

## **Prevalence of Self-Objectification Among Northern Kentucky Students**

**Nichole Spjut**, MSW, earned her undergraduate in psychology and graduated with her Master of Social Work from Northern Kentucky University in May 2018. She is a practicing therapist, supporting local adult populations. Her primary research has focused on self-objectification among both men and women, specifically self-awareness and contributors to the problem.

## Prevalence of Self-Objectification Among Northern Kentucky Students

Nichole Spjut. Faculty mentor: Jessica Taylor  
Social Work

### Abstract

Past research indicates self-objectification – viewing oneself as an object or collection of body parts – can lead to depression, body-shaming, and eating disorders. This study identifies the prevalence of self-objectification among Northern Kentucky University (NKU) students and student awareness of engaging in self-objectifying behaviors. One hundred twenty surveys were administered to NKU students on campus. Students answered questions designed to measure awareness of self-objectification and actual engagement in self-objectifying behaviors. Prevalence of self-objectification among students was found to be high, while awareness was found to be low. Female students had significantly higher rates of self-objectification (96.6%) compared with male students (77.8%). Female students were also more likely to engage in body or body-part comparison (86.2%) compared to male students (59.3%). Understanding the prevalence of self-objectification can offer insight into reasons behind record-high rates of depression among college students and can lead to more effective treatment interventions. Findings can also help to inform future research and policy.

Keywords: self-objectification, mental health, body-image

### Introduction

Self-objectification among college students is an important topic to study given that 34.4% of college women rated personal appearance as “traumatic or very difficult to handle” within the last 12 months (National College Health Assessment, 2016). First-year college students’ self-ratings of emotional health dropped to record-low levels in 2010 with female students far less likely to report high levels of emotional health than male students (Pryor, 2010). Depression levels are at an all-time high among college students (Novotney, 2014; Young, 2016).

This study explores the prevalence of self-objectification among NKU students. One hundred twenty surveys were administered to NKU students on campus during the spring semester of 2018. The prevalence of self-objectification among students was found to be high (92.4%). Understanding the prevalence of self-objectification can offer insight into reasons behind record-high rates of depression and anxiety among college students and can lead to better treatments. Recommendations based on the findings of this research include making education about self-objectification a standard part of therapy, making changes in public policy to address how media promotes self-objectifying thoughts and behaviors, and further research to understand how self-objectification affects different genders, races, and ages.

Female self-objectification, when “women view themselves through the perspective of an observer and engage in chronic self-surveillance” (Calogero, 2013 p. 312), is a growing concern as women’s exposure to sexualized images through media increases. Additionally, women experience objectifying events in daily life – catcalling, comments about their body (both complimentary and derogatory), overt or covert messages that their worth is directly related to their appearance – which all con-

tribute to a tendency to self-objectify or view their body as a collection of body parts (Kroon and Perez, 2012). Self-objectification leads to diminished well-being in relation to self-esteem and life satisfaction (Mercurio and Landry, 2008).

Chronic self-surveillance can lead to psychological consequences and mental health risks including depression, body-shaming, and eating disorders (Fredrickson and Roberts, 1997). Another negative consequence of self-objectification is referred to as “opting out.” Calogero, Tantleff-Dunn, and Thompson (2011) found that 67% of women aged 15 to 64 years withdraw from life-engaging and life-sustaining activities because they feel bad about their appearance (McKay, 2013).

### Literature Review

#### Contributing Factors to Self-Objectification

Current research indicates that media plays a large role in self-objectification. Sexually objectifying media in particular can lead to women internalizing beauty ideals. The internalization of these beauty ideals has been shown to have an indirect relationship to self-objectification and body surveillance (Vandenbosch and Eggermont, 2012).

Harper and Tiggeman (2008) found that exposure to media featuring a thin, idealized woman led to greater states of self-objectification, showing that self-objectification can occur even when women are not focused on their own body. Aubrey (2006) found that frequent media exposure (television programs, talk shows, music videos, and advertising) increased the frequency of viewing the body based on appearance rather than ability, and that frequency, rather than length of exposure, was more damaging. Social media, in addition to more

traditional media sources, presents a lens through which to view and understand self-objectification. Fardouly, Vartanian, Diedrichs, and Halliwell (2015) found that while magazines are significantly related to self-objectification, they are not viewed nearly as frequently as Facebook.

### Adverse Consequences of Self-Objectification

Through exposure to traditional forms of media—and newer, emerging social media—women are led to self-objectify and compare themselves to idealized forms of beauty. These comparisons and self-objectifying behaviors are associated with negative outcomes and adverse consequences. Disordered eating has a close connection with self-objectification (Muehlenkamp and Saris-Baglama, 2002; Prichard and Tiggemann, 2005; Tiggemann and Kuring, 2004). Anorexia nervosa and bulimia have the highest mortality of any mental illness (Arcelus, Mitchell, Wales, and Nielsen, 2011). This makes disordered eating a particularly devastating consequence of self-objectification. Depression is another consequence of self-objectification and has driven research aimed at understanding why women experience depression rates higher than men (Muehlenkamp and Saris-Baglama, 2002). Several studies have found that self-objectification and depression are positively related (Miner-Rubino, Twenge, and Fredrickson, 2002; Muehlenkamp and Saris-Baglama, 2002; Tiggemann and Williams, 2012).

Further research to understand rates of self-objectification among college students specifically is warranted given the high rates of depression (36.7%), anxiety (58.4%), and eating disorders (2.4% professionally diagnosed and treated) among this population (American College Health Association [ACHA], 2016). Additionally, self-objectification can have negative impacts on mental performance including a decline in cognitive performance (Quinn, Kallen, Twenge, and Fredrickson, 2006) which is particularly relevant to college students.

## Methods

### Survey development

Survey questions were developed using definitions for self-objectification and identifying self-objectifying behaviors according to the existing literature. The definition for self-objectification (when an individual views themselves as an object or a collection of body parts) used in the survey came from Kroon and Perez (2013). The survey questions specific to engagement in self-objectifying behavior were created using research by Kroon and Perez, Calogero, Tantleff-Dunn, and Thompson (2011), and Harper and Tiggeman (2008).

The survey consisted of 38 quantitative questions and included a range of topics aimed at assessing students' experience of campus climate. Specifically their

perception of racial diversity, access to mental health services on campus, and their experience of body image issues. Six of the 38 questions dealt specifically with self-objectification.

Demographic questions in the survey were created based on gaps in existing self-objectification research, specifically gender identity and race. The participants first read an introduction to the topic of self-objectification so they had a working definition when answering survey questions. The survey is included as Appendix A.

### Target Population

The participant pool was NKU students. According to NKU's Office of Institutional Research (2016), undergraduate students are 57% female, 43% male, 83% white, 7% black, 3% Hispanic/Latino, and 1% Asian. Approximately 70% of undergraduates are between the ages of 18-24 years old. Graduate students at NKU are 65% female, 35% male, 81% white, 8% black, 3% Hispanic/Latino, and 1% Asian. Approximately 58% of graduate students are between the ages of 22-34 years old, 33% are ages 35-49, and 10% are age 50 or older.

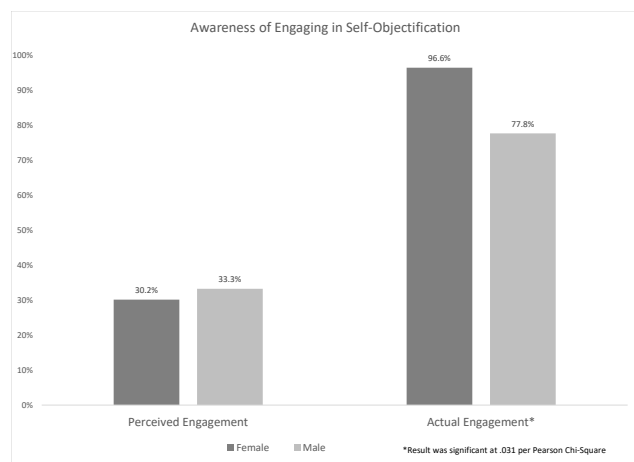
### Survey Administration

Surveys were approved by the Institutional Review Board and administered using two different methods. One method involved researchers handing out surveys in the Student Union during lunch hours. The other method involved partnering with NKU faculty and administering the survey at the beginning of class while the faculty member was out of the classroom. Faculty partnering included both graduate and undergraduate classes in psychology and social work. In-person administration of the survey was chosen over email administration to create a better response rate. One hundred twenty surveys were collected. Descriptive, cross-sectional analysis was conducted on survey responses to determine prevalence of self-objectification among respondents.

## Results

Of the surveys collected, 119 were valid and utilized for data analysis and interpretation. All participants were NKU students aged 18 and older. The majority of participants (73.0%) identified as female, while 23.5% identified as male, and 3.3% identified as transgender, gender variant/non-conforming, or chose to self-identify otherwise. Approximately 78% of participants identified as white, 20% identified as black, and 5% identified as Asian, Pacific or other islander, or American or Alaskan Native. The majority of the participants were undergraduate students (86%), and the remaining 14% of the participants were graduate students.

The measured variables included student awareness of objectifying themselves and student rates of self-ob-



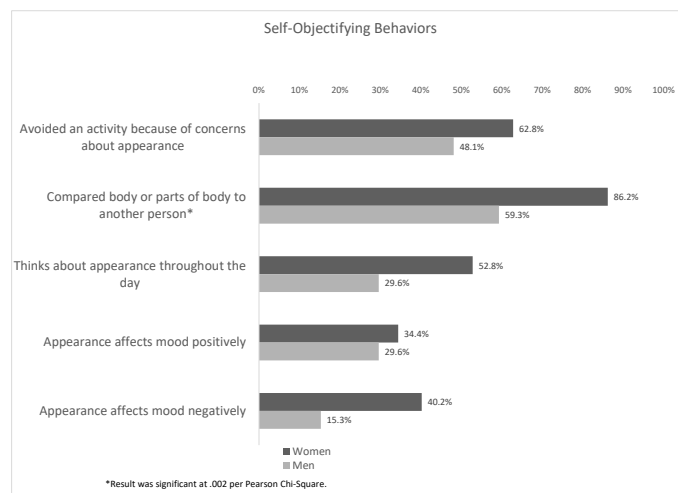
**Figure 1.** Awareness of engaging in self-objectification.

jectifying behaviors. When provided with a definition of self-objectification, 30.2% of female participants and 33.3% of male participants identified as objectifying themselves. A total of 96.6% of female participants and 77.8% of male participants reported engaging in at least one of five possible self-objectification behaviors being measured. In addition, there was a significant relationship between gender and self-objectification. Being female was correlated with higher rates of self-objectification. This result was significant with a p-value of 0.031 per Pearson's chi-square (Figure 1). Being female was correlated with a higher rate of body- or body-part comparison with a p-value of 0.002, making this statistically significant per Pearson's chi-square (Figure 2).

## Discussion

Awareness of engaging in self-objectification was low, with only one-third of students self-identifying as engaging in self-objectifying behaviors. Actual engagement in self-objectifying behavior was quite high, with 92.4% of students reporting engagement in one or more self-objectifying behaviors. Self-objectification rates were higher among females (96.6%) than males (77.8%).

**Practice.** Implications for social work practice and clinical practitioners include an awareness and understanding of self-objectification and its negative consequences. Educating clients about self-objectification – and helping them identify the degree to which they may be engaging in self-objectification and the negative impacts it may be having in their lives – should be a standard part of all clinical treatment. Because self-objectification appears to be almost universal among female participants, it may be beneficial to explore self-objectification with all female clients presenting with known consequences of self-objectification such as depression, anxiety, and eating disorders. Rates among male participants, though not as high as females, are still an overwhelming majority; thus education among males is also critical. While there are currently no specific recommendations, treat-



**Figure 2.** Self-objectifying behaviors.

ments, or education efforts for self-objectification from the National Association of Social Workers, it is aware of and engaged in the treatment of eating disorders and body image issues (NASW, 2001). These current guidelines and educational efforts could be building blocks for development of a specific self-objectification education and treatment initiative.

**Policy.** Given the negative consequences of self-objectification, efforts should be made at a public policy level to educate, prevent, and mitigate self-objectification. This could include media literacy classes to educate youth about self-objectification and body image – what is real versus what is Photoshopped and how to recognize objectification. This is especially pertinent with the rise of social media as a marketing tool. Recognizing subversive advertisements and objectification disguised as empowerment becomes increasingly challenging with the proliferation of social media influencers. Other policies could include limiting commercials aimed at women's appearance, requiring advertisers to disclose when they have used Photoshop, and setting limits on objectification in the media. Additionally, disallowing advertising of beauty products and weight loss products to anyone under 18 years old, such as in magazines and TV shows specifically targeted to adolescents, should be considered.

England and France both have laws aimed at decreasing the impact media and advertisers have on body image (Navamanikkam, 2017). England has banned misleading advertisements that use digitally altered images to exaggerate the effects of products (BBC News, 2001). France passed a law requiring published images to have a bold printed notice disclosing any digital enhancements (Lubitz, 2016). Israel passed legislation banning underweight models in the fashion and adver-



tising industry, and laws regulating the use of photoshop in media and advertising (Minsberg, 2012). These examples can be useful in guiding efforts to encourage passage of similar laws by the Federal Trade Commission in the United States.

**Research.** Future research on this topic should include identifying: the age of onset of self-objectifying thoughts and behaviors; when children first start seeing themselves from an outsider's perspective; what the best ways to prevent self-objectification and mitigate its negative consequences are; how it affects different races and cultures; if the consequences of self-objectification differ for males; why the rates of self-objectification are higher for females and what societal factors may be influencing those rates; and how rates of self-objectification change in an individual over time. A study aimed at educating people about self-objectification and teaching skills to help prevent and mitigate negative consequences would be beneficial. Skills would include: media literacy (Hirschman, Impett, and Schooler, 2006), self-compassion, and mindfulness (Cox, Ullrich-French, Cole, and D'Hondt-Taylor, 2016).

In addition, encouraging activities that mitigate self-objectification such as: appreciation of body functionality (Rubin and Steinberg, 2010), athletic and sports participation (Daniels and Leaper 2006), and contextualizing self-objectification (and exposing its ill effects) as the result of a maladaptive society versus a personal inadequacy (Tylka and Augustus-Horvath 2011). Future research should also aim to understand how well these interventions prevent and mitigate the negative consequences of self-objectification. Following participants over time would allow comparing their outcomes to the general population and finding what interventions are most effective, and then focusing efforts on those interventions.

### Limitations

Limitations of this study include a small sample size of males ( $n = 28$ ) compared to females ( $n = 90$ ), and there were not enough transgender or gender-variant individuals to gather enough data to understand rates of self-objectification among that population. Lack of racial diversity was also a limitation. The participant pool was made up of mostly psychology and social work students and the age range was limited, with most participants being between the ages of 19 and 21. Additionally, data was gathered from psychology and social work classes, so there is a potential lack of diversity in academic background.

### Conclusion

Self-objectification is a little-known, yet widely prevalent and harmful pattern of thought. Due to the negative consequences of self-objectification, it is essential to understand its impact and bring awareness to it. De-

pression, body shame, disordered eating, and declines in cognitive performance are all harmful consequences that can result from self-objectification. As the research in this study has demonstrated, engagement in self-objectification is high while awareness is low. This is alarming because while a majority of NKU students are at risk for, or engaging in, self-objectification, very few of them are aware they are self-objectifying, nor are they aware of its potential negative consequences. Additionally, females are at higher risk than males. Clearly there is a need for education surrounding self-objectification and efforts to control societal influences that may increase self-objectifying thoughts and behaviors.

### References

- American College Health Association (2016). American College Health Association - National College Health Assessment (ACHA-NCHA) Web Summary. Retrieved from <http://www.acha-ncha.org/docs/ncha-ii%20spring%202016%20us%20reference%20group%20executive%20summary.pdf>
- Arcelus, J., Mitchell, A. J., Wales, J., and Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. *Archives of General Psychiatry*, 68(7), 724-731.
- Aubrey, J. S. (2006). Effects of sexually objectifying media on self-objectification and body surveillance in undergraduates: Results of a 2-year panel study. *Journal of Communication* 56 (2006) 366-386. doi:10.1111/j.1460-2466.2006.00024.x
- BBC News (2011, July 27) Airbrushed make-up ads banned for 'misleading.' BBC News Retrieved from <http://www.bbc.com/news/uk-14304802>
- Calogero, R.M. (2013). Objects don't object: Evidence that self-objectification disrupts women's social activism. *Psychological Science*. vol. 24 (3) 312-318 doi: 10.1177/095697612452574
- Calogero, R.M., Tantleff-Dunn, S., and Thompson, J.K. (2011). Future directions for research and practice. *Self-objectification in Women; Causes, Consequences and Counteractions*, p. 217-231. Washington, DC: American Psychological Association.
- Cox, A. E., Ullrich-French, S., Cole, A. N., and D'Hondt-Taylor, M. (2016). The role of state mindfulness during yoga in predicting self-objectification and reasons for exercise. *Psychology Of Sport And Exercise*, 22(3), 321-327. doi:10.1016/j.psychsport.2015.10.001
- Daniels, E., and Leaper, C. (2006). A longitudinal investigation of sport participation, peer acceptance, and self-esteem among adolescent girls and boys. *Sex Roles*, 55, 875-880.
- Fardouly J., Vartanian L.R., Diedrichs P.C., and Halliwell E. (2015). The mediating role of appear-

- ance comparisons in the relationship between media usage and self-objectification in young women. *Psychology Of Women Quarterly*, 39(4), 447-457. doi:10.1177/0361684315581841
- Fredrickson, B., and Roberts, T. (1997). Objectification Theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206.
- Harper, B., and Tiggemann, M. (2008). The effect of thin ideal media images on women's self-objectification, mood, and body image. *Sex Roles : A Journal Of Research*, 58(9-10), 649-657. doi:10.1007/s11199-007-9379-x
- Hirschman, C., Impett, E. A., and Schooler, D. (2006). Dis/embodied voices: What late adolescent girls can teach us about sexuality. *Sexuality Research and Social Policy*, 3, 8-20.
- Kroon Van Diest, A. M., and Perez, M. (2012). Exploring the integration of thin-ideal internalization and self-objectification in the prevention of eating disorders. *Body Image*. doi:10.1016/j.bodyim.2012.10.004
- Lubitz, R. (2016, Nov 23) France passes law requiring companies to admit when models have been Photoshopped. *Style Mic*. Retrieved from <https://mic.com/articles/130789/france-passes-law-requiring-companies-to-admit-when-models-have-been-photoshopped#.sKWMjSO-Bu>.
- McKay, Tanjare' (2013) Female Self-Objectification: Causes, Consequences and Prevention. *McNair Scholars Research Journal*: Vol. 6: Iss. 1, Article 7.
- Available at: <http://commons.emich.edu/mcnair/vol6/iss1/7>
- Mercurio, A. E., and Landry, L. J. (2008). Self-objectification and well-being: The impact of self-objectification on women's overall sense of self-worth and life satisfaction. *Sex Roles : A Journal Of Research*, 58(7-8), 458-466. doi:10.1007/s11199-007-9357-3
- Miner-Rubino, K., Twenge, J.M., and Fredrickson, B.L. (2002). Trait self-objectification in women: Affective and personality correlates. *Journal of Research in Personal*, 36, 147-172.
- Minsberg, T. (2012, May 9) What the U.S. can – and can't – Learn from Israel's ban on ultra-thin models. *The Atlantic*. Retrieved from <https://www.theatlantic.com/international/archive/2012/05/what-the-us-can-and-cant-learn-from-israels-ban-on-ultra-thin-models/256891/>
- Muchlenkamp, J. J., and Saris-Baglama, R. N. (2002). Self-objectification and its psychological outcomes for college women. *Psychology of Women Quarterly*, 26(371), 379.
- National Association of Social Workers (2001). Adolescent girls and body image, 2(4). Retrieved March 17, 2018, from <https://www.social-workers.org/practice/womens-issues/adolescent-girls-and-body-image>
- Navamanikkam, M. (2017) Truth in advertising: Should America ban Photoshop? *University of Cincinnati Law Review*. Retrieved from <https://uclawreview.org/2017/06/21/truth-in-advertising-should-america-ban-photoshop/>
- Northern Kentucky University. Office of Institutional Research – Student Data Enrollment. Retrieved from [https://inside.nku.edu/content/dam/IR/docs/StudentData/Enrollment/Enrollment%20by%20Lvl\\_Gender\\_2016.pdf](https://inside.nku.edu/content/dam/IR/docs/StudentData/Enrollment/Enrollment%20by%20Lvl_Gender_2016.pdf)
- Novotney, A. (2014) Students under pressure. *American Psychological Association*. Vol. 45(2):36
- Prichard, I., and Tiggemann, M. (2005). Objectification in fitness centers: Self-objectification, body dissatisfaction, and disordered eating in aerobics instructors and aerobic participants. *Sex Roles*, 53(1/2), 19-28.
- Pryor, J.H., Hurtado, S., DeAngelo, L., Palucki Blake, L. and Tran, S. (2010) The American Freshman: National Norms Fall 2010. <https://www.heri.ucla.edu/PDFs/pubs/TFS/Norms/Monographs/TheAmericanFreshman2010.pdf> Quinn, D., Kallen, R., Twenge, J., and Fredrickson, B. (2006). The disruptive effect of self-objectification on performance. *Psychology of Women Quarterly* 30. 59-64. 10.1111/j.1471-6402.2006.00262.x.
- Rubin, L. R., and Steinberg, J. R. (2011). Self-objectification and pregnancy: Are body functionality dimensions protective? *Sex Roles*, 65(7-8), 606-618.
- Tiggemann, M., and Kuring, J. K. (2004). The role of body objectification in disordered eating and depressed mood. *British Journal of Clinical Psychology*, 43, 299-311.
- Tiggemann, M., and Williams, E. (2012). The role of self-objectification in disordered eating, depressed mood, and sexual functioning among women: A comprehensive test of objectification theory. *Psychology of Women Quarterly*, 36(1), 66-75.
- Tylka, T.L., and Augustus-Horvath, C.L. (2011). Fighting self-objectification in prevention and intervention contexts. *Self-Objectification in women: Causes, consequences, and counteractions*. Ed. Calogero, Tantleff-Dunn, & Thompson pp. 187-214. Washington, DC: American Psychological Association.
- Vandenbosch, L., and Eggermont, S. (2012). Understanding sexual objectification: A comprehensive

sive approach toward media exposure and girls' internalization of beauty ideals, self-objectification, and body surveillance. *Journal Of Communication*, 62(5), 869-887. doi:10.1111/j.1460-2466.2012.01667.x

Young, K. (2016) Depression is at an all-time high for college students. USA Today College. <http://college.usatoday.com/2016/10/22/depression-is-at-an-all-time-high-for-college-students/>

**Appendix A.****Campus Climate Research Survey**

- 1.) What is your age? \_\_\_\_\_
- 2.) What is your current NKU status?
  - \_\_\_\_ Undergraduate, full-time
  - \_\_\_\_ Undergraduate, part-time
  - \_\_\_\_ Graduate, full-time
  - \_\_\_\_ Graduate, part-time
  - \_\_\_\_ Non-degree seeking student
  - \_\_\_\_ Faculty or staff member
- 3.) What is your current living situation?
  - \_\_\_\_ On campus alone
  - \_\_\_\_ On campus with roommates
  - \_\_\_\_ Off campus alone
  - \_\_\_\_ Off campus with roommates
  - \_\_\_\_ Other (please specify) \_\_\_\_\_
- 4.) With which gender do you most identify?
  - \_\_\_\_ Female
  - \_\_\_\_ Male
  - \_\_\_\_ Transgender Female
  - \_\_\_\_ Transgender Male
  - \_\_\_\_ Gender Variant/Non-Conforming
  - \_\_\_\_ Not listed \_\_\_\_\_
  - \_\_\_\_ Prefer not to answer
- 5.) What is your sexual orientation?
  - \_\_\_\_ Straight/Heterosexual
  - \_\_\_\_ Gay
  - \_\_\_\_ Lesbian
  - \_\_\_\_ Bisexual
  - \_\_\_\_ Prefer to self-describe \_\_\_\_\_
  - \_\_\_\_ Prefer not to answer
- 6.) How would you describe yourself?
  - \_\_\_\_ American Indian or Alaskan Native
  - \_\_\_\_ Asian
  - \_\_\_\_ Black or African American
  - \_\_\_\_ Native Hawaiian or Other Pacific Islander
  - \_\_\_\_ White
- 7.) Check your marital status (select multiple if applicable):
  - \_\_\_\_ Single (never married)
  - \_\_\_\_ Married, or in a domestic partnership
  - \_\_\_\_ Widowed
  - \_\_\_\_ Divorced
  - \_\_\_\_ Separate



## 8.) Household income (Please check one):

- ☐ Less than \$25,000  
☐ \$25,000 to \$34,999  
☐ \$35,000 to \$49,999  
☐ \$50,000 to \$74,999  
☐ \$75,000 to \$99,999  
☐ \$100,000 to \$149,999  
☐ \$150,000 or more  
☐ Prefer not to answer

For the purpose of the survey, a **crisis** is defined as a moment of extreme emotional pain that gets in the way of living your everyday life (Crisis Textline, 2016).

## 9.) Please place an "X" in the appropriate box for each individual question:

	Yes	No
NKU's Health, Counseling, and Student Wellness Center offers a variety of mental health services, including individual and group counseling, psychological testing, crisis intervention, and substance abuse counseling. Prior to this survey, were you aware of the counseling center on NKU's campus?		
If mental health services were available on campus, would you utilize them in a crisis event?		
Traditional counseling hours include Monday through Friday, 8:30am - 4:30pm. Do you feel there is a need for 24 hour mental health resources outside of traditional counseling hours?		

10.) How accessible do you feel NKU student mental health services are to the student population? Please rate between 1-10, with 1 being the least accessible and 10 most accessible.

Least Accessible				Accessible				Most Accessible		
1	2	3	4	5	6	7	8	9	10	
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

11.) Please check (1) answer below to express your overall agreeance with the following statement:

NKU's campus offers students adequate resources for mental health and crisis services.

- ☐ Strongly Agree  
☐ Agree  
☐ Undecided  
☐ Disagree  
☐ Strongly Disagree

12.) If you chose to seek crisis or counseling services while on NKU's campus, which of the following providers would you prefer? (Please check all that apply.)

- ☐ Graduate practicum/intern student  
☐ Licensed professional  
☐ Peer support group

13.) What services you would consider using during a crisis event? (Please check all that apply.)

- ☐ Group Therapy  
☐ Individual Counseling  
☐ Crisis Intervention/Hotlines  
☐ Psychological testing  
☐ Substance Abuse testing

14.) Of all the mental health crisis interventions available, which do you feel would be most effective? Please rate on a scale of 1-5, with 1 the least effective and 5 the most effective.

- |                             |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|
| Group Therapy               | 1 | 2 | 3 | 4 | 5 |
| Individual Counseling       | 1 | 2 | 3 | 4 | 5 |
| Crisis Intervention/Hotline | 1 | 2 | 3 | 4 | 5 |
| Psychological testing       | 1 | 2 | 3 | 4 | 5 |
| Substance Abuse testing     | 1 | 2 | 3 | 4 | 5 |

15.) If you were seeking mental health services outside of traditional hours, how would you prefer to receive those services? (Please check all that apply.)

- ☐ Text message  
☐ In-person (off campus)  
☐ In-person (on campus)  
☐ Telephone  
☐ Other (specify) \_\_\_\_\_

16.) What are some of the reasons that students might not seek services on campus? (Please check all that apply.)

- ☐ Services not needed  
☐ Cost  
☐ Fear of stigma  
☐ Lack of information  
☐ Concerns of confidentiality  
☐ Other (specify) \_\_\_\_\_

17.) What would be the most effective way of informing students about the services available to them on campus for mental health? (Please check all that apply.)

- ☐ Include information on the NKU website  
☐ Flyers displayed in classrooms and throughout campus.  
☐ Include a presentation during new student orientation.  
☐ Other (please specify) \_\_\_\_\_

18.) Please place an "X" in the appropriate box for each individual question:

	Yes	No
<i>Self-objectification is defined as when "an individual views themselves as an object or a collection of body parts." (Kroon &amp; Perez, 2013, p. 16).</i> Have you ever viewed yourself as an object or collection of body parts?		
Have you ever avoided an activity (going out with friends, swimming, physical activities, etc.) because you were concerned about your appearance?		
Have you compared your body, or parts of your body, to another person in the last 30 days?		

19.) Please place an "X" in the appropriate box for each individual question:

	Never	Rarely	Sometimes	Often	Always
How often do you think about your appearance throughout the day?					
How often does your appearance affect your mood positively?					
How often does your appearance affect your mood negatively?					
Does media (advertisements, television, social media, celebrities) affect how often you think about body image?					
Do media images cause you to have negative thoughts about your body image?					
How often do you feel images in the media portray realistic body images?					
Do you think that models seen in the media have an "ideal" body?					
Does media affect how you feel about your own body image and self-worth?					

Please mark your answers with an "X":

20.) I would support NKU flying the confederate flag on campus.

- ☐ Strongly Disagree  
☐ Disagree  
☐ Neutral  
☐ Agree  
☐ Strongly Agree

21.) How often do you hear inappropriate or offensive comments on campus about race/ethnicity?

- ☐ Frequently  
☐ Occasionally  
☐ Rarely  
☐ Never

22.) Thinking about how students of different races interact and treat one another, how would you rate the overall racial climate on NKU's campus?

- ☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor

23.) How racially and ethnically diverse do you consider NKU to be?

- ☐ Highly Diverse  
☐ Somewhat Diverse  
☐ Not Very Diverse  
☐ Not Diverse At All

24.) Do you think colleges should be able to establish policies that restrict each of the following types of speech or expression on campus? Please place an "X" in the appropriate box for each individual question:

	Yes	No
Expressing political views that are upsetting or offensive to certain groups.		
Using slurs and other language on campus that is intentionally offensive to certain groups.		
Wearing costumes that stereotype certain racial or ethnic groups.		

25.) In response to white supremacist speakers at public universities, I believe it is acceptable to: (Please check all that apply.)

- ☐ Allow the speaker to perform completely undisturbed. They, too, are protected by the first-amendment.  
☐ Petition the university/student group to cancel the speaker  
☐ Silent protest (such as holding a poster during the speech)  
☐ Verbally interrupt the speaker during the event (such as booing or using noisemakers)  
☐ Blocking the venue entrance  
☐ Smash windows  
☐ Purposely injure the police  
☐ Purposely injure supporters  
☐ Set small fires  
☐ Other (please specify) \_\_\_\_\_