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The Impact of Sexual Assault on College Students' Daily Occupations: A Phenomenological Approach

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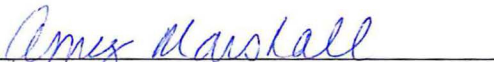
By

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THE IMPACT OF SEXUAL ASSAULT ON COLLEGE STUDENTS' DAILY OCCUPATIONS: A
PHENOMENOLOGICAL APPROACH

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in partial fulfillment of the requirements
for the degree of
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DEDICATION

This thesis is dedicated to the participants and advocates for survivors of sexual assault who inspired me to complete this study.

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ABSTRACT

It is estimated that 1 in 4 women experience sexual violence while in college (Tjaden & Thoennes, 2006), which may result in post-traumatic stress disorder (PTSD). Occupational therapy has been used to provide interventions for PTSD, but there is a gap in the literature addressing occupational therapy intervention for college students who have experienced sexual assault. The purpose of this phenomenological study was to inquire into students' lived experiences of daily occupations while in college after having experienced sexual assault, through thematic analysis of data from two interviews conducted in Kentucky and Ohio. Six meaningful themes were developed: changes in emotion, challenges with academics, interruption of social patterns, changes to work routines, changes to self-care routines, and changes in sleep patterns. The essence of the participant's lived stories emerged: sexual assault results in alterations to survivor's emotions and daily occupations, disrupting participation and performance in college.

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Chapter 1

Literature Review

The purpose of this study is to explore the impact of sexual assault on daily occupations of students who have experienced sexual assault during college, or within 6 months prior to enrollment. Sexual assault has been defined as an assault of a sexual nature, including a range of unwanted sexual contact, including vaginal, anal, or oral penetration with a body part or object, fondling, incest, or statutory rape (US Legal, 2016; Violence Against Women Act, 2014). It is estimated that 1 in 4 college women and 1 in 16 college men have experienced sexual violence, with approximately one in three victims developing post-traumatic stress disorder (Tjaden & Thoennes, 2006; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). This literature review is organized along a continuum of broad scholarly review of sexual assault on college campuses, and the relationship to the diagnoses of Post-Traumatic Stress Disorder (PTSD), to a closer look at occupational therapy and connections to sexual assault and PTSD. Finally, the study is viewed from an occupational justice perspective, to help the reader contextualize sexual assault within daily occupations. This departs from the more traditional sociological constructs of sexual assault. Sexual assault in the occupational therapy profession, and related categories of sexual assault and college campuses, post-traumatic stress disorder (PTSD), and occupational justice, show the

extent of current research evidence and occupational therapy intervention services available.

Sexual Assault and College Campuses

Sexual assault has a higher prevalence on campuses than in the general public, estimated at 3% to 20% for college women, while the prevalence for men is unknown (Kilpatrick et al., 2007; Fisher, Cullen, & Turner, 2000; Krebs, Lindquist, Warner, Fisher, & Martin, 2009). It is believed that most sexual assault is not formally reported, nor are support services sought by most survivors (McCart, Smith, & Sawyer, 2010). Stotzer and MacCartney (2016) note that factors leading to the prevalence of sexual assault on college campus include both individual risk factors for victims and perpetrators, as well as college risk factors. The authors conducted a study of 524 colleges in the United States, and determined that college risk factors include a higher population of students living on campus, motivated perpetrators supported by fraternities and sports supporting a high level of competition and aggressiveness, and poor guardianship of students by the school due to lack of alcohol regulation policy. Bird, Gilmore, George, and Lewis (2016) conducted a survey of 603 college students to consider the influence of alcohol on sexual assault risk, which indicated a positive correlation between drinking to socially conform and incapacitated sexual assault. Given the higher prevalence of sexual assault on campus, it is imperative to examine the issue to determine how to effectively reduce sexual victimization for students and best meet survivors' rehabilitative needs.

Sexual assault survivors are often directed to a Title IX office, if the college receives funding from the Department of Education. While the purpose of Title IX is to protect students' civil rights, many universities expanded services to address sexual assault to address prevention and provide counseling, housed in rape prevention programs, centers for women, and centers for health and wellness. However, this is not consistent across college campuses; many colleges lack programs specific to sexual assault, and knowledge of such programs and their utilization was low, with only 20% of sexual assault survivors using campus resources (Nasta et al., 2005). Bird et al. (2016) elucidate the need for prevention programming on campuses to examine the role social drinking plays in creating contexts with higher risk for sexual assault. Another study by Jozkowski (2015) illustrates that despite prevention efforts by colleges, prevalence rates of sexual assault on campuses have not improved. The author examined a semester long prevention course that was created as an alternate option to short-term educational programs, with results indicating increased knowledge of contextual factors leading to sexual assault. Jozkowski (2015) highlights the need for colleges to assess and monitor the effectiveness of prevention programming, and to establish programs reducing rape supportive culture on campus. While Title IX can play a legal role to address sexual assault during college, a fuller spectrum of services is needed to assist in preventing its occurrence on campus and supporting survivors' completion of a degree. These studies indicate the need for further program planning by college campuses to implement services and prevention initiatives that are proven to be effective by research evidence.

Sexual Assault and Post Traumatic Stress Disorder (PTSD)

The literature addressing sexual assault and PTSD is extensive, providing evidence of a positive correlation, as well as disruption to the ability to function in life. A study conducted by Messman-Moore, Brown, and Koelsch, (2005) looked at the role that prior abuse, self-dysfunction, post-traumatic stress (PTS), and substance abuse play in sexual assault revictimization. Substance abuse was found to be used as a coping mechanism for past abuse that also has a positive correlation to additional sexual assault experiences. Steencamp et al. (2012) examined a resilience trajectory, in which individuals have mild symptoms followed by return to normal functioning, in comparison to a recovery trajectory, consisting of moderate or severe symptoms and lasting longer, for sexual assault survivors with PTSD. The findings from this study indicated that the majority of study participants displayed a recovery trajectory. The dysfunction resulting from PTSD survivors experience point to barriers in performing daily activities.

Rape Trauma Syndrome (RTS) was formulated by Burgess and Homstrom (1974) and has been used to describe the symptoms experienced by individuals who have been sexually assaulted. Rape trauma syndrome describes the after-effects of sexual assault as a progression of phases, and has been considered as a possible subset of PTSD (Burgess, 1983; O'Donohue, Carlson, Benuto & Bennett, 2014). Although RTS has been used to describe the impact of sexual assault and has been used in court as scientific testimony during court proceedings, O'Donohue et al. (2014) critique its use due to

flaws such as ambiguity and lack of evidence, and recommend that survivors of sexual assault be assessed for PTSD, which has a stronger evidence base.

Occupational Therapy and PTSD

A search on PTSD and occupational therapy met a larger body of literature, primarily related to veterans. Literature discussing occupational therapy for veterans includes topics such as evidenced-based intervention, new exploratory intervention, and advocacy for veterans health needs. Occupational therapists providing intervention to veterans with PTSD have demonstrated positive results in using combined top-down/bottom-up, cognitive-behavioral, and sensory-based approaches to reduce symptoms, improve daily function, and increase quality of life. Speicher, Walter, and Chard (2014) conducted a study of an eight week multidisciplinary residential treatment program for veterans with Traumatic Brain Injury (TBI) clients and PTSD. The program included individual counseling, group psychoeducation, and occupational therapy, and findings were significant for reducing PTSD and depression symptoms. Stoller, Greuel, Cimini, Fowler, and Koomer (2012) conducted a randomized control trial (RCT) on sensory-enhanced yoga intervention for veterans, utilizing both top-down and bottom up approaches, with positive findings for reductions of PTSD symptoms and improvements in quality of life. Top-down approaches, such as affirmations and creating a safe context, were used to promote feelings of calm, while bottom-up approaches, including deep touch pressure, proprioceptive input, and rhythmical vestibular input, were used to reduce sympathetic nervous system activity. In a study by Rogers, Mallinson, and Pepper (2014), pre and post testing were used to explore

feasibility of an experimental high-intensity sports intervention, through surfing. The findings were promising, showing reductions in both symptoms of PTSD and depression. Classen, Monahan, Canonizado, and Winter (2014) examined driving intervention for veterans who experience dysfunction due to polytraumatic injuries and PTSD, using a single-subject study with pre and post testing, but findings didn't reach a level of significance and more research is needed. Several articles, such as Plach and Sells (2013) and Cogan (2014), support the need for taking a closer look at the occupational impact resulting from challenges veterans experience, including PTSD diagnosis, and advocacy for occupational therapists' role.

Occupational Therapy and Sexual Assault

Literature that specifically addresses occupational therapy and sexual assault is scarce. Only one work, by Muffley and Gerney (2015), looks directly at the influence of sexual assault on occupations involving touch. The authors conducted a survey of a stratified sample of northeastern college students (with an approximately 13% response rate out of 3000), comparing alterations to occupations resulting from sexual assault to a control group who had not experienced it. They found significant difference for occupations involving the influence of passive, unexpected, social, and light touch. The authors discussed the relation of different types of touch to a feeling of control, such as passive compared with active, posing that "those who have experienced sexual assault are uncomfortable with passive touch, possibly related to lack of control" (p. 108). The findings of this study indicate that occupational therapy could play a role in resolving somatosensory challenges influencing occupations of people who have been sexually

assaulted. In Froehlich (2009), the Model on Human Occupation (MOHO) is recommended as an approach for intervention to address the impact of sexual assault on emotions. The primary components of MOHO – volition, habituation, and performance capacity - can guide occupational therapy and assessment. The author points out that survivors of sexual abuse may experience feelings of helplessness, so by assessing volition the occupational therapy can learn what motivates the client in order to provide choices and empowerment. The occupational therapy can assess habituation to determine daily habits and roles with impaired function; for example, the author states: “My experience with survivors of sexual abuse is that many feel they do not deserve pleasure. Providing opportunities to explore new leisure experiences can be beneficial” (p. 10). Performance capacity may be assessed in areas such as motor and communication skills; the author found that many of her clients with a history of sexual abuse benefited from assertiveness and coping strategies.

Several studies address the potential for occupational therapists to advocate for individuals who have experienced physical and sexual violence. Gorman and Hatkevich (2016) discuss human trafficking, which enslaves an estimated 57,000 to 63,000 victims, primarily in sex trade, in the United States (as cited in the Global Slavery Index, 2014). The authors look at needs specific to this population, including “difficulties with self-care, money management, home management, child care, employment, task initiation, use of public transportation, social participation, and healthy coping and relaxation skills” (as cited in Helfrich, Aviles, Badiani, Walens, & Sabol, 2006, p. 7006360010p3). Areas the authors encourage occupational therapists to play a greater role in include

rehabilitation, prevention, research, and advocacy. Additionally, a larger occupational therapy role is advocated for by Javaherian-Dysinger et al. (2016) and Koch (2001) in services to survivors of domestic violence and sexual violence. In the study by Javaherian-Dysinger et al. (2016), the authors describe domestic violence as “physical, psychological, sexual, and financial harm” (citing Rutherford et al., 2007, p. 176). They conducted a retrospective study that looked at disruption to occupations for 68 women at a domestic violence shelter and effectiveness of occupational therapy being provided to the women in this context. Individualized intervention to help the women achieve goals and group intervention for “life skills, health, and self-esteem” resulting in positive findings in performance and satisfaction (p. 180). The study revealed occupational challenges in the areas of instrumental activities of daily living (IADLs) such as health, home, and financial management, and parenting, as well as the areas of work and social participation with family and the community. In his informative work, Koch (2001) points out that domestic and sexual violence are a health threat to women and children (as cited in U.S. Department of Justice, 1998), and the need for awareness, knowledge, and intervention in the occupational therapy profession. The findings indicating adverse effects on occupations and the need for greater awareness highlight the potential for occupational therapists to investigate a larger role in recovery for survivors.

Occupational Justice

Occupational justice is a relatively new term in the occupational therapy profession, developed by Townsend and Wilcock (Stadnyk, Townsend, & Wilcock, 2010; Frank, 2012, Townsend & Wilcock, 2004). It is generally recognized as the right of all people to

participate in everyday occupations (Nilsson & Townsend, 2010). After some debate, the World Federation of Occupational Therapists (WFOT) approved its inclusion in a community-based rehab position paper, aiding its acceptance in the profession (Kronenberg, Algado, Pollard, 2005). Frank (2010) discusses the international context that helped the concept of occupational justice to emerge: a new world of globalization and transnational advocacy networks that began to promote human rights.

Durocher, Rappolt, and Gibson (2015) take a look at future directions for occupational justice. The emergence of Occupational Science as a discipline, transnational advocacy networks, and globalization have fostered a new look outlook on humanitarianism and human rights, creating a platform for occupational scientists and therapists to collaborate with other disciplines to promote advocacy for underserved populations (Durocher, Rappolt, & Gibson, 2015; Frank, 2010; Townsend & Wilcock, 2004).

The gap in the literature of evidence-based occupational therapy intervention for college students who have experienced sexual assault suggests a need for additional studies to examine the impact on occupations and provision of client-centered intervention. The author sought an occupational justice standpoint to address sexual assault's impact on daily occupations of students. Prior studies indicate that sexual assault disrupts occupations and increases risk for PTSD, for which occupational therapy can provide intervention for prevention and rehabilitation.

The literature review reveals a gap for evidence to support the need and provision of occupational therapy services for survivors of sexual assault while in college. Studies

indicate that sexual assault results in PTSD for survivors and may cause a negative impact on occupational functioning. Occupational therapy has shown to be effective with populations such as veterans who have been diagnosed with PTSD, and may be able to provide intervention to students who have experienced sexual assault to aid in recovery.

Chapter 2

Introduction

Sexual Assault and Occupational Therapy

Earning a college degree is an important milestone for many, opening doors to future careers. It is also a time for students to pursue occupations typical of the college context, such as academic studies, social participation in classes, groups, and athletic events, internships, and volunteer work. During college, students explore roles, build skills, and develop academic and social skills. Overshadowing this experience is the act of sexual assault that occurs during this life juncture.

It is estimated that one in four college women have experienced sexual violence (Tjaden & Thoennes, 2006). Sexual assault has been defined as an assault of a sexual nature, including a range of unwanted sexual contact, including vaginal, anal, or oral penetration with a body part or object, fondling, incest, or statutory rape (US Legal, 2016; Violence Against Women Act, 2014). This recent definition was included in the reauthorization of the Violence Against Women Act in 2013, which is gender neutral and based on consent (End Sexual Violence, 2016). Only 11% of college women report sexual assault (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). There are a variety of reasons for the underreporting. One reason has been that victims may not define the experience as sexual assault, due to cultural perceptions of rape as a forcible crime perpetrated against a woman by a stranger in a remote location (Tuerkheimer,

2014). Additional reasons include self-blame, unsupportive social reactions, drug or alcohol use, racism, and lack of knowledge about services or access to care (Starzynski, Ullman, Townsend, Long, & Long, 2007).

Sexual assault results in a range of symptoms, including shock, anxiety, intense emotion, nightmares, and difficulty sleeping; it may lead to substance abuse, Major Depressive Disorder (MDD), and Post Traumatic Stress Disorder (PTSD), and suicide ideation (U.S. Department of Veteran Affairs National Center for PTSD, 2015). The National Women's Study (Kilpatrick, et al., 2007), indicated that one in three survivors of sexual assault develop PTSD. The symptoms specific to PTSD fall into four areas: re-experiencing the trauma through flashbacks and dreams, avoidance of memories and external reminders, negative cognition and mood (i.e., self-blame), and arousal, often described as a fight-or-flight reaction (American Psychiatric Association, 2013).

Occupational therapy has been used to provide interventions for PTSD, but there is a gap in the literature addressing occupational therapy intervention for college students who have experienced sexual assault and are at risk for or have developed PTSD. These students may be at risk for occupational injustice, a barrier to participation in their college occupations (Townsend & Wilcock, 2004). The *Occupational Therapy Practice Framework* (AOTA, 2014) supports advocacy for occupational justice for client contexts and outcomes. Occupational justice is described as the right to inclusive participation for all people in everyday occupations (Nilsson & Townsend, 2010). It can be inferred from the literature that although there is support for occupational therapy to address PTSD, providing services to individuals who have experienced sexual assault needs

further research to determine if this is an underserved population that could benefit from services. The purpose of this study is to explore the impact of sexual assault on daily occupations of students who have experienced sexual assault during college, or within 6 months prior to enrollment.

Method

Approach

A phenomenology approach was taken to learn the meaning of the experience of sexual assault for survivors while in college. This method originated with the philosopher Husserl, and later developed by researchers such as Moustakas, in order to seek underlying meaning within human experience (Moustakas, 1994). This approach supported the study goal of understanding the student survivor's experience in the college context.

Participants

Approval was first sought and granted by the Eastern Kentucky University Institutional Review Board. The participants for the study were then recruited by referral, flyer distribution, and social media, through reaching out to colleges, universities, and agencies providing advocacy and support services for sexual assault survivors in Kentucky and Ohio. The parameters for being a participant included having experienced a sexual assault during college or within 6 months of becoming a student, age between 18 and 50 years, ability to complete an interview, and to speak English. A

total of two participants contacted the author, reviewed and signed a consent form, and completed an interview, and discussed resource referrals. Both participants experienced a sexual assault during freshman year, were Caucasian and female (for demographics, see Table 2.14). The colleges they enrolled at were in mid-sized towns, and both had relocated to a large urban city. One participant had transferred to a university in this city and was still enrolled as a student.

Table 2.14 Participant Demographics

<i>Participant</i>	<i>Age</i>	<i>Gender</i>	<i>Race</i>	<i>Urban/rural</i>	<i>State</i>
Ann	46	Female	Caucasian	Urban	Ohio
Susan	22	Female	Caucasian	Urban	Ohio

Data Collection

Semi-structured interviews with open ended questions were conducted at a public location of the participant’s choice, and rich data was obtained from a total of 2 ½ hours of interview time. Each was audio-recorded and transcribed verbatim by an Eastern Kentucky University student who was paid an hourly rate. The interview included 5, open-ended questions aimed at exploring daily occupations before and after the sexual assault occurred. Examples of guiding questions are “Can you describe a typical day for you in college before the sexual assault occurred?” and “Can you describe a day for you in college after it occurred?”

Data Analysis

The data was analyzed by epoche (bracketing), eidetic reduction (to determine meaningful phrases and statements), and imaginative variation (to find meaning within the participants' context and derive themes), to understand the essence of the participants' experience (Moustakis, 1994). The author first read and reread the transcriptions, recording assumptions and noting meaningful units of text in phrases and statements. The units of text were reduced into clusters, to form structured, meaningful themes within the context of the participants' experience. A total of six themes were developed: changes in emotion, challenges with academics, interruption of social patterns, changes to work routines, changes to self-care routines, and changes in sleep patterns. The essence of the participant's lived stories emerged from the meaningful themes, that sexual assault results in alterations to survivor's emotions and daily occupations, disrupting participation and performance in college.

Trustworthiness

The author maintained a reflexive journal throughout the study, to bring to light and separate her of bias from the data. The use of epoche, in which bias and preconceived ideas of the outcomes were bracketed throughout the process of coding, was used to set aside the author's judgement and allow transparency of the participants' voices to speak through their own words (Moustakis, 1994). Peer debriefing was completed and member checks were performed to review the findings and ensure themes and participant essence were true to their lived experience.

Findings

Theme 1: Changes in Emotions

Each participant described an alteration to emotions after experiencing sexual assault. The emotions that surfaced in the text were anxiety, depression, and fear, which interfered with studying, participation in class, self-care, social interactions on campus and at work, and traveling in the campus district.

After the event, both participants experienced behaviors indicative of anxiety and depression. Prior to the sexual assault, Susan stated that she was participating in classes and working 20 hours per week, and “could easily balance work and school.” Her participation in school dropped – she reduced her course-load to two classes, stating “I just couldn’t handle it.” During class, concentration was challenged: “I have a hard time focusing cause I am always thinking about other things.” Ann spoke to the challenge of participation in class, stating “I did make myself go to class but I ended that January term much worse off,” also expressing feelings of anxiety: “I remember feeling so anxious and so panicked and I didn’t want to leave my room.” The anxiety had an impact on self-care for Susan, who stated: “I would pick at my skin all the time, it would relieve anxiety for me...I couldn’t even put on makeup because it wouldn’t cover the scabs.”

Sadness also appeared to influence both participants, evidenced in different reactions to social interactions. In the case of Ann, she described a shift from not

wanted to leave her dorm room to a return to campus social activities, however, this shift displayed underlying depressive motivation:

Ann: So I had this valley moment. So did this cliché thing where I convinced myself that's what I was for, and that's what people value, that's what men value. So I was slutted up, and got drunk a lot, and drink and have sex, and don't have any feelings. And that was the balance of freshman year for me...I was that girl, that fun girl that everyone liked to be around, and lets have a party and I don't care if it is Wednesday and I have a class tomorrow.

A different reaction was evident for Susan, but also showed an influence of depression on social interactions. She described a decline in social activities: "it has been difficult for me to keep friends because we keep making plans and I'm feeling extra sad and depressed that day, so I cancel and that happens quite a bit."

The emotion of fear inhibited one participant's ability to work during college and both participants freedom to move about in their communities, such as walking in certain campus locations. In addition to her struggle post-event to balance school and work, Susan stated she decided to leave her job for fear that the perpetrator or his supporters come to the worksite, and later moved: "I finished out the semester...but I had to move...I was scared he was going to kill me." The college Ann had chosen was in part due to appearing to be a safe environment, "where I could know everyone and have that safety of feeling like it was really familial and small." After the sexual assault

occurred, it lost that feel, and she no longer felt safe, stating “So that violation made me feel like no one was safe. And we are not safe because it wasn’t a stranger in an alley...this really happened while people were standing right outside the door.” As a result of the fear both participants moved to new environments, one to a new living arrangement during her next semester, and one transferred to a new university.

Theme 2: Challenges with Academics

The experience of sexual assault impacted academics in the areas of class participation, studies, and extracurricular activities. The participants experienced a decline in participation and achievement, expressing less motivation, and difficulty with concentrating in class. After the event, grades were lower for both participants, Ann speaking of her freshman year as a “write-off”, and Susan stating that her grades dropped from a 4. to 2.4. Attending classes and group study were a challenge, as both participants described a desire to stay in her room. Their attention was diverted from full participation in college activities after the event. Court proceedings were taking place for Susan, which resulted in difficulty attending college activities: “I was having to choose between my mental health or school...attending all my counseling and doctor appointments was a full time job. I did go to the police so it was going through the court systems... [I] had to talk to the police...call the prosecutor...see where things were at.”

Theme 3: Interruption of Social Patterns

The data showed evidence that social patterns changed after the experience; participants lost former family and friends after negative reactions to the sexual assault and sought out new, supportive relations. The social pattern for Ann, although initially

being one of withdrawal, shifted to participating in campus events with behaviors she did not previously have, including drinking more frequently and having casual relationships. Susan had been “very family oriented,” but felt a great loss of family ties after the event, stating “Well my boyfriend...he said it was my fault and I never heard from him again. So that was a huge loss and then all of my family that I hung out with, cousins and aunts and uncles, they all supported [the perpetrator] so I lost all of them.”

New connections were sought out, relationships which participants felt supported. These new relations included friends, a boyfriend, a counselor, and a teacher. While this appears to have facilitated recovery for Ann.

Ann: [I] started growing a great relationship with a professor who I did feel had my best interest at heart and who I could tell anything to and who respected us...he also treated us like adults and expected a lot from us. So that helped me repair some of my focus on school I think.

Theme 4: Changes to Work Routines

The work routine and work attitudes indicated a change as well. Susan discontinued work due to fear that the perpetrator would come to her place of employment, or family and friends that were in support of him: “I had to quit because I was scared to go to work and they would come in and I just couldn’t be there.” She also described receiving services and going through court as a “full time job.” Ann did not work during college but described a change in vision for her career: “Yeah going into college I was a

dreamer and I wanted to do Broadway...I think part of the experience, it killed that light a little.”

Theme 5: Changes to Self-Care Routines

Self-care activities of dressing and grooming lost importance for both participants after the experience. Prior to the sexual assault, both participants stated they gave attention to appearance. This was followed by a “pendulum swing” for Ann, who described dressing as getting “slutted up,” and “costume-y.”

Ann: I don’t think I consciously knew I was hiding myself from my sexuality, but that’s definitely what it was. And then that pendulum swung, when I started to go out and be social, I was like well let’s start it up, wear short skirts and crazy colors then were the trend, big hair and Ray Bans. I looked like everybody else and I was okay with that. I think it was an act. Again it felt very costume-y, like I was playing a part.

Theme 6: Changes in Sleep Patterns

The amount of time spend sleeping initially increased after the event for both participants. For Susan, it became a challenge to attend school as she “just couldn’t get out of bed,” and described sleep as an “escape,” stating she “literally probably slept seventeen hours a day.” Initially after the sexual assault Ann also slept more: “I think in the couple weeks past the event, I think I slept a lot, and I think my body was sort of like it’s actually happening to recover.” The impact of sexual assault on the participants’

occupations interrelated to different domains of life, creating additional barriers in daily activities.

Discussion

Themes emerged from the data that reveal an impact on student occupations after sexual assault, including changes in emotions, challenges with academics, interruptions of social patterns, changes to work routines, changes to self-care routines, and changes in sleep patterns. The essence of the participant's lived stories emerged from the meaningful themes, that sexual assault results in alterations to survivor's emotions and daily occupations, disrupting participation and performance in college.

Emotions are described as physiologic client factors which influence occupations (AOTA, 2015). Anxiety, depression, and fear surfaced in meaningful phrases and statements expressed by the participants that negatively influenced their daily occupations in college. Academic participation decreased post-event due to difficulty in attending class and study groups, and reduced focus during their courses. Performance also suffered, resulting less satisfaction, poor grades, and reduced grade point averages, as well as delayed graduation for Susan. There was a loss of relationships resulting from adverse reactions of family and friends after the event, and new social connections were sought that provided benevolent support for the participants. Work was discontinued by one participant, while one described a dimming of career goals. Self-care initially became less important in the areas of dressing and grooming, followed by an extreme

shift for Ann to a “costume-y” appearance. The amount of time sleeping increased after the event, and was described by Susan as an “escape.”

The disruption to participation and performance in college that sexual assault survivors experience constitutes a form of occupational injustice. According to Townsend and Wilcock (2004) occupational injustice occurs when participation in occupation is “barred, confined restricted, segregated, prohibited, underdeveloped, disrupted, alienated, marginalized, exploited, excluded or otherwise restricted.” The participants in this study experienced disruption across valued occupations while in college, which resulted in reduced participation and satisfaction.

The disruption to occupations experienced by the participants reduces quality of life during college and places them at risk for adverse health consequences such as PTSD. Occupational therapy can play a role in restoring daily occupations of students that are negatively impacted by sexual assault. Additionally, occupational therapists can play a valuable role in occupational education and intervention within the college context, as part of health and wellness centers and violence prevention/advocacy programs. Providing occupational therapy to survivors of sexual assault within the college context could be termed an emerging practice area, in support of the *Healthy People 2020* goal to “achieve health equity, eliminate disparities, and improve the health of all groups” (*Healthy People*, 2016).

Limitations and Future Directions

Rich data was obtained from 2 ½ hours of interview time, however saturation was not reached. The findings indicate that sexual assault disrupts daily occupations of college students, which could be verified and potentially strengthened by additional research with larger samples. Further exploration could go into additional depth on ADLs such as feeding, IADLs such as home management, and leisure activities, as well as describe the impact of sexual assault on diverse populations not included in this study. More research is indicated to build evidence-based occupational therapy intervention options and protocols for treatment in order to provide client-centered care for this population.

Conclusion

This study found that the essence of experience for survivors is that sexual assault alters emotions and daily occupations, disrupting participation and performance in college. Themes emerged from the meaningful phrases and statements of the participants that point to a negative impact on daily occupations of students who have been sexually assaulted. These include changes in emotion, challenges with academics, interruption of social patterns, changes to work routines, changes to self-care routines, and changes in sleep patterns. Occupational therapists may consider this population an emerging practice area, to provide intervention for occupations impacted by sexual

assault to improve performance and quality of life while survivors strive to complete a degree. In addition, there is potential for occupational therapists to play a collaborative role on college campuses, through health and wellness centers, and through advocacy, to provide client-centered care for survivors.

References

- American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders, (5th ed.). Washington, DC: Author.
- American Occupational Therapy Association. (2013). AOTA's societal statement on combat-related posttraumatic stress. Retrieved from <http://www.aota.org/Search.aspx?q=AOTA%27s%20societal%20statement%20o>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. doi:10.5014/ajot.2014.682005.
- Bird, E.R., Gilmore, A.K., George, W.H., & Lewis, M.A. (2015). The role of social drinking factors in the relationship between incapacitated sexual assault and drinking before sexual activity. *Addictive Behaviors*, 52, 28-33. doi:org/10.1016/j.addbeh.2016.08.001.
- Burgess, A. (1983). Rape trauma syndrome. *Behavioral Sciences & the Law*, 1(3), 97-113.
- Davis, J. (1999). Effects of trauma on children: Occupational therapy to support recovery. *Occupational Therapy International*, 6(2), 126-142.
- Davis, J., & Kutter, C. (1997). Independent living skills and Post Traumatic Stress Disorder in women who are homeless: Implications for future practice. *The American Journal of Occupational Therapy*, 52(1), 39-44. doi:10.5014/ajot.52.1.39.
- Department of Education. (2014). Violence Against Women Act; Final rule. *Federal Register*, 79(202), 62752-62790.
- Durocher, E., Rappolt, S., & Gibson, B.E. (2014). Occupational justice: Future directions. *Journal of Occupational Science*, 21(4), 431-442. doi.org/10.1080/14427591.2013.775693
- Eakman, A.M., Schelly, C., & Henry, K.L. (2015). Protective and vulnerability factors contributing to resilience in post-9/11 veterans with service-related injuries in postsecondary education. *American Journal of Occupational Therapy*, 70(1), 7001260010p1-7001260010p10. doi:50.5014/ajot.2016.016519.

- End Sexual Violence. (2016). Major changes in VAWA related to sexual assault. Retrieved from <http://endsexualviolence.org/where-we-stand/major-changes-in-vawa-related-to-sexual-assault>.
- Engel-Yeger, B., Palgy-Levin, D., & Lev-Wiesel, R. (2013). The sensory profile of people with post-traumatic stress symptoms. *Occupational Therapy in Mental Health, 29*(3), 266-278. doi.org/10.1080/0164212X.2013.819466.
- Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). The sexual victimization of college women (Report No. NCJ 182369). Washington, DC: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.
- Frank, G. (2012). The 2010 Ruth Zemke Lecture in Occupational Therapy/Occupational Science/Occupational Justice: Moral commitments and global assemblages. *Journal of Occupational Science, 19*(1), 25-35. doi.org/10.1080/14427591.2011.607792.
- Gerney, A. & Muffley, A. (2016). Sexual assault: Building the evidence for occupational therapy. *American Journal of Occupational Therapy, 69*, 6911505024p1. doi:10.5014.ajot/2015.69S1-PO2086.
- Gorman, K. W., & Hatkevich, B. A. (2016). The Issue Is—Role of occupational therapy in combating human trafficking. *American Journal of Occupational Therapy, 70*, 7006360010. doi.org/10.5014/ajot.2016.016782.
- Javaherian-Dysinger, H., Kepalek, D., Huecker, E., Hewitt, L., Cabrera, M., Brown, C., Francis, J., Rogers, K., & Server, S. (2016). Occupational needs and goals of survivors of domestic violence. *Occupational Therapy In Health Care, 30*(2), 175-186. doi.org/10.3109/07380577.2015.1109741.
- Javidi, H., & Yadollahie, M. (2012). Post-traumatic stress disorder. *The International Journal of Occupational and Environmental Medicine, 3*(1), 2-9.
- Jozkowski, C. (2015). Beyond the dyad: An assessment of sexual assault prevention education focused on social determinants of sexual assault among college students. *Violence Against Women, 21*(7), 848-874. doi:10.1177/1077801215584069.
- Kielhofner, G. (2006). Research in occupational therapy: Methods of inquiry for enhancing practice. Philadelphia, PA: F.A. Davis Company.

- Kilpatrick, D.G., Resnick, H.S., Ruggiero, K.J., Conoscenti, L.M., & McCauley, J. (2007). Drug-facilitated, incapacitated, and forcible rape: A national study (NCJ 219181). Medical University of South Carolina, National Crime Victims Research & Treatment Center; Charleston, SC.
- Kjorstad, M., O'Hare, S., Soseman, K., Spellman, C., & Thomas, P. (2005). The effects of post-traumatic stress disorder on children's social skills and occupation of play. *Occupational Therapy in Mental Health, 21*(1), 39-56. doi.org/10.1300/J004v21n01_03.
- Koch, M. (2001). Occupational therapy and victim advocacy. *Occupational Therapy in Mental Health, 16*(3/4), 97-110. doi.org/10.1300/J004v16n03_06.
- Krebs, C. P., Lindquist, C., Warner, T., Fisher, B., & Martin, S. (2007). The campus sexual assault (CSA) study: Final report. Retrieved from the National Criminal Justice Reference Service: <http://www.ncjrs.gov/pdffiles1/nij/grants/221153.pdf>
- Kronenberg, F., Algado, S.S., & Pollard, N. (2005). Occupational therapy without borders: Learning from the survivors. Edinburgh: Elsevier Limited.
- Lin, C. (2013). Revealing the "Essence" of things: Using phenomenology in LIS research. *Qualitative and Quantitative Methods in Libraries, 4*, 469-478.
- Lohman, H., & Royeen, C. (2002). Posttraumatic stress disorder and traumatic hand injuries: A neuro-occupational view. *American Journal of Occupational Therapy, 56*, 527-537. doi:10.5014/ajot.56.5.527.
- McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress, 23*, 198-206. doi:10.1002/jts.20509.
- Messman-Moore, A., Brown, L. & Koelsch, L. (2005). Posttraumatic symptoms and self-dysfunction as consequences and predictors of sexual revictimization. *Journal of Traumatic Stress, 18*(3), 253-261. Doi:10.1177/0886260508317199.
- Moustakas, C. (1994). Phenomenological Research Methods. Thousand Oaks, CA: Sage.

- Muffly, A., & Gerney, A. (2015). Occupational preferences of people who have experienced sexual assault. *Occupational Therapy in Mental Health, 31*(2), 101-112. doi.org/10.1080/0164212X.2015.1027842.
- Nilsson, I., & Townsend, E. (2010). Occupational justice – bridging theory and practice. *Scandinavian Journal of Occupational Therapy, 17*(1), 57 – 63. doi: 10.3109/11038120903287182
- O’Donohue, Carlson, G.C., Benuto, L.T., & Bennett, N.M. (2014). Examining the scientific validity of rape trauma syndrome. *Psychiatry, Psychology and Law, 21*(6), 858-876.
- Perez-Pena, R. (2015, September 22). One in four women experience sex assault on campus. *The New York Times*, pp. A16
- Phillips, M.E., Bruehl, S., & Harden, R.N. (1997). Case report: Work-related Post Traumatic Stress Disorder: Use of Exposure Therapy in work-simulation activities. *American Journal of Occupational Therapy, 51*(8), 696-700. doi:10.5014/ajot.51.8.696.
- Pizur-Barnekow, K. (2010). Maternal health after birth of a medically complex infant: Setting the context for evaluation of co-occupational performance. *American Journal of Occupational Therapy, 64*(4), 642-649. doi:10.5014/ajot.2010.08160.
- Rogers, C.M., Mallinson, T., & Pepper, D. (2014). High intensity sports for post traumatic stress disorder and depression: Feasibility study of ocean therapy with veterans of Operation Enduring Freedom and Operation Iraqi Freedom. *American Journal of Occupational Therapy, 68*(4), 395-404. doi:10.5014/ajot/2014.011221.
- Speicher, S., Walter, K., & Chard, K. (2014). Interdisciplinary residential treatment of post traumatic stress disorder and traumatic brain injury: Effects on symptom severity and occupational performance and satisfaction. *American Journal of Occupational Therapy, 68*(4), 412-421. doi:10.5014/ajot.2014.011304.
- Starzynski, L.L., Ullman, S.E., Townsend, S.M., Long, L.M., & Long, S.M. (2007). What factors predict women’s disclosure of sexual assault to mental health professionals? *Journal of Community Psychology, 35*(5), 619-638. doi:10.1002/jcop.20168.

- Steenkamp, M., Dickstein, B., Salters-Pedneault, K., Hofmann, S., & Litz, B. (2012). Trajectories of PTSD symptoms following sexual assault: Is resilience the modal outcome? *Journal of Traumatic Stress, 25*(4), 469-474. doi:10.1002/jts.21718.
- Stoller, C., Greuel, J., Cimini, L., Fowler, M., & Koomer, J. (2012). Effects of sensory-enhanced yoga on symptoms of combat stress in deployed military personnel. *American Journal of Occupational Therapy, 66*(1), 59-68. doi: 10.5014/ajot.2012.001230.
- Stotzer, R.L., & MacCartney, D. (2016). The role of institutional factors on on-campus reported rape prevalence. *Journal of Interpersonal Violence, 31*(16), 2687-2707. doi: 10.1177/0886260515580367.
- Tjaden, P. & Thoennes, N. (2006). Extent, nature and consequences of rape victimization: Findings from the national violence against women survey. Washington, DC: National Institute of Justice.
- Townsend, E., & Wilcock, A. (2004). Occupational justice and client-centered practice: A dialogue in progress. *The Canadian Journal of Occupational Therapy, 71*(2), 75-87.
- Tuchner, M., Meiner, Z., Parush, S., & Hartman-Maeir, A. (2010). Relationships between sequelae of injury, participation, and quality of life in survivors of terrorist attacks. *OTJR Occupation, Participation, and Health, 30*(1), 29-38. doi:10.3928/15394492-20091214-05.
- U.S. Department of Education. (2015). Title IX and sex discrimination. Retrieved from http://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html
- U.S. Department of Veteran Affairs National Center for Post Traumatic Stress Disorder. (2015). Sexual assault against females. Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/women/sexual-assault-females.asp>
- Zinzow, H.M., Amstadter, A.B., McCauley, J.L., Ruggiero, K.J., Resnick, H.S., & Kilpatrick, D.G. (2014). Self-rated health in relation to rape and mental health disorders in a national sample of college women. *Journal of American College Health, 59*(7), 588-594.

Appendix A:
IRB Approval



Graduate Education and Research
Division of Sponsored Programs

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NOTICE OF IRB APPROVAL

Protocol Number: 000247

Institutional Review Board IRB00002836, DHHS FWA00003332

Review Type: Full Expedited

Approval Type: New Extension of Time Revision Continuing Review

Principal Investigator: **Lee Hodge** Faculty Advisor: **Dr. Christine Privott**

Project Title: **The Impact of Sexual Assault on College Student's Daily Occupations: A Phenomenology Study**

Approval Date: **9/8/17** Expiration Date: **6/30/17**

Approved by: **Dr. Rachel Williams, IRB Member**

This document confirms that the Institutional Review Board (IRB) has approved the above referenced research project as outlined in the application submitted for IRB review with an immediate effective date.

Principal Investigator Responsibilities: It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations.

Consent Forms: All subjects must receive a copy of the consent form as approved with the ECU IRB approval stamp. You may access your stamped consent forms by logging into your [InfoReady Review](#) account and selecting your approved application. Copies of the signed consent forms must be kept on file unless a waiver has been granted by the IRB.

Adverse Events: Any adverse or unexpected events that occur in conjunction with this study must be reported to the IRB within ten calendar days of the occurrence.

Research Records: Accurate and detailed research records must be maintained for a minimum of three years following the completion of the research and are subject to audit.

Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a description of those changes must be submitted for IRB review and approval prior to implementation. Some changes may be approved by expedited review while others may require full IRB review. Changes include, but are not limited to, those involving study personnel, consent forms, subjects, and procedures.

Annual IRB Continuing Review: This approval is valid through the expiration date noted above and is subject to continuing IRB review on an annual basis for as long as the study is active. It is the responsibility of the principal investigator to submit the annual continuing review request and receive approval prior to the anniversary date of the approval. Continuing reviews may be used to

continue a project for up to three years from the original approval date, after which time a new application must be filed for IRB review and approval.

Final Report: Within 30 days from the expiration of the project, a final report must be filed with the IRB. A copy of the research results or an abstract from a resulting publication or presentation must be attached. If copies of significant new findings are provided to the research subjects, a copy must be also be provided to the IRB with the final report. Please log in to your [InfoReady Review](#) account, access your approved application, and click the option to submit a final report.

Other Provisions of Approval, if applicable: None

Please contact Sponsored Programs at 859-622-3636 or send email to lisa.royalty@eku.edu with questions about this approval or reporting requirements.

Appendix B:
Consent Form

Consent to Participate in a Research Study

The Impact of Sexual Assault on College Students' Daily Occupations: A Phenomenology Study

Why am I being asked to participate in this research?

You are being invited to take part in a research study about the impact of sexual assault on the daily occupations of college students. You are being invited to participate in this research study because you have experienced a sexual assault within six months of becoming a college student or while a college student. If you take part in this study, you will be one of about 5 people to do so.

Who is doing the study?

The person in charge of this study is Lee Hodge (P.I.), a graduate student at Eastern Kentucky University. She is being guided in this research by Dr. Christine Privott. There may be other people on the research team assisting at different times during the study.

What is the purpose of the study?

By doing this study, we hope to learn the impact that sexual assault experienced by college students has on daily occupations, such as activities of daily living, sleep, work, education, leisure, and social participation.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at Eastern Kentucky University in Richmond, Kentucky. You will need to come to a location of your choice, 1 during the study. This may be in Kentucky or Ohio. The visit will take about 45-60 minutes. It may be completed in two visits, if necessary. There will be a follow-up interview by phone of about 30 minutes. The total amount of time you will be asked to volunteer for this study is up to about 90 minutes over the next year.

What will I be asked to do?

The P.I. will conduct one (or 2 if necessary) semi-structured, 45-60 minute, in-person interview with you, in which you will be asked about your daily occupations before the experience and after. The interview will be scheduled at your convenience and at a

location of your choice. You will be asked for your permission to record/audio-tape the interview. There will be a follow-up interview by phone of about 30 minutes, within 3 months of the in-person interview, to review the information the P.I. collected to make sure it correctly reflects the in-person interview. All information will be kept anonymous and confidential. Resources for counseling following the interview will be provided.

Are there reasons why I should not take part in this study?

You should not take part in the study if you find that talking about this topic is undesirable and upsetting.

What are the possible risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

Although we have made every effort to minimize this, you may find some questions we ask you to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with these feelings.

You may, however, experience a previously unknown risk.

Will I benefit from taking part in this study?

There are not personal material benefits from taking part in this study.

Do I have to take part in this study?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

If I don't take part in this study, are there other choices?

If you do not want to be in the study, there are no other choices except to not take part in the study.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court. Also, we may be required to show information that identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as Eastern Kentucky University.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or if you get sick because of something that is done during the study, you should call Lee Hodge at (614) 914-7822 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in

this study. That cost will be your responsibility. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your child's care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What if I have questions?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Lee Hodge at (614) 914-7822. If you have any questions about your rights as a research volunteer, contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at (859) 622-3636. We will give you a copy of this consent form to take with you.

What else do I need to know?

You will be told if any new information is learned which may affect your condition or influences your willingness to continue taking part in this study.

I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and agree to participate in this research project.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Date

Name of person providing information to subject

Date

Appendix C:

Referral Flyer

**The Impact of Sexual Assault on College Students' Daily Occupations: A
Phenomenology Study
Invitation for participants**

Why am I being asked to participate in this research?

You are being invited to take part in a research study about the impact of sexual assault on the daily occupations of college students. You are being invited to participate in this research study because you have experienced a sexual assault within six months of becoming a college student or while a college student.

Who is doing the study?

The person in charge of this study is Lee Hodge, an Occupational Therapy graduate student at Eastern Kentucky University. The thesis chair guiding the research will be Dr. Christine Privott, Ph.D., OTR/L. There may be other people on the research team assisting at different times during the study.

What is the purpose of the study?

By doing this study, we hope to learn the about the impact that sexual assault experienced by college students has on occupations, such as activities of daily living, sleep, work, education, leisure, and social participation.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at Eastern Kentucky University in Richmond, Kentucky. Interviews will be in Kentucky and Ohio, at a location of your choice, 1 (or 2 times if needed) during the study, for an in-person interview that will take about 45-60 minutes. There will be a follow-up interview by phone of about 30 minutes, to make sure that the information accurately reflects participant's views. Interviews will be confidential and participants may opt out at any time. If unable to do an in-person interview, the interview questions can be completed and emailed.

If you or someone you know might be interested in participating, please contact Lee Hodge at (614) 914-7822 or Lee_hodge10@mymail.eku.edu

Appendix D:
Data Collection Tool: Interview Guidelines

The Impact of Sexual Assault on College Students' Daily Occupations: A Phenomenology Study

Semi-Structured Interview Guide

Time of Interview:

Date of Interview:

Location of Interview:

Interviewer:

Interview Protocol

1. Explain the purpose and nature of the study.
2. Assure the participant that she/he will remain anonymous.
3. Indicate that some questions may be difficult to answer.
4. Indicate that she/he is free to interrupt and ask for clarification.
5. Seek permission to record the interview and explain why.

Guiding Questions

1. Can you describe a typical day for you in college before the sexual assault occurred?

Prompts:

- Activities of daily living, such as dressing, grooming, and eating
- Instrumental activities of daily living, such as paying bills, cleaning, laundry, and caring for pets
- Rest and sleep
- Education activities, such as studying, lab, and group activities
- Work and/or volunteering
- Play and leisure, such as extracurricular hobbies
- Social activities

2. Can you describe a day for you in college after it occurred?

Prompts:

- Activities of daily living, such as dressing, grooming, and eating
 - Instrumental activities of daily living, such as paying bills, cleaning, laundry, and caring for pets
 - Rest and sleep
 - Education activities, such as studying, lab, and group activities
 - Work and/or volunteering
 - Play and leisure, such as extracurricular hobbies
 - Social activities
3. Describe how you feel about your satisfaction with academic performance, such as grades, classroom participation, and social participation.
4. Describe how you feel about your satisfaction with your progression toward completion of your degree.

Prompts:

- Did you take time off from school?
 - Will you (or did you) complete the degree within the timeframe you expected?
5. Did you receive support services and/or resources, such as crisis intervention, legal aid, referrals, counseling, or advocacy, while in college? If you did, what were they?