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## **Institutional Silence: Re-victimization of Sexual Assault Victims at BGSU**

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# Institutional Silence: Re-victimization of Sexual Assault Victims at BGSU

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## INTRODUCTION

During the week of April 24<sup>th</sup>, a victim of sexual assault at Bowling Green State University came forward about her story and her case was grossly mishandled by the university's administration. This resulted in her assailant walking free, and occupying the same spaces as her, as well as continued harassment from him and his friends. This outcome is unfortunately very common, and is the worst nightmare of any parent or young person going off to school for the first time. When parents send their young adult children off to college, they are wary of many things. They are concerned about how they will adjust, concerned about the prospects of being in a new world of drinking and many of the responsibilities that come with adulthood. It is the job of universities and colleges to protect these students and make sure they can accomplish completing an education to begin a prosperous career. When students and their parents go on college tours, they are told about all the positive aspects of the school. The reality is that they are never told about the stark statistics of assault and rape that take place during college, and how little universities do to protect their students. This conspiracy of silence is a gross negligence on the part of universities, and ultimately the inspiration for this study.

The purpose of this study is to assess whether the health services offered to sexual assault victims at Bowling Green State University (BGSU) are helpful to those victims and how the current system for reporting may put victims at risk for further trauma. The main data point for this study are interviews conducted with sexual assault nurse examiners (SANEs) at the Wood County Hospital. The study is interested in what these nurses think about the current health services that are offered to sexual assault victims at BGSU. The primary health facility for

students at BGSU is The Falcon Health Center. The Falcon Health Center currently does not have any SANEs on call. This building is less than five years old, privately owned, and was built to replace the Student Health Center which was owned by the university. The Student Health Center was a 24-hour facility with many trained SANEs on-staff. The Falcon Health Center is owned by the Wood County hospital, and the hospital does not see a need for trained nurses at the Falcon Health Center because they are located at the Wood County hospital. This research is going to investigate the consequences of that decision.

The reason SANEs at Wood County Hospital are being asked about this issue is because they are the people who perform these exams on student victims and have direct interactions with the victims themselves. The study will be conducted through in-person interviews. These interviews will be coded for different themes pertaining to who the victims the nurses interact with are, police interactions, the effectiveness of the current system, and trauma. A literature review, an analysis of other aspects of the reporting process for student victims, ethnographic research of the study location, and the interview findings will be used to make a recommendation to BGSU about what should be done to fix issue and how the lives of students are being affected.

The primary topic of this study is the revictimization that can occur for a sexual assault victim following their assault. Per the United States Department of Justice, sexual assault is defined as any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Acts that fall under this definition include forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape. Sexual assault re-victimization is defined as any actions that continue to blame, shame, or further the trauma experienced by a

sexual assault victim following their assault. There is likely to be controversy over the fact that I have chosen to use the term victim rather than survivor. This is a conscious choice made because of the wording of the term revictimization. This word choice is not meant to suggest that all people who suffer from assault feel like victims. The word “survivor” also could have been employed, but this terminology may have become confusing when compared against “re-victimization”.

Currently, when a victim presents at the Falcon Health Center they are offered to ride in the back of a police car to the Wood County Hospital if they do not have a car themselves or another form of transportation. Sometimes they are offered cab-fair, but the experience is inconsistent. The purpose of this study is to discover what kind of influence this experience is having on sexual assault victims along with some of the other intricacies of the reporting process here at BGSU. This study has the power to change the policies at BGSU and help future victims of assault by possibly being able to persecute their perpetrators, remove that person from campus, and feel supported by the institutions that they spend so much time and money completing their education at. Personally, I am a victim of sexual assault and I feel deeply dedicated to making sure that victims of assault are empowered and never further traumatized. Although this assault did not happen during my time as a student at BGSU, I have an investment in sexual assault activism no matter where it happens.

There are a few different scholarly conversations that are helping frame this research study. Specifically, I am looking at the scholarly conversations of police-involvement, trauma, sexual assault, psychology, and the role of SANEs. The questions I am seeking to answer through my research include: how does police involvement influence revictimization of sexual

assault victims? How does SANE involvement influence revictimization of sexual assault victims? Does adding additional steps to the process of receiving help lead to less victims seeking help? Are victims at BGSU receiving sexual assault examinations? If they are not, why? How is the lack of SANEs at the Falcon Health Center effecting this?

This research study has quite a few limitations. The first of these is that this study is focusing primarily on college students living in specific kind of college town, and therefore information about re-victimization will have a hard time generalizing to a larger population. Due to the factors of feasibility and not revictimizing the victims I am attempting to empower, I am unable to question victims themselves. This was my original goal, but time restraints and the reality of being an undergraduate college student did not allow for these kinds of interviews to take place. First person accounts would be ideal, but interviewing SANEs is the next best option. I did reach out to the local sexual violence and domestic violence shelter in Bowling Green, The Cocoon, to interview victim advocates but this was not feasible either. There are likely to be details missed through this stipulation, but hopefully future research will be able to build upon the findings of this study. I am entering this study assuming the current system in place is not the best option for helping victims, but there is a possibility that there are reasons I have not initially thought of as to why this method is better overall for everyone involved. I will do my best to not present my questions in a leading manner and to allow the participants to tell me their opinions unpressured, as well as interpreting other elements of my research in an objective manner.

## **EPISTEMOLOGICAL APPROACH**

The research approach for this study is comprised of four different elements: a literature review of current research, in-person interviews, ethnographic research, and analysis. The subjects for interviews were anyone who has gone through SANE training and works for Falcon Health or the Wood County Hospital. They were contacted through email and then interviews were conducted in-person through an open style interview to bring about a more comfortable, casual relationship between interviewer and subject.

The site of this research is BGSU located in Bowling Green, Ohio. The town of Bowling Green has a population approximately 31,800 people while the University has almost 17,000 students. Most of the students who attend the university live in the state of Ohio and come from middle-class households. The university is mostly made up of white students, and has a very strong presence of Greek Life on campus along with a strong undertone of "party culture".

There are a few reasons why the site of this research is BGSU. First, I am a student here and I have the most background knowledge and experience with this university. Also, there is a very prominent issue of sexual assault on college campuses versus other environments of society. Downtown Bowling Green has 17 bars in a three-mile radius, and is highly populated with drunk college on the weekends. During move-in weekend every August, there are signs displayed on Wooster street that say things such as "Daughter Drop-Off", "Thank You Fathers for Your Freshman Daughters," or "21 2 Drink 18ish To Spend the Night". These signs are a clear example of the underlying culture of sexual assault, oppression, and victim-blaming. The documentary "The Hunting Ground" will be drawn from for national statistics, and these will be compared with information drawn from interviews. The circumstances of party culture, moving

away from home for the first time, and institutions who do not like to admit to problems that might decrease enrollment have created a cesspool where assault runs rampant. These students are likely to have been silenced about their experiences.

In this research, I am an insider researching something that affects my own community. I am a college student, and I am a victim of sexual assault. Although my sexual assault did not occur while I was a student at BGSU, I am aware of the struggles that can occur when attempting to recover from an assault. I never sought a sexual assault examination, never reported my assault, and only recognized its significance roughly two years after it occurred. Surprisingly this is not the primary reason why I chose this research topic or why I am passionate about the topic. Since my freshman year, I have slowly become more and more aware of the ways that institutions like universities attempt to sweep assaults under the rug and do not allow victims to receive the justice they need. Because of this, sometimes victims end up in classes or in dorms with their perpetrators. Even if this situation is rectified, it is extremely unlikely that the perpetrator will be expelled and much less jail time. I am infuriated by this reality. I know that is unrealistic for me as one person to take down my university at the administrative level, but I feel like if I can do something to instill very real change that I will have at least made my contribution towards bettering my university. I am hoping to pursue a career in public health or law, so this is incredible real-life experience for me in my career. I am passionate about this work, but not just because it is an issue that affected my life. I am passionate about ensuring the justice of all people, and this is just the first step in many issues I would like to change in the world.



Because this study surrounds sexual assault, this research is full of ethical considerations. The topic of sex in general is still considered taboo. Even when they are having healthy sexual interactions, people can still be every uncomfortable talking about sex. Because I am dealing with nurses who are employed at the institution I am analyzing, there needs to be reassurance that their responses are confidential and will not be linked back to them in anyway. In this paper the nurses will be assigned numbers as reference. There was always continued assurance that the interview could be stopped at any time.

To contact interview subjects, the head of the Wood County ER was contacted with a recruitment email to send to nurses who might be interested. The interviews, lasting an average of 10 minutes, were conducted during lulls at the ER. A total of four guided questions were asked, with the rest of the interview being guided by the participants themselves in order most effectively tell about their experiences with victims. The interviews were recorded and then downloaded on to a password protected, personally owned computer. The coding information is also stored on that computer.

## **LITERATURE REVIEW**

To best answer the study questions, the interview findings must be combined with pre-existing literature about the topics of sexual assault and sexual revictimization. These articles work well with one another to provide background knowledge and support for the data provided by the interviews.

The article *Sexual Revictimization and Adjustment in College Men* by Allison C Aosved, Patricia J. Long and Emily K Voller analyzes the unique experience of men who suffer sexual assault. The purpose of this study was to fill a gap in current research by specifically considering

the sexual revictimization of men who are assaulted. Ultimately, the study found that revictimization is related to posttraumatic stress, hostility, and depression (Aosved et al, 285-96). The article by Basile et al deals only on women, and while the rest of the sources offered here claim to offer information about men who are victims, the clear majority of the research cited from deals mainly with women. This article describes the importance of aftercare for sexual assault. It shows no wide gender differences in how victims deal with their assaults, only in numbers of reported cases.

The authors of “Sexual Violence Victimization of Women: Prevalence, Characteristics, and the Role of Public Health and Prevention” are Kathleen C Basile. and Sharon G Smith. The study surrounding this article was done only with women, and it reviews the prevalence, characteristics, vulnerability for, and impacts of sexual violence victimization. The study lays out psychological, social, and societal impacts of sexual violence and ends with a recommendation for a public health way of approaching sexual violence. It is primarily addressed to health care practitioners. This article makes the point that sexual violence hurts societies, not just victims. This study states that one if six women will experience assault in their lives as of 1995, and numbers have increased since then. The article highlights how “Rape can profoundly affect how a woman views the world in which she lives. The experience of rape can shatter a victim’s preexisting assumptions of life itself, such as her beliefs in the goodness of people and that the world is safe in fair,” (Basile, et al, 410). The act of a rape examination when combined with police can result in secondary victimization, but SANE involvement mitigates this result.

The authors of *Sexual Revictimization: A Review of the Empirical Literature* are Rash Aggarwal, Catherine C Classen, and Oxana Palesh. Dr Aggarwal. This article is a review of 90 empirical studies of the current literature on sexual revictimization. The data shows that revictimized individuals have difficulty in interpersonal relationships, coping, and exhibit greater self-blame and shame. The study calls for an increase in longitudinal studies. For my own research, this is another good study to lay down the ground work on which I can make claims about the importance of preventing revictimization. This article builds on the article by Basile et al and Aosyed et al by showing which specific aspects of victims' lives are made worse by assault and revictimization. The parts of reporting that can lead to revictimization are affect regulation, information processing, and self-representations. The effects of this revictimization are PTSD, affective disorders, and other anxiety disorders, (Aggarwal et al, 124).

In DeMatteo et al's article *Sexual Assault on College Campuses: A 50-State Survey of Criminal Sexual Assault and Their Relevance to Campus Sexual Assault* they give us an overarching look at what current sexual assault statutes are from state to state. The article outlines which states have explicit definitions of "consent", "without consent", "mental capacity", "incapacity", "sexual act", "force", whether incapacity includes intoxication or voluntary intoxication, as well as if there is a requirement of gender or victim or perpetrator. This article makes important contributions in explaining the differences between campus sexual assault and general sexual assault. Students on a college campus have two choices: to report to the criminal justice system or to report the academic institution. While this would seemingly be a benefit, this ultimately ends up conflating powers state laws do not consider the specific circumstances of campus sexual assaults. This article also clearly explains the Clery Act, which

requires institutions to disclose information about crimes committed on campus. As of 1992 this act has included sexual assault. It requires that institutions provide certain assurances to victims of sexual assault, which means college victims of sexual assault have a federal right to be helped by their institutions, (DeMatteo, 2015).

The article *Through the Looking Glass: Exploring How College Students' Perceptions of the Police Influence Sexual Assault Victimization Reporting* is authored by Veronyka J James. The point of the study in this article is to investigate the role of police officers in possibly deterring victims of sexual assault from reporting their assaults. The study was done at a public state institution in Pennsylvania. The study was done through a student survey at the institution for a sample of 642. Through regression analysis they found that the prospect of reporting to police did influence victims' likelihood of reporting their assault. This article makes the clear point that sexual assaults go vastly underreported, confirming the assumption of this research study that assault at BGSU are going underreported. Between 1992 and 2000, 59 percent of sexual assault victims reported, and only 37 percent of those who reported received medical treatment. 18 percent of sexual assault victims did not receive help or report, (James, 2450). This article corroborates many of the later findings of this study.

The article *'I Have Heard Horrible Stories...': Rape Victim Advocates' Perceptions of the Revictimization of Rape Victims by the Police and Medical System* is authored by Shana L Maier. This study looks specifically into the revictimization of victims that occurs by not only police but also the medical system in general. The study was done through in-depth interviews of 47 rape victim advocates spanning four states. The main issue with the medical system and police is the large amount of power that is held by them in general, and how if one is not careful they can

further cause harm to the victims' healing process (Maier, 788). This study interweaves the articles by Aosyed et al, Classen et al, and James. Maier stresses the importance of mitigating the number of people that victims must interact with before they see the Sexual Assault Nurse Examiner. SANEs are different from the rest of the medical system because they are specifically trained in how to speak to victims about their experiences in a way that is not blaming, shaming, or threatening. By trouble-shooting police and allowing victims to interact with SANEs first, a lot of revictimization can be mitigated and prevented.

The article *To Whom Do College Women Confide Following Sexual Assault? A Prospective Study of Predictors of Sexual Assault Disclosure and Social Reactions* is authored by Christine Gidycz and Lindsay M Orchowski. The study consisted of 374 undergraduate women who volunteered to participate. The subjects lived in 12 different campus residence halls and were split into a control group and intervention group. This study looked at the predictors of sexual assault disclosure among college women and worked to identify who women tell about their assaults. Their sample pool was 374 women, and they found that women were most likely to confide in a female peer before anyone else (Gidycz and Orchowski, 277). If a victim is seeking a Sexual Assault Exam, the biggest issue is one of time sensitivity. Most samples are no longer useable after a time of 72 hours; however, this study shows that sometimes it may take victims as many as 7 months to feel comfortable enough to disclose their assault.

The article *Barriers to Reporting Sexual Assault for Women and Men: Perspectives of College Students* is authored by Marjorie Sable. This study was interested in what barriers are present that prevent victims from reporting their assaults. The primary barriers found were shame or guilt, concerns about confidentiality, and the fear of not being believed. The study

was inclusive of both men and women. Knowing why people feel hesitant to seek out help can once again help us create programs and dialogues that help victims feel safe and believed (Sable, 158). This study works well with James and Maier's studies to corroborate what we suspected: victim blaming language and rape culture play widely into why people do not report or seek treatment for their assaults. They think of assaults as their own fault or "private matters", and by not disclosing the emotional trauma becomes worse.

The article *Prevention of Victimization Following Sexual Assaults* is authored by Katrine Sidenius. Although this research was done Norway, the issue of sexual assault is universal. This study provides a healthy model of how to help victims of sexual assault and lays out a lot of the conceptual frame work of rape culture. The Centre modeled in this paper includes an interactive team of physician, nurses, psychologists, and social counselors all together in one building. The general layout and steps offered to an assault victim are like our system, but the difference is that there is an emphasis placed on accessibility. These services are available in one location, at one time, (Sidenius, 12).

The article *Title IX: Role of Sexual Assault Nurse Examiners in Campus Sexual Assault Proceedings* is authored Rebecca Veidinger. The article lays out the role of SANEs in campus sexual assault hearings, and asserts that SANEs should become specifically familiar with Title IX hearings because they are significantly different than criminal court proceedings. This article highlights how valuable SANEs can be after the assault happens. The article acknowledges that SANEs have had an active role in criminal trials, but because Title IX hearings follow a different procedure they also need to become familiar with Title IX. SANEs can be called as expert witnesses, and can even educate Title IX staff about sexual violence. Veidinger shows how

SANEs having a more active role in on-campus trials can help improve the overall safety of campus and the effectiveness of Title IX hearings, (Veidlinger, 114).

## **INTERVIEW DATA**

The primary data for this study are the interviews that were conducted with the SANEs of the Wood County ER during April of 2017. Seven total nurses were interviewed, six specifically located at Wood County and one who is employed at the Falcon Health Center. The nurses had a variety of backgrounds and years of experience, but all had valuable insight to provide. The questions asked of the nurses were: What are your opinions about the systems that are currently in place for victims in Bowling Green? How often are the victims you interact with students? How often are they accompanied by police officers? Do you think it's realistic to have sexual assault nurse examiners at the Falcon Health Center?

The results from these interviews will be summarized here. The SANE program at Wood County has been built up since 2014 and now includes 24-hour coverage seven days a week, which is one of the best programs in the state of Ohio. In 2014 the department handled four cases, just over 30 in 2015, and 27 in 2016. When a person presents in the ER and asks for a SANE exam to be done with a rape kit, they are given three options to go about reporting. They can choose to be "completely anonymous" which means the kit is given to police *with no* identifying information and held in evidence until the victim decides to pursue a case. Second, they can choose a "no report", which means the kit is given to police *with* identifying information and held in evidence until the victim decides to formally report the assault. Lastly, they can "report" the assault. In this case the completed kit immediately becomes reported and a case is pursued.

Two of the nurses had never handled a rape case themselves because they had just recently completed their training. As far as the systems in play here, from what the nurses observe victim advocates from The Cocoon play a very large part in making the victims feel safe and empowered. Every nurse mentioned Cocoon's presence. For the other five nurses, they all estimated that roughly 50% of the cases that come into the ER are students. For these cases, there are a wide variety of situations in which people show up. Most of the time they arrive with a friend, which supports previous literature. The police involved in the cases can sometimes be pushy and demand that certain tests, such as a blood-alcohol screening be taken. A normal rape kit includes looking for objects lodged in the victim's body, swabbing foreign material from the victim's body including blood, semen, or saliva, and grabbing loose hairs. In general, the detectives involved are more respectful than "street cops". For the cases that do occur to students, almost non-that are reported occur on campus. Many of the nurses stressed how they sometimes have a hard time being objective when they are called to testify, but they must remember that they are part of investigation. Lastly, when asked about the feasibility of having SANEs at the Falcon Health Center, every nurse said that they cannot see it becoming feasible. A few of the reasons offered for this were that they would not feel safe late at night in the building, and that the building is not equipped with all the proper materials for a more extreme assault. The Falcon Health Center is only open from 9 am – 5 pm, whereas most assaults come in around the hours of 12 am – 4 am. Also, the Falcon Health Center is not equipped with x-ray machines, CT scanners, or specific kinds of examinations rooms that are necessary for sexual assault examinations.



## DISCUSSION AND CONCLUSION

Ideally, the research gathered from the Wood County ER could be compared many years of cases of assault at BGSU and clear-cut statistics. Unfortunately, these numbers have not been well-documented and are not kept openly for public access for legal reasons. Therefore, the data collected in this study will be compared to the national statistics provided in the documentary “The Hunting Ground” for comparison. Per “The Hunting Ground”, 90 percent of women who are sexually assaulted in college are acquainted with their perpetrator. One in 33 men are victims of sexual assault, and most strikingly one in five women will be sexually assaulted while enrolled in college. Lastly, roughly 60 percent of college assaults happen in residence halls (The Hunting Ground, 2015). Contrastingly, by most of the nurses’ estimations, 50 percent or less of the assaults that come into the Wood County ER are students. Almost all the student cases that come in are assaults that happen off campus, not in the resident hall. There is clearly a very large group of people who are going unaccounted for in this statistic. With Wood County only handling 27 sexual assault cases in 2016, only about 13 of these were likely student cases. Once again, Bowling Green contains a campus of almost 17,000 students. With almost none of the cases that end up at the ER happening on campus when nationally 60 percent of college assaults happen on a campus, there is a huge group of people that are not receiving medical help for their sexual assaults. Due to mandatory reporting laws,

Considering the findings of the interviews and the ethnographic data that was included, answers to the questions proposed at the beginning of this study can be reached. This research fills an important research gap about the intricacies of SANE involvement and deterrents to reporting assault for college sexual assault victims. The questions to be addressed by this study

were: how does police involvement influence revictimization of sexual assault victims? How does SANE involvement influence revictimization of sexual assault victims? Are victims at BGSU receiving sexual assault examinations? If they are not, why? How is the lack of SANEs at the Falcon Health Center effecting this? Police involvement is a clear deterrent of reporting, as most people choose to report to their friends first. The lack of reporting and help received by BGSU student can be explained by the immediate police involvement that occurs when the assault happens in a residence hall. This is not entirely BGSU's fault, as mandatory reporting is a federal and state law. However, the privatization of the Falcon Health Center and lack of nurses for on-campus students suggest institutional negligence. SANE involvement can allow victims to have a stronger case against their perpetrator and feel like they are taking back their bodies after an assault. Clearly, BGSU student victims are not seeking examinations when comparing local statistics to national ones. Fear of backlash from their perpetrator and their friends, fear of further bodily invasion, lack of education, fear around police involvement, and a lack of easy accessibility to a SANE is all likely to account for this issue. SANEs can have active roles in Title IX hearings, and having them have a more active-role in helping on-campus assaults might make those hearings end more favorably because of their expert testimony.

A few solutions to this problem can be proposed. First, the Falcon Health Center could have a SANE on-call at least during the regular office hours. Most assaults are not extremely physically violent and should not require technology such as x-rays or CT scans, so having someone available during regular business hours would be extremely helpful. If this is out of the question, the next-best solution would be to have a victim-advocate at the Falcon Health Center at specific office hours, or at the university. Either way, these office hours would need to

be well-publicized on campus and in residence halls. Third, if neither of the later solutions could be reached a cab-voucher system could be established. This system would allow students in the residence halls to get free cab-vouchers to the ER without having to immediately involve police or disclose their story prematurely. A few of these solutions have already been proposed to the Dean of Students at BGSU. Further studies that can expand upon this research could investigate the psychological-well-being differences between victims that have rape-kits done and those who do not. Others could investigate the effectiveness of whichever solution is put into place to correct this problem.

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