columbia reported symptoms consistent with generalized anxiety disorder in the previous 30 days. For comparison, 17% of students who took the [World Health Organization's WMH-ICS Initiative](#) survey elsewhere in the world reported symptoms consistent with generalized anxiety disorder in the same time period.

For additional context, the biennial American College Health Association's National College Health Assessment of college and university students in the United States has found that more than 62% of students nationwide report a feeling of overwhelming anxiety in the past 12 months. It is important to note that the ACHA survey results are not directly comparable to the Columbia Well-Being Survey results; the ACHA survey asks about students' self-reported symptoms of anxiety while the Columbia survey focuses on diagnostic measures used by mental-health professionals. Still, the ACHA report is informative about some of the same challenges in this area (ACHA, 2017 (a), ACHA, 2017 (b)).

## Major Depressive Episode

A Major Depressive Episode is an experience, usually lasting two or more weeks, when a person experiences persistent sadness or depressed mood and some combination of changes in appetite, weight and sleep; difficulty concentrating, low energy, feeling slowed down or agitated; guilt, loss of interest or pleasure and possibly thoughts of suicide. These symptoms can interfere with daily activities.

Our preliminary analysis reveals that about 9% of all survey participants reported symptoms in the previous 30 days that are consistent with a diagnosis of major depressive disorder. The rate of undergraduate survey participants reporting symptoms consistent with this diagnosis during the same time period, about 15%, is similar to the larger World Health Organization's WMH-ICS Initiative, where 18.5% of undergraduate students across several countries report symptoms consistent with a diagnosis of major depressive disorder (Auerbach et al., 2018). This reinforces the need at Columbia, as well as nationally and internationally, for research and innovation to aid in addressing this serious challenge. The data highlights, too, the importance of caring, empathy and education about mental health challenges in our own community.

For additional context, in the American College Health Association's National College Health Assessment, more than 41% of students nationally self-reported feeling so depressed at times that it was difficult to function in the last 12 months (ACHA, 2017 (a), ACHA, 2017 (b)). Again, it is important to note that the ACHA survey measured students' self-reported symptoms while the Columbia survey relies on a diagnostic measure used by mental health professionals; this is why the percentages reported are so different from one another. Still, the ACHA data, along with the



Well-Being Survey data, provide additional valuable information about challenges students are facing across the country.

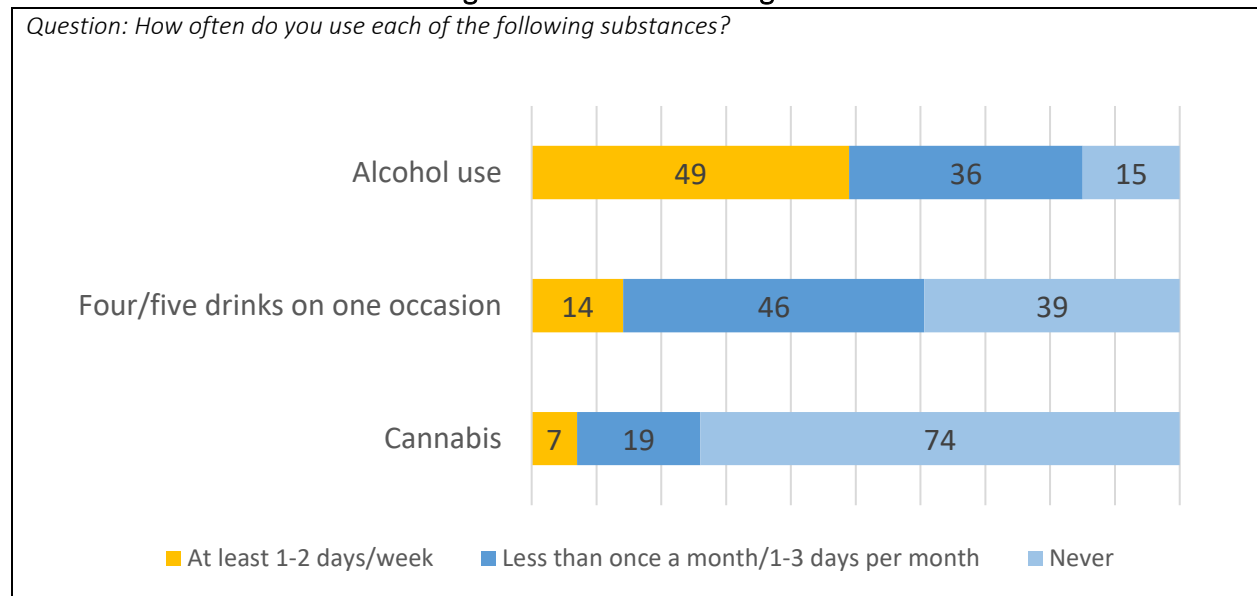
## Alcohol and Drug Use

In addition to other mental health factors, the survey asked students to share their experience with alcohol and other drugs. Survey questions assessed both use and symptoms associated with alcohol and other drug use that might meet criteria for a substance use disorder.

Alcohol use was common among student survey participants, although half reported never drinking alcohol or drinking relatively infrequently. Fifteen percent of survey participants reported never having used alcohol, 36% reported drinking alcohol infrequently (less than once a month or 1-3 days a month), and 49% reported drinking alcohol once or more per week. Fourteen percent of survey participants reported drinking four or more drinks on one occasion one or more times per week.

Three-quarters of survey participants reported never having used cannabis (listed in the survey as marijuana, pot, grass, hash). Of the students who reported using cannabis, 19% reported using cannabis less than once per month and 7% reported use once or more per week. The majority of survey participants reported never using cocaine (93%), other street drugs described in the survey as opioids, LSD, speed or ecstasy (96%), or prescription drugs other than as prescribed (95%).

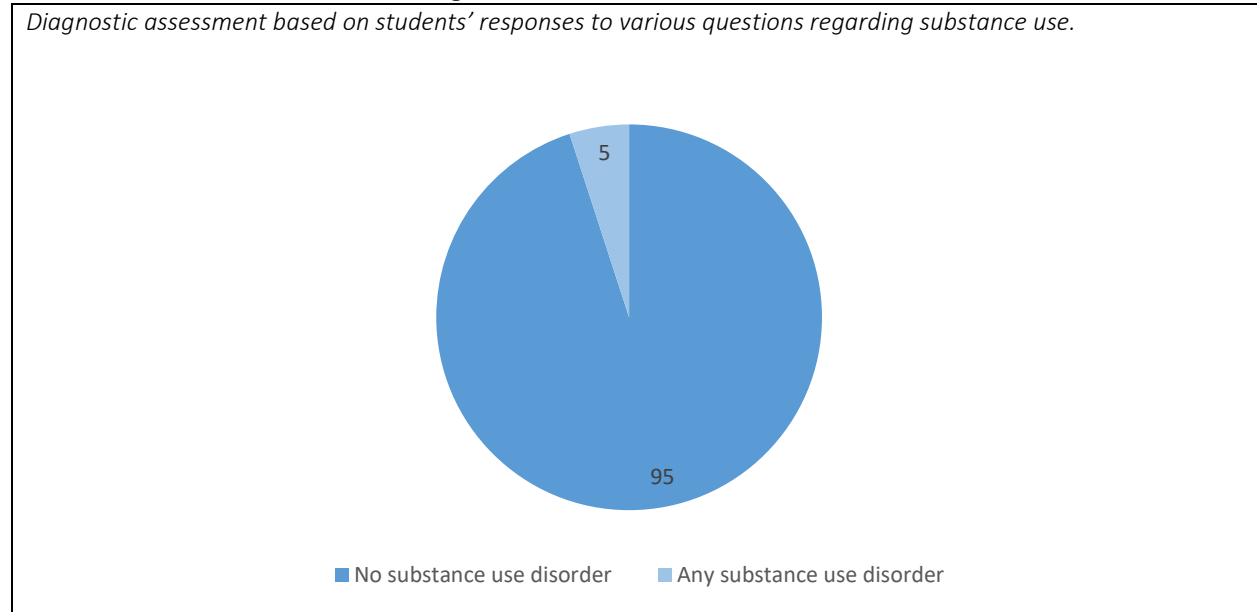
**Figure 6. Alcohol and Drug Use**



Some students reported symptoms consistent with a substance use disorder, including alcohol use disorder and non-alcohol substance use disorder. Alcohol use disorder involves compulsive alcohol use or loss of control over alcohol intake, as well as a negative emotional state when not using alcohol.

The figure below reflects the percentage of students whose survey responses indicated they likely have a substance use disorder.

**Figure 7. Substance Use Disorder**



### Flourishing Scale

Another important factor related to well-being is resilience, or the ability to bounce back or persevere in the face of a challenge or obstacle. The *flourishing scale* is a widely used instrument that measures self-perceived success in several important areas: relationships, self-esteem, purpose and optimism. The scale provides a single flourishing score (range: 8 to 40), based on answers to a set of questions. A high score represents a person with many psychological resources and strengths (Diener et al., 2010).

While variation existed in survey responses, overall, we see that student survey participants had very high flourishing scores, indicating that they had many psychological resources and strengths. Over 90% of student survey participants scored above the midpoint of the scale (24), with an average score of 32. About 25% of student survey participants scored at the very top of the scale (36-40) and approximately 5% of student survey participants scored 22 or under (again, the range is 8 to 40).

## SEXUAL RESPECT AND GENDER-BASED MISCONDUCT

This section includes students' experiences with gender-based misconduct and knowledge and use of campus resources. We compare these data to findings from two other surveys at Columbia, and include benchmarks from those surveys where appropriate.

One of those prior surveys was conducted during the Spring 2016 Semester as part of the [Sexual Health Initiative to Foster Transformation \(SHIFT\)](#), a comprehensive research project that examined the individual, interpersonal and structural (cultural, community and institutional) factors that shape sexual health and sexual violence for undergraduates at Columbia University and Barnard College. This survey, led by CUIMC faculty members Jennifer S. Hirsch and Claude Ann Mellins, was funded by Columbia University.

The other is the 2015 *Campus Climate Survey on Sexual Assault and Sexual Misconduct* that Columbia participated in as part of a consortium of 27 colleges and universities organized by the American Association for Universities (AAU).

More information on both surveys and Columbia resources can be found on Columbia's [Sexual Respect website](#).

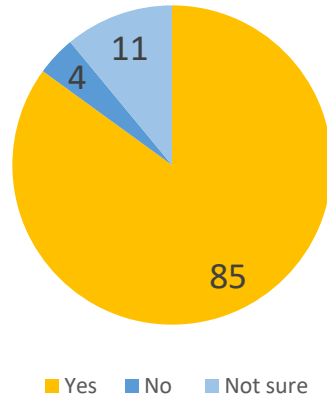
### Knowledge of Essential Information about Sexual Respect at Columbia

The survey asked students to indicate their awareness of campus resources related to gender-based misconduct and their knowledge of essential information about key definitions and concepts, such as consent. Survey participants reported being highly aware of resources, and importantly, the majority of survey participants reported knowing who they could talk to confidentially about a question or concern.

The AAU survey, administered in 2015, asked a similar question and found that about three-quarters of Columbia undergraduates and just over half of Columbia graduate students were aware of University resources. In the intervening years, students, faculty and administrators have collaborated on a variety of university-wide and school-specific initiatives that likely have contributed to the increase in knowledge as shown in the following charts.

**Figure 8. Knowledge of Where to Find Help, Information and Resources**

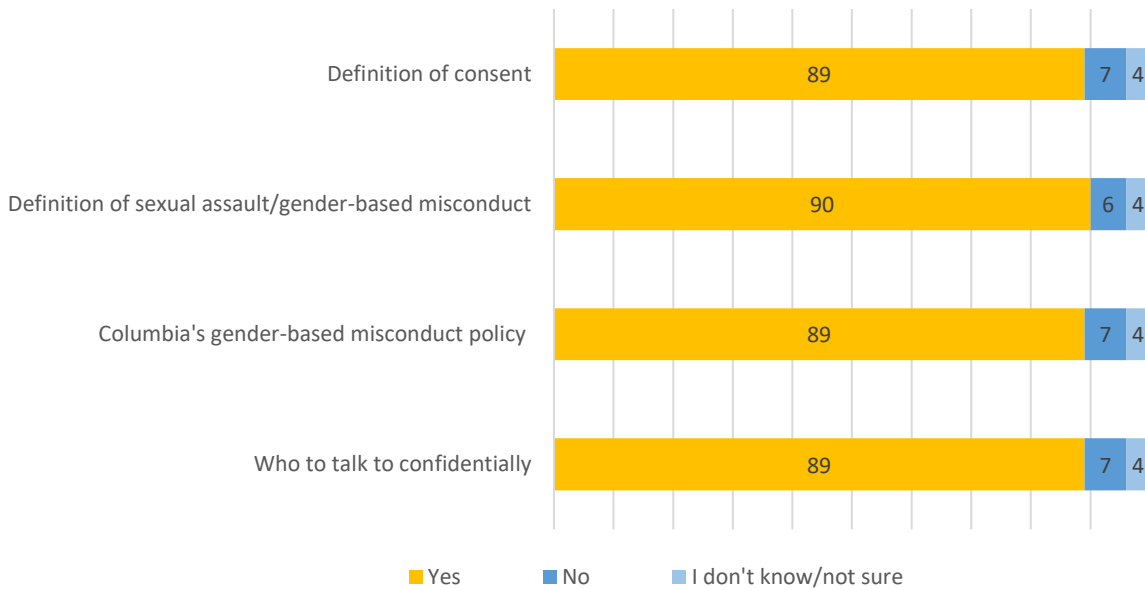
Question: *If you or someone you know experienced gender-based misconduct, including sexual assault, domestic violence, dating violence, stalking, or sexual harassment, would you know where to find help, information and resources?*



The survey also asked students if they had received essential information, such as definitions of important concepts and policies on gender-based misconduct at Columbia. The vast majority of participants confirmed that they had received this information.

**Figure 9. Received Essential Information**

Question: *Have you ever received information from anyone at Columbia about the following?*



Notably, survey participants were asked if they knew New York State’s definition of affirmative consent (on the next page) before participating in the survey. New York is one of a small number of states in the U.S. that requires colleges and universities to have an affirmative-consent standard in campus policies on sexual assault. The majority of students (89%) confirmed that they were aware of this definition.

*Affirmative consent is a knowing, voluntary, and mutual decision among all participants to engage in sexual activity.*

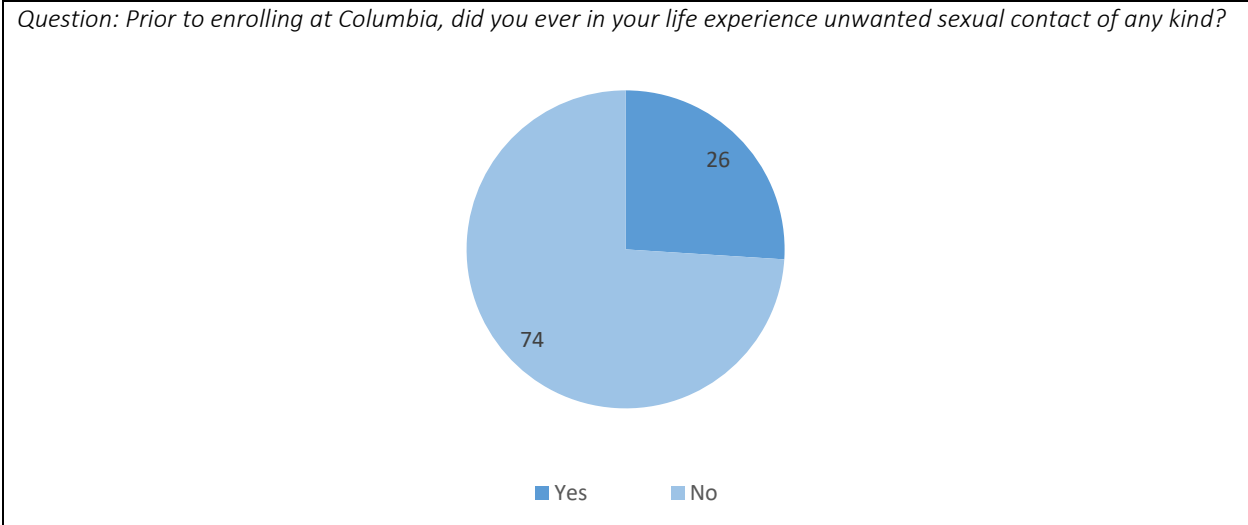
Even with this increased awareness compared to previous survey data, improvements can still be made in this area. For example, some survey participants indicated that they had not or did not know if they had visited the [Sexual Respect website](#) (31% and 18%, respectively), Columbia’s hub for on- and off-campus resources and information on sexual respect and gender-based misconduct. In fact, nearly all Columbia students have visited the Sexual Respect website because this is an essential step in completing the Sexual Respect and Community Citizenship Initiative, which is offered each fall to all students and is required of new students in every school. In the Fall 2019 Initiative, additional efforts will focus on underscoring the Sexual Respect website’s name and location for all students to increase awareness of this resource.

Nearly all student survey participants knew where to go for help, information and resources if they or someone they knew experienced gender-based misconduct; however, slightly fewer (72.5%) knew how to report the experience to the University. We will continue efforts to expand this awareness.

### Experience with Gender-Based Misconduct Prior to Columbia

Approximately one in four students reported that they came to campus having already experienced gender-based misconduct. The figure below shows the percentage of survey participants who reported any kind of unwanted sexual contact prior to coming to Columbia. This is especially important because individuals who have already experienced gender-based misconduct are at heightened risk of revictimization (Tjaden et al., 2000; Lalor & McElvaney, 2010; Desai et al., 2002; Mellins et al., 2017).

**Figure 10. Unwanted Sexual Contact Prior to Columbia**



There were gender differences in reports of unwanted sexual contact before arriving at Columbia. Women and transgender/gender non-binary participants indicated that they had experienced unwanted sexual contact before arriving at Columbia in higher numbers than men (35% of women, 11% of men, and 55% of transgender/gender non-binary students).

Note: Approximately 1% of survey participants identified as transgender, genderqueer, gender non-binary or other non-binary identities. To ensure the anonymity of these survey participants, this report groups together their responses. Given this small sample size, it is difficult to draw conclusions from the survey responses about the overall experience of gender non-binary students at Columbia. However, national data indicates that gender non-binary students are often at higher risk of experiencing gender-based misconduct and sexual assault (Mellins et al., 2017).

### **Experience with Gender-Based Misconduct at Columbia**

The majority of survey participants did not report experiencing any kind of gender-based misconduct while at Columbia, which was also true for students who responded to the SHIFT and AAU surveys at Columbia in prior years. That said, some survey participants did report experiences of gender-based misconduct while at Columbia.

The 2018 Student Well-Being Survey data show fewer incidents of gender-based misconduct at Columbia than were reported in the 2015 AAU survey and than are commonly reported by the national media (Mellins et al., 2017; Candor et al., 2015). While noting this promising trend, we also recognize that students may be reluctant for many reasons to report experiences of unwanted sexual contact, even on an anonymous survey and even with increased awareness and other shifts in the national discourse on issues related to sexual misconduct (Mellins et al., 2017). We will continue to look closely at the data and to survey students in the future about these experiences as we evaluate our collective work in creating a campus culture that rejects all forms of gender-based misconduct, including sexual assault. *See Table 4 on the next page for the definition of sexual assault used in the survey.*

## Sexual Assault

The table below illustrates survey participants' experiences with sexual assault since enrolling at Columbia in response to questions based on one of the most widely used and validated measures of sexual assault (Koss et al., 1987; Mellins et al., 2017). Overall, 8.3% of survey participants indicated that they had experienced any type of sexual assault since enrolling at Columbia.

**Table 4. Sexual Assault, Since Enrolling at Columbia**

*Questions: Since you've been at Columbia, has someone touched, kissed, fondled or grabbed you in a sexual way (but did not attempt to have sex) without your consent or agreement?*

*-Since you've been at Columbia, has someone had oral, anal, vaginal, or other penetrative sex with you without your consent or agreement?*

*-Even though it didn't happen, since you've been at Columbia has someone attempted to have oral, anal, vaginal or other penetrative sex without your consent or agreement?*

Assault Types	Yes (%)	No (%)
Attempted penetrative assault	4.1	95.9
Penetrative assault	3.5	96.6
Unwanted touching	6.8	93.2

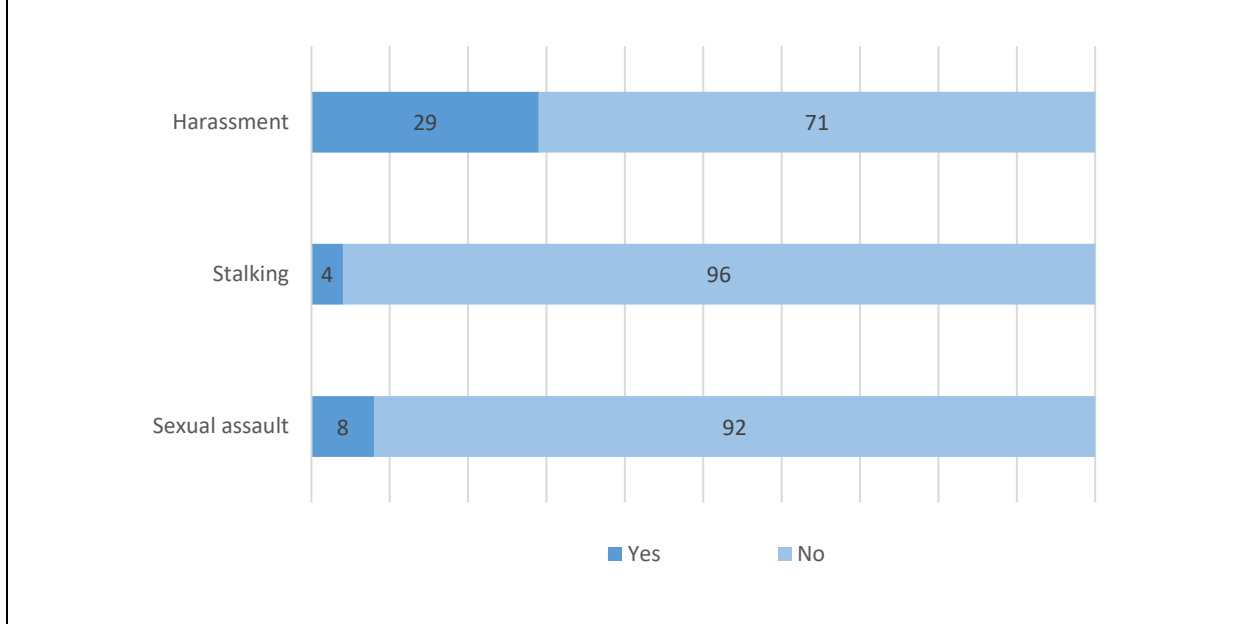
Survey participants also shared their experience with sexual assault specifically for the academic year (2017-18). Three and a half percent of survey participants indicated that they had experienced any type of sexual assault including 2.9% who had experienced unwanted touching, 1.5% who had experienced attempted penetrative assault and 1.2% who had experienced penetrative assault during the 2017-18 academic year. (These numbers total more than 3.5% because some survey participants had experienced more than one type of unwanted sexual contact.)

## Sexual Harassment

As shown in Figure 11 on the next page, 29% of survey participants indicated that they had experienced sexual harassment during their time at Columbia. A majority of these students (69%) reported that the perpetrator was another student. Some survey participants reported that the perpetrator was a faculty member (13% of survey participants), an individual not affiliated with Columbia (8%), a staff member/administrator (4%), another individual (3%) or a resident or fellow (3%).

**Figure 11. Experience with Gender-Based Misconduct at Columbia**

Question: Students were asked about their experiences with gender-based misconduct while at Columbia. This figure presents the % of students who reported experiencing the following types of gender-based misconduct.



For more information about Columbia’s extensive prevention and response efforts, visit the [Annual Report on Gender-Based Misconduct Prevention and Response at Columbia University](#). As the report notes, all students must participate in Columbia’s Sexual Respect and Community Citizenship Initiative in their first semester on campus, in addition to receiving information before arrival on campus and during orientation, and all faculty and staff receive briefings and training on gender-based misconduct and related issues. See also the [2017-18 Annual Report of the Office of Equal Opportunity and Affirmative Action](#) for more information about formal complaints regarding sexual harassment and other gender-based misconduct by students, faculty and staff.

### Awareness and Utilization of Resources

The survey also asked students who experienced gender-based misconduct whether they knew about resources and whether they were using them. Overall, the majority of survey participants indicated they were aware of key on-campus resources (over 85%), but only a smaller percent indicated they were using them. The survey did not ask students if they needed any of these resources; it also did not ask about the use of off-campus resources. We will look into refining these questions in future surveys.



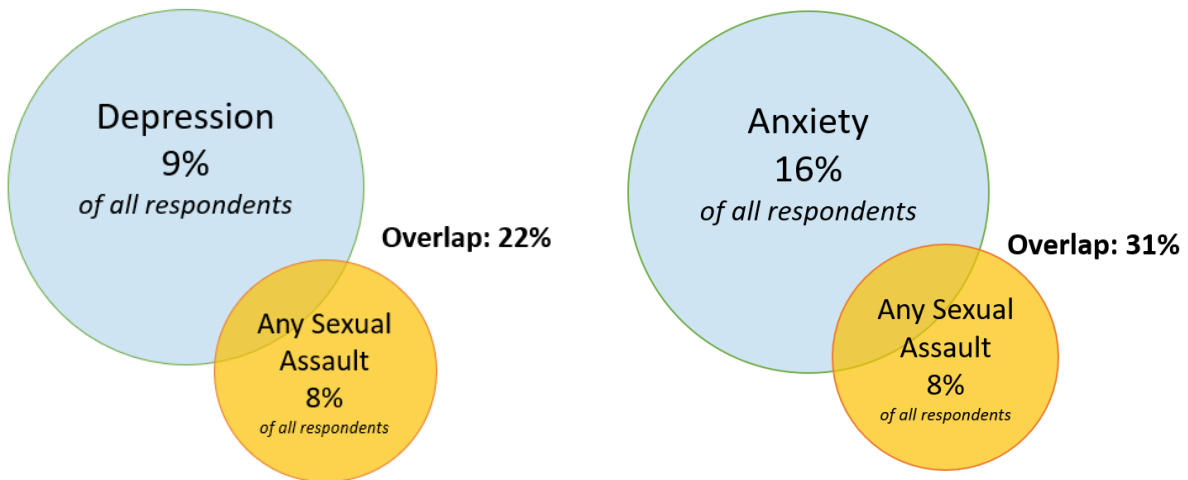
**Table 5. Resource Utilization, Among Those Who Experienced Gender-Based Misconduct**

*Question: Please indicate your awareness and use of the following campus resources for sexual assault and other forms of gender-based misconduct.*

Resources	Used (%)	Aware, Not Used (%)	Not Aware (%)
Sexual Violence Response	4.0	89.0	6.7
Gender-Based Misconduct Office	3.9	81.2	14.4
Medical Services	33.7	63.3	2.7
Counseling & Psychological Services/Mental Health Services	25.3	72.1	2.1
Public Safety	11.8	83.4	3.6
University Title IX Coordinator	2.4	75.6	21.2

### Relationship between Gender-Based Misconduct and Mental Health

Analysis of the relationship between sexual assault and major depression and generalized anxiety disorder showed that survey participants who reported having experienced gender-based misconduct also had higher rates of depression and anxiety (22% and 31%, respectively) as compared to other students (9% and 16%, respectively). It is not clear from the data whether experiences of sexual assault might result in anxiety or depression, or whether students with anxiety or depression are at higher risk for assault, but these data suggest high co-occurrence and potentially high interdependence.



## HOW TO GET INVOLVED – FOR STUDENTS, FACULTY AND STAFF

As mentioned at the outset, enhancing student well-being is a collective effort – and one that benefits from student, faculty and staff contributions. There are many ways to get involved.

### For Students

#### Join an Existing Program

Get involved in existing mental health and wellness clubs, peer education programs and wellness initiatives in your school. For Columbia-wide opportunities, become a University Life Ambassador for the Spring 2020 Student Well-Being Survey, apply for a [University Life Wellness Mini-Grant](#), or plan wellness events and study breaks with the [University Life Events Council](#). For students at the Morningside campus, Columbia Health encourages students across the University to [get involved](#) by volunteering as educators, advocates, and ambassadors. For students at the CUIMC campus, contact the [Center for Student Wellness](#) for opportunities to get involved.

#### Learn More for Yourself and Others

Learn how to enhance your well-being at Columbia. A fantastic array of free and low-cost arts, cultural and recreational opportunities can be found on campus and city-wide along with an ever-growing number of mindfulness programs, yoga classes and more. Consult the [University Life website](#) for more information.

Want to focus directly on mental health or wellness? Join a [Friend2Friend training with Alice! Health Promotion](#) to learn how to recognize and respond when a friend or classmate might be in distress, stop by [Columbia Health Counseling and Psychological Service's Problem-Solving drop-in hours](#) or set up a [confidential wellness appointment](#) at the [CUIMC Center for Student Wellness](#). Learn about healing and recovery modalities beyond talk therapy with SVR's [Peace and Presence](#) series. For students on the Morningside campus, request one of [Columbia Health's many customizable workshops](#) specifically designed to support your community's health and well-being.

For a robust list of Columbia's resources and programs to support student well-being, visit the [University Life website](#).

#### Future Well-Being Survey

If you'd like to provide input on the upcoming 2020 Student Well-Being Survey, send your ideas to [universitylife@columbia.edu](mailto:universitylife@columbia.edu) or join us as a University Life [Well-Being Survey Ambassador](#).

### For Faculty

As the data show, faculty members are invaluable in supporting student well-being, both inside and outside the classroom. This finding also reinforces how important it is for faculty to be aware of student-support resources.

From office-hour conversations to student mentoring to creating a welcoming classroom or lab environment and providing constructive feedback, faculty can make an enormous difference in students' ability to thrive at Columbia.

A quick reference list of student resources is available on the [University Life website](#) and sample syllabus copy on student resources will soon be added for your consideration. The [Office of the Vice Provost for Faculty Advancement](#) and the [Center for Teaching and Learning](#) also offer essential resources for faculty and staff on inclusive teaching, mentoring and many other topics.

## For Staff

Students' interactions with Columbia's extensive staff at all levels can also make an important and positive difference in students' well-being, both academically and socially. As the data show, staff play an essential role in fostering students' campus connections and linking students to additional resources as needed. In addition to the work being done in many departments, schools and institutes, you can participate in existing programs led by the Office of University Life, including the [Task Force on Inclusion and Belonging](#), University Life's In Session professional development series, and the [Campus Conversation Initiative](#). A quick reference list is available on the [University Life website](#).

\* \* \*

Thank you again for your engagement in and support of this important work,  
and we welcome your comments and suggestions at

[universitylife@columbia.edu](mailto:universitylife@columbia.edu).

We look forward to hearing your ideas.

## REFERENCES

ACHA (American College Health Association). (2017a). *American College Health Association – National College Assessment II: Reference Group Undergraduate Executive Summary Spring 2017*. Hanover, MD: American College Health Association.

ACHA. (2017b). *American College Health Association – National College Assessment II: Reference Group Graduates Executive Summary Spring 2017*. Hanover, MD: American College Health Association.

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. D., Green, J. G., Hasking, P., Murray, E., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Stein, D. J., Vilagut, G., Zaslavsky, A. M., Kessler, R. C., & WHO WMH-ICS Collaborators (2018, September 13). WHO World Mental Health Surveys International College Student Project: Prevalence and Distribution of Mental Disorders. *Journal of Abnormal Psychology*.

Candor, D., Fisher, B., Chibnall, S., Bruce, C., Townsend, R., Thomas, G., & Lee, H. (2015). *Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct: Columbia University*. Retrieved from the Columbia Sexual Respect website:  
<https://sexualrespect.columbia.edu/files/sri/content/columbia-aau-survey-report.pdf>

Desai, S., Arias, I., Thompson, M. P., & Basile, K. C. (2002). Childhood victimization and subsequent revictimization assessed in a nationally representative sample of women and men. *Violence and Victims, 17*, (639-653).

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research, 39*, 247-266.

Flannery, M. (2018). "The Epidemic of Anxiety Among Today's Students." *neaToday*, 28 March 2018.  
<http://neatoday.org/2018/03/28/the-epidemic-of-student-anxiety>

Kessler, R.C., Berglund, P., Demler, O., et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(7), 768.

Kessler, R.C. & Ustun, T.B. (2004). The World Mental Health (WMH) Survey Initiative Version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI). *International Journal of Methods in Psychiatric Research, 13*(2): 93-121.

Koss, M., Abbey, A., Campbell, R. Cook, S., Norris, J., Testa, M., et al. (1987). The scope or rape: incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55*: 162-170.

Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse, 11*, 159-177.  
Doi:10.1177/1524838010378299

Mellins CA, Walsh K, Sarvet AL, Wall M, Gilbert L, Santelli JS, et al. (2017). Sexual assault incidents among college undergraduates: Prevalence and factors associated with risk. PLoS ONE 12(11): e0186471. <https://doi.org/10.1371/journal.pone.0186471>

Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey (NCJ 183781). Retrieved from the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice: <https://www.ncjrs.gov/pdffiles1/nij/183781.pdf>