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

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ABSTRACT

Sexual assault is associated with a high degree of Posttraumatic Stress Disorder (PTSD) severity. Three in ten survivors of campus sexual assault develop PTSD over their lifetime. Occupational therapists treat veterans with PTSD, but limited research exists addressing college student survivors of sexual assault and occupational therapy. A phenomenological approach was used to understand meanings of sexual assault for college student survivors. Semi-structured interviews yielded rich data and themes of disruption and reduced quality of life. The author concludes there is potential for occupational therapists to play a collaborative role on college campuses.

KEYWORDS

Sexual assault and posttraumatic stress disorder; campus sexual abuse; occupational therapy

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 in college; such as academic studies, social participation in classes and peer groups, athletic events, internships, and employment. During college students explore roles, and build and develop academic and social skills; Experiencing sexual assault during college can overshadow this skill-building at a life juncture that is critical and leads to earning a college degree and participating in a career. 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 (U.S. Department of Education, 2014). This recent definition was included in the 2013 reauthorization of the Violence Against Women Act which is gender neutral and based on consent (End Sexual Violence, 2016). Only eleven

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percent of college women report sexual assault (Kilpatrick et al., 2007); there are a variety of reasons for the underreporting. One reason is 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, 2015). Other reasons include self-blame, unsupportive social and peer reactions, drug or alcohol use, racism, and lack of knowledge about services or access to care (Starzynski et al., 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), Posttraumatic Stress Disorder (PTSD), and suicidal ideation (U.S. Department of Veteran Affairs National Center for PTSD, 2015). Resnick et al. (1993), in an earlier study, found that one in three survivors of sexual assault developed PTSD. The symptoms specific to PTSD fall into four areas: reexperiencing 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 (APA, 2013).

Occupational therapy has been used to provide interventions for PTSD—focusing on occupational performance within physical and psychosocial contexts to reduce stress reactions from traumatic events to promote successful engagement in occupations (Brown & Stoffel, 2011; Elkit & Christiansen, 2013). There appears to be 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 subject to occupational injustice; a barrier to participation in their college occupations (Townsend & Wilcock, 2004). Occupational therapists subscribe to the Occupational Therapy Practice Framework (American Occupational Therapy Association, 2014) concept of occupational justice in order to more fully understand client outcomes—including clients diagnosed with PTSD. In this capacity, occupational justice is “access to and participation in the full range of meaningful and enriching occupations afforded to others” (American Occupational Therapy Association, 2014). It concerns the right to inclusive participation for all people in everyday occupations (Nilsson & Townsend, 2010), including victims of sexual assault. There is support in the literature for occupational therapy to address PTSD; however, providing services to individuals who have experienced sexual assault deserves further exploration to determine the efficacy of occupational therapy with this underserved population. The purpose of this present study is to explore the impact of sexual assault on daily occupations of students who have experienced sexual assault during college, or as recent evidence suggests, within 6 months prior to enrolling in college and when

symptoms of trauma may still be present (National Sexual Violence Resource Center, 2015; Wallace, 2016).

Method

Approach

A phenomenological approach was used to explore the meaning of the experience of sexual assault for survivors who are in college. This method originated with the philosopher Husserl, and later developed by Moustakas (1994), in order to seek underlying meaning within human experience. This approach supported the study goal of understanding the student survivors' experiences in the college context.

Participants

Approval was granted by the Eastern Kentucky University Institutional Review Board, which included an Informed Consent Form with information about counseling and crisis resources for participants. 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 (National Sexual Violence Resource Center, 2015; Wallace, 2016), and included individuals who experienced a sexual assault close in time to the start of classes. Inclusion criteria also included individuals 18–50 years of age, ability to complete an interview, and ability to speak English. A total of two participants contacted the author, reviewed and signed the Consent Form, and completed an interview with the researcher. At this time, resource referrals were again provided and discussed to support participation in the study and as they potentially shared their sexual assault experiences. Participants were informed they could discontinue the interview at any time.

Participant one, Ann, is 46 years of age. Participant two, Susan, is 22 years of age. Both participants are Caucasian, female, and were initially enrolled in colleges in mid-sized towns and have since relocated to a large city. One of these participants transferred to a university in the city and was still enrolled as a student.

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 two and one-half hours of interviews. Each interview was audio-recorded and transcribed verbatim by an Eastern Kentucky University student who was paid an hourly rate. The interview included five, open-ended questions aimed at exploring daily occupations before and after the sexual assault occurred. The guiding questions were as follows:

1. Describe a typical day for you in college before the sexual assault occurred?
2. Describe a day for you in college after it occurred?
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.
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?

Data analysis

The data were analyzed by (1) *epoche*—bracketing, (2) *eidetic reduction*—determining meaningful phrases and statements, and (3) *imaginative variation*—finding meaning within the participants' context and deriving themes. This approach was undertaken to understand the essence of the participants' experiences (Moustakas, 1994). The author first read and re-read the transcriptions, recorded assumptions, and noted 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' experiences. A total of six themes were developed: (1) changes in emotion, (2) challenges with academics, (3) interruption of social patterns, (4) changes to work routines, (5) changes to self-care routines, and (6) changes in sleep patterns. The essence of the participants' lived stories emerged from these themes.

Trustworthiness

The author maintained a reflexive journal throughout the study to bring to light and minimize bias from the data. The use of *epoche* strategies during data analysis was also used to bracket participants' responses that the author felt personal bias or made assumptions about the study outcome(s). This method of coding was used to set aside the author's judgement(s) and allow transparency of the participants' voices to speak through their own words (Lin, 2013; Moustakas, 1994). Peer debriefing was completed and member checks were performed to review the findings and ensure themes and the essence of the participants' views were true to their lived experience.

Findings

Theme 1: changes in emotions

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

Ann spoke to the challenge of participating 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.” Ann also experienced a shift to sadness in that she had difficulty reconciling leaving her dorm room and/or returning to campus social activities. To Anne, this shift felt like underlying depressive motivation:

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 slugged 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.

Ann chose the college party because it appeared 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, she no longer felt safe, stating “so the 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.” Ann made new living arrangements for the next semester and moved out of her dorm to increase distance between herself and the perpetrator.

Ann’s comments about her freshman year behavior reflects her own change of emotions after the sexual assault. She is cognizant of her altered emotions in class, her dorm room, and while engaged in campus social activities.

Susan stated she was participating in classes and working 20 h per week and “could easily balance work and school” prior to the sexual assault. After the assault, her participation in school decreased—she reduced her courseload to two classes stating “I just couldn’t handle it.” During class, her concentration was challenged: “I have a hard time focusing cause I’m always thinking about other things.” Susan also expressed an influence of depression on social interactions. She describes 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 also inhibited Susan’s ability to work during college and move freely about in the community and on campus. Susan stated she decided to leave her job for fear that the perpetrator or his supporters would come to the worksite; later she moved. “I finished out the semester ... but I had to move ... I was scared he was going to kill me.” This was followed by a move to a new city and change of schools. She also described the impact anxiety had on her self-care: “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.” Different reactions with emotions was evident for Susan, however she seemed aware of the influence of depression and anxiety in social situations despite these emotions.

Fear was experienced by each participant, inhibiting their ability to move freely within their social circles and college communities. As a result of the fear, both participants sought new environments to lessen the feel of threat to their well-being.

Theme 2: challenges with academics

The experience of sexual assault impacted academic performance in relation to class participation, studies, and extracurricular activities.

Ann initially had difficulty leaving her dorm room and attending study groups, describing her freshman year as a “write-off”.

Susan filed criminal charges and legal proceedings 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.

Susan achieved a 4.0 Grade Point Average (GPA) at the start of college, and then dropped to a 2.4 GPA after experiencing sexual assault.

Both Ann and Susan experienced a decline in participation and academic achievement, were less motivated, and had difficulty with concentrating in class. After the sexual assault, grades were lower for both participants.

Theme 3: interruption of social patterns

Social patterns changed after the sexual assault experience. Both participants’ “lost” family and friends after negative reactions to the sexual assault and then sought out new supportive relationships.

The social pattern for Ann, although beginning with a phase of withdrawal, shifted to participating in campus events with behaviors she did not previously have—including drinking more frequently and having casual relationships. As college progressed she began to seek out new social connections;

relationships in which she felt trust and support. These new relations included friends, a boyfriend, a counselor, and a teacher. Ann states:

[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.

For Ann, her relationships with her new friends, boyfriend, counselor, and professor appears to have facilitated recovery for her.

Susan had been “very family oriented” but felt a great loss of family ties after the event. After the experience, she felt a lack of support in her social circles:

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.

Like Ann, Susan’s social patterns were interrupted and she sought new social supports, especially after her transfer to a new college campus. Susan seemed aware of the different social pattern in her life and did not share about her current family situation.

Theme 4: changes to work routines

Both participants experienced work routines and work attitudes that changed too.

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.”

Susan discontinued work because she feared that the perpetrator would come to her place of employment, or family or friends who supported him would also come: “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.”

For both Ann and Susan, the meaning of work changed and for one of them, work came to mean something different because of the demands of pursuing legal action related to the sexual assault.

Theme 5: changes to self-care routines

Time allotted to self-care activities of dressing and grooming lessened for both participants after the sexual assault experience. Prior to the sexual assault, both participants stated they gave attention to appearance.

Just after the experience, Ann stated that for over a month “it was big pants and big sweatshirts and don’t do hair and don’t do makeup.” She then tried to “get back to normal.”

However, this shift “back to normal” for Ann was followed by what she described as a “pendulum” swing. She described dressing as getting “slutted up,” and “costume-y:”

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.

Behind the “costume-y” appearance, Ann said “I didn't feel super valuable, I didn't feel pretty, I didn't feel like I had a lot to give other people.”

Susan described her self-care routine before the sexual assault, stating “I would dress up, do my hair, do my makeup” and that “I always dressed up nice for school.” Like Ann, her self-care routine changed afterward to one of which she said “I rarely dressed up, or did my makeup.”

Each participant described an interruption of her self-care routine that altered their self-presentation while in college, with an initial decrease in time and attention to self-care. Following this interruption a new self-care routine had to be sought out and reestablished.

Theme 6: changes in sleep patterns

The amount of time spent sleeping initially increased after the sexual assault for both participants.

Ann described sleeping 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.”

Susan also stated that her time sleeping had increased to the point that it affected her performance. She stated 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.”

Both Ann and Susan acknowledge a temporal change in sleep patterns—sleeping for longer periods of time after the sexual assault. The overall data indicate that Ann and Susan were aware of some of the barriers to participation in occupations when recounting their experiences, and that these barriers changed the way they engaged in routine occupations.

Discussion

Themes that emerged from the data revealed the 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 participants' lived stories emerged from the meaningful themes. Sexual assault results in alterations to the survivors' emotions and daily occupations, often disrupting participation and performance in college.

The Occupational Therapy Practice Framework (American Occupational Therapy Association, 2014), addresses emotions as physiologic client factors which influence occupations. Anxiety, depression, and fear surfaced in meaningful phrases and statements made by the participants. All of these negatively influenced their daily occupations in college. Academic participation decreased post-event because of difficulty attending class and study groups, and they experienced reduced focusing during their courses. Academic performance also suffered, resulting in less satisfaction, poor grades, and reduced grade point averages. One participant was also delayed in graduating. 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 one participant to a "costume-y" appearance. The amount of time sleeping increased after the event, and was described by one participant as an "escape."

The disruption to participation and performance in college that sexual assault survivors experience could be described as a form of occupational injustice. Occupational injustice occurs when participation in occupation is "barred, confined, restricted, segregated, prohibited, underdeveloped, disrupted, alienated, marginalized, exploited, excluded or otherwise restricted" (Townsend & Wilcock, 2004). While Ann completed a degree, she stated she "barely" made it through her freshman year. In Susan's case, she changed colleges, struggling to improve her grades and complete college within the timeframe she had expected, delaying her graduation. 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 reduced quality of life during college and both were diagnosed with PTSD. Occupational therapists can play a role in restoring daily occupations of students who are negatively affected by sexual assault, thereby reducing danger of adverse health consequences. Occupational therapists can also play a valuable role in areas of prevention and restoration through occupational education and intervention within the college context. Health and wellness centers and violence prevention and advocacy programs would be ideal settings to facilitate this role on campus. Providing occupational therapy to survivors of sexual assault within the college context could be termed an emerging practice area, and support the Healthy People 2020

(“Leading Health Indicators,” 2017) goal to eliminate health disparities within the U.S. population.

Limitations and future directions

Rich data were obtained from two and one-half 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 activities of daily living such as eating, and instrumental activities of daily living such as home management and leisure. Attention to describing the impact of sexual assault on individuals from diverse populations is also needed to reflect their views and experiences with sexual assault. More research is indicated to build evidence-based occupational therapy intervention options for diverse students who may experience significant interruptions in their occupations after a sexual assault and while on campus.

Conclusion

This exploratory study found that for college student survivors of sexual assault, the essence of their experiences after the sexual assault alters emotions and daily occupations and in turn, disrupts participation and performance in college. The data revealed that for two participants, sexual assault can have a negative impact on daily occupations while in college. This negative impact includes changes in emotion, challenges with academics, interruption of social patterns, changes to work routines, changes to self-care routines, and changes in sleep patterns. While this is an exploratory study, it indicates further research may help establish an emerging practice area for this population and provide the chance for occupational therapists to advocate for occupational justice. There is potential for occupational therapists to play a collaborative role on college campuses through practice in health and wellness centers. Additionally, advocacy and client-centered intervention for student survivors of sexual assault can promote health, performance, and quality of life during their college career and attainment of a college degree.

Resources on sexual assault

- The National Sexual Assault Hotline: (800) 656-HOPE (4673), and online support (online.rainn.org)
- Crisis Text Line: <https://www.crisistextline.org/>

- Love is Respect, a project of the National Domestic Violence Hotline: teen and young adult dating abuse helpline, (866) 331-9474, and crisis text line: loveis to 22522, and homepage: <http://www.loveisrespect.org/>
- Sexual Assault Awareness Month (SAAM): <http://www.nsvrc.org/saam/about>
- National organizations: Rape, Abuse, and Incest National Network: <https://www.rainn.org/>, and
- National Sexual Violence Resource Center: <https://www.nsvrc.org/about/national-sexual-violence-resource-center>
- Listings of state coalitions: DC Rape Crisis Center: <http://dcrcc.org/list-of-sexual-assault-coalitions/>, and U.S. Dept. of Justice Office on Violence Against Women: <https://www.justice.gov/ovw/local-resources>
- U.S. Dept. of Justice Office on Violence Against Women home page: <https://www.justice.gov/ovw>

Disclaimer

The contents of this article contain descriptions of sexual assault and experiences of survivors of sexual assault. This content may be distressing for readers. The National Sexual Assault Hotline is available by phone (800.656.HOPE) and online (online.rainn.org). Talk with someone who is trained to help anytime, 24/7. The Crisis Text Line is <https://www.crisis-textline.org/> which is a free, nationwide, 24/7 text message service for people in crisis. The Love is Respect project is also a 24/7, year-round phone support for teen and young adults: (866) 331-9474. The Crisis Text Line is: loveis to 22522.

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