Campus Sexual Violence, Gender, and Mental Health in Diverse Undergraduate/Graduate Students

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Abstract

Campus sexual violence (CSV) is linked with poor mental health and alcohol use, with cisgender women and some people of Color at increased risk for victimization. Though undergraduates' experiences of CSV are typically studied, graduate/professional students may additionally be impacted by CSV. Campus climate surveys recruit random samples of the entire student population, thus increasing generalizability. The purpose of the study is to pilot the ARC3 campus climate survey to examine CSV, mental health, and alcohol use by gender and minority status in diverse undergraduates and graduate/professional students. Random samples of undergraduates ($N = 775$) and graduate/professional students ($N = 525$) completed a 30-minute online survey. Compared to graduate/professional students and men, undergraduates and women experience more CSV. CSV was associated with alcohol use in undergraduates and poorer mental health in undergraduates and graduate/professional students. Universities' prevention and intervention strategies should include undergraduate and graduate/professional students, targeting sexism.

Key Words: undergraduates; graduate students; mental health; alcohol use; emerging adults; college; sexual assault

Campus Sexual Violence, Gender, and Mental Health in Diverse Undergraduate/Graduate Students

Campus Sexual Violence (CSV)

Campus sexual violence (CSV)—defined here as unwanted touching, molestation, oral copulation, and oral, vaginal, and anal penetration against members of the campus community—is a nationally-recognized problem on college campuses (Fedina et al., 2018; Howard et al., 2019; Koss et al., 1987; Obama, 2014; White House Task Force to Protect Students from Sexual Assault, 2014). Often framed as a form of gendered violence (Gómez et al., 2015; Gross et al., 2006; Vázquez et al., 2012), research suggests that young cisgender women are at higher risk than young cisgender men for CSV (Gómez et al., 2015; Howard et al., 2019). Moreover, some ethnic minorities are also at increased risk for CSV (Howard et al., 2019; Porter & Williams, 2011), though research on specific minoritized ethnic group differences is limited. This differential exposure to violence matters because sexual violence can confer gender disparities in mental health (Campbell, 2008; Eisenberg et al., 2016; Jordan et al., 2010) and alcohol use (Delker & Freyd, 2014; Neilson et al., 2018).

Undergraduate vs. Graduate/Professional Students

CSV is typically studied in undergraduate populations (Howard et al., 2019; Koss et al., 1987; Sales & Krause, 2017). This attention is warranted given the high rates of CSV in this population (e.g., Howard et al., 2019) and the increased risk for mental health problems in the transition to adulthood (American College Health Association, 2012; Hunt & Eisenberg, 2010). Though the problem of sexual harassment in graduate student populations has been documented (Cairns & Hatt, 1995; Cortina et al., 1994; McKinney et al., 1988; Rosenthal et al., 2016), less is known about graduate students' experiences of other forms of CSV. This notwithstanding, one

study utilizing the American Association for Universities (AAU) campus climate survey found that cisgender women graduate students experienced more CSV than cisgender men graduate students since their time at the university (12.3% vs. 1.9%, respectively; Cantor et al., 2015). More work assessing graduate/professional students' experiences of CSV can further inform university policy on best practices for addressing CSV on college campuses.

Campus Climate Surveys

With increased attention on CSV (e.g., Obama, 2014), the U.S. Government provided guidance on campus-wide assessments of CSV (White House Task Force to Protect Students from Sexual Assault, 2014). As a result, researchers have worked to develop scientifically-sound campus climate surveys that are freely accessible. Specifically, the Administrator Research Campus Climate Collaborative (ARC3) brought together high-level university administrators and top CSV researchers from across the nation to create a campus climate survey that could fit the needs of multiple stakeholders across diverse institutions of higher learning (Madison Summit for Campus Climate and Sexual Misconduct, 2015). The ARC3 is contrasted with the campus climate survey created by AAU survey developers from Westat: An Employee-Owned Research Corporation (Cantor et al., 2015), as it utilized both researcher and administrator expertise in the design of the survey instrument. Benefits of the ARC3 survey and similar surveys are many, including: 1) utilizing state of the art scientific methods for assessing CSV; and 2) recruiting a random sample of entire student populations within their respective universities, instead of sampling solely from isolated classes, such as introductory psychology courses. Therefore, the results likely reflect more accurate estimates of CSV that are more generalizable to specific campus populations, as well as university students generally.

Purpose of the Study

CSV is a harmful problem affecting university students, with perpetrators putting young cisgender women and potentially ethnic minorities as well (e.g., Howard et al., 2019) at increased risk for victimization. This differential exposure may further impact mental (e.g., Campbell, 2008) and behavioral health, including alcohol use (e.g., Nelson et al., 2018). Though undergraduates receive the bulk of attention related to CSV for a variety of reasons (e.g., high risk; Koss et al., 1987), additionally assessing graduate/professional students' CSV can further inform campus-wide prevention and intervention efforts. To do this, campus climate surveys facilitate research on representative samples of students, thus increasing generalizability of the findings as well (Madison Summit for Campus Climate & Sexual Misconduct, 2015). Therefore, the purpose of the current study is to examine gender and ethnic minority status in the prevalence and impact of CSV on general mental health and alcohol use in undergraduates and graduate/professional students, respectively, using data from a university-wide, ARC3 campus climate survey (Madison Summit for Campus Climate and Sexual Misconduct, 2015).

Specifically, I hypothesized that:

H1: Young cisgender women have higher rates of CSV than young cisgender men

H1a: Undergraduates

H1b: Graduate/professional students

H2: Ethnic minorities have higher rates of CSV than Whites

H2a: Undergraduates

H2b: Graduate/professional students

H3: Undergraduates have higher rates of CSV than graduate/professional students

H4: Controlling for gender and minority status, CSV is associated with poorer general mental health and alcohol use

H4a: Undergraduates

H4b: Graduate/professional students

Finally, given some studies suggest that ethnic minorities are at increased risk for CSV (e.g., Howard et al., 2019), I explored if while controlling for the main effects of gender and CSV, the interaction between CSV and ethnic minority status would impact poorer general mental health and alcohol use in undergraduates and graduate/professional students.

Method

Participants

Participants were undergraduate ($N = 775$) and graduate/professional ($N = 525$) students at a large public university, who participated in a campus climate survey. Analyses were run separately based on student status. Undergraduates ($N = 775$; $Mean_{age} = 21.70$, $SD_{age} = 4.56$) were majority self-identified women (64.2%; assessed using a multiple choice item), which matched the university gender breakdown. Assessed with a list of ethnicities in which participants could check all that apply, the sample was majority White (80.5%), with 12.1% Asian/Asian American, 9.0% Hispanic/Latina/o, 3.5% Other, 2.8% Black/African American, 1.5% Hawaiian/Pacific Islander, and 1.5% Native American/Alaska Native. The percentages exceed 100% due to multiple races/ethnicities within individuals. Ethnic minority students—operationalized here as reporting at least one ethnic minority identity—comprised 28.6% of the undergraduate sample, which matches the demographics university-wide. Participants were representative of the undergraduate lifespan (Freshman: 24.1%; Sophomore: 24.0%; Junior: 22.7%; Senior/Super Senior: 29.5%). Graduate/professional students ($N = 525$; $Mean_{age} = 28.31$, $SD_{age} = 5.37$) were majority self-identified women (61.7%; assessed using a multiple choice item). With ethnic minorities representing 21.27% of the sample, participants reported their ethnicities as

84.0% White, 10.1% Asian/Asian American, 5.7% Hispanic/Latina/o, 3.2% Other, 2.1% Black/African American, 2.1% Native American/Alaska Native, and 1.0% Hawaiian/Pacific Islander. Regarding ethnicity, participants could check all that apply from the list offered. Participants' demographic characteristics match the university graduate/professional student population at this university. The majority of participants were graduate students (87.4%), with the remaining being professional students (e.g., law students; 12.6%).

Measures

This study is part of a larger data collection (Madison Summit for Campus Climate and Sexual Misconduct, 2015; *author citations masked for peer review*), therefore, only some of the measures are reported here.

Campus Sexual Violence (CSV). CSV, operationally defined as sexual contact violations through fondling, oral copulation, oral penetration, vaginal penetration, and anal penetration, was assessed with 20 items from the Sexual Experiences Survey (Koss et al., 2007). Instructions include: *We want to know about your experiences since you enrolled at [INSTITUTION].* A sample item is the following: *Someone had oral sex with me or made me have oral sex with them without my consent by . . . using force, for example holding me down with their body weight, pinning my arms, or having a weapon.* Responses were on a Likert scale, from 1- 0 times to 4- 3+ times. Given that this measure assesses different events, a score of internal consistency is inappropriate (Koss et al., 2007). Versions of this measure has demonstrated validity and test- re-test reliability among college students (Koss & Gidycz, 1985). Categorical variables (any CSV- 1, no CSV indicated- 0) for total CSV, fondling, oral copulation/penetration, vaginal penetration, and anal penetration, respectively, were used in analyses.

General Mental Health. General mental health was assessed with the well-being subscale of five items from the MOS Short-Form Health Survey (SF-36; Ware & Sherbourne, 1992). A sample item is as follows: *How many times in the past 4 weeks have you felt so down in the dumps that nothing could cheer you up?* The measure used a Likert scale, with 1- strongly disagree to 5- strongly agree. This measure has demonstrated validity in assessing general mental health status (Ware & Sherbourne 1992). In the current sample, internal consistency for undergraduates and graduate/professional students was good, respectively, $\alpha = .80$, $\alpha = .83$. Continuous mean variables were used in analyses.

Alcohol Use. Alcohol use since attending the university was assessed with three items (National Institute on Alcohol Abuse & Alcoholism{NIAAA}Task Force on Recommended Alcohol Questions, 2013) examining frequency of drinking, amount of drinking on a typical day, and frequency of binge drinking. The following is a sample item: *Since you enrolled at [university], how many alcoholic drinks did you have on a typical day when you drank alcohol?* Responses were on a Likert scale, with lower numbers indicating more alcohol use (Frequency: 1- every day to 11- I have never drank alcohol in my life; Typical Day: 1- 25 or more drinks to 10- 1 drink; Binge Drinking: 1- everyday to 10- 0 days in the past year). Continuous mean variables were used in analyses. Internal consistency was acceptable for undergraduates, $\alpha = .74$, and questionable for graduate/professional students, $\alpha = .63$.

Procedure

This data collection was part of multi-site effort to create and implement a scientifically sound campus climate survey (ARC3; Madison Summit for Campus Climate and Sexual Misconduct, 2015), with (*university*) being one pilot site. The Office of the Registrar provided 5,000 university email addresses of eligible students—18 years or older and enrolled in both the

previous and upcoming academic terms. After receiving the initial email invitation, participants had 10 days to complete the online, self-report, 30-minute survey. Two reminder emails were sent to potential participants who had not accessed the survey at 5 and 10 days from the original email, respectively. Potential participants read through the informed consent form online prior to participation, with participants agreeing to participate in the study. Participants received a \$15 gift card for Amazon as compensation for their time. The university Institutional Review Board approved the current study.

Data Analysis Plan

SPSS Software, Version 25, was used to run all data analyses, separately for the undergraduate and graduate/professional student samples. To test Hypotheses 1-3, descriptive analyses were run on all study variables, with chi-square analyses assessing group differences based on binary gender and ethnic minority/White status. To test Hypothesis 4, as well as the exploratory research question regarding CSV and minority status, multivariate analyses of covariance (MANCOVAs) were run for each student sample, with general mental health and alcohol use as the dependent variables, gender as a covariate, and CSV, minority status, and the interaction term of CSV*ethnic minority status as the independent variables. Effect sizes, as measured by partial eta-squared, was included in the results from the MANCOVAs.

Results

Undergraduates

Undergraduates reported moderate scores for both general mental health ($M = 2.37$, $SD = .67$; range = 1 – 4.80) and alcohol use ($M = 7.04$, $SD = 1.98$, range = 1-10). In line with Hypothesis 1a, women undergraduates reported more CSV of all types except anal penetration, with over 25% of young women reporting any victimization (Table 1). Contrary to Hypothesis

2a, there were no significant differences in prevalence of CSV based on ethnic minority/White status (Table 1), including no significant differences between White women and ethnic minority women (not shown). Supporting Hypothesis 3, undergraduates reported significantly higher rates of CSV than graduate/professional students (any CSV: $\chi^2 = 41.71, p < .001$; fondling: $\chi^2 = 40.13, p < .001$; oral copulation/penetration: $\chi^2 = 10.70, p < .001$; vaginal penetration: $\chi^2 = 19.56, p < .001$; and anal penetration: $4.64, p < .05$). In support of Hypothesis 4a, a multivariate analysis of covariance (MANCOVA) found that, when controlling for gender and ethnic minority status, CSV was associated with poorer general mental health and alcohol use (Table 2). From the exploratory analyses, the interaction between CSV and minority status was not a significant predictor of outcomes.

Insert Table 1 Here

Insert Table 2 Here

Graduate/Professional Students

Graduate/professional students were relatively healthy, based on their moderate scores for general mental health ($M = 2.38, SD = .68$; range = 1 – 4.40) and alcohol use ($M = 7.95, SD = 1.60$, range = 1-10). Contrary to Hypothesis 1b, there were no significant gender differences in CSV, except for vaginal penetration (Table 3), with 6.5% of graduate/professional students indicating any CSV. Similar to the undergraduates, Hypothesis 2b was not supported, as there were no significant differences in CSV between ethnic minority and White students (Table 3). Hypothesis 4b was partially supported, with a MANCOVA finding that while controlling for gender and ethnic minority status, CSV predicted poorer general mental health, but not alcohol use, in graduate/professional students (Table 4). Similar to the exploratory analyses with

undergraduates, there was no significant effect of the interaction term of CSV and ethnic minority status on outcomes.

Insert Table 3 Here

Insert Table 4 Here

Discussion

The purpose of the current study was to use pilot data from the ARC3 campus climate survey (Madison Summit for Campus Climate and Sexual Misconduct, 2015) to examine the prevalence and impact of campus sexual violence (CSV) on general mental health and alcohol use, by gender and ethnic minority status, in undergraduates and graduate/professional students, respectively. With CSV as a major public health concern (e.g., White House Task Force to Protect Students from Sexual Assault, 2014), this study contributes to the literature on CSV in multiple ways. This work replicates well-documented results, contributes contradictory findings that can be further interrogated, and includes graduate/professional students in the study of CSV that is distinct from sexual harassment, thus providing a broader scope of who is affected by CSV.

Results: Undergraduates

In line with the vast literature (e.g., Gómez et al., 2015; Howard et al., 2019; Gross et al., 2006; Vázquez et al., 2012), Hypothesis 1a was supported, with self-identified women undergraduates being more likely to experience all forms of CSV, except for anal penetration—for which the rates across genders were very low. Contrary to prior research (Howard et al., 2019; Porter & Williams, 2011), Hypothesis 2a was not supported, as there were no significant differences in prevalence of CSV based on ethnic minority/White status. It is difficult to determine the cause for this, however, differential contexts (e.g., predominantly White university

vs. community colleges vs. community samples) may at least partially explain these disparate results. Moreover, as will be detailed in the *Limitations and Future Directions* section, the term “ethnic minority” may carry little meaning across studies if there is variability on which ethnic minorities are sampled. For Hypothesis 3, undergraduates reported higher rates of all forms of CSV than graduate/professional students, with rates of any CSV across genders being 19.1% and 6.5%, respectively. Though unsurprising, the importance of this finding should not be overlooked. Almost 1 in 5 undergraduates total—specifically, over 1 in 4 young women and 1 in 16 young men—experiencing CSV means that, particularly for young women, their undergraduate education is largely characterized within the backdrop of victimization. For traditional college students, this is occurring at a time of increased vulnerability for mental health problems (American College Health Association, 2012; Hunt & Eisenberg, 2010), in addition to being a prime decision-making time for what their lives will become academically, professionally, and relationally. Finally, in line with prior literature (Campbell, 2008; Delker & Freyd, 2014; Eisenberg et al., 2016; Jordan et al., 2010; Neilson et al., 2018), I did find support for Hypothesis 4a, with CSV being associated with poorer general mental health and alcohol use, while controlling for gender and ethnic minority status. The explored interaction between CSV and minority status was not significant, which is in line with ethnic minorities and Whites experiencing statistically equivalent rates of CSV in this sample.

Results: Graduate/Professional Students

Compared to undergraduates, the results were different in some respects for graduate/professional students. Regarding Hypothesis 1b, though trending for any CSV and oral copulation/penetration, there were no significant gender differences in CSV, except for vaginal penetration. More research needs to be done to determine if this is an idiosyncratic finding or

rather an enduring population difference between undergraduates and graduate/professional students. Additionally, prevalence of CSV among graduate students differed from another campus climate survey (Cantor et al., 2015), with the current study's women graduate students reporting less CSV (8.0% vs. 12.3%) and the men graduate students reporting more CSV (4.0% vs. 1.3%). There are item-level differences between these two surveys, as the current study uses more behavioral items while avoiding terminology, such as sexual misconduct, that may influence participants' responses (Fisher, 2009). It is unclear if and how this difference in methodology, compared to other sample-level differences, may have impacted the disparate findings in prevalence. Similar to undergraduates, Hypothesis 2b was not supported, with no significant differences in CSV based on ethnic minority/White status. Reasons may be similar to those described above for the undergraduate sample. Finally, Hypothesis 4b was only partially supported, with CSV predicting poorer general mental health, but not alcohol use. This work replicates the link between CSV and poorer general mental health (e.g., Jordan et al., 2010), with the null finding with alcohol use potentially being due to the items' questionable internal consistency in the graduate student sample. Finally, similar to the undergraduates, the non-significant impact of the interaction of CSV and minority status on outcomes is in line with the absence of detectable majority/minority ethnic differences in victimization in this sample.

Implications

These findings have implications for how universities address CSV on their campuses. For prevention, intervention, and psycho-educational programming related to CSV, much of the focus is on undergraduates (Sales & Krause, 2017). While the current study's findings provide additional evidence for undergraduates' dramatic increase in risk compared to graduate/professional students, this work also indicates that CSV is not a problem that solely

affects undergraduates. Moreover, the context of CSV for graduate/professional students is likely quite different than undergraduates in multiple domains, including: stage of life; different social experiences; and increased closeness and dependence in cohorts of study. Therefore, universities' efforts to address CSV for all students should reflect these differential experiences and contexts (Sales & Krause, 2017). Specifically, a *one-size-fits-all (undergraduates)* approach will likely not be effective in addressing CSV for graduate/professional students. In this vein, assessing and attuning to differential university contexts may be particularly valuable. Relational cultural theory (Jordan, 2010; Miller, 1976; Miller & Stiver, 1997) may provide a useful framework for universities. Specifically, relational cultural theory conceptualizes individuals' experience, including those related to violence victimization, within the broader interpersonal, institutional, cultural contexts, as well as structural inequality, such as sexism (Comstock et al., 2008; Gómez, 2020, 2021; Gómez et al., 2016). For example, given graduate students' increased proximity to and dependence on faculty and their cohort, an RCT lens would identify how institutional and interpersonal dynamics, such as racism, sexism, homophobia, breed a culture in which CSV against female students is more likely. Such an approach is line with much work regarding cultural competency in addressing violence (e.g., Brown, 2008; Bryant-Davis, 2005).

Limitations & Future Directions

Limitations of the current study and future directions for additional work are intertwined. First, the current study was cross-sectional in nature, utilized measures developed and validated within predominantly White samples, and did not include students' violence and mental health histories prior to enrolling at the university. The participants also include only current students, thereby necessarily excluding any students who have left the institution. Therefore, future work can utilize campus climate surveys to assess for CSV and related outcomes longitudinally, while

including those who have left the institution for various reasons (e.g., drop out; graduate) to gain a clearer sense of how CSV impacts all its members. Moreover, research with alumni and others who have left the university can assess for long-term outcomes, such as future educational attainment, career trajectory, and long-term mental and behavioral health. Additionally, researchers can collaborate with administrators, staff, and advocates on their own campuses to include additional outcome measures of interest, which could better guide university-specific CSV programming.

Future work needs to include student populations who were explicitly and/or implicitly excluded from focus in the current study. First, though included in the random sampling methodology of the current study, international students were not a focal point of the current investigation. Therefore, their unique experiences were masked within those of the larger undergraduate and graduate student populations, thus inhibiting the generalizability of the current study's findings to these populations of students. Future work should specifically focus on international student populations, as their risk, victimization, and resources are markedly different than their domestic counterparts (Postel, 2020). Additionally, sex and gender should be assessed in ways that capture both gender self-identification and biological sex. The current study's use of six categories (woman, man, transman, transwoman, gender queer/gender non-conforming, and gender not-listed) without an explicit cisgender option reinforces binary gender normativity, while simultaneously occluding assessing differential CSV experiences for trans* students. Given both the humanity of and the high rates of sexual violence against trans* individuals (Cantor et al., 2015; Jauk, 2013; Lombardi et al., 2002), future research should also deliberately oversample these diverse trans* student populations. Similarly, future studies need to oversample diverse ethnic minority populations. Given that ethnic minorities are not one

group, but rather consist of various individuals, groups, cultures, and subcultures, deliberate oversampling at predominantly White universities in particular can allow for within- and between-group comparisons, while avoiding ethnic gloss that paints diverse ethnic minorities as homogenous (Triffleman & Pole, 2010). This can further allow for studies to assess and analyze marginalized perspectives of trauma (e.g., Bryant-Davis, 2005). Such perspectives include the role of within-group status of the perpetrator(s)—known as *cultural betrayal* in minority populations—which has been shown to predict various outcomes above and beyond impact of the violence itself (Gómez, 2019a, 2019b, 2019c) and close relationship with the perpetrator (Gómez, 2019b, 2021).

Concluding Thoughts

Though an enduring major public health concern (e.g., White House Task Force to Protect Students from Sexual Assault, 2014) that disproportionately affects young cisgender women compared to young cisgender men (e.g., Howard et al., 2019), campus sexual violence (CSV) is not an inevitable part of undergraduate and graduate/professional students' lives at universities. Though scientific inquiry is plagued with rigidity, hierarchy, and exclusion (Campbell, 2009), a collaborative scientific method can systematically assess CSV, with the evidence being used to inform prevention and intervention programs. Therefore, even with changing guidelines to Title IX enforcement as it relates to CSV (Harvard Journal of Law & Gender, 2020), the current study provides guidance for the ethical and evidence-informed actions universities can take to promote an equitable campus climate and culture.

Declaration of Interest: The author declares no conflicts of interest.

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Table 1.

Undergraduates: Prevalence and Gender Differences in Campus Sexual Violence (CSV)

	Total	Young Women	Young Men	χ^2 (1)	People of Color	White	χ^2 (1)
Any CSV	19.1%	26.3%	6.1%	47.10***	18.0%	19.5%	.17
Fondling	17.9%	24.5%	6.1%	40.98***	16.7%	18.4%	.27
Oral Copulation/ Penetration	5.5%	8.0%	1.1%	16.46***	4.5%	6.0%	.59
Vaginal Penetration ^a	8.1%	12.4%	.4%	34.81***	7.2%	8.5%	.58
Anal Penetration	1.7%	2.2%	.7%	2.40	1.8%	1.6%	.04

^aBiological females who identify as men (e.g., trans*) can experience unwanted vaginal penetration

*** $p < .001$

Table 2.

Undergraduates: Gender, Campus Sexual Violence (CSV), and Minority Status as Predictors of General Mental Health & Alcohol Use in a MANCOVA

	General Mental Health	Alcohol Use
	<i>F</i> (1, 765) (η^2)	<i>F</i> (1, 765) (η^2)
Gender	3.98* (.01)	.00 (.00)
CSV	3.97* (.01)	10.11** (.01)
Minority Status	.99 (.00)	1.04 (.00)
CSV*Minority Status	.71 (.00)	.29 (.00)

* $p < .05$

** $p < .01$

Table 3.

Graduate/Professional Students: Prevalence and Gender Differences in Campus Sexual Violence (CSV)

	Total	Young Women	Young Men	χ^2 (1)	People of Color	White	χ^2 (1)
Any CSV	6.5%	8.0%	4.0%	3.38 ⁺	6.3%	6.6%	.01
Fondling	5.9%	7.1%	4.0%	2.20	6.3%	5.8%	.03
Oral Copulation/ Penetration	1.9%	2.8%	.5%	3.47 ⁺	.9%	2.2%	.77
Vaginal Penetration ^a	2.3%	3.7%	2.0%	7.49**	.9%	2.7%	1.22
Anal Penetration	.4%	.3%	.5%	.12	.9%	.2%	.99

^aBiological females who identify as men (e.g., trans*) can experience vaginal penetration

⁺ $p = .06$

** $p < .01$

Table 4.

Graduate/Professional Students: Gender, Campus Sexual Violence (CSV), and Minority Status as Predictors of General Mental Health & Alcohol Use in a MANCOVA

	General Mental Health	Alcohol Use
	<i>F</i> (1, 489) (η^2)	<i>F</i> (1, 489) (η^2)
Gender	5.40* (.01)	.00 (.00)
CSV	5.39* (.01)	1.66 (.00)
Minority Status	.43 (.00)	.20 (.00)
CSV*Minority Status	.23 (.00)	.07 (.00)

* $p < .05$