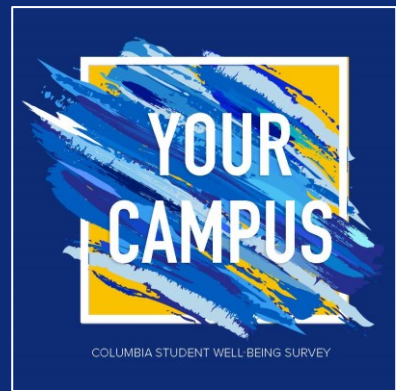
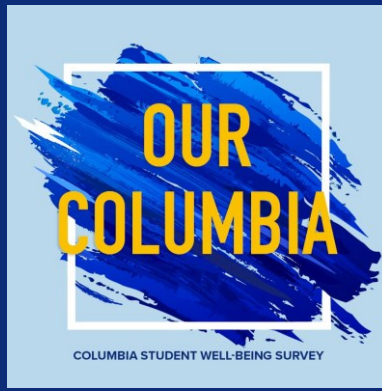
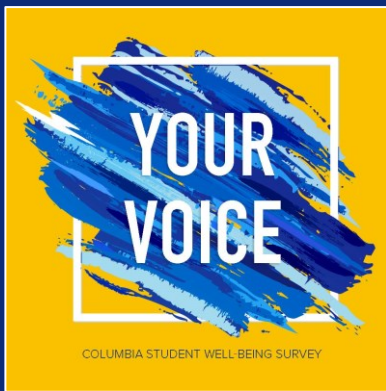


# 2020 COLUMBIA STUDENT WELL-BEING SURVEY REPORT



# A MESSAGE ON THE STUDENT WELL-BEING SURVEY

October 21, 2021

Dear members of the Columbia community,

Welcome to this report of the biennial **Columbia Student Well-Being Survey**, administered in Spring 2020 by University Life in partnership with Columbia Health and CUIMC Student Health on Haven.

This comprehensive survey, which looks at campus community, mental health and wellness, and sexual respect and gender-based misconduct, is one important piece of ongoing University-wide efforts to focus attention and resources 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.

The survey data and analysis should be considered in the context of the COVID-19 pandemic. The survey launched mid-February and closed mid-March 2020. The final week of the survey coincided with the shutdown in New York City and the closing of the University due to the COVID-19 pandemic. It is also likely that some students may have been feeling the impact of the pandemic earlier in the semester.

Our analysis deepened our understanding of students' experiences and revealed potential areas for us to continue to explore together as a community to enhance student life. 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 a need for additional support around areas such as finding employment. Students also identified external challenges such as financial resources and world events, which affect students' sense of well-being.

We invite you to learn more, share your thoughts and get involved in this vital work – whether you are a student who wants to learn how to better care for yourself and support 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 units. There are many ways to contribute within your school and at the University level through student-led initiatives, task forces, committees, and more. Students can also find additional information about campus resources on the [University Life website](#).

We would also like to share special acknowledgment of Suzanne B. Goldberg, founding Executive Vice President for University Life, for her leadership and for tirelessly championing the work of student well-being.

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

Sincerely,

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Senior Vice Provost for Faculty Advancement  
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Columbia University Irving Medical Center and NYS Psychiatric Institute

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## ACKNOWLEDGMENTS

Many students, faculty, and staff from across Columbia have contributed to the 2020 Columbia Student Well-Being Survey – this report, the survey, and to the efforts to promote student well-being at Columbia. 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 on Haven (especially Counseling Services and Well-Being and Health Promotion), faculty, researchers, and student-service providers who are part of University Life’s mental health working group,<sup>1</sup> and the student leaders, including Well-Being Survey Ambassadors, Student Affairs Committee, 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 the Departments of Psychiatry and Sociomedical Sciences at Columbia University Irving Medical Center and NYS Psychiatric Institute, whose leadership as principal investigator on the survey has been extraordinary. With many thanks also to Jie Zeng, project director for the survey, and to DataStat for their invaluable partnership and collaboration in the administration of the survey and in the completion of data reports to the University. We are also thankful to the CUIMC Department of Psychiatry and many others who were critical to the development of the survey and the analysis of the data.

In addition, countless partners across the University helped to promote the survey and increase participation, including Columbia Health; Student Health on Haven; Office of the University Registrar; Campus Services; Columbia Libraries; 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; School of Professional Studies; School of Social Work; and the Vagelos College of Physicians and Surgeons. We are also grateful to the faculty members who shared information about the survey with their classes and encouraged students to participate in it.

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<sup>1</sup> Mental health working group members are: Joseph Defraime Greenwell (co-chair), Claude Ann Mellins (co-chair), Anne Marie Albano, Melanie Bernitz, Jane Bogart, Raphael Coleman, Richard Eichler, Marcy Ferdtschneider, Madelyn Gould, Claire Haiman, Aisha Holder, Laurel Mayer, Michael McNeil, and Diana Morrobel. Suzanne Goldberg was a founding co-chair of this working group and provided leadership for the Columbia Student Well-Being Survey.

# OVERVIEW

The Columbia Student Well-Being Survey grows out of Columbia’s commitment to student health and well-being across the University. We know, from data and experience, that a strong sense of well-being in many different domains is a key contributor to students’ ability to thrive at Columbia, both academically and socially. Well-being is a complex concept, and our understanding of what well-being means in the context of the Columbia community continues to evolve as we try new ideas and evaluate and strengthen current resources and initiatives.

For the purposes of this report, we define well-being as an overall sense of contentment, satisfaction, and positive functioning.<sup>2</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 their self-efficacy, coping skills, social support, and points of connection. It can also be influenced by external determinants such as financial vulnerability and other sources of stress. To be sure, none of us feels well all of the time as life presents an array of personal, interpersonal, and environmental challenges. Our work in this area considers these realities and, simultaneously, focuses on what can be done to support and promote well-being to create positive change in our campus community.

## The Survey

The survey was designed to understand more about the factors that contribute to students’ experiences, as well as the challenges students face to help inform plans for University support services and activities. This report provides an analysis of the data from the **2020 Columbia Student Well-Being Survey** and is divided into five main sections:

1. Overview
2. Findings
  - a. Campus Community – Connection and Belonging
  - b. Overall Health and Mental Health
  - c. Sexual Respect and Gender-Based Misconduct
3. How to Get Involved
4. References
5. Appendices

The 2020 Survey results expand our understanding of the challenges facing students, especially those related to inclusion and belonging, overall health and mental health, and sexual respect and gender-based misconduct. It also helps us to identify opportunities for new or enhanced efforts to support student well-being at Columbia. This survey data complement and supplement what we learn from other data sources, along with qualitative student feedback. Collectively, this information informs ongoing planning across Columbia in support of a thriving student body.

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<sup>2</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 2020 Survey was completed by degree-seeking Columbia University students from mid-February to mid-March 2020. The survey's timing is notable for two reasons:

- First, during that last week of the survey, New York City moved to contain the spread of COVID-19, and Columbia took swift action to protect all students by transitioning to online classes and de-densifying the campus. While most students completed the survey before the final week, the conditions for the survey's final week were dramatically different to what they would ordinarily have been in mid-March on campus. The pandemic likely affected some students earlier in the semester as many grappled with concerns about family and friends around the world, a rise in anti-Asian bias related to the pandemic, and government announcements of border closures.
- Second, most of the data here reflect students' experiences in a pre-pandemic world. While we will learn more in future surveys, we expect that levels of stress and hardship (and for some, resilience) reflected here have been amplified in the intervening time.

## Survey Methods

Columbia University faculty and staff developed the survey with input from student advisors. It was administered online by DataStat, an external survey administrator, to all Columbia degree-seeking students in Spring 2020. Survey recipients were invited to participate by email from University leadership, with subsequent emails from DataStat. Students completed the survey anonymously (without names or identifying information), and Columbia did not receive any identifying information about individual participants.

Survey questions addressed these topics:

- Columbia campus climate, including connection and belonging
- Awareness and use of Columbia resources and services
- Overall health and mental health, including stress, coping and resilience, and sources of support
- Alcohol and substance use
- Use of mental health treatment options and help-seeking skills
- Knowledge of sexual respect and gender-based misconduct information and resources
- Experiences with gender-based misconduct

Columbia University Irving Medical Center's Institutional Review Board (IRB) approved the survey and its procedures.

## Survey Response Rate

A total of 29,556 Columbia students were invited to participate, 9,096 (31%) of whom completed the survey. The overall participation rate ranged from 26% to 52% of students, depending on the school. The results presented in this report include data from students in all 16 schools at Columbia:<sup>3</sup> Columbia College; Fu Foundation School of Engineering and Applied Sciences; School of General Studies; Columbia Business

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<sup>3</sup> Because Barnard College, Teachers College, Union Theological Seminary, and Jewish Theological Seminary are distinct institutions within Columbia University, they undertake their own surveys of their student bodies.

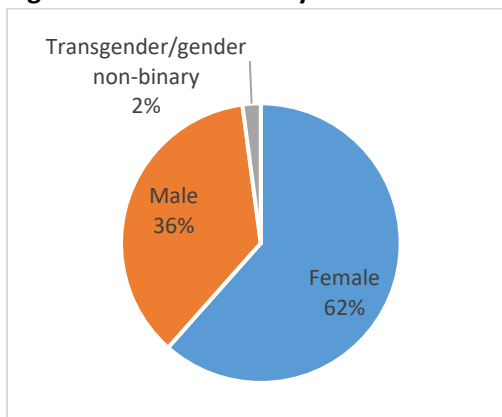
School; College of Dental Medicine; Columbia Journalism School; Columbia Law School; Graduate School of Architecture, Planning and Preservation; Graduate School of Arts and Sciences; Mailman School of Public Health; School of the Arts; School of International and Public Affairs; School of Nursing; School of Professional Studies; School of Social Work; and the Vagelos College of Physicians and Surgeons.

The results in this report reflect only student survey participants and thus may not reflect a universal experience among Columbia students. That said, the data capture the experiences of a large number of undergraduate and graduate students across schools and campuses, as well as a diverse range of experiences and backgrounds, and thus provide important insight into student well-being.

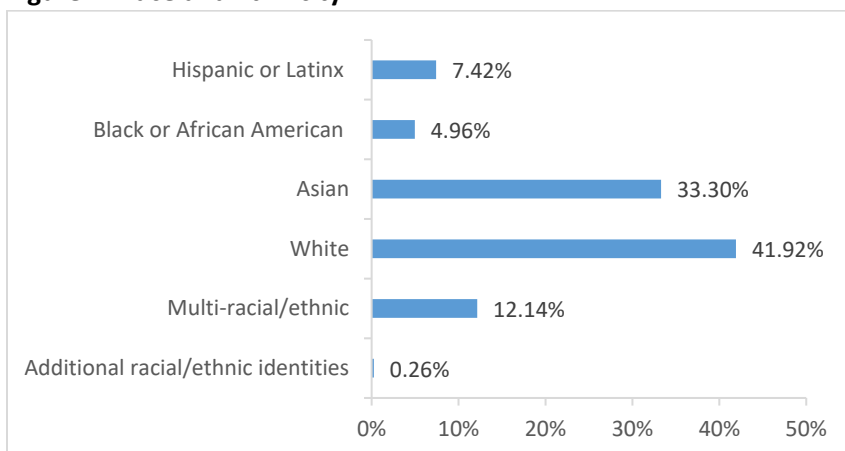
## Student Survey Participant Demographics

This section provides important demographic information for student survey participants, including their self-reported gender identity, race/ethnicity, sexual orientation, age, and first-generation college student status.

**Figure 1. Gender Identity<sup>4</sup>**



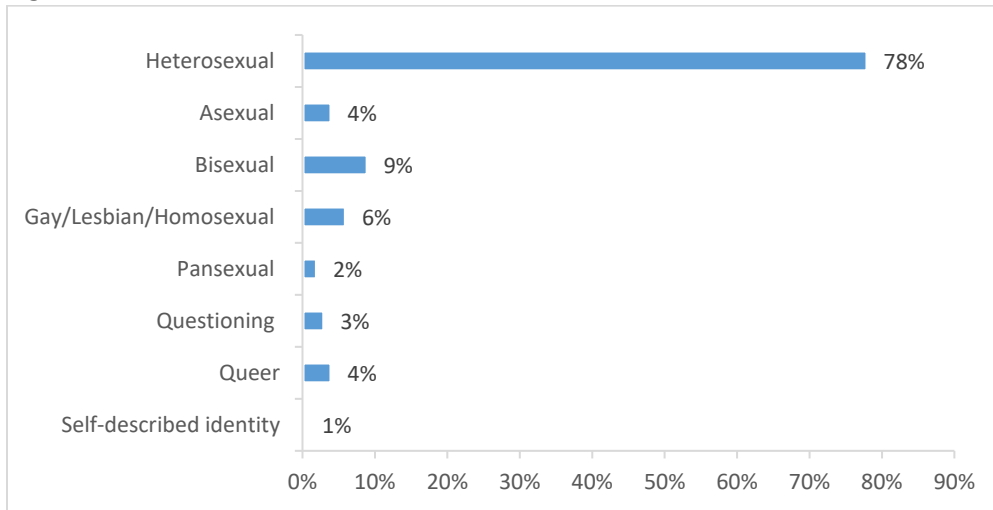
**Figure 2. Race and Ethnicity<sup>5</sup>**



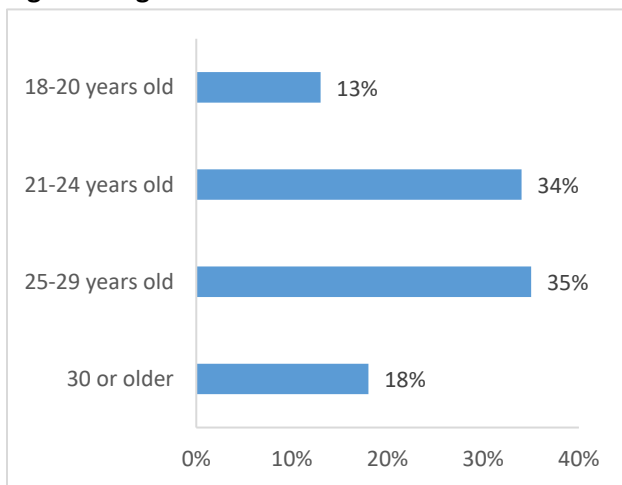
<sup>4</sup> For the purposes of this report, given the small numbers, transgender/gender non-binary is inclusive of transgender, gender non-binary or genderqueer, gender fluid, agender, or another self-described gender identity.

<sup>5</sup> Here, additional racial/ethnic identities are inclusive of American Indian, Alaska Native, Aboriginal, Native or Indigenous and Native Hawaiian or Pacific Islander, again given the small numbers in this group.

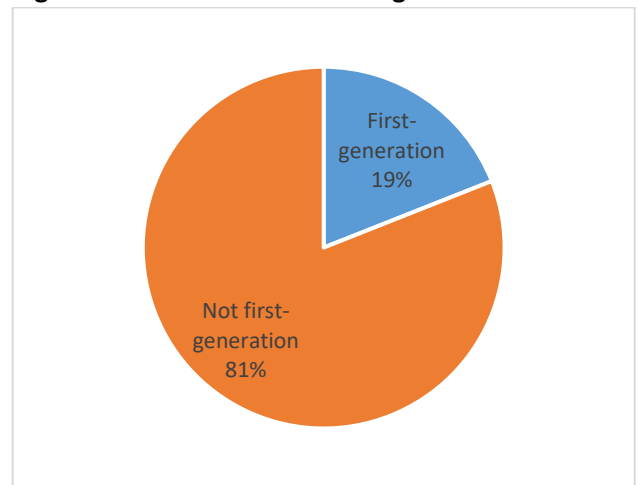
**Figure 3. Sexual Orientation**



**Figure 4. Age**



**Figure 5. First-Generation College Student**



# CAMPUS COMMUNITY – CONNECTION AND BELONGING

This section focuses on students’ experiences on campus, including their sense of connection and belonging, awareness and use of University resources, interactions with others in the community across dimensions of diversity, and factors that affect well-being, including financial resources.

## Connection and Belonging at Columbia

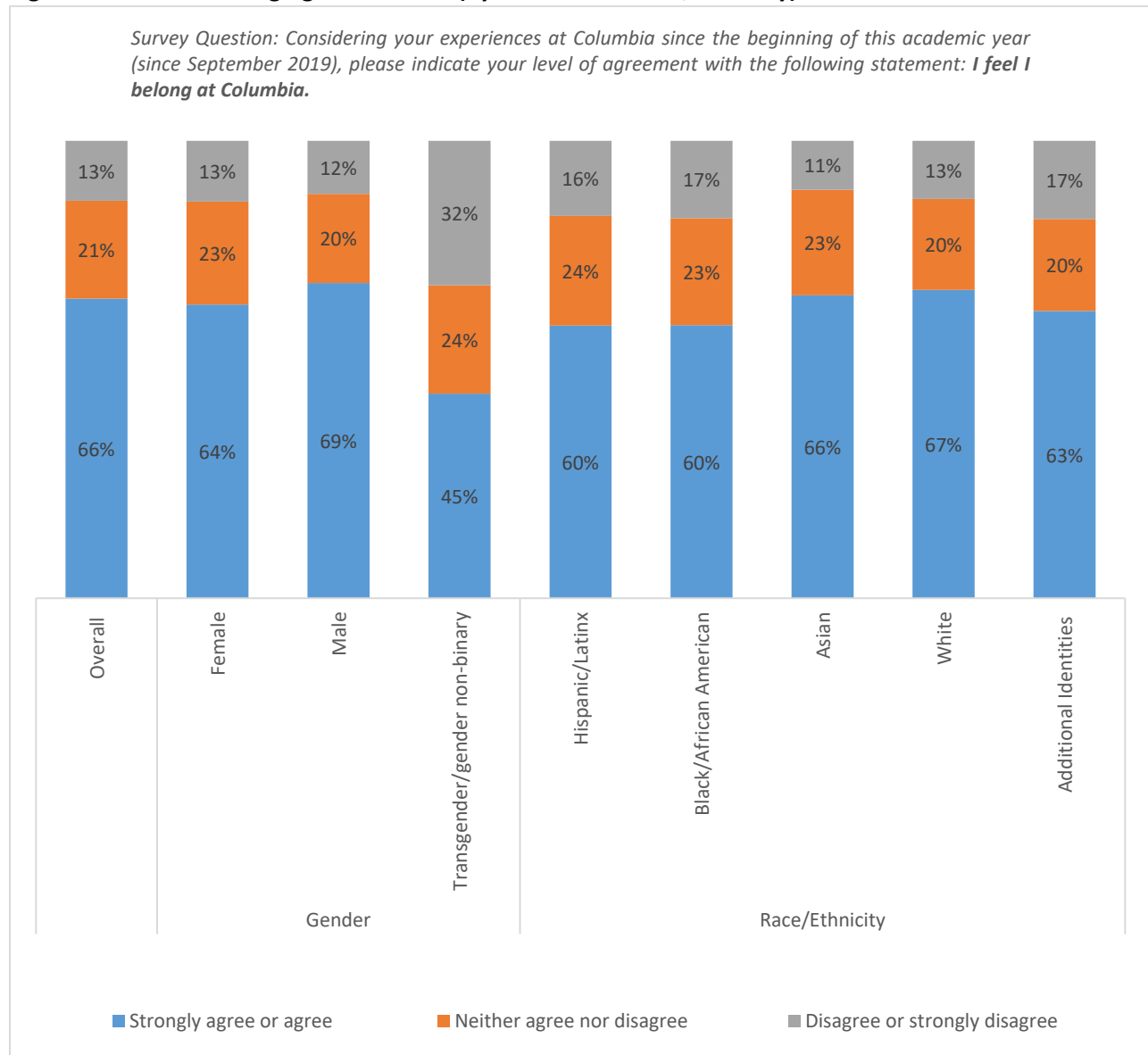
Many factors contribute to students’ sense of belonging in the Columbia community. Overwhelmingly, student survey participants indicated that their friendships (94%) have the greatest impact on their sense of belonging, followed by academic classes and projects (91%) and relationships with professors and other faculty members (82%). Table 1 provides more information about other factors that contribute to students’ sense of belonging. Blank responses are not included; as a result, percentages may not total 100%.

**Table 1. Factors that Contribute to Belonging**

Survey Question: How much has each of the following contributed to your sense of belonging at Columbia?	A lot or somewhat (%)	Not at all (%)	N/A (%)
My experience at orientation and/or Columbia Welcome events	67	27	6
Academic classes and projects	91	7	1
Being a member or leader of a student organization or team	56	14	29
Doing community service or volunteer work	34	19	46
Being a part of a faith community	15	22	63
Being a part of an identity-based group or community	30	21	49
My living situation (e.g., roommates, suitemates, neighbors)	53	26	21
My friendships	94	3	2
Relationships with professors/other faculty members	82	15	2
Relationships with staff and administrators (e.g., school deans, advisors, other staff outside my school)	61	30	8
Working on campus	32	17	51

Nearly two-thirds (66%) of student survey participants indicated that they feel they belong at Columbia, and slightly fewer (60%) indicated that they feel valued as individuals at Columbia. While there are slight differences across racial/ethnic identities for these two statements, the most notable differences are among student survey participants who identify as transgender/gender non-binary<sup>6</sup> (see Figures 6 and 7).

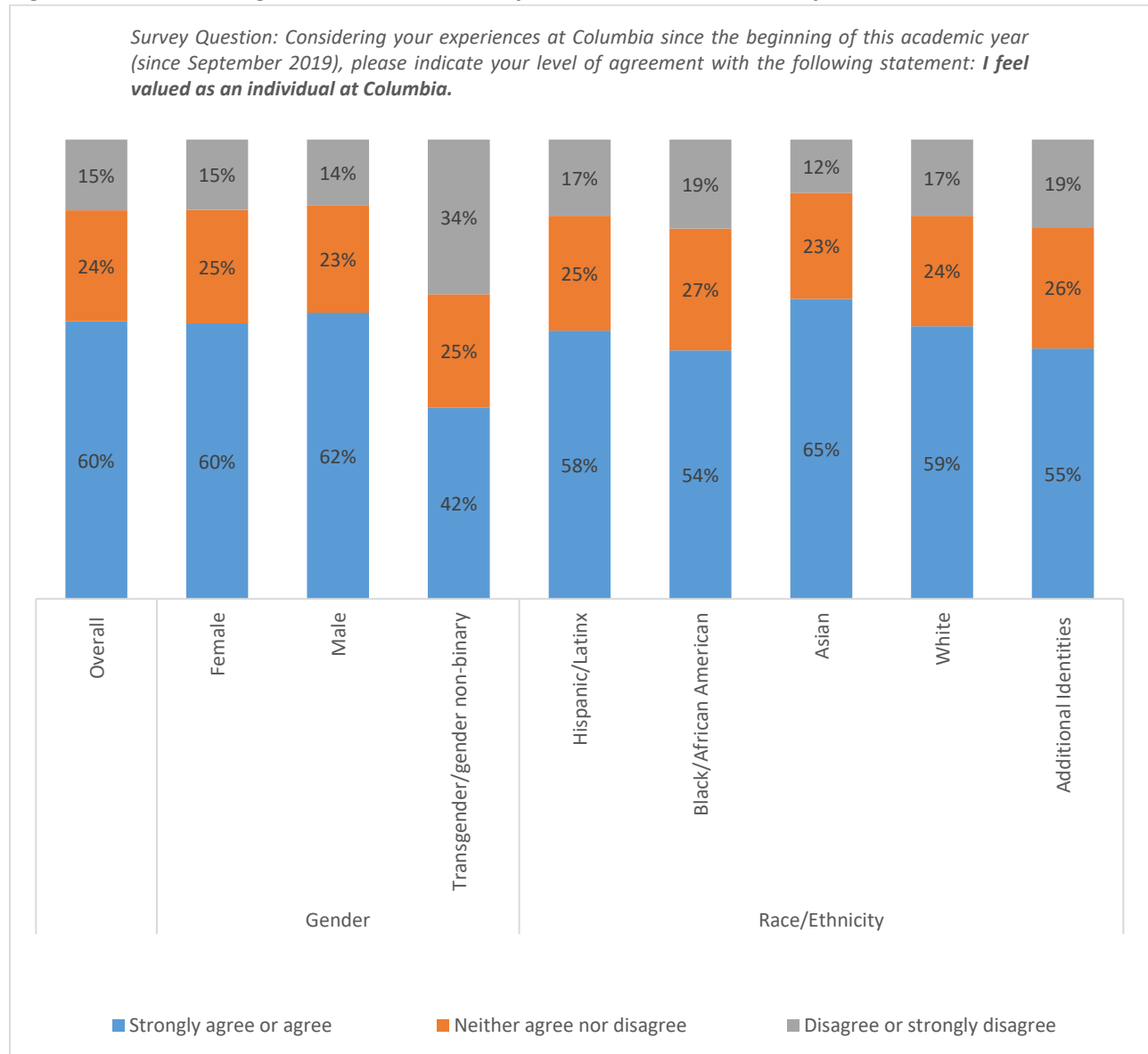
**Figure 6. Sense of Belonging at Columbia (by Gender and Race/Ethnicity)**



<sup>6</sup> As noted earlier in the Overview section, transgender/gender non-binary, as used in this report, is inclusive of transgender, gender non-binary or genderqueer, gender fluid, agender, or another self-described gender identity. This represents approximately 2% of student survey participants.

**Figure 7. Sense of Being Valued at Columbia (by Gender and Race/Ethnicity)**

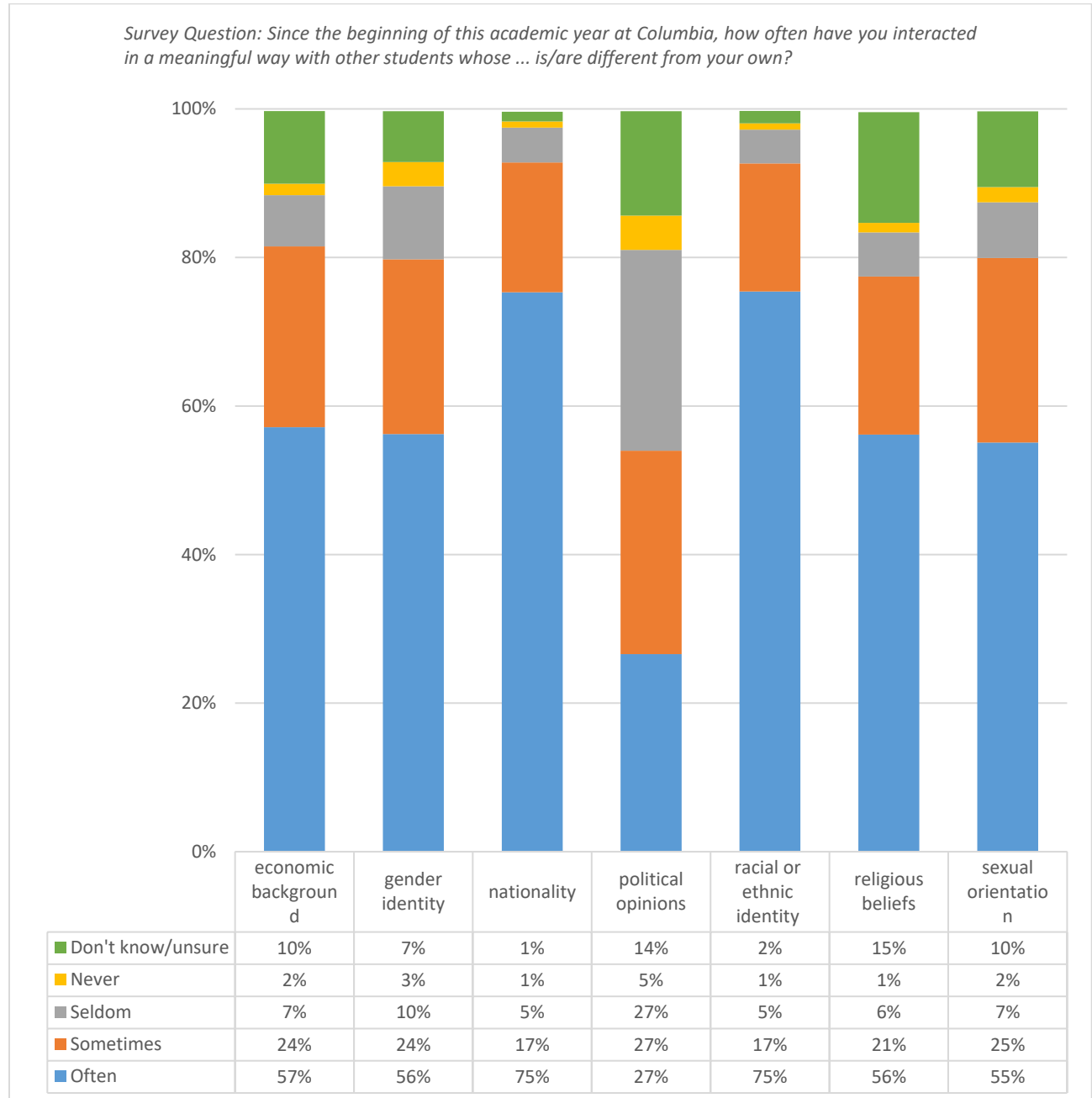
*Survey Question: Considering your experiences at Columbia since the beginning of this academic year (since September 2019), please indicate your level of agreement with the following statement: I feel valued as an individual at Columbia.*



## Meaningful Interactions with Others Across Dimensions of Diversity

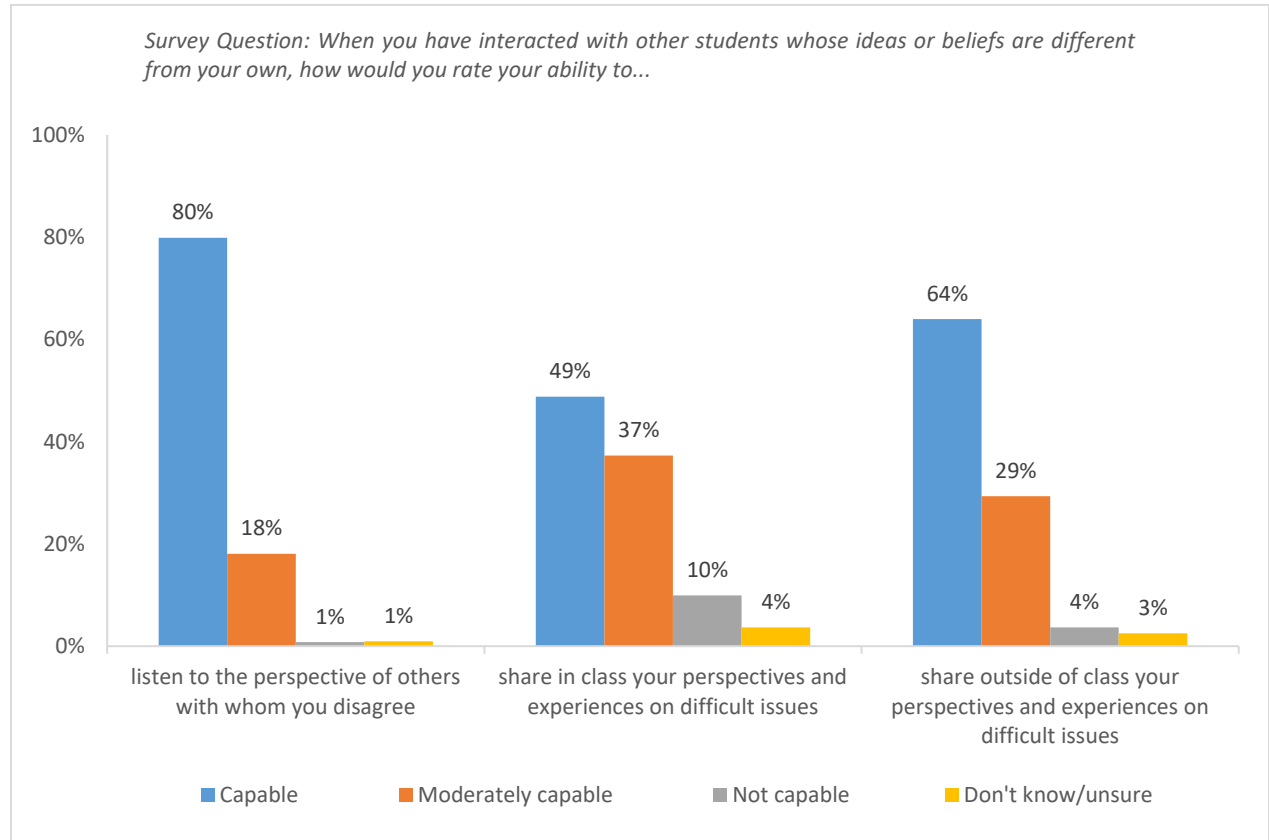
Student survey participants were asked how often they interact with others who are different from them in a variety of ways, as seen in Figure 8. They interact most often with others from a different nationality and racial/ethnic identity, and not as often with students who have differing political opinions.

**Figure 8. Meaningful Interactions with Others Across Dimensions of Diversity**



Students were also asked about their ability to listen to the perspective of others or to share with others their perspectives and experiences on difficult issues. Students feel most capable of listening to the perspective of others with whom they disagree (80%), and somewhat less capable of sharing their own perspectives and experiences on difficult issues, particularly within a classroom context (49%).

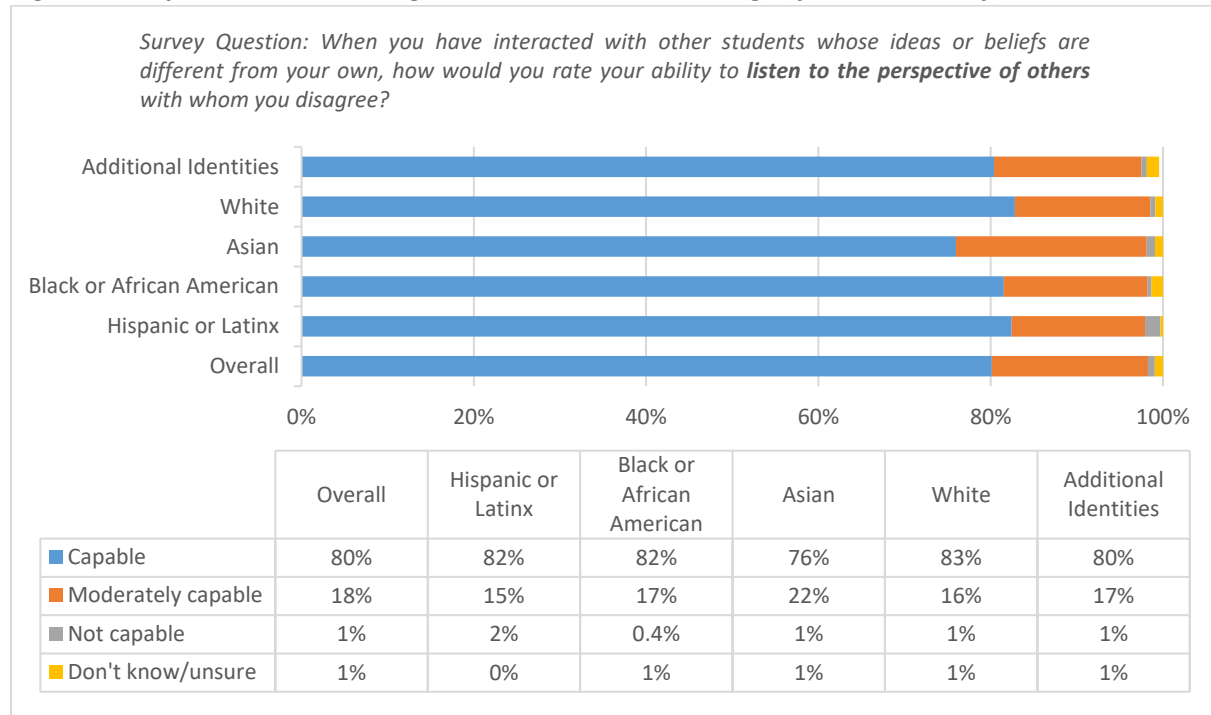
**Figure 9. Experiences Interacting with Others when Listening and Sharing**



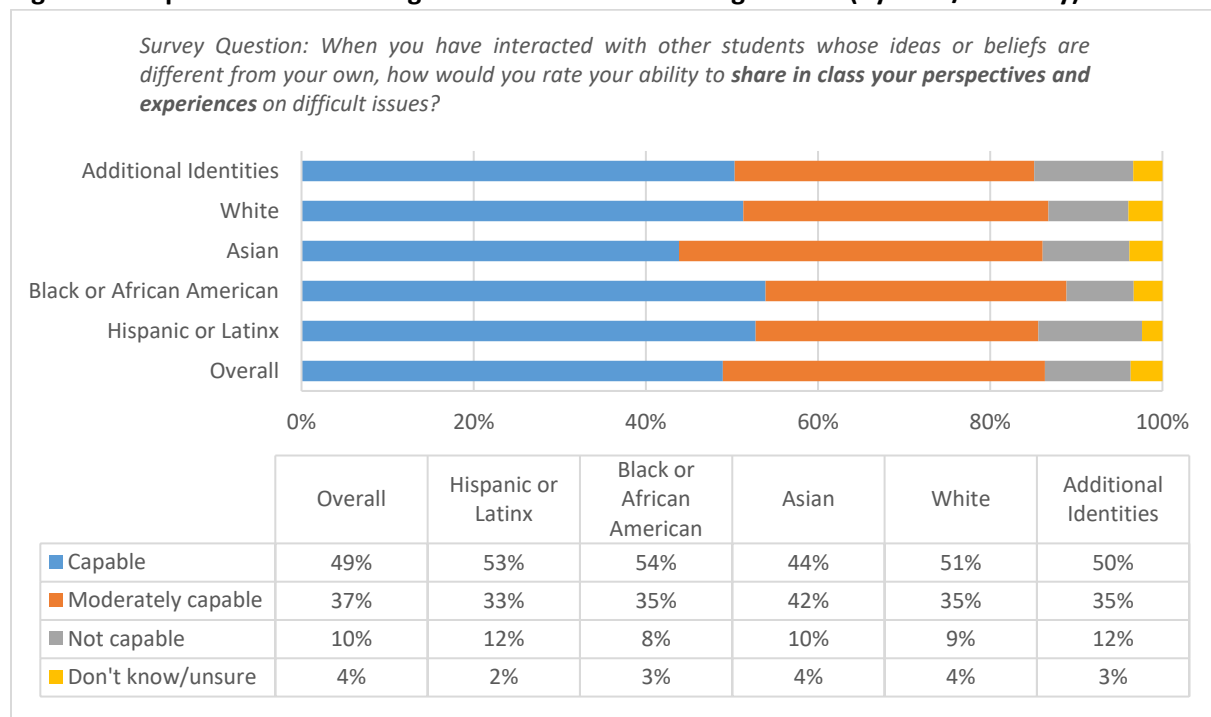
While there are slight differences across gender identities with regards to students' ability to listen or share with others (see [Appendix A](#)), the most notable differences are across racial/ethnic identities. Student survey participants who identify as Asian rate themselves as capable of listening and sharing at lower percentages across all three areas as compared to other racial/ethnic identities (see Figures 10, 11, and 12 on the next two pages).



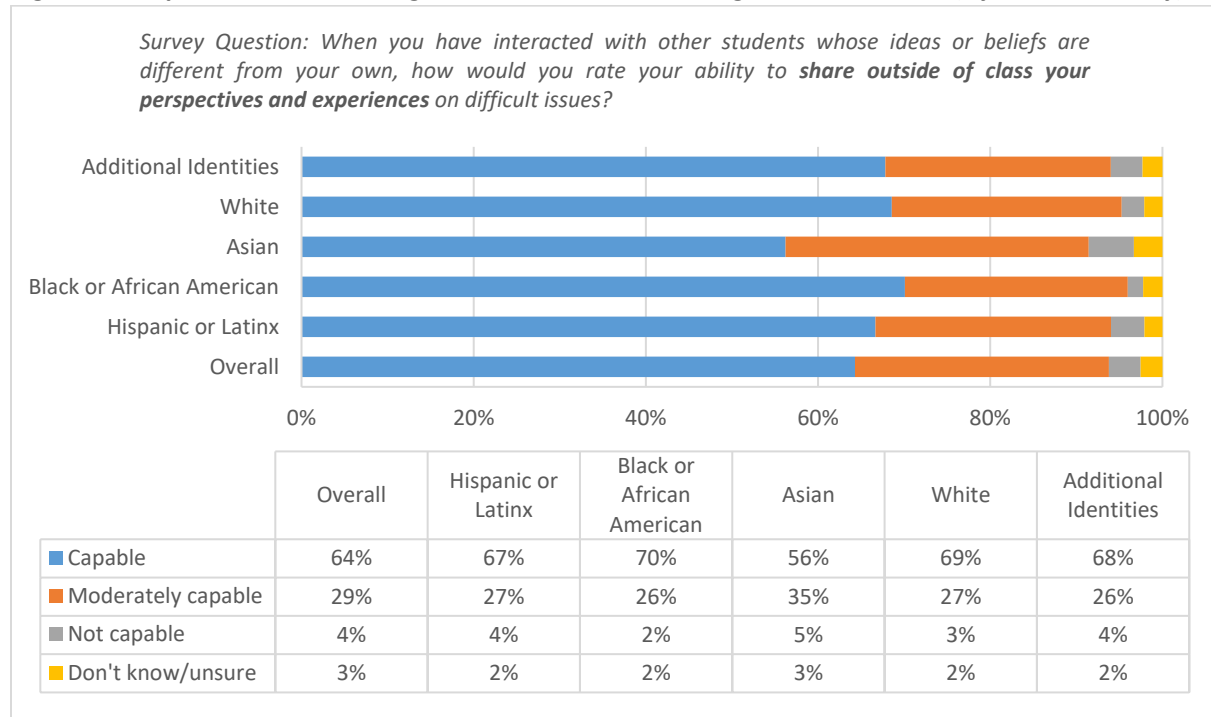
**Figure 10. Experiences Interacting with Others when Listening (by Race/Ethnicity)**



**Figure 11. Experiences Interacting with Others when Sharing in Class (by Race/Ethnicity)**



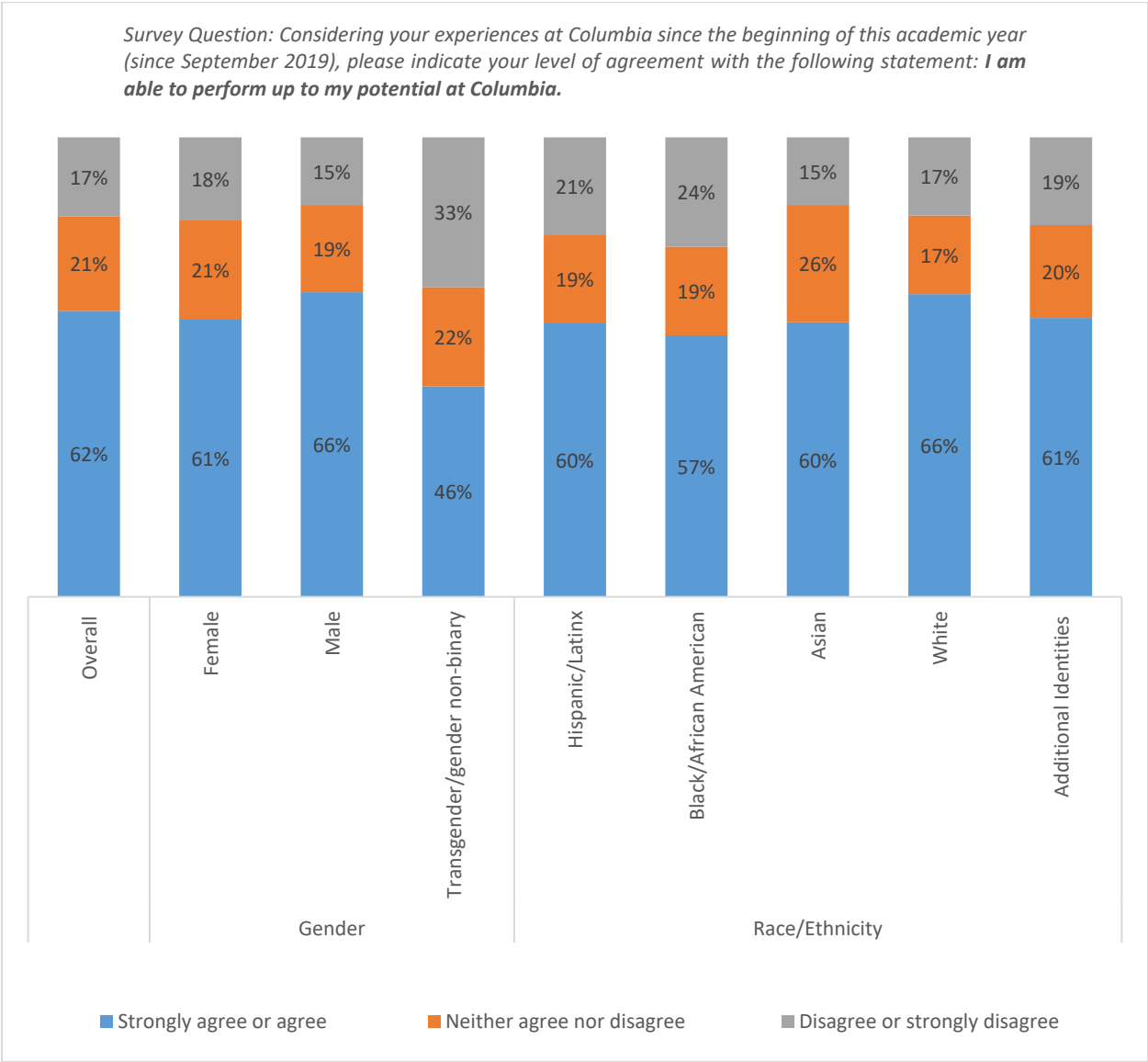
**Figure 12. Experiences Interacting with Others when Sharing Outside of Class (by Race/Ethnicity)**



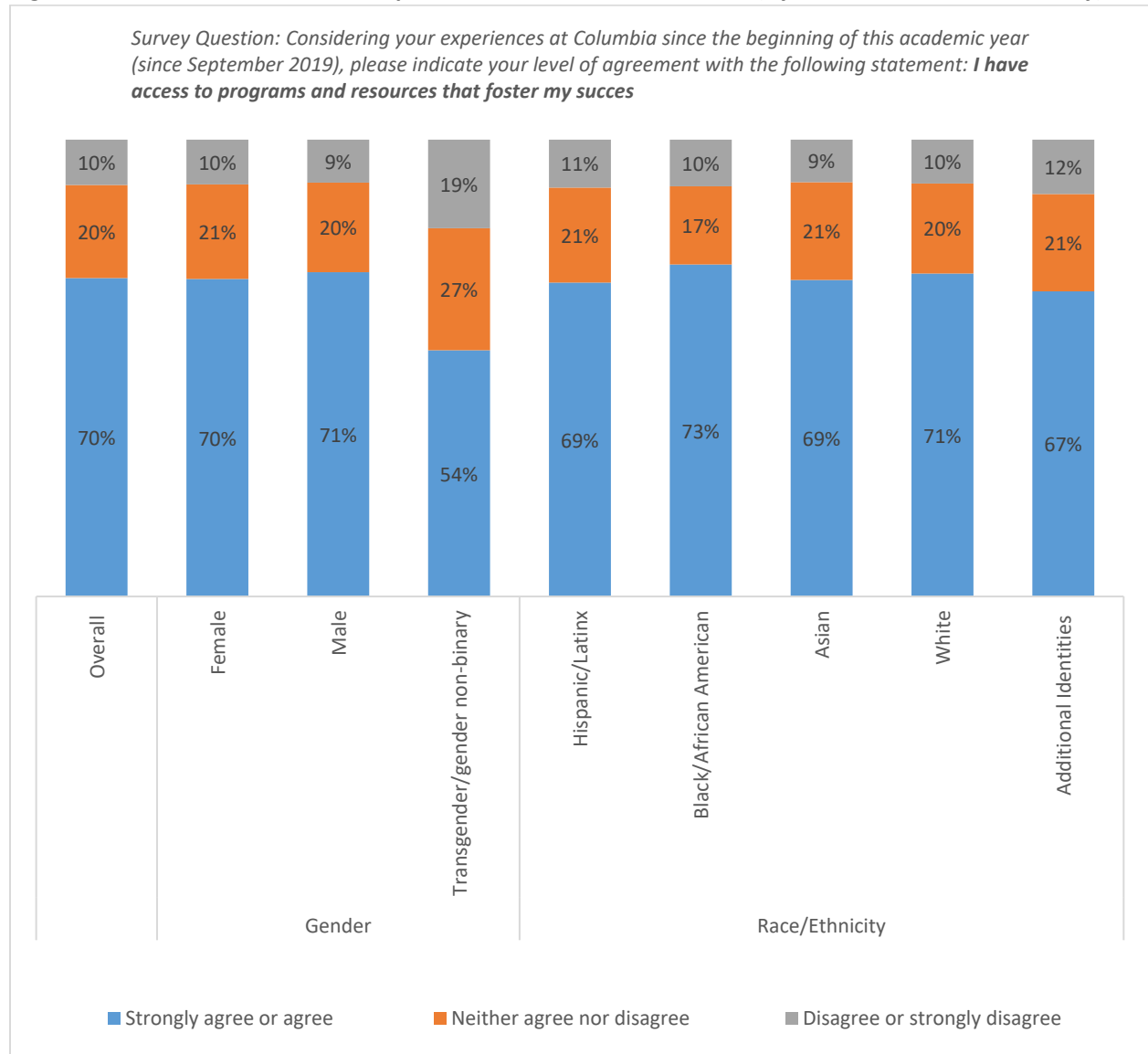
# Campus Resources and Supports

Nearly two-thirds (62%) of student survey participants feel they are able to perform up to their full potential at Columbia, and slightly more (70%) indicate that they have the resources and programs to help them do so. While there are slight differences across racial/ethnic identities with regards to students’ ability to perform to their full potential and access to sufficient resources on campus, the most notable differences are among student survey participants who identify as transgender/gender non-binary, similar to what was seen around belonging and being valued at Columbia.

**Figure 13. Performing to Full Potential (by Gender and Race/Ethnicity)**



**Figure 14. Access to Sufficient Campus Resources to Foster Success (by Gender and Race/Ethnicity)**



Students were asked about their use of various campus resources and the impact on their well-being. There is variability in students' use of campus resources, which is to be expected as some of these resources are designed to support more targeted student needs, such as the Ombuds Office or Sexual Violence Response.

In general, students who do make use of campus resources often note the positive impact on their well-being, as seen in Table 2. Consistent with results presented in Table 1 about factors that contribute to students' sense of belonging at Columbia, students reported that office hours or other activities with faculty are the most-used campus resources that positively impact students' well-being (68.5%).

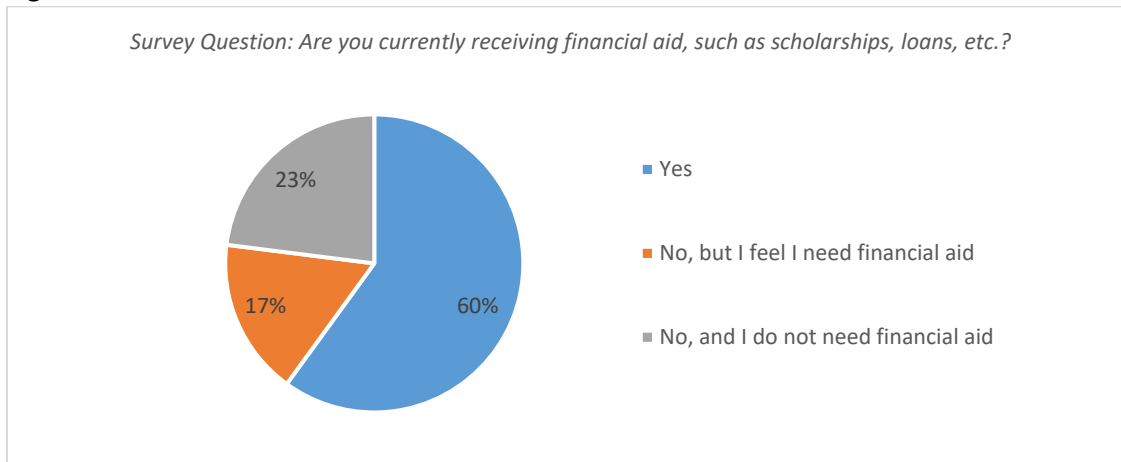
**Table 2. Use of Campus Resources and Impact on Well-Being**

Survey Question: Have you ever used any of the following services, offices, spaces, or opportunities at Columbia? If so, have they positively affected your well-being during your time at Columbia?	Used, Positively Impacted Well-Being (%)	Used, Did Not Positively Impact Well-Being (%)	Have Not Used (%)
Alice! Health Promotion (Morningside) or Center for Student Wellness (CUIMC)	12.9	2.4	84.7
Career Services	39.8	11.9	48.3
Counseling & Psychological Services (Morningside) or Mental Health Services (CUIMC)	22.8	7.6	69.6
Disability Services	7.0	2.3	90.7
Diversity or Multicultural Affairs programs or offices	8.3	1.4	90.3
Food Pantry at Columbia	6.6	1.4	91.9
Dodge Fitness Center (Morningside) or Bard Athletic Center (CUIMC)	50.2	10.6	39.3
Medical Services (Columbia Health at Morningside or CUIMC Student Health Service)	48.8	10.5	40.7
Office hours or other activities with faculty	68.5	5.1	26.4
Office of University Life	19.8	2.7	77.5
Ombuds Office	1.7	0.9	97.3
Peer mentorship programs	12.8	2.7	84.5
Public Safety	14.6	3.1	82.2
Religious services or activities	8.0	0.8	91.2
Sexual Violence Response (Morningside or CUIMC)	2.8	0.9	96.4
Student Financial Services	31.3	14.8	54.0

## Financial Resources

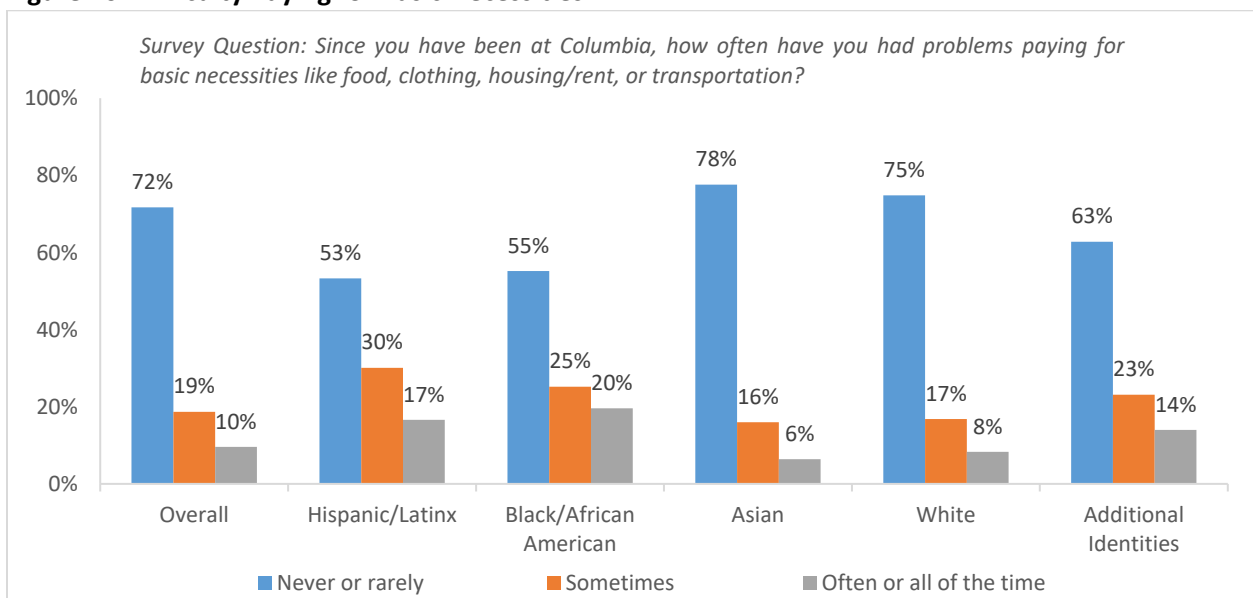
Student survey participants were asked about their current access to financial resources, including questions related to financial aid and whether they have experienced difficulties paying for basic necessities. A majority of students (60%) said they are receiving financial aid, while 17% said they are not receiving financial aid but feel they need it, and 23% indicated that they do not need financial aid.

**Figure 15. Financial Aid**



When asked how often they have experienced problems paying for basic necessities such as food, clothing, housing/rent, or transportation, 72% of students indicated that they rarely or never experienced such challenges. However, 10% of student survey participants reported experiencing this difficulty often or all of the time. Students who identify as Black/African American or Hispanic/Latinx reported experiencing this at greater percentages as compared to other racial/ethnic identities.

**Figure 16. Difficulty Paying for Basic Necessities<sup>7</sup>**



<sup>7</sup> Additional identities as used in the figures in this report is inclusive of students who identify as American Indian, Alaska Native, Aboriginal, Native or Indigenous, Native Hawaiian or Pacific Islander, or multi-racial or multi-ethnic. This represents approximately 12.4% of student survey participants.

For students who reported experiencing difficulty paying for basic necessities, over half had problems paying for non-tuition academic expenses (57%) and housing/rent (55%). Over one-third reported problems paying for transportation (40%), food (39%), and health care (38%).

**Table 3. Basic Necessities**

Survey Question: Which basic necessities do you have problems paying for? (Check all that apply.) [Note: Items as they appear below are not listed in the order in which they appeared in the survey.]	% of Students
Academic expenses (non-tuition) (e.g., books, computer)	57
Housing/rent	55
Transportation	40
Food	39
Health care, including health insurance	38
Clothing	26
Personal care items (e.g., toothpaste, shampoo, soap)	20
Utilities (e.g., phone service, Internet, electricity, gas)	19
Other	6

The next section focuses on overall health and mental health, with information about common sources of stress that include students' current financial situation.

# OVERALL HEALTH AND MENTAL HEALTH

This section focuses on overall health and well-being and mental health. It includes factors such as sleep, stress, substance use, in addition to mental health conditions such as anxiety, depression, post-traumatic stress disorder, and others. It also expands on students' social supports and their use of coping skills while navigating through challenges.

## Overall Health and Sleep

When asked about their overall health, a majority of student survey participants (88%) rated their health as excellent, very good, or good; 10% rated their health as fair and 2% as poor. The survey also asked students about the average number of hours they sleep on a typical weeknight, their experiences with sleep problems, and whether they use stimulants to stay awake for school-related work.

Most student survey participants (82%) get 6-8 hours of sleep on a typical weeknight; 13% get less than six hours and 4% get over eight hours of sleep on a typical weeknight. The National Sleep Foundation (2020) recommends, on average, 7-9 hours of sleep per night for adults, though this may vary given other factors such as one's health and activity level. In addition to the number of hours of sleep per night, the quality of one's sleep may also have an impact on one's overall health and well-being.

Students experienced feelings of tiredness or sleepiness during the day as the most common sleep problem (85% experienced this two or more days in the past seven days at the time they completed the survey). Other sleep problems were less prevalent, including having a hard time falling asleep (44%), not being able to fall back asleep after awakening too early in the morning (32%), and not being able to stay awake and going to bed earlier than usual (32%).

Students reported using different types of stimulants to help them stay awake during the day or night. Not surprisingly, the most-used stimulant ("occasionally" or "often") was coffee (63%), followed by other caffeinated beverages such as Coca-Cola and caffeinated tea (37%). Use of energy drinks, caffeine or energy pills, and prescriptions not prescribed to the student were much less common, as seen in Table 4.

**Table 4. Stimulants Used to Stay Awake (Occasionally or Often)**

Survey Question: How often do you use any of the following in order to stay awake for school-related work either during the day or night?	% of Students
Cups of coffee	63
Energy drinks (e.g., Red Bull, Five Hour Energy)	8
Any other caffeinated drinks (e.g., Coca-Cola, caffeinated tea)	37
A caffeine pill or energy pill (e.g., NoDoz, Energize)	3
Stimulants and prescriptions not prescribed to you (e.g., Adderall)	3



## Sources of Stress

Stress is a universal experience. At the most basic level, stress is our body's response to pressures from a situation or life event. What contributes to stress can vary hugely from person to person and differs according to our social and economic circumstances, the environment we live in, and our genetic makeup. Prolonged or acute stress can have a negative impact on a person's health and well-being. For this survey, students were asked to assess their levels of stress for 17 commonly reported student-related stressors.

Student survey participants reported being most stressed about their future employment (62% reported moderate to severe stress), followed by their current financial situation (51%) as well as national and world events (51%). Some students also experienced stress with regards to their immigration status (16%) and experiences of bias or discrimination at Columbia (14%). Although discussions about social media and its effects have become increasingly prominent, only 13% of students reported moderate to severe stress related to social media.

While the most common stressors for students are not surprising, there are slight variations across gender and racial/ethnic identities. Most notably, students who identify as transgender/gender non-binary experience moderate to severe stress at higher percentages as compared to students who identify as female or male. Figures 17 and 18 on the next two pages show the seven most stressful factors reported by student survey participants, along with two other factors that might be interesting to the Columbia community (i.e., your immigration status; bias or discrimination incidents that you have experienced at Columbia). Also included is information by race/ethnicity and by gender; however, for the complete data on all 17 sources of stress, refer to [Appendix B](#).

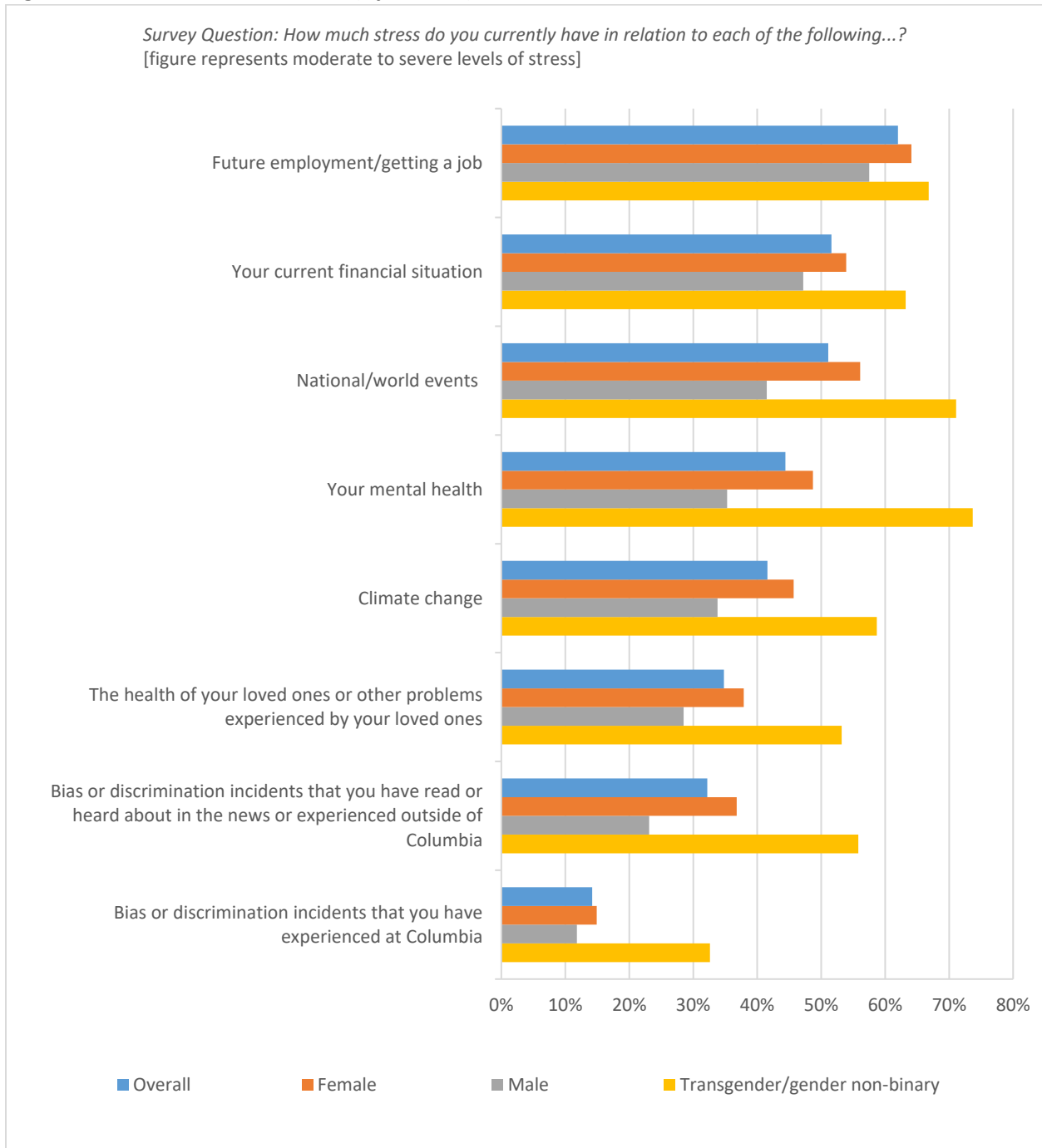
Although not necessarily captured by the data in this survey, the COVID-19 pandemic has compounded students' financial stress. In a recent study completed by The Healthy Minds Network<sup>8</sup> and the American College Health Association<sup>9</sup> (2020), 66% of student survey participants reported feeling more financial stress than prior to the pandemic.

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<sup>8</sup> The Healthy Minds Network organizes an annual web-based survey that has involved 320 colleges and over 400,000 student survey participants since its launch in 2007 focused on understanding students' mental health status and their use of services and resources.

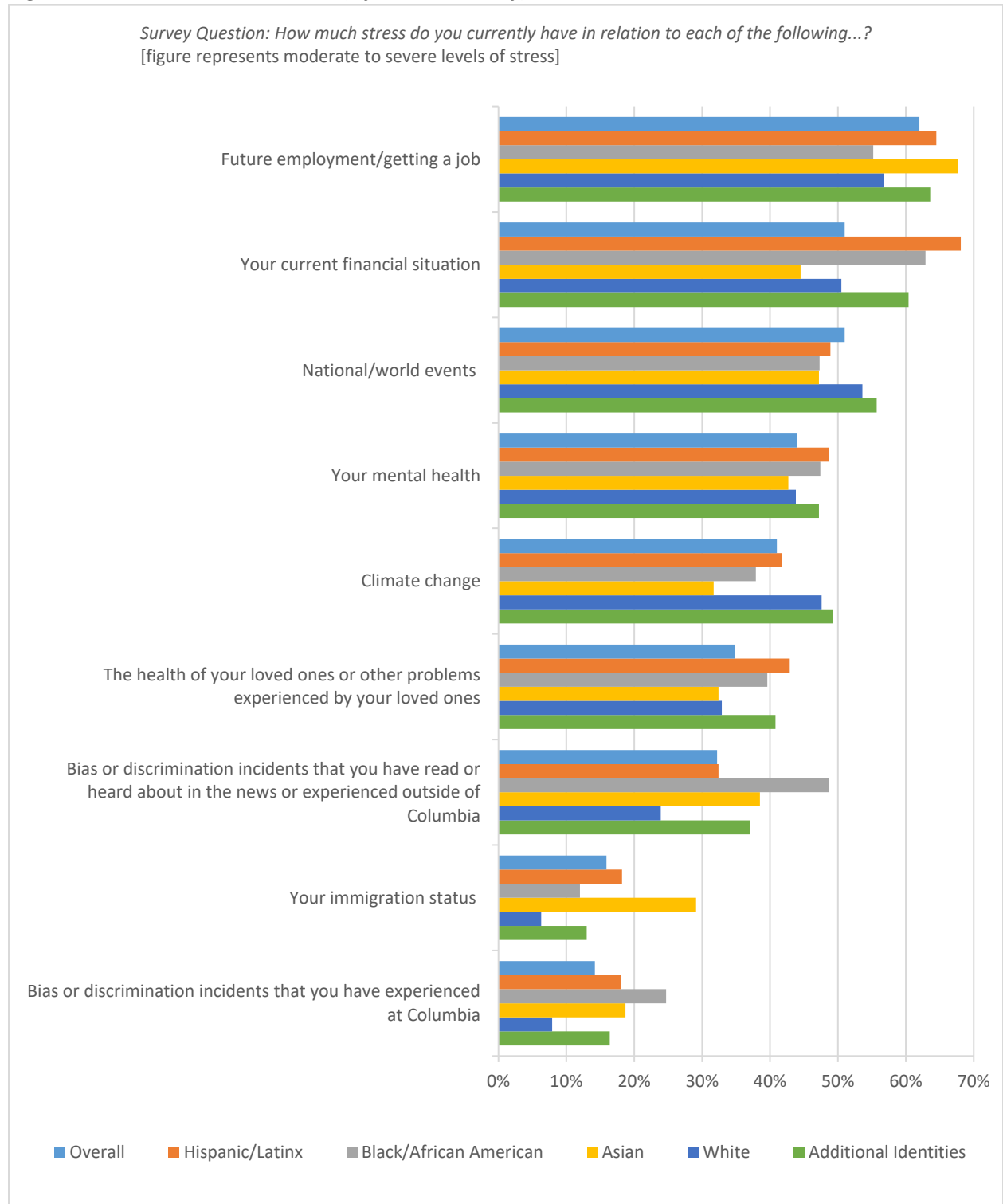
<sup>9</sup> The American College Health Association (ACHA) administers the [ACHA-NCHA Survey](#) that Columbia participates in biennially.

**Figure 17. Select Sources of Stress (by Gender)**



**Figure 18. Select Sources of Stress (by Race/Ethnicity)**

*Survey Question: How much stress do you currently have in relation to each of the following...?*  
 [figure represents moderate to severe levels of stress]



## Background on the Survey’s Mental Health Assessments

The survey asked students about a variety of mental health symptoms, current diagnoses of mental health conditions by a professional(s), and treatment(s) the student may be participating in currently. Mental health symptoms for anxiety, depression, post-traumatic stress disorder (PTSD), and eating disorders were assessed in the 2020 Survey using validated measures that screen for these mental health conditions. These screening tools are designed to be very sensitive so as not to miss anyone who might be at risk, leading to possible over-identification. They do not provide diagnoses, per se, and would require further professional evaluation. It is important to read and understand the mental health data in the sections that follow within this context. Please note that all student survey participants received information on available mental health resources, should there be interest or need.

Results from the 2020 Survey align with national trends. When available, data from national surveys are shared to better understand and contextualize the results of Columbia’s survey, even though these national studies may not be fully comparable to the Columbia survey.

## Generalized Anxiety, Depression, and Post-Traumatic Stress Disorder

Anxiety and depression are two of the most common mental health challenges in adults, particularly in college-age students.

Although most people experience some **anxiety** from time to time, those with generalized anxiety disorder experience a high level of persistent anxiety that often interferes with daily life. Generalized anxiety disorder is characterized by persistent and excessive worry that is out of proportion with the situation, is difficult to manage, and occurs over an extended period of time. Anxiety disorders are the most common mental health condition in the U.S., affecting 19.1% of U.S. adults annually, according to the National Alliance on Mental Illness (NAMI, n.d.).

National data show an increase in anxiety disorder diagnoses across the country, especially on college campuses. According to the Healthy Minds Study<sup>10</sup> (2020), the proportion of students reporting moderate to severe anxiety increased from 26% in 2017 to 31% in 2018 and have held steady in 2019 and 2020. Approximately, one in four (25%) Columbia student survey participants screened positively for moderate to severe anxiety based on symptoms reported in the past two weeks at the time that they completed the survey.

**Depression** is a serious mental health condition. It is more than feeling sad or having a low mood in response to a situation. Depression is characterized as a period of time lasting at least two weeks in which one experiences depressed mood accompanied by difficulty functioning in daily life, whether that be school, work, and/or relationships with those who are important in one’s life. Depression affects nearly 8% of U.S.

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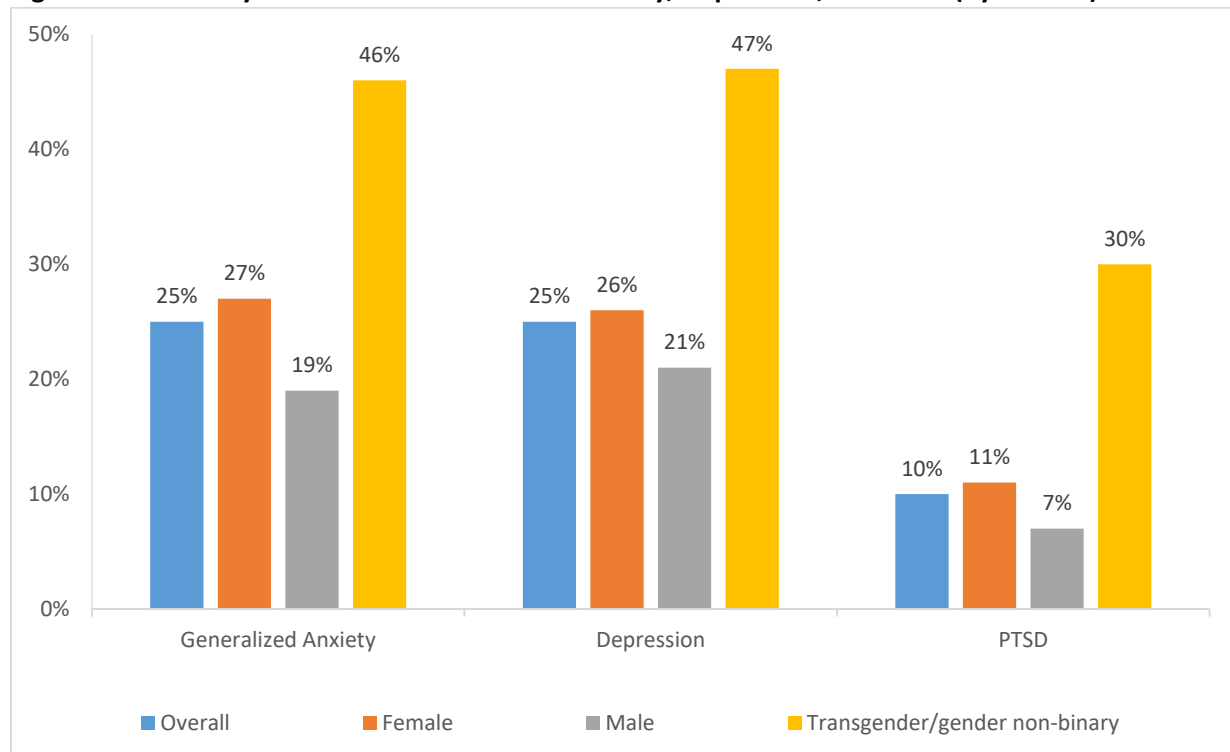
<sup>10</sup> [The Healthy Minds Study](#), organized by The Healthy Minds Network, is an annual web-based survey that has involved 320 colleges and over 400,000 student survey participants since its launch in 2007 focused on understanding students’ mental health status and their use of services and resources. While the Healthy Minds Study is not fully comparable to the Columbia Student Well-Being Survey, in part because of its different scope and questions, its data are useful for general comparison and insight into similar issues.

adults annually (NAMI, n.d.). According to the Healthy Minds Study, the proportion of students reporting any depression increased from 31% in 2017 to 37% in 2018 and have held steady in 2019 and 2020. Notably, 25% of student survey participants at Columbia screened positively for depression based on symptoms reported in the past two weeks.

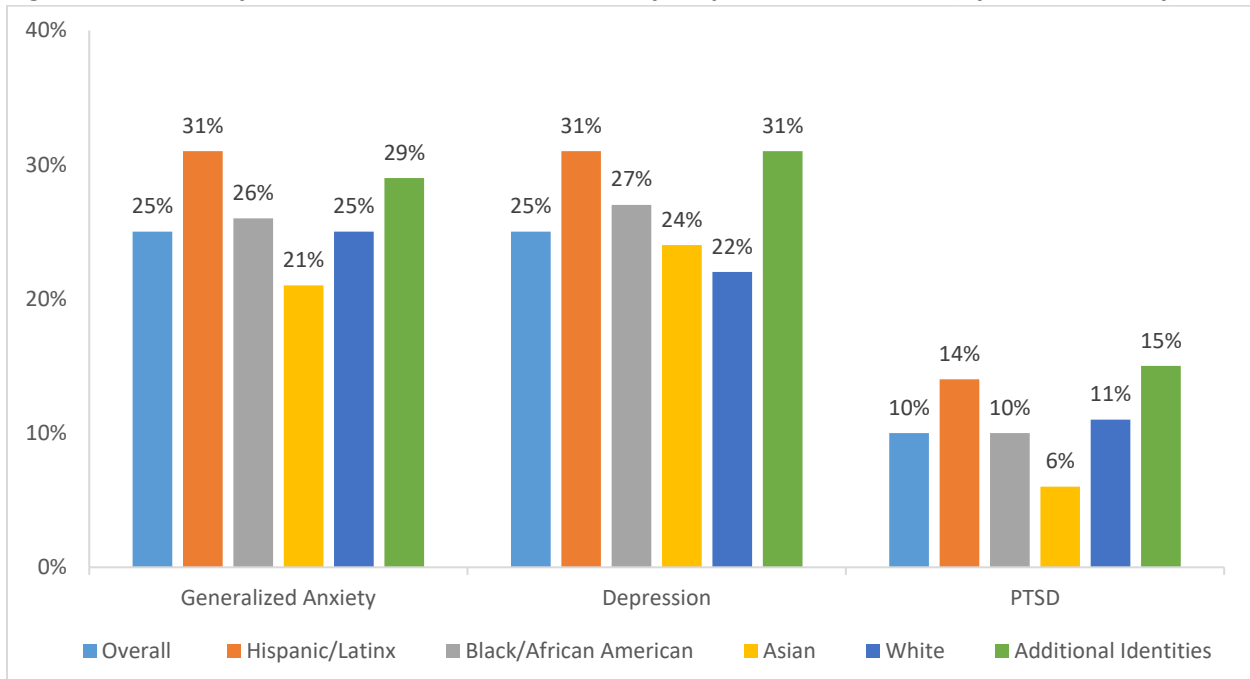
**Post-traumatic stress disorder (PTSD)** may emerge after exposure to a traumatic event(s) and may have a lasting effect on an individual’s mental health. PTSD affects approximately 3.6% of U.S. adults annually (NAMI, n.d.). One in 10 (10%) Columbia student survey participants screened positively for PTSD based on symptoms reported in the past month.

Student survey participants who identify as transgender/gender non-binary screened positively for anxiety, depression, and PTSD at rates higher than those who identify as female or male, and female students were more likely to screen positively than male students (see Figure 19).

**Figure 19. Positively Screened for Generalized Anxiety, Depression, and PTSD (by Gender)**



**Figure 20. Positively Screened for Generalized Anxiety, Depression, and PTSD (by Race/Ethnicity)**



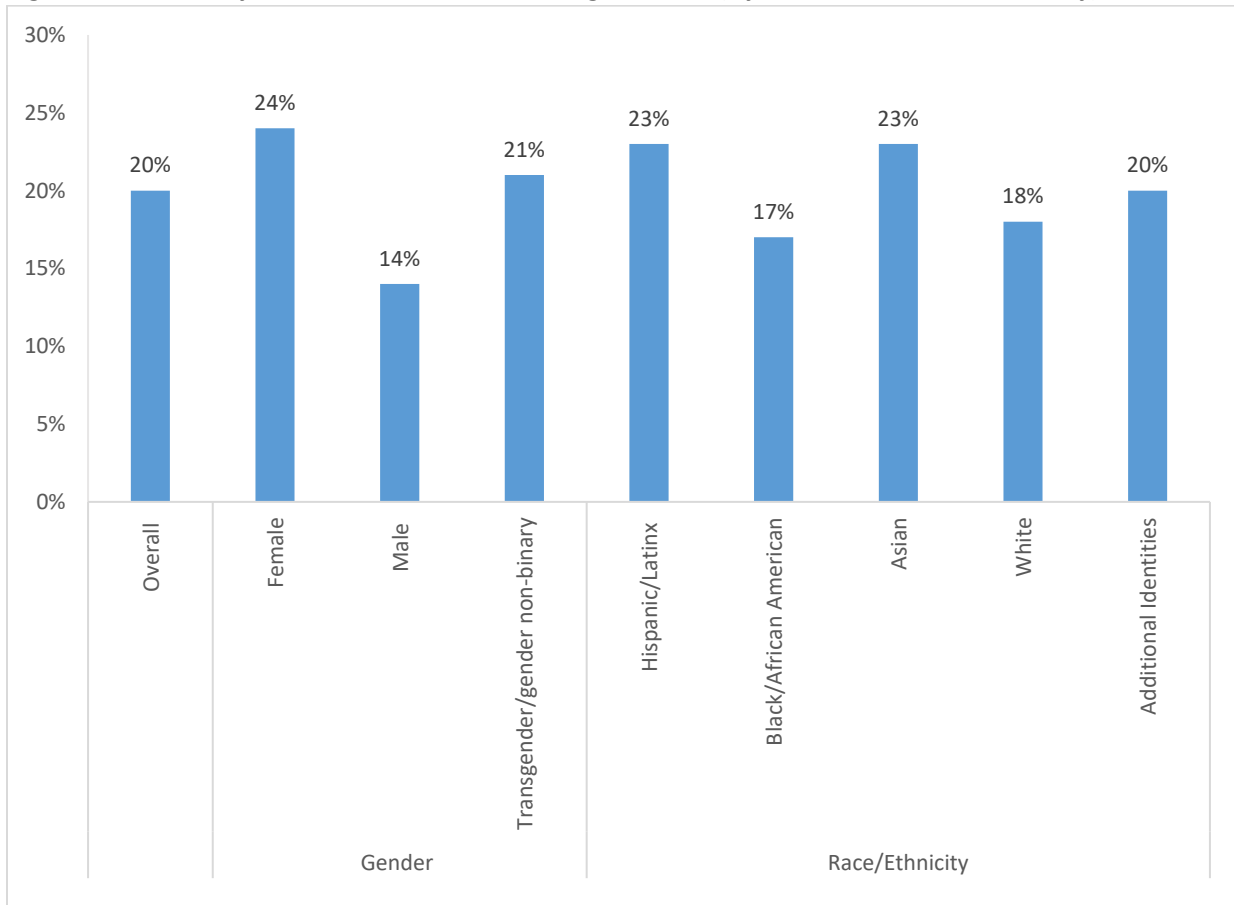
Additionally, as illustrated in Figure 20, students who identify as Hispanic/Latinx or additional racial/ethnic identities screened positively for these mental health conditions at rates higher than other identity groups, while students who identify as Asian and White screened positively at rates that are lower than other identity groups. While these data do not provide a definitive diagnoses of these mental health conditions in Columbia student survey participants, they do inform the continued prioritization and development of programs, services, and supports for students facing these challenges, with particular identity groups feeling the impacts more than others.

## Eating and Body Concerns

Eating disorders (e.g., anorexia nervosa, bulimia nervosa, or binge eating disorder) are mental health conditions in which an individual becomes preoccupied with their food intake, weight, and body size or appearance. Eating disorders have risen sharply nationally in the last several years (Healthy Minds Study, 2020), nearly doubling from 5% in 2013 to 10% in 2019, and increasing slightly to 11% in 2020.

One in five student survey participants at Columbia screened positively for possible eating disorders (e.g., anorexia nervosa or bulimia nervosa) using the five-item SCOFF questionnaire (Graham et al., 2019; Morgan et al., 2000). Student survey participants who identify as female and as transgender/gender non-binary (24% and 21% respectively) screened positively at higher rates as compared to male students (14%), as seen in Figure 21 on the next page. Similarly, with regards to racial/ethnic differences, students who identify as Hispanic/Latinx and Asian have higher rates than other racial/ethnic identities.

**Figure 21. Positively Screened for Possible Eating Disorder (by Gender and Race/Ethnicity)**



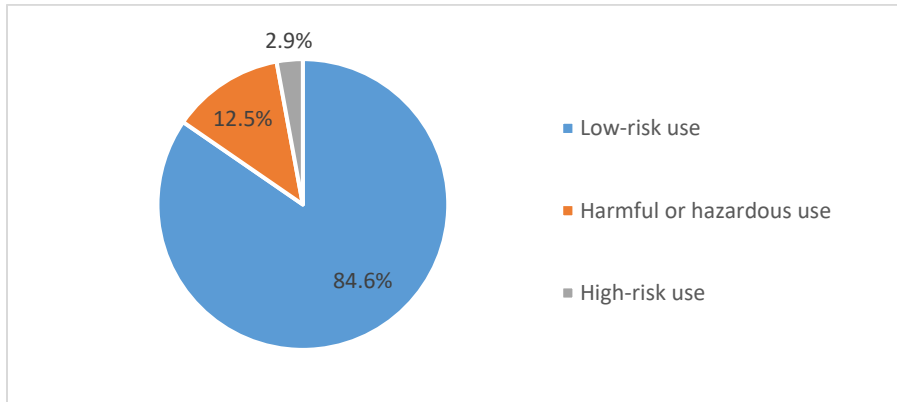
## Alcohol and Substance Use

The survey asked student survey participants about their experiences with alcohol consumption and their use of other substances.

Excessive alcohol use has been shown to impact an individual’s physical and mental health, in addition to potentially impacting relationships with friends and family (Saunders et al., 1993). The survey used a validated 10-item screening instrument, the Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001; Saunders et al., 1993), that assesses alcohol consumption and symptoms associated with alcohol use that might meet criteria for excessive drinking and/or dependence. Possible scores range from low-risk consumption to harmful or hazardous alcohol consumption to high-risk use with the likelihood of alcohol dependence. For this instrument, harmful or hazardous alcohol use is defined as a pattern of consumption that “increases the risk of harmful consequences for the user or others” (Babor et al., 2001, p. 5) or that has harmful consequences for the individual with regards to physical or mental health or social consequences.

A majority of student survey participants (84.6%) scored in the low-risk range. A smaller percentage of students (12.5%) had scores that indicated harmful alcohol use, and 2.9% scored at the highest end of the scale indicating high-risk use and possible alcohol dependence. A diagnostic evaluation would be necessary to make an assessment of an alcohol use disorder.

**Figure 22. Alcohol Use**



The survey also asked students about their experiences with other substances such as marijuana/cannabis, depressants, prescription and non-prescription stimulants, and others. Nearly 30% reported using marijuana/cannabis since enrolling at Columbia, with 16% reported using it within the last 30 days. Smaller percentages of students reported using other substances in the last 30 days as illustrated in Table 4.

**Table 4. Experiences with Other Substances**

Survey Question: Please indicate whether you have ever used the following and, if so, whether you have used it since entering Columbia and in the last 30 days. (Check all that apply.)	Since Entering Columbia (%)	In the Last 30 Days (%)
Marijuana/Cannabis (e.g., smoked, edible, vaped THC, hash, synthetic marijuana)	29.9	16.3
Depressants, sedatives, sleeping pills (e.g., Xanax, Valium, GHB, Rohypnol)	6.9	3.6
Prescription stimulants not prescribed to you (e.g., amphetamines, Ritalin, Concerta, Dexedrine, Adderall, diet pills)	4.8	1.7
Non-prescription stimulants: cocaine (e.g., blow, snow), methamphetamine (e.g., T, meth, crystal, crank)	4.7	1.6
Prescription opioids not prescribed to you (e.g., Vicodin, OxyContin, Percocet)	0.8	0.2
Non-prescription opioids: heroin (e.g., smack, dope), fentanyl	0.2	0.1
Hallucinogens (e.g., mushrooms, LSD, PCP)	4.2	1.0
Other drugs	0.9	0.6



Additionally, the survey asked students if they are currently in treatment or recovery from alcohol or substance use. Less than one percent (0.9%) of student survey participants indicated that they are currently in treatment or recovery for alcohol or substance use. Among the 2.9% of student survey participants who scored in the high-risk alcohol use category on the AUDIT, 6% are currently in treatment or recovery for alcohol or substance use. Very small percentages of students who scored in the low-risk use (0.8%) or harmful/hazardous use (0.5%) categories indicated that they are currently in treatment or recovery.

## **Mental Health Diagnoses and Treatment by a Professional**

In addition to screening tools to assess student survey participants' symptoms of specific mental health conditions, students were asked if they have currently been diagnosed with certain mental health conditions by a professional. Over a quarter of student survey participants (26%) reported currently having a mental health condition that was diagnosed by a professional. The most frequent diagnoses include anxiety-related disorders (17%), depression (12%), and ADD/ADHD (6%).

Student survey participants were also asked about current treatment(s) they might be participating in for their diagnosed mental health condition(s). For those who reported a current diagnosis of a mental health condition, 70% are currently participating in a mental health treatment; while nearly a third of those with a professional diagnosis are not accessing services, they might be finding supports through other means. The most frequently reported treatments students participated in was psychotherapy and counseling (80%) and medication (68%). Less common were support group/group therapy (10%) and another mental health treatment (1%). Nearly 3% of students with a current mental health diagnosis indicated that they are currently in treatment or recovery for alcohol or substance use.

## **Social Supports**

It is apparent from national trends that instances of mental illness are increasing nationally and on college campuses (The Healthy Minds Institute, Active Minds, & JED Foundation, 2020). These challenges have been exacerbated by the COVID-19 pandemic, as well as the long-term impacts of structural and systemic racism and the trauma of anti-Black violence (see data from Czeisler et al., 2020; McKnight-Eily et al., 2021; Oppel et al., 2020; SAMHSA, n.d.; see also additional information from Browning et al., 2021; CDC, 2021; Hoyt et al., 2021; The Steve Fund, 2020), as well as the rise in reported cases of anti-Asian discrimination and bias in the U.S. (Center for the Study of Hate and Extremism, 2021). The data highlight the critical need for campus resources and services that support the mental health and well-being needs of all students (Active Minds, 2020; The Healthy Minds & ACHA, 2020; The Healthy Minds et al., 2020; The Steve Fund, 2020).

At the same time, results from the Columbia Student Well-Being Survey indicate that students feel they can draw from a strong network of friends and family. Most Columbia student survey participants (97%) said that their friends are a source of support to them, including relying on their friends for emotional support, having a friend to go to if they are feeling down, and helping them to solve problems. Similarly, most student survey participants (97%) said they are a source of support to their friends (e.g., friends can go to them for advice or emotional support). The survey also asked students about support from their family (however they decide to define the term "family"); 93% of student survey participants said their family is a

source of strength and support for them, and 95% said there is someone in their family who helps them feel important or special.

## Resilience and Coping

There are many facets to well-being. The report thus far has focused on aspects of individuals' sense of belonging and connection, external factors such as financial vulnerability and stress, students' behaviors such as sleep and substance use, and their overall health and mental health. In this section, we discuss resilience and coping to provide an additional lens into students' well-being at Columbia.

Resilience is learning to respond to disruptive changes or stressful experiences (Albano, 2020; Bonanno, 2004). It is the "ability to accept and withstand hardship, problem solve and manage emotional pain and stress, and seek and find small moments of respite and/or silver linings" (Albano, 2020). This process necessitates the person to use their coping skills, to connect with others, and to find ways to reaffirm their purpose and values in life (Mellins et al., 2020). The survey asked students to complete two instruments – the *flourishing scale* and the *resilience scale* – as a way to assess this construct.

The *flourishing scale* is a widely used instrument that measures self-perceived success in several important areas such as relationships, self-esteem, purpose, and optimism. The scale provides a single flourishing score (range: 8 to 40) based on responses to eight statements. A high score represents a person with many psychological resources and strengths (Diener et al., 2010).

While variation existed in survey responses, overall, student survey participants had very high flourishing scores, indicating that they have many psychological resources and strengths. Over 93% of student survey participants scored above the midpoint of the scale (24), with an average score of 32. About 31% of student survey participants scored at the very top of the scale (36-40) and approximately 6% of student survey participants scored 22 or under.

The *resilience scale* is a 10-item validated measure of individuals' ability to thrive in the face of adversity. The instrument yields a single score (range: 0-40) (Connor & Davidson, 2003; Davidson, 2018). Similar to the flourishing scale, a higher score represents a person with more coping strategies and skills to help them navigate through life's challenges. The average score in the U.S. general population is 32, though studies with college students have shown a lower average score of approximately 27 (Davidson, 2018).

There was greater variation in survey responses for the resilience scale than the flourishing scale. The average score was 27.7 for Columbia student survey participants. Nearly one in four Columbia student survey participants scored above the U.S. general average (i.e., 33 or above). Approximately 11% of student survey participants scored at the very top of the scale (37-40) with the greatest ability to cope, and about 59% scored 29 and under (again, the range is 0 to 40).

Taken together, scores on the flourishing scale suggest that student survey participants feel generally positive about the state of their lives (e.g., there is purpose and meaning to their lives; their relationships are supportive and rewarding; they contribute to the well-being of others; they feel competent; they are optimistic about the future; they feel people respect them; etc.). At the same time, scores on the resilience scale indicate that student survey participants feel less confident about their ability to cope or navigate through life's challenges or obstacles (e.g., they are able to adapt and deal with whatever comes their way;

they believe coping with stress helps to make them stronger; they can bounce back after an illness, injury, or other hardship; they believe they can achieve their goals even if there are obstacles; they are not easily discouraged by failure; they are able to handle unpleasant or painful feelings like sadness, fear, and anger; etc.). Going forward, it will be important to find ways to develop and expand students' coping strategies and skills, particularly when navigating through major life events.

## COVID-19 and Mental Health and Well-Being

As the 2020 Columbia Student Well-Being Survey concluded in mid-March 2020, which coincided with increased efforts to contain COVID-19 in NYC, the results do not necessarily inform us about changes in students' well-being during the COVID-19 pandemic. Long-term national trends and recent national studies do provide some insight about the mental health and well-being of college students during this global crisis.

In general, mental health needs have been increasing across the country, and this is also true with college campuses. According to the latest national data from the Substance Abuse and Mental Health Services Administration (2020), nearly 30% of young adults ages 18-25 in 2019 have "any mental illness"<sup>11</sup> as compared to 26% in 2018. The prevalence of any mental illness is highest among young adults ages 18-25 as compared to any other age groups (e.g., adults ages 26-49 and adults 50 and older). According to NAMI (n.d.), 75% of all lifetime mental health illnesses develop by the age of 24.

Against this backdrop, recent national studies that look at the impact of the COVID-19 pandemic on students' mental health and well-being may inform potential areas of focus when students do physically transition back to campus. Active Minds (2020) surveyed 2,086 college students in April 2020 and found that one in five students reported that their mental health has worsened during the pandemic, and 80% indicated that COVID-19 has negatively impacted their mental health. A majority (79%), however, remain hopeful about their academics and future prospects, and cite the following as the most important items for schools to focus on: more academic support (accommodations and flexibility) and mental health resources (counseling and coping); focus on soft skills (e.g., communication, validation, understanding); more opportunities for social connection; and engagement in more long-term planning (e.g., helping students heal and recover and putting systems that allow the university to more readily move to remote learning as needed) (Active Minds, 2020). The data, while confirming the significant impact that the pandemic has had on students' lives, offer potential areas in which universities may focus future supports for their students.

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<sup>11</sup> The Substance Abuse and Mental Health Services Administration defines an adult age 18 and older with "any mental illness" if the person met diagnostic criteria for "any mental, behavioral or emotional disorder in the past year" (2020).

# SEXUAL RESPECT AND GENDER-BASED MISCONDUCT

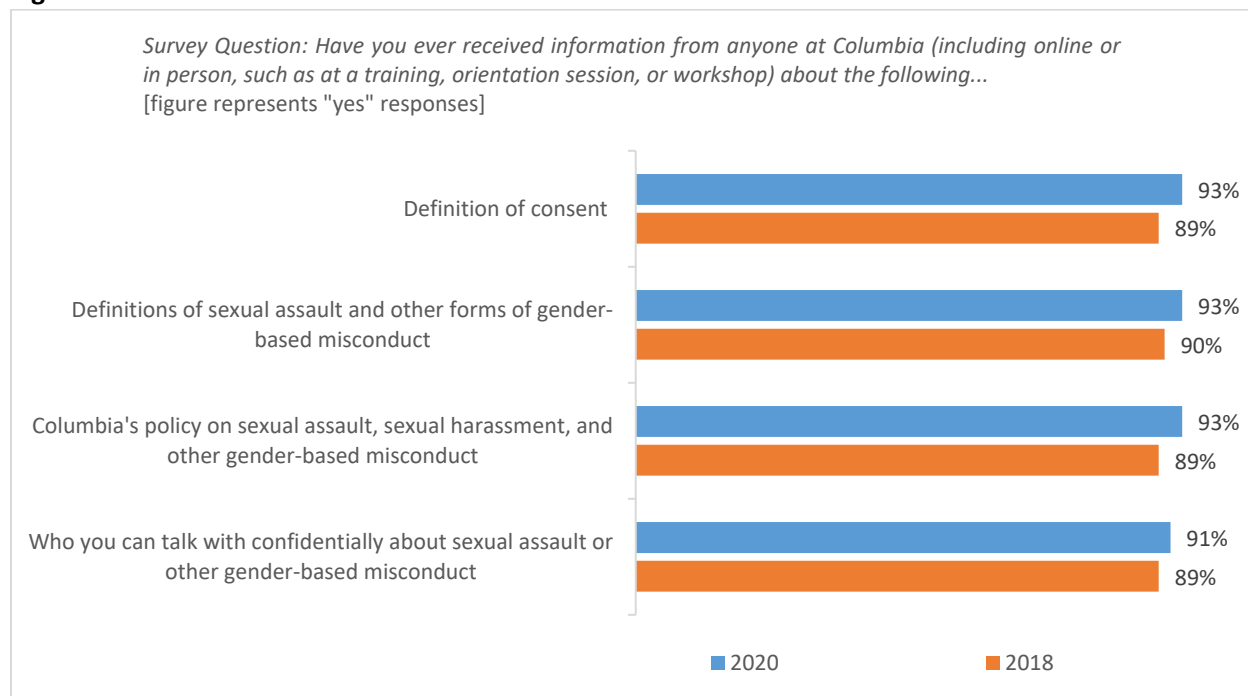
This section includes students' experiences with gender-based misconduct and knowledge and use of campus resources. Columbia University's [Gender-Based Misconduct and Interim Title IX Policies and Procedures for Students](#) notes the following regarding gender-based misconduct:

- Sexual harassment, sexual assault, sexual exploitation, gender-based harassment, stalking, domestic violence, and dating violence are all forms of gender-based misconduct. In some instances, behavior that is not sexual in nature can be considered gender-based misconduct.
- Gender-based misconduct can occur between strangers or acquaintances, or people who know each other well, including between people involved in an intimate or sexual relationship.
- Gender-based misconduct can be committed by anyone regardless of gender identity, and it can occur between people of the same or a different sex or gender. (2020, p. 3)

## Knowledge of Essential Information about Sexual Respect at Columbia

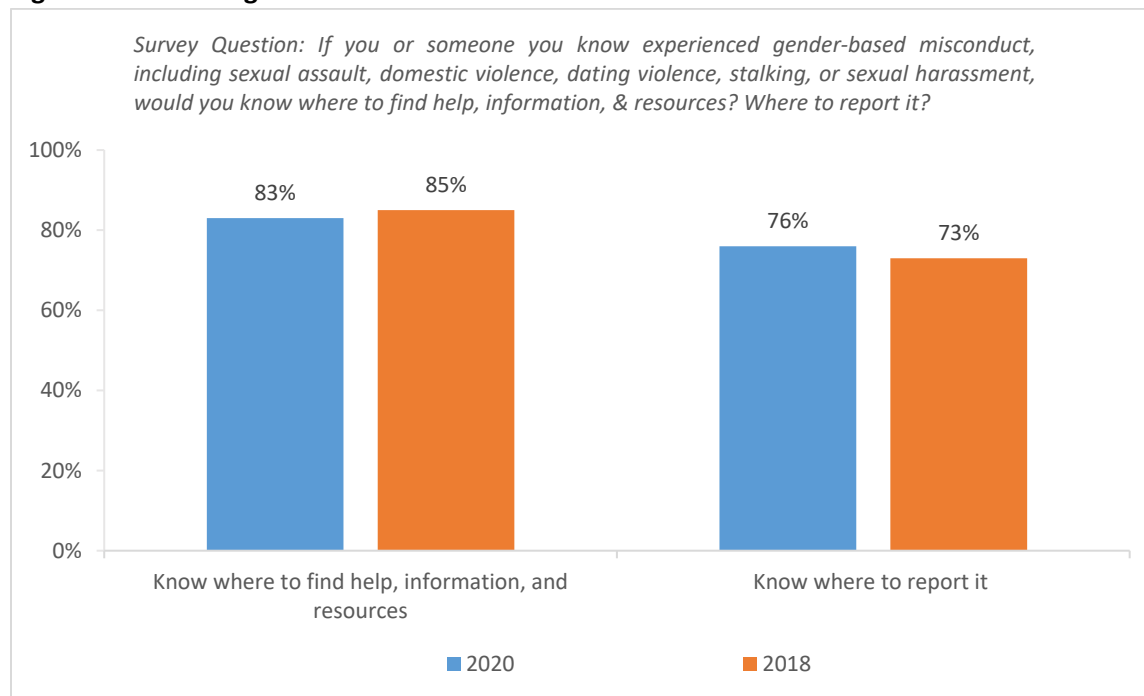
The survey asked students about their knowledge of essential information of key definitions and concepts and their awareness of campus resources related to gender-based misconduct. Over 90% of students confirmed that they received essential information, such as definitions of important concepts and policies on gender-based misconduct at Columbia. Most importantly, they know who they can talk to confidentially about a question or concern. Across all areas, student survey participants' knowledge of essential information increased slightly from the 2018 Survey.

**Figure 23. Received Essential Information**



Many know where to find support related to experiences of gender-based misconduct, though slightly less (76%) know where to report an experience to the University. This is not a noteworthy difference from the 2018 Survey when 85% indicated that they knew where to find support and 73% knew about reporting to the University. We will continue efforts to increase students' awareness.

**Figure 24. Knowledge of Essential Information**



Students were asked if they knew New York State's definition of affirmative consent 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. Most student survey participants (89%) are aware of the definition, similar to what was found in the 2018 Survey.

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

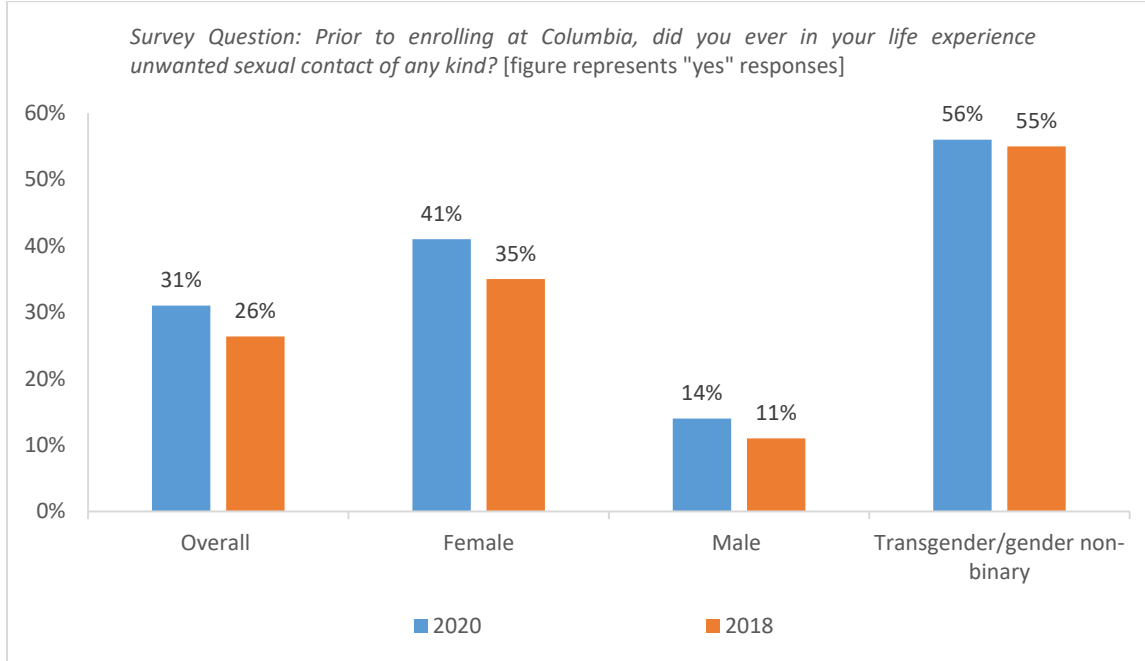
## Experiences with Gender-Based Misconduct Prior to Columbia

Almost one in three (31%) student survey participants reported experiencing gender-based misconduct prior to enrolling at Columbia. This figure was 26% in 2018. This is especially important because individuals who have had prior experience(s) with gender-based misconduct are at heightened risk of re-victimization (Desai et al., 2002; Lalor & McElvaney, 2010; Mellins et al., 2017; Tjaden et al., 2000;).

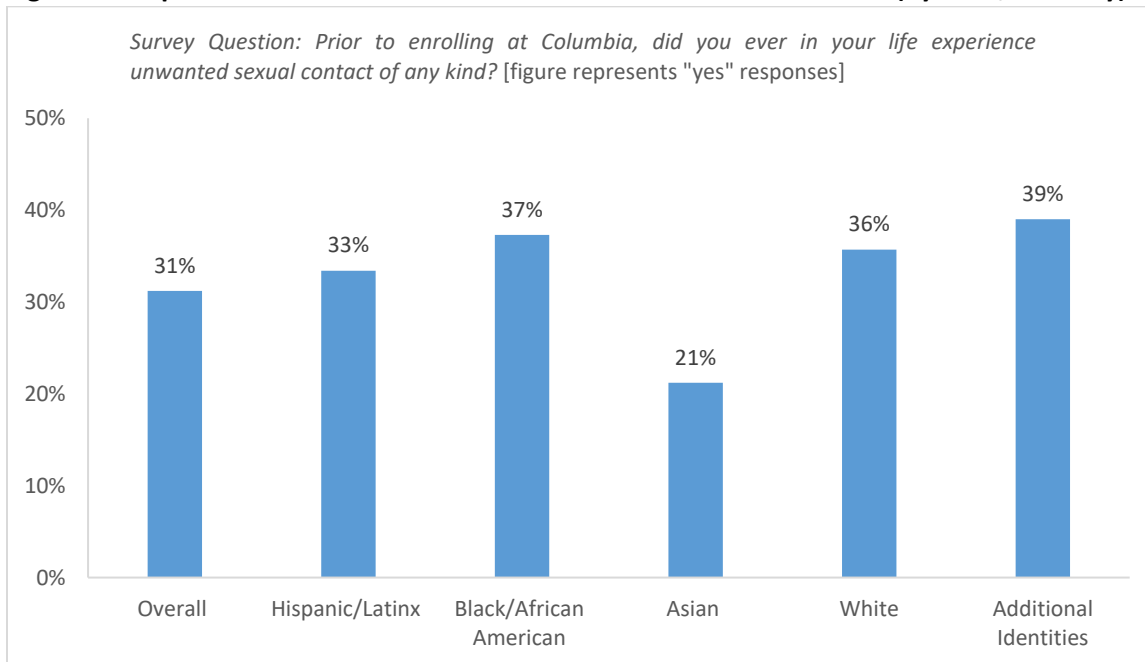
Most importantly, as seen in Figures 25 and 26, there are gender and racial/ethnic differences. Students who identify as transgender/gender non-binary and as female indicated experiencing unwanted sexual contact prior to Columbia at higher rates than male students (56% of transgender/gender non-binary

students, 41% female, and 14% male). This data is consistent with national data that indicate that gender non-binary and transgender students are often at higher risk of experiencing gender-based misconduct, including sexual assault (Cantor et al., 2020; Mellins et al., 2017).

**Figure 25. Experiences with Gender-Based Misconduct Prior to Columbia (by Gender)**



**Figure 26. Experiences with Gender-Based Misconduct Prior to Columbia (by Race/Ethnicity)**



## Experiences with Gender-Based Misconduct at Columbia

While a majority of student survey participants did not report experiencing any kind of gender-based misconduct while at Columbia, some did indicate having these experiences. This has held true over the years as shown by the 2018 Columbia Student Well-Being Survey, along with the [Sexual Health Initiative to Foster Transformation \(SHIFT\)](#)<sup>12</sup> and the 2015 [Campus Climate Survey on Sexual Assault and Sexual Misconduct](#)<sup>13</sup> conducted by the American Association for Universities (AAU) and of which Columbia University was a participant.

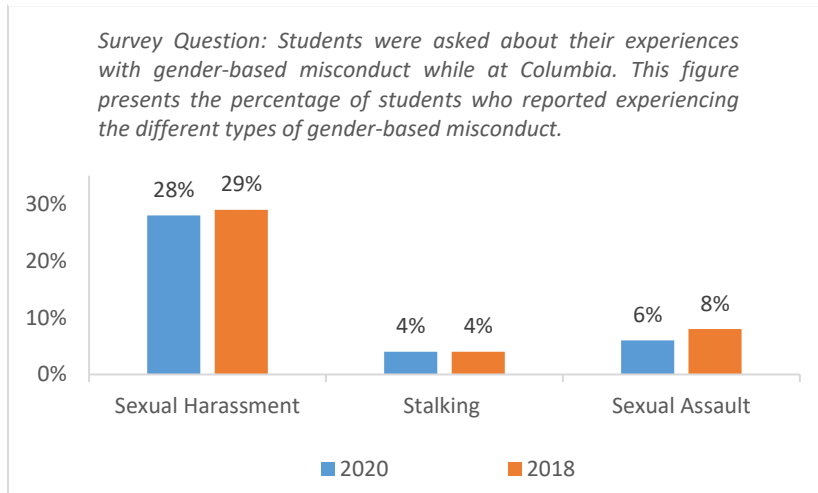
The 2020 Survey data show fewer incidents of gender-based misconduct at Columbia than were reported in the 2018 Survey and the 2019 AAU [Campus Climate Survey on Sexual Assault and Sexual Misconduct](#)<sup>14</sup> and that are commonly reported by the national media (Cantor et al., 2020; Mellins et al., 2017;). Although this is a promising trend, we 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 (Hirsch & Khan, 2020; 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.

## Sexual Harassment, Stalking, and Sexual Assault

The survey asked students about their experiences with sexual harassment, stalking, and sexual assault since enrolling at Columbia. Figure 27 shows the percentages from the 2020 and 2018 Surveys, with overall percentages of sexual harassment and sexual assault decreasing slightly from 2018 to 2020 and percentages remaining the same for student survey participants with experiences of stalking.

As an additional point of comparison, even though the surveys are not fully comparable, national data from the 2019 AAU [Campus Climate Survey](#) showed 42% of student survey participants had experienced sexual harassment, 6% had experienced stalking, and 13% had experienced sexual assault.

**Figure 27. Experiences with Gender-Based Misconduct at Columbia**



<sup>12</sup> The [Sexual Health Initiative to Forster Transformation \(SHIFT\)](#) was 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. SHIFT, led by CUIMC faculty members Jennifer S. Hirsch and Claude Ann Mellins, was funded by Columbia University in 2016.

<sup>13</sup> Columbia University participated in the 2015 [Campus Climate Survey on Sexual Assault and Sexual Misconduct](#) as a part of a consortium of 27 colleges and universities organized by the American Association for Universities (AAU).

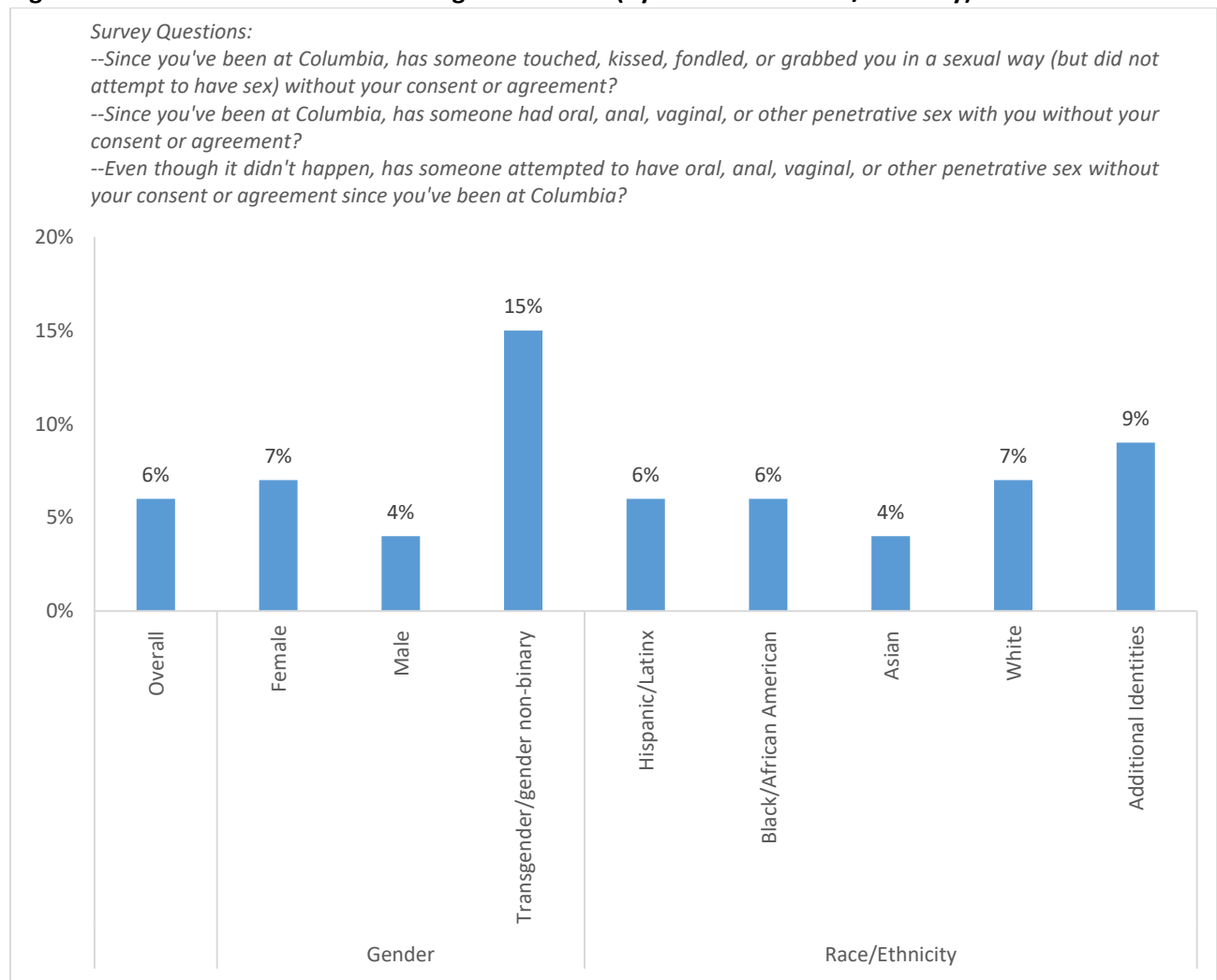
<sup>14</sup> Although Columbia University did not participate in the 2019 AAU [Campus Climate Survey on Sexual Assault and Sexual Misconduct](#), it is useful to include for general comparison and insight into similar issues, even though it may not be fully comparable to the Columbia Student Well-Being Survey in part because of its different scope and questions. The 2019 AAU [Campus Climate Survey](#) included 33 colleges and universities.

## Sexual Assault

The survey asked students about their experiences with sexual assault since enrolling at Columbia, using questions based on one of the most widely used and validated measures of sexual assault (Koss et al., 1987; Mellins et al., 2017). The survey defined sexual assault as unwanted touching, penetrative assault, and attempted penetrative assault.

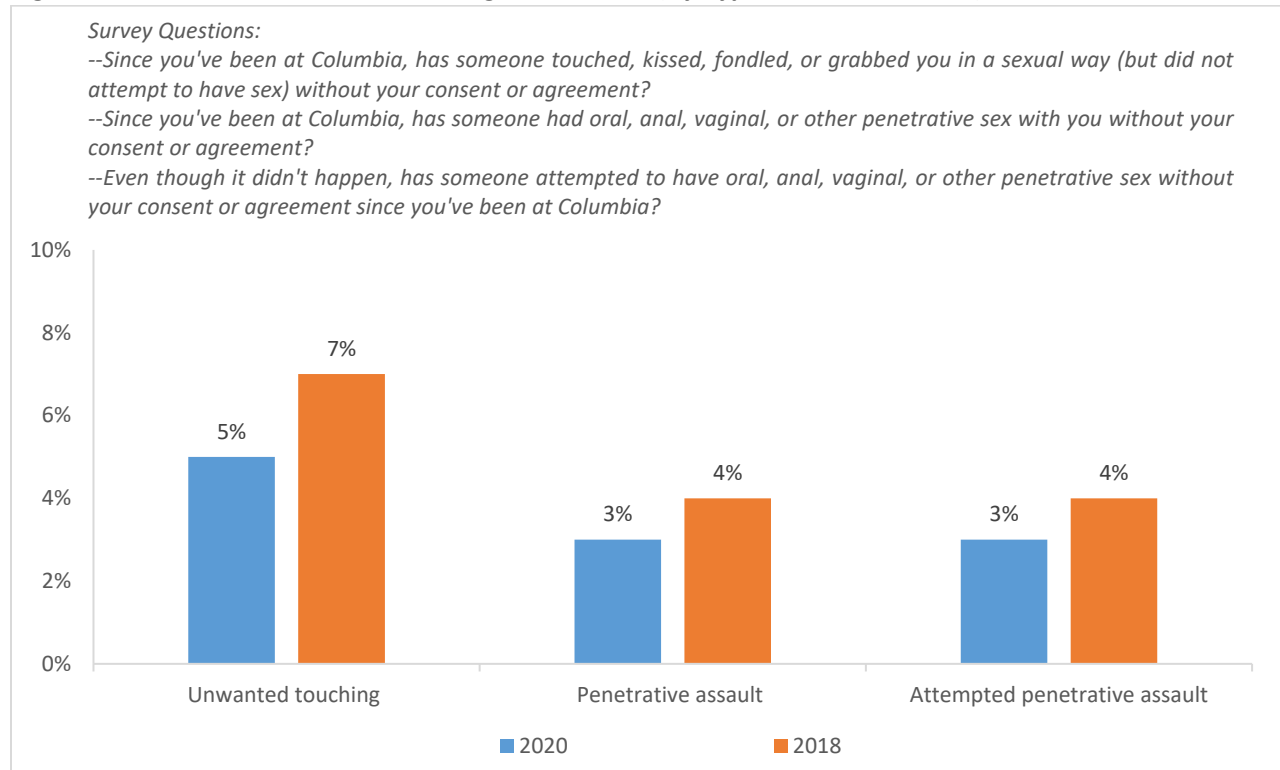
As seen in Figure 28, 6% of student survey participants indicated that they had experienced any type of sexual assault since enrolling at Columbia as compared to 8% in 2018. Figure 29 on the next page provides data for each type of sexual assault from the 2020 and 2018 Surveys, with decreases across all three types of sexual assault from 2018 to 2020.

**Figure 28. Sexual Assault Since Enrolling at Columbia (by Gender and Race/Ethnicity)**





**Figure 29. Sexual Assault Since Enrolling at Columbia (by Type of Sexual Assault)**



Additionally, student survey participants were asked about their experience with sexual assault during the 2019-20 academic year. Three percent of student survey participants indicated that they experienced any sexual assault during the academic year in which the survey was administered (2019-20). From the 2018 Survey, 3.5% of student survey participants indicated that they had experienced any type of sexual assault during that academic year (2017-18).

## Perpetrators of Gender-Based Misconduct

Student survey participants who indicated that they had experienced sexual harassment, stalking, or sexual assault were then asked who behaved in those ways toward them. The percentages shared here for the different categories of perpetrators do not total 100% as they do not represent the full list of response options in the survey. Refer to [Appendix C](#) for complete details.

Among the 28% of student survey participants who experienced any form of sexual harassment, a majority of these students (81%) indicated that the person who behaved that way towards them was another student. Some students also indicated that the perpetrator was a faculty member (14%), an individual unaffiliated with Columbia (11%), a stranger off campus (9%), or a staff member, including administrator or supervisor (7%).

Among the 4% of student survey participants who experienced any form of stalking, a majority of these students (76%) indicated that the person who behaved that way towards them was another student. Some students also indicated that the perpetrator was an individual unaffiliated with Columbia (10%), a staff member, including administrator or supervisor (8%), or a faculty member (6%).

Among the 6% of student survey participants who experienced any type of sexual assault, many of these students (56%) indicated that the person who behaved that way towards them was another student (56%), followed by a friend or an acquaintance (20%). Some students also indicated that the perpetrator was a current or former boyfriend, girlfriend, intimate partner, or spouse (18%), current or former hook-up (18%), or a stranger (18%).

While the percentages of student survey participants who experienced sexual assault and harassment have declined slightly from the 2018 Survey to the 2020 Survey, there continues to be a need for additional work with and support for students regarding gender-based misconduct.

## Resources and Supports at Columbia

The survey asked students whether they knew about resources related to gender-based misconduct and whether they used those resources. Overall, 83% of student survey participants have knowledge of campus resources that provide support if a student should have an experience with gender-based misconduct, though there are differences to students' awareness of each resource. Only a small percentage of students make use of the campus resources.

**Table 5. Awareness and Use of Resources and Supports**

Survey Question: Please indicate your awareness and use of the following campus resources for sexual assault or other forms of gender-based misconduct.	Used, Helpful (%)	Used, Not Helpful (%)	Aware, Not Used (%)	Not Aware (%)
Counseling & Psychological Services (Morningside) or Mental Health Services (CUIMC)	9	3	84	4
Gender-Based Misconduct Office/Student Conduct and Community Standards	1	1	74	24
Medical Services (Columbia Health at Morningside or CUIMC Student Health Service)	16	3	77	5
Office of the University Chaplain and Religious Life	1	0	65	34
Ombuds Office	1	1	57	42
Public Safety	6	1	86	8
Sexual Violence Response (Morningside or CUIMC)	2	0	84	14
University Title IX Coordinator	1	1	67	31

More information on Columbia resources can be found on Columbia's [Sexual Respect website](#). 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 well as Public Safety's

[Annual Security and Fire Safety Report](#). 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 [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.

## HOW TO GET INVOLVED (STUDENTS, FACULTY, & STAFF)

Enhancing student well-being and ensuring that the Columbia community is thriving is a collective effort that benefits from the involvement and contributions of every individual – students, faculty, and staff. There are many ways to get involved, in both short- and long-term efforts.

### 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 or a [Wellness Days Ambassador](#) 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 [Well-Being and Health Promotion](#) team for opportunities to get involved.

#### *Learn More for Yourself and Others*

Learn how to enhance your well-being at Columbia. While many of us are learning and working from all over the world, there are a variety of online opportunities including mindfulness and fitness classes, financial planning and wellness workshops, and more. Visit the [University Life website](#) for more information.

Want to focus directly on mental health or wellness? While we are virtual, consider joining one of a number of virtual groups or support spaces through Columbia Health [Counseling and Psychological Services](#) on the Morningside campus or [CUIMC Student Health on Haven](#). Schedule a virtual well-being strategy session with a member of the [Well-Being and Health Promotion](#) team at CUIMC or reach out to [Alice! Health Promotion](#) on the Morningside campus for virtual wellness coaching appointments.

When we are able to return to campus fully, consider joining 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](#) with the [CUIMC Well-Being and Health Promotion](#) team. 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. Students on the CUIMC campus can access a range of [groups through Student Health on Haven](#), some focused on learning specific skills and others geared towards providing a safe environment to explore difficult feelings or experiences and to seek support.

For a robust list of Columbia's resources and programs to support student well-being, visit the [University Life website](#). If you have ideas regarding ways the University can continually enhance well-being at Columbia, email [universitylife@columbia.edu](mailto:universitylife@columbia.edu).

## 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 – whether that’s online, in-person, or a hybrid modality – 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](#). 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. Among the many topics covered, read the newest resource from the Office of the Vice Provost for Faculty Advancement, [\*The Columbia University LGBTQ+ Guide: Resources to Foster an Affirming Community for LGBTQ+ Faculty, Students and Staff\*](#).

## 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 University Life, including the [Task Force on Inclusion and Belonging](#). Additionally, reach out to [SStaffExperience@columbia.edu](mailto:SStaffExperience@columbia.edu) to join the [Student Affairs Staff Experience Initiative](#) and to access the Confluence community or to subscribe to the monthly newsletter.

A quick reference list is available on the [University Life website](#).

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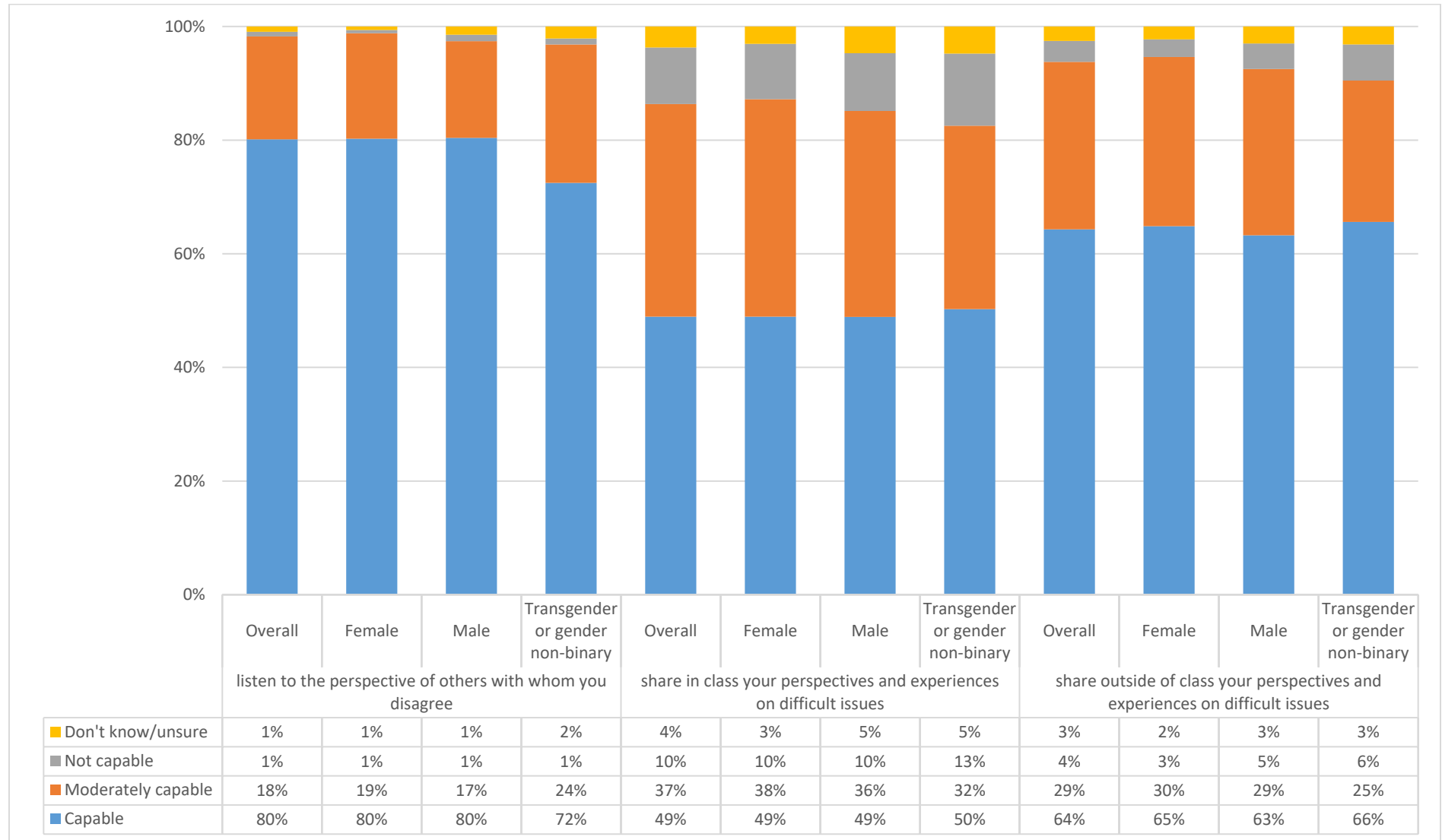
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# APPENDICES

## Appendix A. Experiences Interacting with Others when Listening and Sharing (by Gender)

Survey Question: *When you have interacted with other students whose ideas or beliefs are different from your own, how would you rate your ability to...?*



## Appendix B. Sources of Stress

Survey Question: *How much stress do you currently have in relation to each of the following...* [percentages experiencing moderate or severe stress]

	Overall (%)	Female (%)	Male (%)	Transgender/ Gender Non-Binary (%)	Hispanic/ Latinx (%)	Black (%)	Asian (%)	White (%)	Additional Identities (%)
National or world events	51.1	56.1	41.5	71.1	48.9	47.3	47.2	53.6	55.7
Climate change	41.6	45.7	33.8	58.7	41.8	37.9	31.7	47.6	49.3
Your immigration status	15.9	15.4	17.3	5.8	18.2	12.0	29.1	6.3	13.0
Bias or discrimination incidents that you have experienced at Columbia	14.2	14.9	11.8	32.6	18.0	24.7	18.7	7.9	16.4
Bias or discrimination incidents that you have read or heard about in the news or experienced outside of Columbia	32.2	36.8	23.1	55.8	32.4	48.7	38.5	23.9	37.0
Problems fitting in socially at Columbia	25.6	26.4	23.3	41.3	32.5	25.5	28.1	21.8	27.6
Problems fitting in academically at Columbia	26.4	28.0	23.8	27.1	38.7	30.2	28.5	21.6	28.6
Future employment/ getting a job	61.8	64.1	57.5	66.8	64.5	55.2	67.7	56.8	63.6
Your current financial situation	51.6	53.9	47.2	63.2	68.1	62.9	44.5	50.5	60.4
Your housing	26.2	26.6	24.9	37.0	31.7	29.5	28.4	22.3	29.2
Your physical safety	17.6	21.3	11.3	17.4	20.6	18.4	24.3	12.4	14.9
Your physical health	25.7	28.0	21.1	40.0	27.4	28.6	29.1	22.3	26.2
Your mental health	44.4	48.7	35.3	73.7	48.7	47.4	42.7	43.8	47.2
Your romantic and sexual relationships	29.5	29.1	29.6	38.4	28.9	32.1	29.0	29.1	31.4
Your relationship with close family and friends	21.9	22.6	19.6	41.1	26.0	27.1	20.4	20.2	27.1
The health of your loved ones or other problems experienced by your loved ones	34.8	37.9	28.5	53.2	42.9	39.6	32.4	32.9	40.8
Social media	13.0	13.4	12.2	18.0	12.9	10.8	15.6	11.2	13.2

## Appendix C. Perpetrators of Gender-Based Misconduct

Survey Question (asked only of student survey participants who had experienced sexual harassment or stalking since becoming a student at Columbia): *How was the person(s) who behaved this way affiliated with Columbia? Check all that apply.*

	% of Students (those who had experienced sexual harassment)	% of Students (those who had experienced stalking)
Student	81	76
Teaching Assistant (TA), Resident Assistant (RA), or another student supervisor	3	4
Faculty	14	6
Staff, including administrator, supervisor, or other staff	7	8
A patient or client at a Columbia-sponsored placement or internship	2	NA (data not available for n<3)
A supervisor or other employee at a Columbia-sponsored placement or internship	2	3
Someone you did not know, in a Columbia building or open space	6	4
Someone you did not know, off-campus	9	4
<u>Not</u> a Columbia affiliate	11	10
I don't know/remember	6	4

Survey Question (asked only of student survey participants who had experienced unwanted sexual contact (e.g., unwanted kissing, touching of private parts, grabbing, fondling, rubbing, but no attempt at penetrative sex; unwanted oral, anal, vaginal, or other penetrative sex; attempted but not completed penetrative sex) since becoming a student at Columbia): *Who was the person(s) who did this to you? Check all that apply.*

	% of Students (those who had experienced sexual assault)
Columbia student	56
Current or former boyfriend, girlfriend, intimate partner, spouse	18
Current or former hook-up	18
Friend or acquaintance	20
Teaching Assistant (TA), Resident Assistant (RA), or another student supervisor	2
Professor	1
Staff, including administrator, supervisor, or other staff	2
A patient or client at a Columbia-sponsored placement or internship	0.6
A supervisor or other employee at a Columbia-sponsored place or internship	NA (data not available for n<3)
Co-worker	2
Relative/family	NA (data not available for n<3)
Stranger/someone you did not know	18

