

PREFERENCES AND PERCEPTIONS FOLLOWING SEXUAL ASSAULT:  
A STUDY EXPLORING THE AWARENESS AND USE OF SUPPORT SERVICES,  
AND ESTIMATED EXTENT OF SEXUAL ASSAULT AMONG AMERICAN  
INDIAN WOMEN AT ONE NORTHWESTERN UNIVERSITY

by

Audry Beth Van Houweling

A thesis submitted in partial fulfillment  
of the requirements for the degree

of

Master

of

Nursing

MONTANA STATE UNIVERSITY  
Bozeman, Montana

April, 2012

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Dr. Patricia Holkup

Approved for the College of Nursing

Dr. Donna Williams

Approved for The Graduate School

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April 2012

## ACKNOWLEDGEMENTS

I wish to acknowledge and thank the following people without whom this study would not have been possible.

To Patricia Holkup RN PhD, who has guided and supported me ever so patiently throughout this process, encouraged me to be thoughtful, and introduced me to the research process, thank you. Your words of wisdom have been invaluable.

To Claire Francoeur BEd, MSN-ANP, FNP, RN and Carolyn Wenger MSN, RN, thank you for your continued support, encouragement and your expertise on the topic of sexual assault that has been immensely helpful.

To the on-campus American Indian organization that so graciously assisted me throughout the research process, offered cultural expertise, and went above and beyond in allowing this study to be possible, thank you.

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## ABSTRACT

Sexual assault is a national and global epidemic. This study focuses on American Indian women, who experience sexual assault at greater rates compared to all other racial groups and college students, who experience a high prevalence of sexual assault. This exploratory, mixed methods study considers the perceptions and preferences relative to sexual assault among American Indian college women. Specifically, this study explored the perceived barriers to reporting sexual assault, the perceived awareness of campus and community sexual assault services, preferred reporting patterns, and the perceived magnitude of sexual assault among American Indian college women while enrolled in a northwestern university and prior to enrollment.

An anonymous online survey was distributed to American Indian students with the permission of an on-campus American Indian organization. A total of 31 responses were collected over a one-month time period from American Indian college women. The results suggested the need for improved sexual assault awareness and prevention strategies. Further research is needed to fully understand the implications of culture and the perceptions and preferences among American Indian college women.

PLEASE NOTE: For purposes of confidentiality, the name of the northwestern university and information identifying the university's location were withheld throughout the body, references, and appendices of this document. The original survey sent to participants did identify the university and its location for reference purposes, but subsequently was removed and masked.

## INTRODUCTION

### Overview

The problem of sexual assault is pervasive throughout the United States and greater world (RAINN, 2010). For the purposes of this study, sexual assault was defined according to National Center for Victims of Crime (NCVC) (2010). The following definition was adhered to throughout this study:

“Sexual assault occurs whenever a person is forced, coerced, and/or manipulated into any unwanted sexual activity, including when s/he is unable to consent due to age, illness, disability, or the influence of alcohol or other drugs.” (National Sexual Violence Resource Center, 2010).

In the United States, currently 1 in 6 women will be sexually assaulted in her lifetime. While this statistic alone is staggering, it does not account for unreported cases (Tjaden & Thonnes, 2006). These rates may vary according to age and ethnicity (Amnesty International, 2007). According to the World Health Organization (2002), women who are sexually assaulted are three times more likely to suffer depression, six times more likely to suffer post-traumatic stress disorder, thirteen times more likely to abuse alcohol, twenty-six times more likely to abuse drugs and four times more likely to commit suicide. Mental health services and acute medical care account for 4.1 billion dollars. While progress has been made towards combating this national and global epidemic, these statistics reinforce the continued need for future interventions. Increased knowledge surrounding potential barriers and response to sexual assault remains an ongoing priority.

As a result of the feminist movement of the 1960's and '70's, increased attention was granted to the issue of violence against women. Research focused on the short and long term effects of sexual assaults began to expand (Neville et al., 2004). In 1994, the revolutionary Violence Against Women Act (VAWA) was signed into law by President Bill Clinton. This ground breaking movement pledged an initial 1.6 billion dollars towards expanding services for abuse survivors and demanding increased penalties for convicted offenders (Amnesty International, 2007). Since the passage of the VAWA in 1994, over 4 billion dollars have been granted to its cause. Most recently, for FY2011, President Barack Obama requested that 625.91 million dollars be granted to programs addressing violence against women (Laney, 2011). Priorities within this budget include programs run by the Department of Justice such as the STOP (Services, Training, Officers, Prosecutors) program, transitional housing, and research surrounding violence against American Indian women (Laney, 2011).

The above efforts are promising and suggest a rising awareness about violence against women and the devastating physical, psychological and financial implications. Uncovering the true nature of sexual assault is a difficult and perhaps even impossible task given the obvious deeply personal and often private connotations. Nevertheless, future research efforts aiming to identify barriers and potential trends in reporting and/or processing sexual assault can assist in the development of more effective prevention and treatment programs.

Statistics reveal that certain populations of women are sexually targeted on a more frequent basis than others. Two of the most vulnerable groups are college women and

American Indian women. Current reports estimate that twenty to twenty-five percent of enrolled college females will experience sexual assault at least once throughout their college career (Franklin, 2010; Rothman & Silverman, 2010). When considering the push for increased student body diversity among college campuses, these statistics suggest a need for a more in-depth analysis of the prevalence and effects of sexual assault among female minority students (Lee et al., 2005).

American Indian women are sexually victimized at greater rates compared to all other ethnic minorities (Amnesty International, 2007; Bachman et al, 2008; Bohn, 2003; Bubar, 2010; Evans-Campell et al., 2006; Hamby, 2008; Lehavot et al., 2009; Simoni et al., 2004; Wahab & Olson, 2004; Yuan et al., 2006). While American Indians continue to be the least represented minority enrolled in higher education, campuses around the country are striving to increase efforts to reach out to Native populations (Buckmiller, 2009). In regards to these combined vulnerabilities of both setting and race, college campuses should consider the needs of American Indian female students faced with sexual assault. Furthermore, given the lack of Native providers available to counter the issue of sexual assault (Amnesty International, 2007; Minority Nurse, 2012), it provides an even greater impetus for campuses to increase awareness efforts that may lead to greater recruitment and retention of American Indian female students and potential future providers.

### Purpose

While research has examined the prevalence and effects of sexual assault among both American Indians and college women as two distinct populations, the literature has failed to examine the experiences, barriers and prevalence of American Indian college women. In an attempt to fill this gap, this exploratory study utilized an anonymous online survey to assess for specific concepts important in furthering the understanding of how sexual assault may impact American Indian college women. In specific, this study explored:

- I. Potential barriers as identified within the literature to reporting sexual assault among American Indian college women
- II. Preferences in reporting sexual assault among American Indian college women
- III. Awareness of campus and community services available to sexual assault survivors
- IV. The perceived magnitude of sexual assault among American Indian college women

### Background and Significance of the Study

It is well known that sexual assault is a major problem facing college campuses nationwide. Campuses have struggled to confront, and effectively manage this epidemic in lieu of a number of barriers, underreporting, and potential misunderstandings. Sexual assault prevention programs have experienced a sharp increase since Title IX (1972)



when campuses were required to establish a support network for sexual assault survivors (Carmody & Washington, 2001). Nevertheless, currently an estimated 20-25% of college women will experience sexual assault while a student on campus (Franklin, 2010; Rothman & Silverman, 2010). Due to underreporting, these numbers may in fact be conservative compared to the reality. A number of factors including alcohol consumption, gender stereotypes, rape myth acceptance, and a hesitancy to identify one's experience as sexual assault can perpetuate such high rates of sexual assault, and may act as barriers to reporting.

Efforts to increase diversity and cultural recognition on campus increase the need to further examine cultural and racial perceptions of sexual assault in addition to differences in reporting patterns, and help-seeking (Amar, 2008). American Indians are currently the least represented racial group in higher education (Buckmiller, 2009); however, a number of college campuses are increasing recruiting efforts targeted at potential American Indian students (Buckmiller, 2009). Although there have been a few studies dedicated to the general experience of American Indian college students; there have been no reports of studies about the experience of sexual assault.

American Indian women have long experienced sexual assault, which dramatically increased with the arrival of Europeans in the late 15<sup>th</sup> century (Amnesty International, 2007; Bachman et al., 2008; Smith, 2005). Currently, American Indian women are sexually targeted at greater rates than any other racial group. Growing interest has sprung throughout the literature and in political spheres; however, there is

still an urgent need for treatment-centered interventions, and the dissolution of barriers to American Indian women seeking treatment for, and reporting sexual assault.

### Statement of the Problem and Research Questions

It has been well established that sexual assault is a pervasive problem that affects women on a global scale. The specific population considered in this paper (American Indian college women) is known to be particularly vulnerable based on current statistics. Between 20-25% of college women will experience rape while on campus (Franklin, 2010; Rothman & Silverman, 2010). Furthermore, American Indian women are sexually target at rates that surpass all other racial groups (Amnesty International, 2007; Bachman et al, 2008; Bohn, 2003; Bubar, 2010; Evans-Campell et al., 2006; Hamby, 2008; Lehavot et al., 2009; Simoni et al., 2004; Wahab & Olson, 2004; Yuan et al., 2006). While college campuses have made strides in combating the problem of sexual assault, increasing diversity of the student body demands the need to consider cultural and racial factors when providing services and treatment options to students. For American Indian women, there is a need to investigate prevalence rates, barriers, and specific recommendations regarding services and treatment options on campus. Therefore, research questions for this study included the following:

- I. What are the perceived barriers to reporting sexual assault among American Indian college women?
- II. What is the perceived awareness of campus and community services available to American Indian women who have experienced sexual assault?

III. What are the perceived reporting patterns for sexual assault among American Indian college women?

IV. What are the perceived barriers to reporting sexual assault among American Indian college women?

### Theoretical Framework

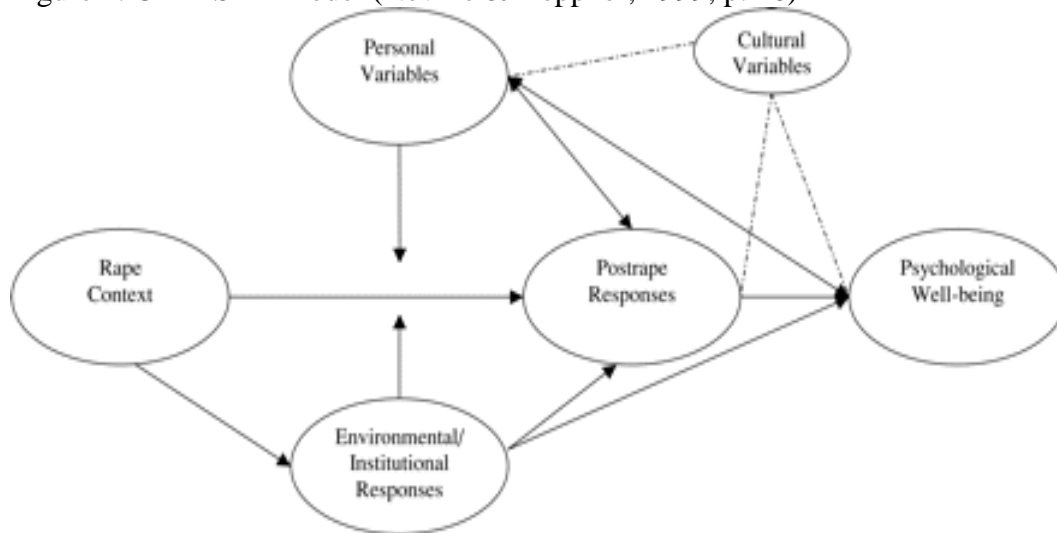
An ecological model that incorporates the multiple influences of the individual, institution, community, social supports and the overriding sociocultural context is the most appropriate conceptual framework for considering sexual assault in the context of culture. With the belief that responses to sexual assault differ depending on a multitude of relevant social, individual and cultural factors, short and long term consequences will vary per survivor.

Neville & Heppner (1999) introduced the Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR) to understand post sexual assault adjustments and account for differences in resiliency among survivors. The CIEMSAR model is embedded, in the broader ecological framework that postulates that individuals are influenced heavily by their surrounding environments. Neville & Heppner (1999) based their model primarily on Bronfenbrenner's System's Theory, which considered the impacts of microsystems (individual relationships to immediate environment), mesosystems (interrelationships between two or more identified microsystems) and macrosystems (culture, customs, and values). Relative to sexual assault, Neville & Heppner (1999) considered individual rape characteristics and individualized coping

mechanisms to be part of the microsystem. In the mesosystem they included social supports and treatment interventions. Finally, they considered ethnocultural and social values as unique to the macrosystem. The model implies that predicting outcomes following sexual assault is complex and emphasizes a holistic approach to treatment.

Personal variables and cultural variables affect both post-rape responses and psychological well-being. The context of the rape simultaneously affects environmental/institutional responses and post-rape responses. Furthermore, environmental/institutional responses affect post-rape responses and psychological well-being. These relationships are demonstrated in the diagram below:

Figure 1. CIEMSAR model (Neville & Heppner, 1999, p. 46)



The CIEMSAR model provided a framework from which participant responses were analyzed in a broader context and facilitated the need for holistic and culturally-inclusive applications of treatment. When combining the factors that affect both American Indian women and college women, it was critical that analysis followed a

multifaceted approach that considered the impact of several barriers and allowed for a broad analysis of specific factors influencing reporting practices and health seeking behaviors.

### Appropriateness of the CIEMSAR Model

According to Neville and Heppner (1999), postrape responses were modified by each of the following five factors: a) sociocultural; b) assault characteristics; c) personal characteristics; d) coping responses, and e) social support systems/interventions. These factors were further embedded within the ecological approach (macrosystem, mesosystem, microsystem) to postrape response described by Neville and Heppner (1999). In establishing the model's appropriateness to the proposed research with American Indian women attending college, each of these three ecological systems were examined as to how they applied to this study.

Macrosystem: Included in the macrosystem is the broad social context in addition to the specific cultural, and/or racial social context. Neville & Heppner (1999) argued that the broad social context or that of the United States is largely supportive of rape and violence towards women. Both American Indian women, and women on campus are faced with the stereotypes and false beliefs maintained by the larger society. The objectification and sexualization of women throughout popular media is rampant and widespread. The perpetuation of traditional gender roles that value power, dominance, and physical superiority among men and largely subservience among women continue to flourish (Neville & Heppner, 1999). Often implied within these stereotypes are a number

of rape myths, which encourage the acceptance of certain falsehoods regarding rape among both men and women.

When discussing the specific ethnic/racial context of rape, the experiences of American Indian women may be unique compared to those of other women on campus. Relative to this study, special considerations included the impacts of historical trauma, differences in how the larger society confronts sexual assault among American Indian populations versus non-Native populations, and cultural perceptions of sexual assault. The perception of gender roles amongst Native communities was also of interest. The paucity of literature surrounding these considerations, made the evaluation of each difficult; however, this study aimed to determine responses to sexual assault among American Indian women on a campus, with the goal of gaining insight into how the above considerations might affect reporting patterns and help-seeking behaviors.

The specific social context of the college environment should also be noted under the macrosystem. Several authors have described the “college culture”, which is also conducive to violence against women (Burnett et al., 2009; Monks et al., 2010; Palmer et al., 2010). As will be discussed further in the next chapter, the college culture commonly includes excess alcohol consumption, heightened sexual activity, and widespread rape myth acceptance among students (Burnett et al., 2009; Monks et al., 2010). These considerations can create confusion as to what constitutes sexual assault. Also worth noting, is the prevalence of traditional gender stereotypes, especially within the Greek system and among male college athletes (Burnett et al., 2009).

Mesosystem: Neville and Heppner (1999) identified the degree of social support in addition to institutional interventions as being part of the mesosystem. Neville and Heppner (1999) reported that defining what constitutes social support is difficult and can be interpreted in a number of ways. While the literature has explored the benefits of social support in relationship to postrape responses, little differentiation has been made as to what type of support is being received (e.g. socioemotional or instrumental). Neville and Heppner (1999) further stated that studies trying to gauge the relationship between social supports and postrape responses are inconsistent. According to existing literature, social supports were either beneficial or inconsequential. Of note however, is that no studies indicated that social supports had a negative impact on the survivor. (Neville & Heppner, 1999).

In working to determine reporting patterns, and barriers to reporting, the results may indicate the person, agency, or program the survivor hoped to gain social support from. If not already indicated on the survey, this study gave participants the option of indicating their own social support preference. This study also asked survivors to comment on why or why not they believed American Indian college women reported sexual assault.

Because this study focused on American Indian women on campus, college institutional interventions will be discussed in detail. Relative to this study, was the trust level of law enforcement among American Indian women on campus. Mistrust in law enforcement personnel was indicated in both the literature surrounding American Indian women, and women on campus as a barrier to reporting sexual assault (Amnesty

International, 2007; Deer, 2005; Hamby, 2008; Marchetti, 2012; Nasta et al., 2005; Sable et al., 2006). Also relevant, was the efficacy of campus-based sexual assault prevention programs and their ability to reach the student body. A lack of awareness of such programs is noted as a primary barrier to reporting sexual assault among women on campus. The accessibility of acute care on campus was also a priority, especially when an assault has resulted in physical injury. Readily available psychological care and the accommodation of any needed academic adjustments for the survivor are also important institutional interventions (Branch et al., 2011). Finally, the ability to conduct sexual assault examinations on campus and the strict protection of confidentiality were also noted concerns addressed in this study.

Microsystem: The first component of the microsystem as identified by Neville and Heppner (1999) was the relationship the survivor of sexual assault has to the perpetrator. Among both American Indian women, and women on campus, this appears to have a significant role in whether or not the survivor reports the sexual assault. Studies have found that most women are more likely to report sexual assault if the perpetrator were a stranger (Allen, 2007). This study did not explicitly ask participants to identify their relationship to the perpetrator; however Sable et al. (2006) reported that the majority of perpetrators are not strangers.

College women indicated that they fear repercussions from the perpetrator if they were to report, especially if the assault occurred with a significant other (Sable et al., 2006). Furthermore, some women indicated that they were financially dependent on their perpetrator and feared for their financial stability. Also pertinent, were concerns over



confidentiality, especially if the perpetrator was part of the survivor's social circle (Sable et al., 2006).

Similarly, American Indian women also feared repercussions from the perpetrator, and had concerns about financial stability (Amnesty International, 2007). If the perpetrator happened to be a family member, some American Indian women feared that in reporting the sexual assault, they might jeopardize their family. The relationship of the perpetrator was also important for jurisdictional reasons, which will be discussed further in the next chapter. While American Indian women may have wanted to report their perpetrator, jurisdictional complexities may have ultimately dissuaded them (Deer, 2005).

Determining the participant's age was not a significant consideration in this study given the influx of non-traditional and returning students. Nevertheless, the survey asked participants to indicate their age, and class standing in the demographic section of the survey. This allowed for later connections to be made these variables and the degree to which participants perceived they were informed in seeking help following sexual assault.

Neville and Heppner (1999) identified race as another important personal variable in the microsystem. Therefore, participants were asked if they indeed identified as American Indian. In regards to sexual assault, American Indian women are sexually targeted at greater rates compared to all other racial groups (Amnesty International, 2007). How one's racial identity affected responses to sexual assault is part of what this study assessed.

To a degree, individual coping strategies were examined in this study. In assuming that by reporting sexual assault, the survivor was actively working to cope with

the assault, this study also examined entities preferred in the treatment process. Finally, this study asked the participant to comment on why or why not they felt sexual assault survivors reported the assault.

### Definitions

The terms race, culture, and ethnicity are used frequently. The following definitions classify each according to the literature:

Race: A social construct based from phenotypic genetic distribution and not necessarily a biological construct (Ford & Kelly, 2005).

Culture: “Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups” (Office of Minority Health, 2012).

Ethnicity: “Sharing of a common culture, including shared origin, shared psychological characteristics and attitudes, shared language, religion, and cultural traditions” (Ford & Kelly, 2005, p 1662).

### Assumptions

Assumption One: Sexual assault occurs to some degree among American Indian college women. This assumption is based on reports of high rates of sexual victimization among American Indian women off campuses (Amnesty International, 2007; Bachman et al, 2008; Bohn, 2003; Bubar, 2010; Evans-Campell et al., 2006; Hamby, 2008; Lehavot et al., 2009; Simoni et al., 2004; Wahab & Olson, 2004; Yuan et al., 2006). Nevertheless,

due to minimal insight offered in the literature, one cannot be certain of the magnitude of sexual assault among American Indian women on college campuses.

Assumption Two: There are barriers that inhibit an American Indian college student from reporting sexual assault. While the nature of these barriers is not known, the assumption was that they might include those substantiated within the literature.

Assumption Three: By reducing barriers to reporting and treatment access, American Indian women will perceive a greater level of care following sexual assault.

Assumption Four: Outcomes such as physical injury, mental illness, substance abuse and suicidal ideation are unfavorable and will be potentially lessened by eliminating barriers to reporting and increasing treatment access.

### Summary

This chapter has introduced the topic of study. The outlined purpose was identified as the investigation of the barriers to reporting, reporting patterns, and the perceived magnitude of sexual assault among American Indian college women. Background information was discussed surrounding both American Indian women and college women.

For American Indian women, the implications of historical trauma and the long legacy of sexual abuse was discussed as playing a major role in the continued proliferation of sexual assault among Native peoples. Barriers to reporting and seeking services were identified. The impacts of jurisdiction, cultural sensitivity, financial constraint, geographical isolation and urban considerations were discussed.

For college women, the impact of the college environment and overriding campus culture was of major consideration. Rape myth acceptance, alcohol use and the existence of gender stereotypes/roles were of particular interest. In addition, barriers affecting college women included awareness of services, concerns over confidentiality and psychological barriers.

The chosen theoretical framework that will guide the implementation of this research and the analysis of results was identified. The CIEMSAR model that adheres to an ecological approach to explaining response to sexual assault was utilized throughout the study. The major assumptions implied within this paper were identified and include the belief that sexual assault does occur among American Indian college students, the existence of barriers to reporting sexual assault and the general belief that by reducing barriers and increasing access to treatment options, recovery will be enhanced among American Indian college women.

## LITERATURE REVIEW

### Introduction

There is abundant literature surrounding sexual assault at the college level. Factors influencing rape myth acceptance, the efficacy of campus sexual assault services and specific risk factors among other topics have been explored. While the issue of sexual assault occurring among college females has been investigated, the research is mostly general with no focus on differentiating among cultures. Culture is known to play a role in what constitutes sexual assault and how such trauma is processed (Amar, 2008; Carmody & Washington, 2001; Neville et al., 2004). The literature related to the sexual victimization of American Indian women within the college environment is sparse. There is however, a growing body of literature examining sexual assault among American Indian women outside the college setting. Much of this literature focuses on barriers to reporting and seeking justice, health disparities and the complexities of jurisdiction (Neville et al., 2004).

The literature also documents specific barriers to reporting sexual assault both among American Indian women outside the campus setting and among female college students irrespective of culture. In examining both, barriers specific to American Indian college women may emerge.

Also relevant to this topic, is the college experience as perceived by American Indian students. A woman's willingness to report and/or seek treatment may depend upon

her trust in the university system and her perceived degree of acceptance in the university setting (Amar, 2008).

Few studies have explored the differences in how sexual assault manifests according to cultural affiliation at the university level. This chapter will examine the existing literature as it pertains to both American Indian women and female college students. This chapter will be organized according to relevant themes found in the literature. American Indian women and female college students will be examined separately since the two have not yet been studied together. Sexual assault factors relevant to American Indian women will be discussed first and will be followed by a discussion of factors related to sexual assault on campus. While these factors will be discussed separately according to American Indian women or the campus environment, there certainly is the possibility for overlap and shared experience between the two groups.

Additionally, while no known research has been reported about the experience of American Indian female college students and the experience of sexual assault, the literature does discuss the general experiences of American Indian college students. Because there is a possibility that reported challenges faced by American Indian students may overlap or contribute to a Native woman's experience with sexual assault, it is important that these challenges are discussed.

### Sexual Assault among American Indian women

The following discussion will include factors relevant to the sexual assault of American Indian women. Each American Indian woman faces a unique set of circumstances depending on a variety of factors including tribal background, childhood experiences, family dynamics, and more. Therefore, it must be noted that while the following factors are known to be widespread, exceptions certainly exist. That said, the discussion will focus on: a) the prevalence of sexual assault among American Indian women; b) historical trauma, and c) barriers to reporting sexual assault among American Indian women.

#### Prevalence of Sexual Assault among American Indian Women

American Indian women face the highest rates of sexual assault per capita in the United States. Statistics reveal that American Indian women are 2.5 times more likely to be sexually assaulted when compared to all other ethnic groups (Amnesty International, 2007; Bachman et al, 2008; Bohn, 2003; Bubar, 2010; Evans-Campell et al., 2006; Hamby, 2008; Lehavot et al., 2009; Simoni et al., 2004; Wahab & Olson, 2004; Yuan et al., 2006). American Indian women are victimized at greater rates than any other ethnic group and yet, according to Amnesty International (2007), there is a lack of culturally specific interventions and availability to these interventions.

Current estimates predict that 1 out of 3 American Indian women will be sexually assaulted; however, due to suspected high rates of underreporting, the rates may be higher (Hamby, 2008). Bohn (2003) reported that among a study of thirty American

Indian women, a staggering 87% claimed to have been physically or sexually abused in their lifetime. According to Wahab & Olson (2004), up to 70% of sexual assaults among American Indian women remain unreported. For rape among American Indian women, 86% of perpetrators are identified as non-Native (Deer, 2005; Amnesty International, 2007; Northwest state Department of Public Health, 2009; Bubar, 2010). Bohn (2003) added that rates of intimate partner rape are also concerning. Bohn (2003) referred to the National Violence Against Women survey in which 15.9% of American Indian women surveyed ( $n=88$ ) reported intimate partner rape- a statistic significantly greater than non-Native counterparts. Furthermore, Robin et al. (1998) found that 91% of American Indian women in a southwestern tribe reported physical and/or sexual abuse in their lifetime. Among these women, 26.8% reported forced sex while in an intimate relationship.

Intimate partner sexual assault within tribal communities, perpetuated by tribal members also is known to be of concern. Duran & Duran (1995) suggested American Indian women may however hesitate to report tribal members to authorities in an effort to protect the perpetrator and to avoid repercussions. Motivations of fear, guilt and the protection of one's self and others, makes assessing the true scale of intra-tribal sexual violence against American Indian women difficult (Duran & Duran, 1995).

### Historical Trauma

Historical trauma is described as accumulated, unresolved grief as a result of a long history of discrimination, abuse and violence towards American Indian people (Braveheart, 2003; Duran & Duran, 1995). The notion of historical trauma originated from studies indicating that intergenerational trauma was passed down to offspring from



Holocaust survivors. Duran & Duran (1995), and Braveheart (2003) made the case that the often traumatic experiences of American Indian peoples are also likely to be transmitted from generation to generation especially if survivors are not given ample opportunity to grieve and process assault.

Prior to European colonization, American Indian women were known to have held esteemed roles throughout the many tribes. Roles between men and women were different, but mutually respected. Physical violence was discouraged and infrequent based on available evidence (Amnesty International, 2007). With the influx of European settlement and the forced attempts to assimilate Native peoples, missionaries and European leaders insisted upon the indoctrination of a patriarchal mindset that resulted in a dramatic shift in the status and role of American Indian women (Amnesty International, 2007). Sexual violence against American Indian women was common and for the most part, a purposeful, non-random tactic used by Europeans to enforce conquest and exert power (Smith, 2005).

Beginning in 1869 and lasting well into the mid-nineteenth century, American Indian children were mandated to attend federally instituted boarding schools. The legacy of abuses that occurred within these boarding schools is vast and is part of a long history of intergenerational assault that persists today. Physical, emotional and sexual abuse was frequently used in the government's campaign to replace all remnants of Native culture with a European based doctrine. Medical care, nourishment and overall conditions of these boarding schools were often inadequate leading to the deaths of hundreds to thousands of American Indian children (Amnesty International, 2007).

More recently, from 1972 to 1976, thousands of American Indian women were unknowingly sterilized against their will. Based on reports, some women were even threatened with the loss their children if they did not consent to sterilization (Amnesty International, 2007). In 1989, a videogame was marketed, “Custer’s Revenge”, in which the goal was for Custer to have sex with an American Indian woman bound to a post (Amnesty International, 2007).

The fact that objectification and destructive stereotypes continue to flourish is supported by the estimation that one-third of American Indian women will experience rape (Amnesty International, 2007; Deer, 2005). Furthermore, Deer (2005) emphasized that 86% of rapes occurring among American Indian women are known to have been perpetrated by non-Native offenders. Historical trauma cannot be viewed as an event of the past, but as an ongoing process that continues to exist in political and social spheres today.

#### Barriers to Reporting Sexual Assault among American Indian Women

In regards to sexual assault against American Indian women, Bubar (2010) argued that the collective neglect of multiple entities is a major human rights issue. Bubar (2010) emphasized:

“When rape and sexual assault are ignored and multiple levels of the response system are systemically underfunded and do not function properly to protect citizens, then the underfunded programs in the areas of law enforcement, criminal justice, and health and safety are synchronized in their collective violation of human rights” (Bubar, 2010, p. 57).

As Bubar (2010) identified above, programs and services seeking to ameliorate the issue of sexual assault facing American Indian women are often either lacking, or in need of funding and improvement. Such disparities create a number of barriers to reporting sexual assault and/or seeking services for American Indian women. Those emphasized in the literature that are: a) the complexities of jurisdiction; b) isolation; c) financial constraints, and d) cultural insensitivity (Amnesty International, 2007). These factors will be discussed below.

Complexities of Jurisdiction: Bachman et al. (2008) reported the notable philosophical differences in handling legal affairs when comparing tribal justice systems with that of the dominating, American justice system. Traditional tribal justice tends to focus on ameliorating the relationship between the victim and the offender in an effort to restore harmony within the community. Additionally, traditional tribal justice places value on hearing the victim's story and in doing so, assesses for the victim's needs. In comparison, the American justice system tends to focus on punishing the offender and encourages the victim to take place in various legal proceedings. Bachman et al. (2008) reported that a traditional tribal justice system may be more beneficial and trustworthy to a Native woman who had experienced sexual assault.

Current jurisdiction policies regarding sexual crimes throughout Indian country are complex and create a major barrier in overcoming the injustices of American Indian women (Amnesty International, 2007; Bachman et al., 2008; Deer, 2005; Northwest state Department of Public Health, 2009). Despite the fact that American Indian tribes are considered sovereign entities, through agreed upon treaties they rely on the United States

as a domestic dependent (Bachman et al., 2008). Not surprisingly, this often complex relationship of American Indian tribes being independent of state affairs, yet dependent in part on federal affairs, results in notable jurisdictional complexity. The degree to which federal law enforcement responds to crimes committed on Native land and how an offender is prosecuted on Native land remain controversial (Bachman et al., 2008). While the sexual victimization of American Indian women takes place on and off the reservation, it is within the boundaries of Native land that jurisdictional complexity is greatest (Bachman et al., 2008). Below, the individual laws and federal mandates are explained in greater detail. Included in this discussion will be the Major Crimes Act of 1885, the Indian Civil Rights Act (1968), Public Law 280, and the supreme court case, *Oliphant vs. Suquamish* (1978).

*Major Crimes Act:* Enacted in 1885, the Major Crimes Act granted federal authority over all major crimes committed on Native land. This included crimes involving only American Indian persons. According to the law, major crimes include murder, manslaughter, kidnapping, maiming, incest, assault with intent to murder, assault with a dangerous weapon, assault against an individual under sixteen years old, arson, burglary and robbery (Bachman et al.; Deer, 2005). Cases involving sexual violence against women are at the discretion of federal courts. If the case involves both a Native victim and perpetrator, the tribe may simultaneously prosecute; however, the extent to which tribes can impose justice on a perpetrator is limited.

Amnesty International (2007) found that from October 1, 2002 through September 30, 2003 federal prosecutors failed to prosecute 60.3% of sexual crimes

reported on tribal land. Among cases not pursued by federal courts, only 27 of the 475 reported cases were prosecuted by other courts. To a degree, this one year examination of federal prosecutions portrays the unsettling number of sexual crimes that remain unresolved, and suggests the ease by which a sexual perpetrator can offend without consequence (Amnesty International, 2007).

*Indian Civil Rights Act:* The Indian Civil Rights Act (ICRA) was introduced in 1968 in an effort to enforce the provisions of the United States Bill of Rights and limit the potentially destructive powers of tribal governments. While the ICRA may have been intended to protect Native communities, it significantly limited a tribe's ability to demand appropriate prosecution for criminal offenders (Bachman et al., 2008; Deer, 2005). Initially, the ICRA limited tribal authority to fining an offender a maximum of five hundred dollars or six months in jail. In 1986, this was extended somewhat to five thousand dollars or one year in jail. Deer (2005) stated that by limiting tribes to this extent, tribes are unable to enforce appropriate justice for the majority of major crimes. Therefore, the prosecution of a serious crime such as sexual assault is largely dependent on the effectiveness of federal involvement.

*Public Law 280:* In 1953, as part of the federal government's termination policy, which terminated federal recognition of a select number of tribes, jurisdiction of major crimes was also granted to a select number of states. This law, known as Public Law 280 (PL-280) mandated Alaska, California, Oregon, Minnesota, Nebraska, and Wisconsin to

adopt jurisdiction while other states were given the option to participate or not (Deer, 2005). No input from American Indians was considered in this decision.

Public Law 280 was amended in 1968 to give states the option to return jurisdictional authority over major crimes back to federal courts. Again, states did not consider input from American Indians in this decision. Tribal input was required however if any additional state wished to adopt the law, and to date no tribe has consented (Bachman et al., 2008). Tribal resistance to the law has led several states to retrocede authority back to federal courts.

Deer (2005) reported that Public Law 280 only increased confusion regarding jurisdictional responsibilities. Furthermore, implied with imparting jurisdictional authority to states, was the withdrawal of federal funding. PL-280 was not a funded mandate and therefore failed to provide states with necessary financial provisions to oversee jurisdictional responsibilities. Hence, even if states wished to bolster efforts to address crime on tribal lands, funding was often minimal and insufficient (Amnesty International, 2007; Bachman, 2008; Deer, 2005). Currently, several states including California, Utah, Washington, Montana, South Dakota, North Dakota, Iowa, Florida, Idaho, and Nevada all assume jurisdictional responsibility for some, or all major crimes on tribal land (Bachman et al., 2008). Studies suggest that these PL-280 states often lack the necessary law enforcement and infrastructure to appropriately prosecute criminal offenders. Deer (2005) argued that PL-280 further encumbered tribes from responding to criminal behavior and in particular, violence against American Indian women.

*Oliphant vs. Suquamish*: A historic case with major implications in this discussion of jurisdictional complexity is the 1978 decision, *Oliphant vs. Squamish*. This Supreme Court decision ruled that all crimes perpetrated by non-Native offenders on tribal land would be under federal jurisdiction (Deer, 2005). Bachman et al. (2008) suggested this decision is credited to a notable increase in not only sexual crimes, but drug crimes, burglary, and other serious offenses on tribal land. Amnesty International (2007) argued that implied in this court decision is the remarkable ease by which a non-Native offender can target American Indian women.

Isolation: The rural nature of many reservations can make prompt care and the accessibility of culturally aligned treatment difficult for many American Indian women residing on reservations throughout America (Amnesty International, 2007). Bubar (2010) reported that although violent crimes such as rape are comparatively higher among American Indian populations, law enforcement remains critically underfunded. Without funding, the number of law enforcement personnel is often, according to Bubar (2010), far from adequate.

Alaska for example has the highest rate of forcible rape in the country and has struggled to provide prompt care to women throughout the state, especially in isolated tribal populations (Amnesty International, 2007). Severe weather and geophysical barriers also present as concerns. Few law enforcement personnel, coupled with the remote geographical rural location of reservation some of which vast expanses of land, may make a rapid response difficult. Delayed response can mean the difference between life and death for Native women under attack (Amnesty International, 2007).

The issues facing Alaska's Native populations parallel much of Indian country. Furthermore, despite tribally based examples like Pretty Bird Woman House in South Dakota and the Emmonak Women's Shelter in the Lower Yukon Delta of Alaska, limited funds restrict the outreach and impact of such shelters (Amnesty International, 2007). The need for equipped shelters and crisis facilities on tribal land is great. Bubar (2010) emphasized that while there are 2,000 domestic violence and 1,690 rape crisis centers throughout the United States, there are in total and five rape crisis centers within tribal communities across the entire United States.

Although it may seem inappropriate to mention urban challenges alongside effects of isolation, Simoni et al. (2004) reported that American Indian women residing in urban areas may struggle with support from friends or family, fewer culturally-aligned services, the increased availability of illegal substances, and increased inter-racial violence. For Native women living in urban areas, accessing federally funded health care through the Indian Health Service, may, in itself, pose a challenge because many clinics and hospitals are on, or near reservations (Bachman et al., 2008). Compared to reservations, urban areas may allow for and elicit greater high-risk behaviors that can increase a woman's vulnerability to sexual violence (Simoni et.al., 2004).

Financial Constraints: Financial constraint is cited as a major factor throughout the literature in deterring an American Indian woman from seeking care. The Northwest state Department of Health (2009) noted that many women are financially dependent on their perpetrator, which limits their access to legal, protective and housing services. While income levels vary according to tribal affiliation and place of residence, the



median household income among American Indian women within the state from which the selected university resides is \$12,480 compared to the median state household income of \$39,807 irrespective of race (Northwest state Department of Public Health, 2009).

Yuan et al. (2006) examined risk factors for physical and sexual assault among American Indians from six different tribes. Having a household income of less than \$10,000 was identified as a primary risk factor.

The quality of care available to Native communities may also be limited by financial constraints. According to Amnesty International (2007), the Indian Health Service continues to be under funded compared with the general population. Per capita expenses for the general population are \$5,775/person while per capita expenses for the IHS come to \$1,900/person. Bubar (2010) further emphasized that an estimated one billion dollars is needed to combat known health disparities throughout tribal communities. Compared to government health care spending on other, non-Native eligible groups, American Indians were significantly underfunded at \$1600 per person. In contrast, Medicare recipients received on average \$6000 per person, and veterans received \$5200 per person (Bubar, 2010).

Cultural Insensitivity: The lack of cultural sensitivity employed by law enforcement and health care personnel is another known barrier to reporting among American Indian women (Amnesty International, 2007; Bachman et al., 2008; Hamby, 2008). Hamby (2008) reported fears of not being believed, unwarranted prejudice, the presence of cultural and/or language barriers, and fears of being blamed for the incident were primary reasons why American Indian women chose not to report sexual assault to

law enforcement. Bachman et al. (2008) further emphasized that American Indian women may not report out of fear of jeopardizing their family's safety or well-being. This may be a major factor, if in fact, the perpetrator is a family member (Bachman et al., 2008). Health care personnel may also be mistrusted (Amnesty International, 2007). Targeted cultural training for law enforcement and health care personnel was a primary goal identified by Amnesty International (2007) in combating the effects of sexual assault among American Indian women.

Also stressed in the literature, is the scarcity of Native clinicians and culturally aligned acute, and long-term treatment options. Post-traumatic stress disorder, depression, suicidal ideation, alcoholism and substance abuse have all been linked to sexual assault among American Indian women (Bryant-Davis et al., 2009; Robin et al., 1997; Taft et. al, 2009). It is critical that when addressing consequences of sexual assault, that treatment validates the cultural values and beliefs of American Indian women (Bachman et al., 2008; Bubar, 2010; Duran & Duran, 1995; Gone & Alcantara, 2007). Gone (2009) emphasized that relying upon treatment approaches derived from the experiences of the dominant, European culture might imply the need for other cultural groups to assimilate to the mindset of the majority. Gone & Alcantara (2007) suggested that insisting on Western applications of mental health may in fact further feelings of victimization and mistrust among American Indian women seeking care. Finally, Bubar (2010) stated:

“Using a Western model of assessment for mental health and pathology may be considered a continuation of institutional racism and ethnocentrism since it is the exercise of power and privilege of one nation-state deciding what is considered appropriate as an assessment tool of pathology for another sovereign state” (Bubar, 2010, p. 64).

### Sexual Assault on Campus

Now that factors relevant to the sexual assault of American Indian women have been discussed, factors found in the literature that are relevant to sexual assault on campus will be presented. The challenges of processing, and reporting sexual assault on campus added to the previously discussed challenges pertinent to American Indian women, suggest a unique vulnerability American Indian women may face when in a campus environment. The following discussion will focus on: a) the prevalence of sexual assault in the college setting; b) prevention programs; c) barriers to reporting sexual assault on campus, and d) cultural and racial perception of sexual assault on campus.

#### Prevalence of Sexual Assault in the College Setting

Current statistics estimate that between 20-25% of college women will experience attempted or completed rape while a student (Franklin, 2010; Rothman & Silverman, 2010). Women between the ages of 16-24 are three times more likely to be assaulted than older women (Nasta et al., 2005). Similar to prevalence rates among American Indian women, these estimates are conservative because they include only those cases that *are* reported (Schewe & O'Donahue, 1998).

#### Prevention Programs

The initiation of Title IX in the 1970's mandates that colleges to pursue reporting and take action against reports of sexual assault (Carmody & Washington, 2009). In response to increased pressures to take action, colleges nation-wide have responded by

expanding medical care, psychological services and trained advocates to meet the needs of sexual assault survivors (Carmody et al., 2009). Van Acker (2004) noted that while programs addressing the issue of sexual assault on college campuses have undoubtedly increased nationwide, program effectiveness in terms of changing attitudes and behaviors surrounding sexual assault are rarely assessed.

Foubert et al. (2010) examined the effectiveness of one such program aimed at increasing awareness among women relative to identifying characteristics of male perpetrators, and potential bystander interventions. A total of 279 college women participated in the study, with 189 women participating in the treatment group and 90 in the control group. Those women in the treatment group where bystander interventions and increased awareness was emphasized were found to endorse rape myths significantly less than before undergoing the education. Those women in the control group did not experience a decline in their rape myth acceptance. Furthermore, those women in the treatment group reported significantly more confidence in their ability to intervene as a bystander in a sexual assault situation.

An earlier study conducted by Hanson and Gidycz (1993) examined the effectiveness of a comprehensive, nine week, on campus sexual assault prevention program. The goals of the program were to increase awareness of the magnitude of sexual assault, dispel common rape myths, create greater social supports for sexual assault survivors, enhance effective communication regarding sexual relations, and educate participants on the risks of sexual assault in a college environment. Participants

of the nine weeks study reported significantly changed beliefs and attitudes conducive to sexual assault.

### Barriers to Reporting Sexual Assault on Campus

The literature suggests there are significant gaps between sexual assaults that are reported versus sexual assaults that are likely to occur on college campuses. Studies cite: a) a lack of awareness of services; b) concerns over confidentiality; c) the pressures of cultural expectations; and d) psychological barriers as primary reasons deterring a woman from reporting sexual assault. These will be discussed below.

Awareness of Services: While the prevention programs previously mentioned suggest the possibility for significant changes in behavior, and certain attitudes, researchers suggest that awareness of these programs among students may be lacking. Sable et al. (2006) reported that students at a mid-size university identified a lack of awareness on how to get help following sexual assault as a primary reason for not reporting. Since Title IX came into effect, campuses have responded by offering sexual assault services such as medical care, psychological counseling and trained advocates (Carmody et al., 2009). Despite these efforts, findings from the literature suggest a continued lack of awareness among students regarding these services (Nasta et al., 2005).

Concerns over Confidentiality: Concerns over confidentiality are frequently cited in the literature as a major deterrent to reporting sexual assault. Nasta et al. (2005) reported that although college women may have been aware of the sexual assault services, there were significant differences between having knowledge and actual utilization of

these services. In this report, 90% of 234 female students were aware of sexual assault services on campus, but less than 22% of those claiming to have experienced some form of sexual assault while on campus ( $n=90$ ) actually utilized services (Nasta et al., 2005). Nasta et al. (2005) therefore suggest significant barriers standing in the way of female students who may be in need of assistance. Fears of judgment from peers, school administrators, faculty, and law enforcement were reported to drive these concerns over confidentiality. Sable et al. (2006) reported that fear of retaliation by the perpetrator also is a major concern if the sexual assault were to be disclosed.

Expectations of the College Culture: Burnett et al. (2009) hypothesized that the expectations embedded within the college culture may act to lessen the gravity of a particular assault and again, discourage a female student from reporting sexual assault. Barnett et al. (2009) suggested that college campuses may encourage rape cultures and condone the acceptance of rape myths and destructive attitudes. Pertinent to the discussion of expectations of the college culture are: a) the implications of alcohol consumption; b) the endorsement of traditional gender roles and stereotypes; c) rape myth acceptance, and d) certain social pressures that often result in the nationwide silencing of this epidemic.

Alcohol Consumption: Among reported cases of sexual assault in the college setting, alcohol is involved in between 75-80% of the reports (Foubert et al., 2010). According to LaBrie et al. (2005), 80-90% of college students drink, and 44% binge drink. Risky sexual behavior is a major consequence of alcohol use. Notably, when

alcohol is involved in sexual assault, 34-74% of perpetrators and 30-79% of victims admitted to consuming alcohol prior to the assault (Monks et al., 2010).

Physiological complications from alcohol can result in altered judgment, reaction time, perception and discernment (Loiselle & Fuqua, 2007; Monks et al., 2010). Alcohol consumption can result in the misperception of a woman's cues that she is not interested in sexual contact. Furthermore, women may think they have sent a clear message of being disinterested in sexual contact; however, alcohol may cause a woman to misperceive a man's continued sexual advances (Abbey et al.; Loiselle & Fuqua, 2007). Studies examining alcohol's effects on sexual aggression versus a placebo effect have concluded that sexual aggression is significantly more prevalent with alcohol consumption (Abbey et al., 2004). These studies suggest the relationship between alcohol consumption and increased sexual aggression is more physiological than psychological.

Women who consume alcohol are seen by both men *and* women as more sexually available than women who refrain from alcohol use (Monks et al., 2010). Combined with the common expectancy that alcohol can aid in increasing sexual opportunities, women who engage in excessive alcohol use, or engage with men who regularly consume alcohol, may be particularly vulnerable to unwanted sexual contact. Furthermore, if unwanted sexual contact were to occur, the fact that alcohol was involved often acts as a deterrent for women not to report in fear of being judged or not believed (Foubert, 2010). Because of underreporting, exact numbers of alcohol-related sexual assault cannot therefore be accurately attained (Abbey et al., 2001). It must be noted that while alcohol use may increase a woman's likelihood for unwanted sexual contact, alcohol is neither an excuse

nor the cause of sexual assault. For example, a man may purposefully drink with the intent of inflicting sexual trauma on a woman (Abbey et al., 2001).

Believing women are more sexually available is one of several alcohol expectancies college students may hold (Palmer et al., 2010). Researchers have verified that a greater level of expectancy with alcohol use often correlates with increased alcohol consumption (Palmer et al., 2010). Furthermore, perpetrators of sexual assault are more likely to be heavy drinkers (Palmer et al., 2010). In a study by Abbey et al. (2004), 57% of college males reported sexually aggressive behavior. Among those who admitted to sexual aggression, 47% stated alcohol was involved in episodes of aggressive behavior. Men frequently view alcohol as a way to lessen social inhibitions, and amplify power and aggression (Abbey et al., 2004). Combined with the common belief that alcohol is an aphrodisiac, the propensity of alcohol to be implicated in sexual assault is heightened.

Among women who had been sexually assaulted during college, alcohol expectancies were greater. Women who have been victimized are more likely to associate alcohol with greater sociability, less inhibition, sexual pleasure, stress reduction, power and aggression (Palmer et al., 2010). Abbey et al. (2004) reported that in most rape cases involving alcohol consumption, the perpetrator and the victim are likely to have been drinking. While this may not be surprising, it undoubtedly increases the legal complexity of the sexual assault, especially as it pertains to the issue of mutual consent (Abbey et al., 2004). Nevertheless, Abbey et al. (2004) argued that while alcohol consumption and sexual assault may frequently co-occur, the notion that alcohol consumption causes sexual assault remains unconfirmed. Furthermore, alcohol consumption may in fact be



used at times as an aid to decrease inhibition prior to a man committing planned sexual assault (Abbey et al., 2004).

Altogether, alcohol is a primary vehicle by which college students elicit sexual contacts. Embedded in a college culture heavily endorsing alcohol consumption and promiscuity, is the myth that unwanted sexual contact, especially when it involves alcohol and a known perpetrator, is a common occurrence that has in some circles, become the norm (Abbey et al., 2004). While it should not be used to blame the woman or in some cases, vilify the man, the extent of alcohol use in the college environment and the resultant psychological and physiological consequences, make alcohol a notable contributor in the problem of sexual assault.

Gender Stereotypes/Roles: College females valuing “traditional” gender roles, where the woman is often seen as more permissive in comparison to the man, are more likely to accept rape myths and therefore, may be more likely to misinterpret danger cues from the opposite sex (Franklin, 2010). This reduced ability to identify danger-cues may increase a woman’s vulnerability to sexual assault (Franklin, 2010).

Franklin (2010) found that rape myths were accentuated in women who a) value traditional gender roles; b) regularly consume pornography; and c) have a history of previous sexual assault. Franklin’s research (2010) suggested women who have been sexually assaulted are not only being silenced by those of the opposite sex, but by other female students as well.

There have been correlations made between sorority affiliation and an increased adherence to traditional gender roles. It has also been substantiated that Greek-affiliated

women are more likely to experience sexual coercion and unwanted sexual contact (Franklin, 2010). Finally, danger cue misinterpretation may be higher among Greek-affiliated women as they are less inclined to view Greek-affiliated men as sexually threatening (Franklin, 2010).

Similar to Greek-affiliate women, Greek-affiliated men are also more likely to accept rape myths (Burnett et al., 2009). These myths include notions that “no” really means “yes”, that women can generally avoid rape if they wish, that rape victims are generally promiscuous and that reporting rape is often an attempt at retaliation or an effort to protect a victim’s reputation (Burnett et al., 2009).

Personality traits among men who have been the perpetrators of sexual assault include a greater hostility towards women and less empathy in comparison to other men (Abbey et al., 2004). Furthermore, these men are more likely to endorse traditional gender roles that include the belief that men are responsible for initiating sex and women are responsible for setting the limits of sexual contact (Abbey et al., 2004). Additionally, Allred (2007) reported men who have a general sense of entitlement are more likely to feel as if they are sexually entitled. Male perpetrators of sexual assault are more likely to have been sexually victimized as a child, more likely to identify with peers endorsing forced sexual contact, and more likely to have had earlier and more frequent sexual contact when compared to other men.

College men involved in athletics are also known to be more likely to ascribe to rape myths and commit sexual assault (Burnett et al., 2009). In fact, men involved in NCAA division I athletics are reported for committing sexual assault at greater rates than

all other students (Burnett et al., 2009). It has been hypothesized that the high value placed on physical aggression and strength among male college athletes may contribute to greater rates of sexual offense (Burnett et al., 2009).

The consumption of pornography, especially hard-core, sexually violent material among women has been shown to perpetuate rape myth acceptance and gender stereotypes. Thus, a rise in rape myth acceptance and gender stereotypes relative to pornography consumption may increase a woman's vulnerability to unwanted sexual contact (Franklin, 2010). Women who regularly consume pornographic material are known to have delayed responses to potentially threatening encounters (Franklin, 2010). Likewise, strong connections between regular pornography consumption among men and the likelihood of using force to attain sex have been substantiated (Bergen & Boyle, 2000). Schwartz and DeKeserdy (1997) surveyed 1,638 college women and found that 22% of the women who had experienced sexual abuse, report the perpetrator had forced them to complete an act seen in pornographic material. Furthermore, Schwartz and DeKeserdy (1997) found a statistically significant relationship between men who admitted to sexually victimizing women and pornography consumption.

Rape Myth Acceptance: The acceptance of rape myths, which imply the belief of certain falsehoods regarding rape and sexual assault, are common throughout college campuses. A number of rape myths exist and can be perpetuated by alcohol use and gender stereotypes discussed below. The following lists the most common rape myths:

- 1) Women who drink are more available sexually (Monks et al., 2010).
- 2) Women who are raped are generally promiscuous (Burnett et al., 2009).

- 3) Women who report sexual assault are often looking for retaliation or to protect their reputation (Burnett et al., 2009).
- 4) “No” means “Yes” (Burnett et al., 2009).
- 5) A woman who wears revealing clothing “asks for it” (Carmody & Washington, 2001).
- 6) Women can resist rape if they really want to (Carmody & Washington, 2001).
- 7) A woman who allows “petting” or foreplay is asking for sex, even if it is forced (Carmody & Washington, 2001).
- 8) A woman who becomes intoxicated should be considered “fair game” for men wanting to have sex with her (Carmody & Washington, 2001).
- 9) Women have an unconscious desire to experience forceful sexual contact (Carmody & Washington, 2001).

Women who adhere to rape myths are more likely to misinterpret danger cues and have a delayed response to threatening sexual advances by the opposite sex (Franklin, 2010). Men who adhere to rape myths are more likely to commit sexual assault and underestimate the seriousness of forced sexual contact (Burnett et al., 2009).

Silencing the Epidemic: According to national reports, only five percent of sexual assaults on campus are actually reported to law enforcement (Burnett et al., 2009). The use of alcohol and the perpetuation of gender stereotypes and rape myths are major contributing factors to underreporting. As stated previously, the involvement of alcohol may cause the victim to doubt the authenticity of their experience and may cause self-blame (Burnett et al.; Foubert et al., 2010). Widespread stereotypes and rape myth acceptance may cause a victim to feel unworthy of reporting when known others have experienced similar situations and have not reported (Burnett et al., 2009). The lack of communication or negotiation prior to unwanted sexual contact may also increase ambiguity as to whether an experience constitutes sexual assault or not (Burnett et al., 2009). College women hesitate to report for fear of being questioned or judged for what

they were wearing, if they were drinking and what they were doing to encourage sexual contact (Burnett et al., 2009). Allred (2007) reported that in a study conducted by Kahn (2004) only 33 of 97 college women who had experienced rape actually identified their experience as such. Allred (2007) further explored the differences between women who label their experience as rape versus those who do not. A major implication was a woman's sense of control at the time of the sexual contact. Those women who had been victimized while sleeping, as a child, or physically forced were more likely to label their experience as rape (Allred, 2007). Those who had been victimized by an unknown assailant were also more likely to report rape versus those women who knew their perpetrator (Allred, 2007). The more intimate a woman's previous relationship had been with the perpetrator, the greater the ambiguity surrounding the rape, or sexual assault (Allred, 2007).

Overall, it appears a great deal of skepticism exists among female college women with regard to reporting an incident of sexual assault. Many fear reporting may only cause further assault as it appears the existing legal and social structures are insufficient in maintaining unbiased communication (Burnett et al., 2009).

Ahren (2007) examined the effects of women who had initially reported sexual assault to either an informal source (friend or family member) or a formal source (law enforcement, medical services) and experienced a negative outcome. Following this initial negative experience, these women chose to remain silent due to having been blamed for the incident, insensitivity, not being believed, and/or the lack of appropriate care. Ahren's study (2007) suggested that some women may only experience further

victimization in the reporting process, which may lead to an overall mistrust or disbelief of the effectiveness of available services or supports. This perceived negativity from formal and informal supports is known to increase the severity of unwanted psychological consequences, and most notably, post-traumatic stress disorder (Allred, 2007; Campbell et al., 1999; Ullman et al., 2007).

Psychological Barriers: The above factors (lack of awareness of resources, concerns about confidentiality and college cultural expectations) are all cited within the literature as creating significant psychological barriers keeping a female student from reporting sexual assault. According to the literature, shame, guilt and embarrassment are the most common emotions experienced by victims and suggest a considerable amount of self-blame (Amar, 2008; Nasta et al, 2005; Sable et al., 2006). While fear of retaliation by the perpetrator and a breach in confidentiality are also concerns, it is interesting that the most prevalent psychological barriers (shame, guilt and embarrassment) are all emotions directed at one's self and not the perpetrator, institution, or surrounding environment.

Sexual assault can result in a number of unwanted emotional and psychological consequences. Much of the psychological effects following sexual assault cluster around the symptoms associated with post-traumatic stress disorder (PTSD) (Allred, 2007). Additionally, major depression, suicidal ideation, polysubstance abuse, panic disorders, and impaired social and sexual functioning can occur.

Among 94 female sexual assault survivors, Rothbaum et al. (1992) found that 95% of participants met the criteria for acute-stress disorder one week following sexual assault. Three months later, 47% of the survivors met criteria for PTSD. Compared to

other crimes, rape appears to result in a greater number of PTSD diagnoses (Allred, 2007). Citing Kilpatrick et al. (1987), Allred reported that 16% of 81 female rape victims met the criteria for PTSD, while 3% of 204 women who had experienced other crimes met the criteria. Allred (2007) reported further that 60% of female survivors of rape experience PTSD at some point throughout their lifetime.

Ullman et al. (2007) noted that the severity of PTSD and other psychological consequences is often influenced by pre-victimization and post-victimization factors. For example, women who had been previously sexually victimized, especially as children were found to have more severe PTSD symptoms in comparison to women victimized as adults. Post-victimization factors included the presence of lack of positive social supports, prompt or delayed disclosure of the experience, and the degree of self-blame the victim carries (Ullman et al., 2007).

### Cultural Perceptions of Sexual Assault in the College Setting

While the literature has confirmed cultural influences involved in the perception of sexual assault, these influences are rarely documented in relation to sexual assault on campus. The scant research that has been done however substantiates the importance of considering racial and cultural factors in the provision of sexual assault services and treatment options on campus (Amar, 2008; Carmody & Washington, 2001).

Carmody & Washington (2001) examined the acceptance of rape myths among black students versus white students. Although they failed to find significant differences in the belief of rape myths when comparing the two races, Carmody & Washington

emphasized possible differences in processing sexual assault and reporting practices. Neville et al. (2004) found that African American women reported increased cultural influences in regards to sexual assault versus white participants. Amar (2008) reported that African Americans were more likely to identify with self-blame following sexual assault, and were more likely to distrust law enforcement personnel and campus authorities.

Yamawacki & Tschanz (2005) compared perceptions of sexual assault among Japanese college students versus white students. The study followed the premise that women valuing traditional gender roles, in which males hold the dominant social position, are more likely to minimize sexual assault. Interestingly, Japanese students tended to minimize marital sexual assault significantly more so than white students. In regards to Asian college women, Lee et al. (2005) note that Asian women are least likely to report sexual assault in regards to other races.

Altogether, few studies have looked at racial and cultural differences on the college setting in regards to sexual assault; the above studies offer valuable insight into racial and cultural variances. There remains a need for sexual assault prevention programs to further consider cultural and racial factors when providing services. To date, the specific factors related to the recovery, attitudes and reporting patterns among American Indian women in the college setting have not been investigated.



### The Experience of American Indian College Students

Compared to all other ethnic groups, American Indians are least likely to pursue a four-year college education (Buckmiller, 2009). Tierney (1992) stated that among those American Indian students who do enroll, an alarming 85% will not graduate. Buckmiller (2009) suggested that cross-cultural challenges of attending a predominately non-Native institution combined with the continued existence of racism and discrimination make college a difficult endeavor for many Native students. In addition, for students coming from a rural, reservation setting to an urban centered campus, the difference in location alone can cause considerable culture shock (McNeil et al., 2000).

Historical trauma, especially the implementation of boarding schools that lasted well into the 20<sup>th</sup> century, is cited as contributing to the low number of American Indians attending higher education (Buckmiller, 2009). The boarding school era set an unfortunate precedent of distrusting educational institutions denying American Indians the right to practice their own culture and insisting they adopt a Eurocentric worldview. Undoubtedly, this era continues to cause apprehension among potential college learners (Pewewardy, 2002). Different worldviews and learning styles often creates tension between Native students and non-Native faculty. Native students at times feel they need to sacrifice cultural values in order to find success in the classroom (Winrow, 2001). Family ties and community obligations may also demand time away from school, which is frequently misunderstood by faculty and administration (Winrow, 2001). Tierney (2002) stressed that in order to succeed in college, an American Indian student must be allowed to maintain his/her heritage and customs without feeling a constant tension

between university and cultural expectations. Pewewardy (2002) pointed out that much of the mainstream, Westernized culture views American Indians as a monolithic culture, rather than recognizing the vast diversity of tribal customs, spirituality and traditions.

Bubar (2010) stated there is a need for greater numbers of trained Native clinicians in order to implement culturally specific interventions. Therefore, the issues implied in retaining Native students are applicable to increasing the number of potential Native female providers. Furthermore, the literature suggested that the issues of cultural misunderstanding and tension between the Native student and the institution may have important implications in female Native students reporting sexual assault (McNeil et al, 2000).

#### Gaps within the Literature

Although the existing literature does contain studies exploring sexual assault against American Indian women as a whole, there have been no reports of research that specifically examined the implications for Native female college students. Barriers to reporting among American Indian women in general have been documented; however, they are broad in scope. The influence that culture and ethnicity have upon the reporting and early stage of processing sexual assault is a relatively new area of exploration. Gauging the degree of these influences may aid in determining the need for specific services and interventions.

Sexual assault on college campuses has been examined quite extensively throughout the literature; yet statistics reflect female students as a whole and fail to

closely examine differences among cultural groups or ethnicities. Only a few studies to date have examined the relationships between ethnicity and/or race, and the processing of sexual assault in addition to reporting patterns on college campuses. American Indian students have not yet been included in these reports. The need to determine the extent to which sexual assault influences a American Indian woman's experience during her higher education experience is significant, especially with current campus efforts to increase diversity, and enhance cultural awareness among students (Lee et al., 2005). The degree to which sexual assault affects an American Indian woman's intentions to attend, or continue with higher education remains undetermined. Additionally, campus attitudes surrounding sexual violence against American Indian women when compared to other racial groups are also in need of further investigation.

### Summary

This chapter has covered the existing information regarding sexual assault for both American Indian women and women in the college setting. Barriers to each of the population groups have also been discussed. There are no known studies that have examined the perceptions and preferences in sexual assault among American Indian college women. Thus, the literature is lacking in considering culture as an important factor in determining specific interventions and strategies for American Indian college women and other population groups.

## METHODS

Introduction

The third chapter focuses on the methodology employed in this study. Following a discussion of considerations in cross-cultural research, four sections will be presented: (a) selection of participants, (b) instrumentation, (c) data collection, and (d) data analysis.

The specific aims of this study are to describe:

- V. Potential barriers as described within the literature to reporting sexual assault among American Indian college women
- VI. Preferences in reporting sexual assault among American Indian college women
- VII. Awareness of campus and community services available to sexual assault survivors
- VIII. The perceived magnitude of sexual assault among American Indian college women

This study utilizes a comprehensive survey adapted from the *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006). The survey, developed by Sable et al. (2006), was somewhat modified to support the aims of this study. The modifications were largely supported by findings in other literary sources and will be discussed further in the *instrumentation* section of this chapter.

### Considerations in Conducting Cross-Cultural Research

The Office of Minority Health (2012) defined culture as “integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.” Im et al. (2004) added that culture is “dynamic”, and something that is learned from birth through the acquisition of language and social skills. The demand for cross-cultural research is increasing as communities have become more diverse and globally connected (Im et al., 2004). Researchers should use caution and maintain a strong sense of self-awareness in order to interact with the dignity, rapport, and trust needed to conduct cross-cultural research. In conducting cross-cultural research, it is not only important to make efforts to connect with and gain a rudimentary understanding of the culture of interest, but it is also important to understand how the researcher’s culture could affect an interpretation of cross-cultural interactions. Tervalon and Murray-Garcia (1998) went further in emphasizing the concept of cultural humility. This concept does not have an endpoint, but is a commitment to a lifelong process of self-reflection and self-critique when working across cultures. By adhering to the principal of cultural humility, one lets go of the security that stereotyping brings and embraces the unique cultural dimensions of each individual (Tervalon & Murray-Garcia, 1998).

Maintaining Self-Awareness: It is important to acknowledge that the researcher’s own experiences and beliefs have to some degree influenced all aspects of this study. Ford et al. (2008) emphasized that complete objectivity during the research process is

nearly impossible given the biases, assumptions, and values held by the researcher. Research is often driven by past life experiences or events that work to shape a researcher's perspective on a given subject matter. It is important that researchers acknowledge the potential impact of individual past experiences and furthermore, accept the possibility of different perspectives arising from different backgrounds (Ford et al., 2008). Finally, it is important for researchers to be keenly aware that given cross-cultural differences, their own culture is not superior to another (Ford et al., 2008).

Conducting Research as an Outsider: The researcher for this study is an outsider in that she is a member of the White majority culture and, furthermore, not a student at the northwestern university where this study takes place. The aspects of this study have not only been shaped by her individual culture, but also by an academic culture that values the research process (Holkup et al., 2009).

American Indians may take offense to non-Natives conducting research due to a history of exploitative relationships that have resulted in distorted facts, misrepresentations, and a blatant disregard of protocol (Leticq & Bailey, 2004; Salois et al., 2006). Furthermore, the perceived value of the cross-cultural research as held by researchers may not be shared by people from the culture of interest (Holkup et al., 2009; Salois et al., 2006). This study did not arise from the campus community of American Indian students, but from the researcher. That said, this study may be applicable to the American Indian student population in that it investigates a major safety issue on campus (sexual assault), which may significantly influence an American Indian woman's future academic career (Allred, 2007; Ullman et al., 2007).

Given that American Indians are sexually victimized at greater rates than all other ethnic groups (Amnesty International, 2007), combined with the high number of sexual assaults that occur on college campuses, the assumption has been made that it may be beneficial to further understand the experiences of American Indian college women in order to maximize their college experience, and their safety.

Cultural Considerations and Assumptions: In an attempt to be sensitive to the cultural differences that were inherent in this study, two American Indian college students and two American Indian university representatives were consulted during the research process. Important considerations gained from their comments are discussed below.

American Indian women tend to be reserved in regards to their experiences with sexual assault, and may prefer to be silent in times of trauma. While there are multiple barriers to reporting sexual assault, an American Indian woman's decision to report or not may ultimately be rather complex. Because of the limited time to develop trust and rapport, it was decided that an anonymous online-survey would be the most appropriate method of collecting data because of the sensitive subject matter.

It is important that the wording used throughout the survey be well understood, non-offensive, and relevant. Therefore, the language of the instrument was modified in order to accommodate vocabulary differences that can exist between an American Indian community and other settings and improve readability.

Specifically targeting American Indian women to participate in a study about sexual assault could be seen as offensive. Letiecq and Bailey (2004) noted that much of

the research surrounding American Indians employs a deficit-based perspective that primarily focuses on weaknesses and shortcomings within American Indian communities. The aim of this study was to investigate weakness and shortcomings regarding support services to American Indian sexual assault survivors and not to focus on weaknesses within the American Indian campus community itself.

### Participant Recruitment

For the purposes of this study, participants were limited to those American Indian students enrolled at the chosen northwest university at the time of the study. At the time of the study, the northwest university where the sample was drawn had 592 enrolled students identifying as American Indian. The total student body population of the university was 15,642 (University website, 2012). Given that the majority of American Indian students were thought to be on the listserv that was utilized to send out the survey, it was estimated that 250-300 of those listserv members were American Indian college women. If the population was 300, at least 55 participants were needed to respond to achieve less than a 10% margin of error and maintain above 90% confidence (Custom Insight, 2012). For a 99% confidence level to be achieved, 107 participants were needed to respond given a 10% margin of error.

American Indian college women were the target population of this study. However, because the listserv contained addresses of both men and women, the survey was initially sent to both men and women. All male participants were asked to discontinue the survey if they identified as such in the demographic section.



Previous agreements were made with an on-campus American Indian support organization to attain an email listserv of currently enrolled American Indian students. The listserv was provided with the understanding that email addresses were used only to send out the initial survey link, and were not in any way attached to or traceable via survey responses (Survey Monkey, 2012).

A sweepstakes was utilized as an additional incentive for participation. At the researcher's expense, a fifty dollar gift card was added to the survey. Participants had the option of participating in an anonymous drawing for the prize. At the conclusion of the time period allotted for data collection, one participant was selected randomly by *Survey Monkey* to receive the prize. The winner was then anonymously notified via email by *Survey Monkey* (Survey Monkey, 2012).

### Instrumentation

The instrument utilized in this study was largely adapted from the *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006). Sable et al. (2006) utilized this survey (see Appendix A) to collect data from both men and women in order to assess reporting styles following sexual assault. Sable et al. (2006) surveyed the general student body population, both men and women. The difference for this study was that the focus was exclusive to American Indian women. With prior permission obtained from the primary author of the *Rape and Sexual Assault Awareness Campus Survey*, much of the content in Sable's survey (2006) has been incorporated into the modified version used in this study.

The *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006) was formulated from qualitative research done by the authors and a review of similar instruments. Once designed, the survey was assessed for face and content validity by researchers, masters' level practitioners with expertise on the subject, and representatives from rape crisis centers (Sable et al., 2006). Since the *Rape and sexual Assault Awareness Campus Survey* (Sable et al., 2006) was modified to a degree and will be used with a different population, American Indian students and university representatives reviewed the modified version that was used in this study.

The survey for this study included six sections: (a) demographics, (b) perceived barriers to reporting, (c) awareness of campus and community support services, (d) reporting patterns, and (e) perceived magnitude of sexual assault (See Appendix B for the survey in its entirety). Each of the sections are described in Table 1

Table 1. Instrumentation

<b><i>INTRODUCTORY PAGES AND INFORMED CONSENT</i></b>		
<b>Section</b>	<b>Survey Items</b>	<b>Rationale</b>
1	Informed Consent	As required by the Institutional Review Board, participants were informed of the study's purpose, how they were selected, confidentiality, risks, and benefits.
2	Informed Consent Agreement	Having been informed of the content in the informed consent, participants completed this agreement prior to taking the survey.
3	Introduction	An introduction to the survey was included to further elaborate on the reasoning for this study. Contact information for support services was also included.
<b><i>DEMOGRAPHICS</i></b>		

Table 1. Continued

4	1. Age	Assessed that requirements for survey participation were met:  Participants had to be 18 years of age following legal requirements. The survey closed if a number lower than 18 was entered
5	1. Identity 2. Gender	Assessed that requirements for survey participation were met:  Only data from participants identifying as American Indian, Alaskan Native, Hawaiian Native, Aboriginal, or First-Nations and Female were analyzed
	3. Live on campus 4. Live off campus in city	A woman's accessibility to campus services and community resources were important in reporting sexual assault (Amnesty International, 2007; Sable et al., 2006)
	5. Family in town permanently 6. Family in town part time 7. Family in state	Readily available family support was beneficial following a woman's experience with sexual assault (Bachman et al., 2008; Hamby, 2008).
	8. Level of education 9. Number of years on campus	A lack of awareness of campus services offered to victims of sexual assault has been cited as a factor in women not reporting sexual assault (Sable et al., 2006). American Indian women, who have been students for a greater amount of time, may be further informed about available services on campus, and throughout the community.
	10. Relationship status	High rates of domestic violence, which can include sexual assault, have been reported in American Indian populations (Amnesty International, 2007). A woman's relationship status may impact her vulnerability to sexual assault (DeKerseredy et al., 2006).
	11. Spiritually active in organized religion 12. Spiritually active in AI traditional practices	Served as a weak proxy for determining cultural affiliation and did not equate to a participant's value of spirituality.

Table 1. Continued

<b><i>PERCEIVED BARRIERS TO REPORTING SEXUAL ASSAULT</i></b>	
<b>Structure</b>	<b>Content</b>
<p>- Participants were asked to rate items in matter of importance on a five-point Likert scale (1=not important at all, 2= not very important, 3= neutral, 4=important, and 5=very important).</p> <p>-Adapted from the <i>Rape and Sexual Assault Awareness Campus Survey</i> (Sable et al., 2006).</p>	<p>- Included in order to identify which barriers were perceived as most influential in an American Indian woman's decision to report sexual assault.</p> <p>-Three additional barriers were added:</p> <ul style="list-style-type: none"> <li>• "Fear of academic repercussions"</li> <li>• "Fear of the effects of your children"</li> </ul> <p>"Fear of the effect on your family"</p> <p>a. Supported by Amnesty International (2007) and Burnett et al. (2009)</p>
<b><i>AWARENESS OF CAMPUS AND COMMUNITY SUPPORT SERVICES</i></b>	
<b>Structure</b>	<b>Content</b>
<p>-Adapted from the <i>Rape and Sexual Assault Awareness Campus Survey</i> (Sable et al., 2006).</p> <p>-Participants were asked to state whether or not they are aware of campus and community support services by answering "yes", "no", or "not sure".</p> <p>- On a 1-5 Likert scale, participants were asked to rate how informed they feel overall in regard to getting help following sexual assault.</p> <p>- Participants were asked to identify up to three primary sources of information informing them how to respond to sexual assault.</p>	<p>- A primary barrier identified by Sable and et al. (2006) was the lack of awareness of campus and community programs/services available for sexual assault survivors. In order for reporting to take place, an awareness of such support services must be known to victims.</p>
<b><i>REPORTING PATTERNS</i></b>	
<b>Structure</b>	<b>Content</b>
<p>-Participants were asked to identify up to three resources/personnel from the campus and community they would refer a friend to who has experienced sexual assault.</p>	<p>- Assessed the degree to which American Indian college women utilized campus and community resources and personnel following sexual assault.</p> <p>-Identified potential gaps in reporting patterns.</p>

Table 1. Continued

	- In addition to participants asked yes/no whether they feel the campus and community resources/personnel are helpful, they were also asked to comment.	
<b><i>PERCEIVED MAGNITUDE OF SEXUAL ASSAULT AMONG AMERICAN INDIAN WOMEN</i></b>		
	<b>Structure</b>	<b>Reasoning</b>
	<p>- In an attempt to avoid intrusive or painful questions, participants were not asked if they themselves have experienced sexual assault.</p> <p>- Participants were asked to identify the number of American Indian college women they know who have experienced sexual assault while enrolled at the northwestern university and prior to being enrolled.</p> <p>- Participants are asked to identify the number of American Indian college women they know who have reported sexual assault. Participants are then asked to comment on why they feel these women have chosen to report.</p> <p>-Contact information for sexual assault services in the campus and community are provided at the beginning and end of the survey.</p>	<p>- While the magnitude of sexual assault on college campuses nationwide has been previously studied, there are no known studies that have assessed the perceived magnitude of sexual assault among American Indian college women (Foubert et al., 2010; Franklin, 2010). It is important for that this was included in order to gauge the severity of the problem and the urgency for improvements.</p> <p>- Campus-based programs offer services for sexual assault survivors without discriminating between where or when the sexual assault took place.</p> <p>-Provided in the case of an unwanted emotional response or the need for further support or guidance.</p>

Data Collection

The instrument was made available to participants via the aforementioned email listserv. The American Indian support organization maintained ownership of this listserv throughout this process, and agreed to send the URL link to the survey to listserv participants. The survey was sent out at the beginning of spring semester, and was

available for a one-month period. A reminder email with the survey link was sent two weeks following the initial launch.

*Survey Monkey* allowed for participants to begin the survey and complete it at a later date and time. However, once the survey was completed, participants could not re-enter the survey. The survey closed one month after the initial email with the web link was sent. At this point, participants were thanked for their participation via email and notified that data collection had ended. Links to the survey were rendered inactive, and data analysis ensued. Please see Appendix C for more information regarding *Survey Monkey's* capabilities.

#### Human Subjects Protection

This study was approved by the Institutional Review Board through Montana State University-Bozeman on November 21, 2011. A mutual agreement was also approved on November 30, 2011 by the Institutional Review Board at the northwestern university where this study took place.

As required by the Institutional Review Board, participants were first provided with the informed consent before beginning this survey (see Appendix B). Participants were informed that their participation was voluntary, and that they could choose to withdraw or discontinue the survey at any time, with no penalties. Also emphasized was the confidential nature of the survey. Responses were only numbered when analyzed in the secure online location. Neither email addresses nor IP addresses were traceable following the participant's response.

Given the sensitive subject matter of this study, participants were informed about the possibility of a difficult emotional response from the survey. Contact information for campus and community support services were provided at the beginning and end of the survey.

### Data Analysis

The data analysis will use descriptive statistics. A more detailed description of the analysis may be found in Table 2.

Table 2. Data Analysis

<b>Section of Survey</b>	<b>Method of Analysis</b>
<i>Demographics</i>	Demographics were utilized to identify characteristics of survey participants. Descriptive frequencies were used when evaluating these characteristics.
<i>Perceived Barriers to Reporting</i>	The mean, median and mode were established. The average values (1-5) were calculated for each barrier. These values clarified which barriers had more or less weight relative to reporting sexual assault.
<i>Awareness of Campus and Community Services</i>	A point-value was assigned to each response (yes, no, not sure) option in order to allow for an average percentage to be calculated (yes=2 points, not sure= 1 points, no=0 points).  Each resource listed was analyzed for the percentage of responses indicating its importance. Because participants could choose up to three resources/personnel from both the campus and community, the top three resources/personnel of both the campus and community were confirmed.

Table 2. Continued

<i>Feeling Informed</i>	<p>From the 1-5 Likert scale, an average was calculated.</p> <p>Additionally, this level of feeling informed was compared with age and class standing to determine correlations.</p>
<i>Perceived Magnitude</i>	<p>Because participants were only asked to provide the number of sexual assault they know of prior to and during enrollment at the university, it is impossible to know whether these assaults were separate, isolated events or one of the same. For this reason, the numbers of sexual assault known prior to and during enrollment were simply reported as a sum.</p> <p>It is also impossible to know whether known reports were separate or one of the same. That said, only a sum could be calculated of those women known to have reported sexual assault prior to and during enrollment.</p>
<i>Qualitative Data</i>	<p>Participants were given three opportunities to provide qualitative data. These qualitative responses were analyzed for pertinent themes.</p>

### Summary

This chapter addressed the methodology component of this study. Throughout this research, but especially during survey design, data collection, and data analysis, consideration was given to the fact that the researcher is as an outsider to the community of American Indian students at the chosen northwestern university.

The collection of data is made possible through the American Indian support organization on the northwestern university campus. They agreed to send the survey link



twice, in two week intervals to listserv participants and follow-up with thank you emails. This agreement was confirmed following approval from the Institutional Review Boards from both Montana State University-Bozeman and the northwestern university where the study took place. The online program, *Survey Monkey* was utilized in designing the survey and collecting the data.

The survey instrument for this study was largely adapted from the *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006). Two American Indian students and two American Indian university representatives were asked to review the survey for face and content validity. Their comments resulted in further modifications improving the survey's readability and appropriateness for this population. Finally, data were analyzed using primarily descriptive statistics. Qualitative data were analyzed for themes and patterns.

## RESULTS

### Introduction

The purpose of this study was to explore the preferences and barriers to reporting following sexual assault, the awareness of campus and community services, and the perceived magnitude of sexual assault during and prior to enrollment at the northwestern university. This study focused on American Indian college women over eighteen years of age currently enrolled at the northwestern university.

An anonymous online survey was distributed via a listserv with the agreement from an on-campus American Indian student organization. After a one-month period of data collection, quantitative and qualitative results were analyzed using descriptive statistics and thematic analysis. The following chapter will discuss the research results and address research questions.

### Demographic Characteristics

Of the estimated 400-500 American Indian students on the listserv to which the survey was sent, 9.2-11.5% (n=46) responded. Because it could not be predetermined which listserv members were women, men also had the opportunity to respond. Of the 46 respondents, 23.9% (n=11) identified as men. Additionally, 10.8% (n=5) respondents did not identify as American Indian. This study required participants to identify as American Indian women (n=31) thus, participants identifying as male and/or non-Native were not included in the final results.

Of these 31 American Indian women, 100% (n=31) reported to be over 18 years of age. The average participant age was 28.3 years. The majority of these women (74.2%, n=23) lived off-campus while 25.8% (n=8) live on-campus. One-hundred percent (n=31) of participants reported living in the city where the northwestern university is located.

A number of participants (41.9%, n=13) reported family living on a permanent basis in the city where the northwestern university is located. An additional 22.6% (n=7) of respondents reported family living in this city on a part-time basis. Furthermore, 90% of participants (n=27) reported family living in the state where the university is located.

The majority of participants identified as undergraduate status (77.4%, n=24). The remainder of participants (22.6%, n=7) identified as graduate status. Additionally, one participant identified as associates level and one participant as a post-graduate. The associates' level participant was included in the undergraduate status and the post-graduate in the graduate status (see Table 3). On average, participants had been enrolled in college for a total of 4.5 years.

Relationship statuses were varied; however, the majority of participants (42.6%, n=14) reported being in a relationship with an intimate partner. Another 32.3% (n=10) reported being single. Four women (12.9%) reported being married, while one woman (3.2%) reported being separated, and two women divorced (6.5%).

While the majority of women did not report being spiritually active in an organized religion (71.9%, n=22), a larger number (45.2%, n=14) reported being active in American Indian traditional practices. The majority of women reported not being

involved in either an organized religion or American Indian traditional practices (see

Table 3 for these demographics).

Table 3. Participants' Demographic Characteristics

<i>Characteristic</i>	<i>American Indian female students, age 18 or older N=31</i>	
<b>Average age of participant</b>	28.3 years (range 18-54)	
<b>Lives on campus</b>	n	%
Yes	8	25.8
No	23	74.2
<b>Lives in the city where the university is located</b>		
Yes	31	100
No	0	0
<b>Family members living on a permanent basis in the city where the university is located</b>		
Yes	13	41.9
No	18	58.1
<b>Family members living on a part-time basis in the city where the university is located</b>		
Yes	7	22.6
No	24	77.4
<b>Family members residing in the state where the university is located</b>		
Yes	27	90
No	3	10
<b>Level of Education</b>		
Undergraduate	24	77.4
Graduate	7	22.6
<b>Average years of attendance</b>	4.5 years (range 5 mos-12 years)	
<b>Relationship Status</b>		
Married	4	12.9
Divorced	2	6.5
Separated	1	3.2
Single	10	32.3
Currently with intimate partner	14	42.6

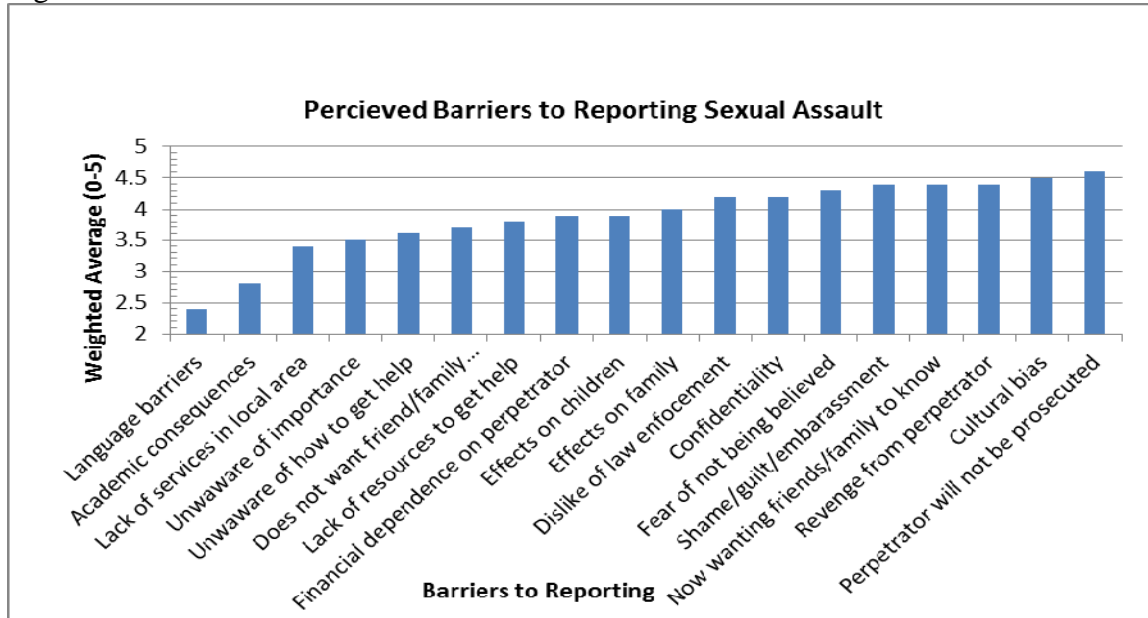
Table 3. Continued

<b><i>Spiritually active in an organized religion</i></b>		
Yes	9	20.0
No	22	71.9
<b><i>Spiritually active in American Indian traditional practices</i></b>		
Yes	14	45.2
No	17	54.8

### Perceived Barriers to Reporting Sexual Assault

Participants were asked to rate the importance of eighteen barriers to reporting sexual assault. Participants rated each barrier on a 1-5 Likert scale (1=not at all important, 2=not very important, 3= neutral, 4= important, 5= very important). A weighted average was calculated for each of the eighteen barriers by summing the weighted responses (1-5) and then dividing this sum by 31 (number of participants). A total of nine barriers had averages of 4.0 or greater (see Figure 2). Scoring highest was the belief that the perpetrator will not be prosecuted (average= 4.6). Cultural bias was rated second highest (average=4.5). Next, fears of shame/guilt/embarrassment, not wanting family or friends to know about the assault, and the fear of revenge from the perpetrator were rated as equally important (average=4.4). Only two barriers (language barriers= 2.4 and the fear of academic consequences=2.8) had a weighted average under 3.0 (see Figure 2).

Figure 2. Perceived barriers



### Awareness of Services

Participants were asked to indicate their level of awareness of a number of campus and community services. Participants either responded “yes” (they were aware), “no” (they were not aware), or “not sure”. The vast majority of respondents indicated that they were aware of available campus and community services (see Table 4). The service with the most participants indicating that “yes”, they were aware (87.1%, n= 27), was the presence of trained advocates for supporting sexual assault survivors in the immediate phase of treatment. The only service where more participants were either not aware or not sure (51.6%, n=16) was long-term counseling for family members of sexual assault survivors. Additionally, 43.4% (n=13) of participants noted that they were either not aware or not sure of short-term counseling for family members of sexual assault survivors.

Table 4. Perceived awareness of campus and community services

<i>Service</i>	<i>American Indian female students</i> <i>N=31</i>					
	<i>Yes</i>		<i>No</i>		<i>Not Sure</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Trained advocates available to support sexual assault survivors in the immediate phase of treatment	27	87.1	3	9.7	1	3.2
24/7 available trained advocates to guide survivors and address concerns following sexual assault	24	77.4	4	12.9	3	9.7
Trained health care personnel to conduct evidence collection	19	61.3	6	19.4	6	19.4
Trained health care personnel to provide medical care to the survivor	23	74.2	5	16.1	3	9.7
Counselor with trauma specific training that can provide for short term counseling for sexual assault survivors	26	83.9	2	6.5	3	9.7
Counselor with trauma specific training to provide short term counseling to family members	17	56.7	8	26.7	5	16.7
Counselor with trauma specific training to provide long-term counseling for sexual assault survivors	22	71.0	3	9.7	6	19.4
Counselor with trauma specific training to provide long-term counseling for families	15	48.4	9	29.0	7	22.6
Sexual assault support group for women	19	61.3	4	12.9	8	25.8
Campus based sexual assault prevention programs/activities	25	80.6	5	16.1	1	3.2
Campus based sexual assault educational activities	19	61.3	9	29.0	3	9.7

### Feeling Informed

On a 1-5 Likert scale (1=uninformed, 2= a little informed, 3= somewhat informed, 4= informed, 5= highly informed), participants indicated the degree to which they feel informed in seeking help following sexual assault (see Table 5). The majority of

participants indicated that they were “somewhat informed” (35.5%, n=11). Another 15 participants (48.4%) indicated that they were either “informed” or “highly informed”. None of the participants indicated that they were “uninformed” and 16.1% (n=5) indicated that they were “a little informed”. The calculated weighted average of all responses is 3.5. This was calculated by summing the totality of responses by rank (1-5) and then dividing by 31 (total number of participants).

Table 5. Feeling informed (N=31, weighted average=3.5)

1= Uninformed		2= A little informed		3= Somewhat informed		4= Informed		5= Highly informed	
N	%	n	%	n	%	n	%	n	%
0	0	5	16.1	11	35.5	9	29.0	6	19.4

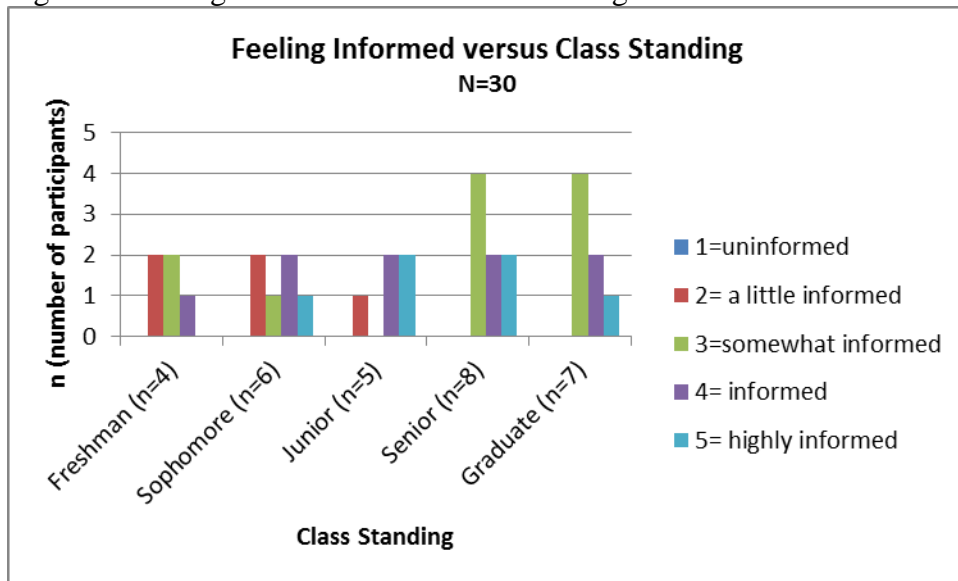
#### Feeling Informed Versus Class Standing

Participants with a higher class standing or who have been enrolled in college for a greater number of years, may feel more informed than those participants who have a lesser class standing. Responses were filtered by class standing and compared in relation to feeling informed following sexual assault (see Table 3). Of the five participants who reported feeling “a little informed”, 40% (n=2) were freshman, 40% (n=2) were sophomores, and 20% (n=1) were juniors. The eleven participants who felt “somewhat informed” were distributed throughout the possible class standings. Of these participants, 72.3% (n=8) were identified as senior and graduate students. The nine participants who felt “informed” were also distributed throughout the class standings. Of these nine participants, 11.1% (n=1) were freshman, 22.2% (n=2) were sophomores, 22.2% (n=2) were juniors, 22.2% (n=2) were seniors, and 22.2% (n=2) were graduate students. Finally,



of the six participants feeling “highly informed”, 16.7% (n=1) were sophomores, 33.3% (n=2) were juniors, 33.3% (n=2), and 16.7% (n=1) were graduate students.

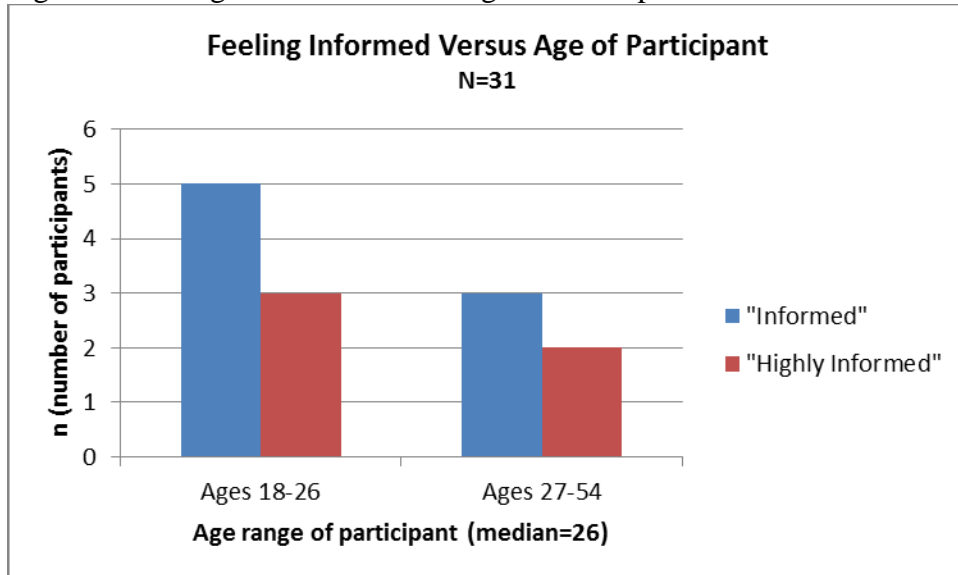
Figure 3. Feeling informed versus class standing



#### Feeling Informed Versus Age of Participant

Older students with more life experience may be more informed in how to seek help following sexual assault than younger students. From the 31 participants, a median age was established (26 years of age), and the data were separated on either side of this median (see Figure 4). The numbers of participants on either side indicating they were “informed” or “highly informed” were then counted. The majority of participants reporting they were “highly informed” or “informed” were in the age range 18-26 (see Figure 4).

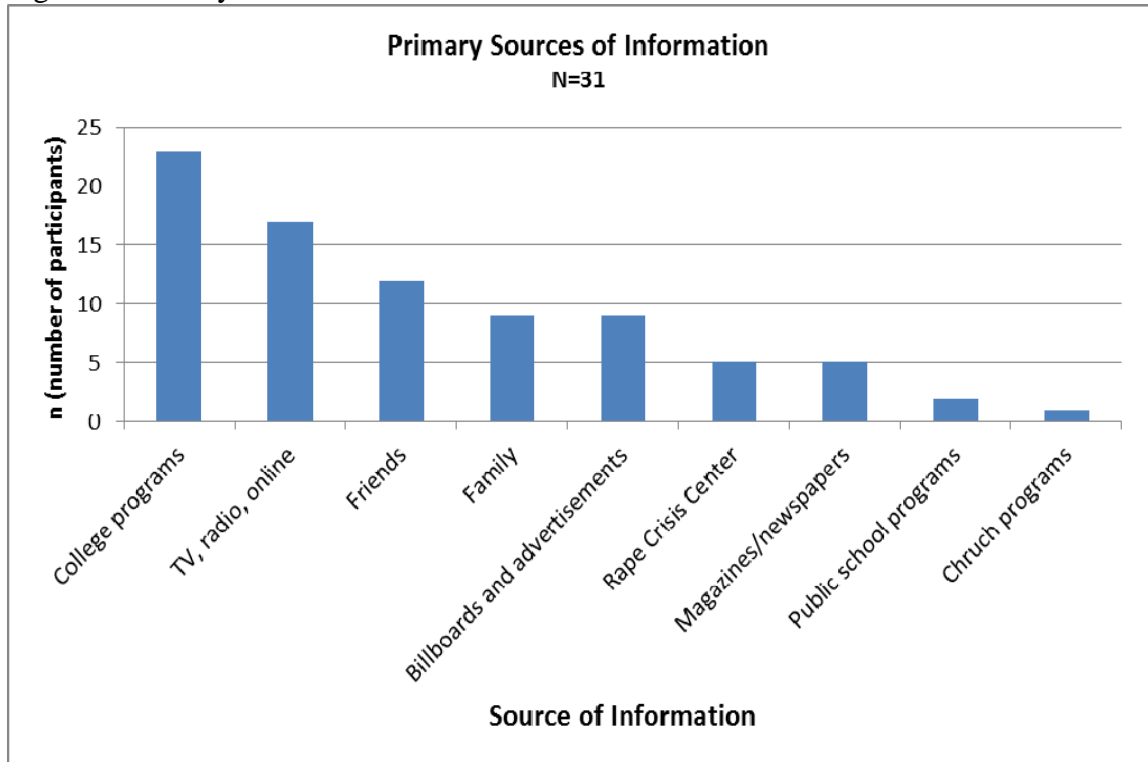
Figure 4. Feeling Informed Versus Age of Participant



#### Primary Sources of Information

Participants were asked to choose their top three sources of information from a list of ten different sources from which they might gain knowledge in how to seek help following sexual assault (see Figure 5). Above all, more participants (74.1%, n=23) reported getting information from college or university programs than any other source. Media such as television, radio, and internet came in second (51.6%, n=17) and friends came in third (36.7%, n=12). The sources with the least number of responses included church programming (3.2%, n=1) and public school programs (6.5%, n=2).

Figure 5. Primary sources of information



### Preferred Campus and Community Services

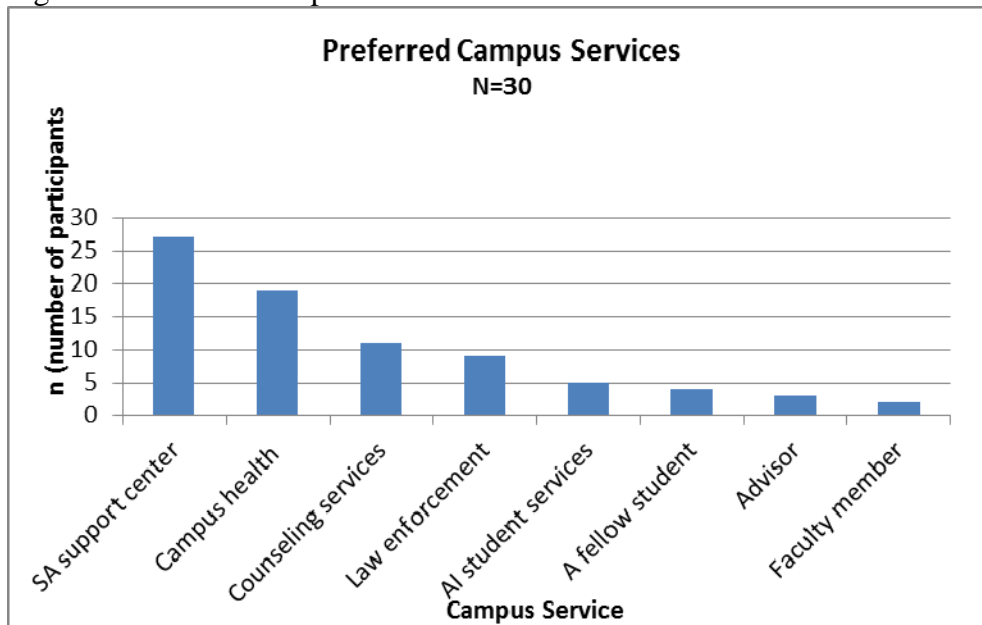
In order to establish preferred campus and community services, participants were asked to identify their top three preferences if they were to refer a friend for help following sexual assault. These services included those available at both the northwestern university and the local community surrounding the university (See Figures 6 and 7).

#### Campus Services

A strong majority of participants (90.0%, n=27) indicated that they would report to the on-campus sexual assault support center. Participants also indicated that they would prefer the on-campus health center (60.0%, n=18) and on-campus counseling services (36.7%, n=11). The services with the least number of responses included an on-

campus advisor (10.0%, n=3) and a faculty member (6.7%, n=2). Of note, all listed campus services were indicated to be helpful by at least one participant (see Figure 6).

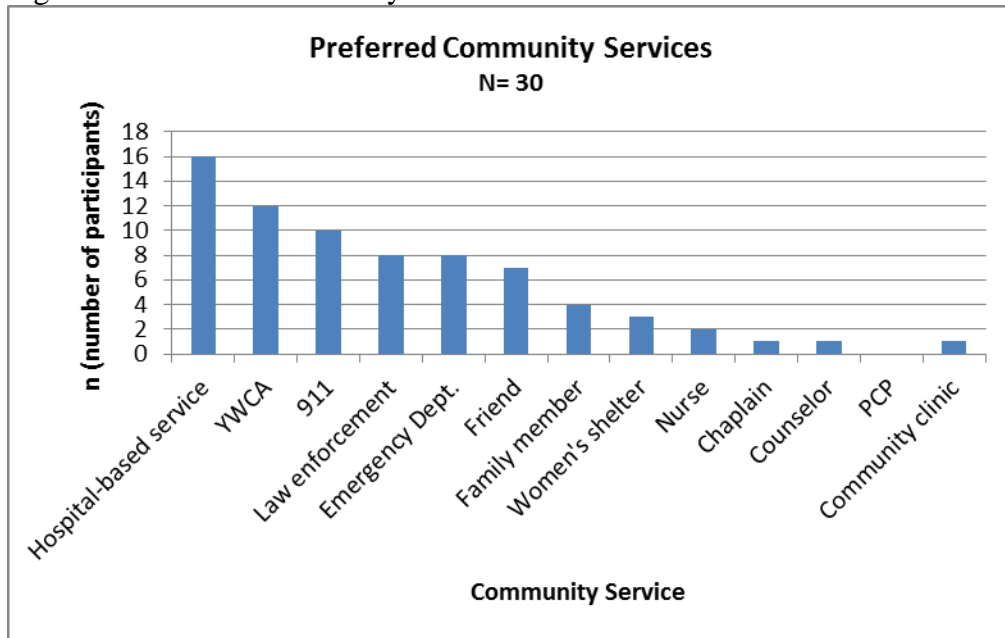
Figure 6. Preferred campus services



### Community Services

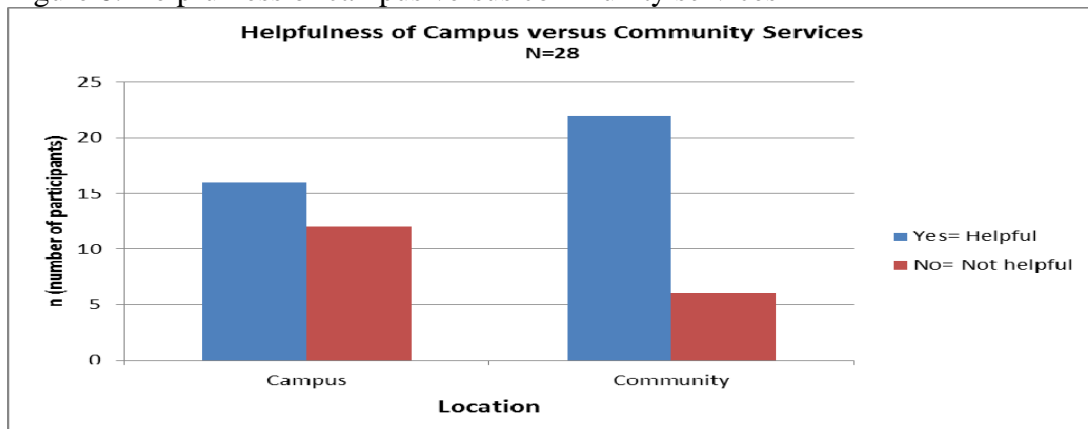
The majority of participants (53.3%, n=16) indicated a preference to refer a friend to a hospital-based service offering immediate and long-term assistance for sexual assault survivors. Additionally, participants indicated greater preference toward the community's Young Woman's Christian Association (YWCA) (40.0%, n=12) and calling "911" (33.3%, n=10). The services with the least number of responses included a primary care physician (PCP) (0%, n=0), a community-based counselor (3.3%, n=1), and a chaplain (3.3%, n=1). One participant noted that she would not use any of the listed services and would instead seek the assistance of a local community-based clinic (see Figure 7).

Figure 7. Preferred community services



Helpfulness of Campus versus Community Services: Participants were asked to answer “yes” or “no” to whether campus and community services are helpful. A greater number of participants (21.5%, n=6) indicated that they perceive community services to be more helpful than campus services (see Figure 8). In both campus and community services, the majority of participants thought the services to be helpful (see Figure 8).

Figure 8. Helpfulness of campus versus community services



### Perceived Magnitude of Sexual Assault

Participants were asked to provide the number of American Indian women they knew who had been sexually assaulted either while enrolled at the university or prior to enrollment. The number of known sexual assaults while enrolled was separated from those sexual assaults known prior to enrollment (see Figures 9 and 10). Additionally, averages for both were calculated. Calculations were done by summing the total of sexual assaults provided by participants and dividing by the total number of responses. For sexual assaults known to have occurred during enrollment, responses ranged from 0-5 sexual assaults with 0.0 being the mode and 0.89 being the mean (see Figure 9). For sexual assaults known to have occurred prior to enrollment, responses ranged from 0-10 sexual assaults with 0.0 being the mode and 2.07 the mean (see Figure 10).

Figure 9. Perceived magnitude of sexual assault while enrolled

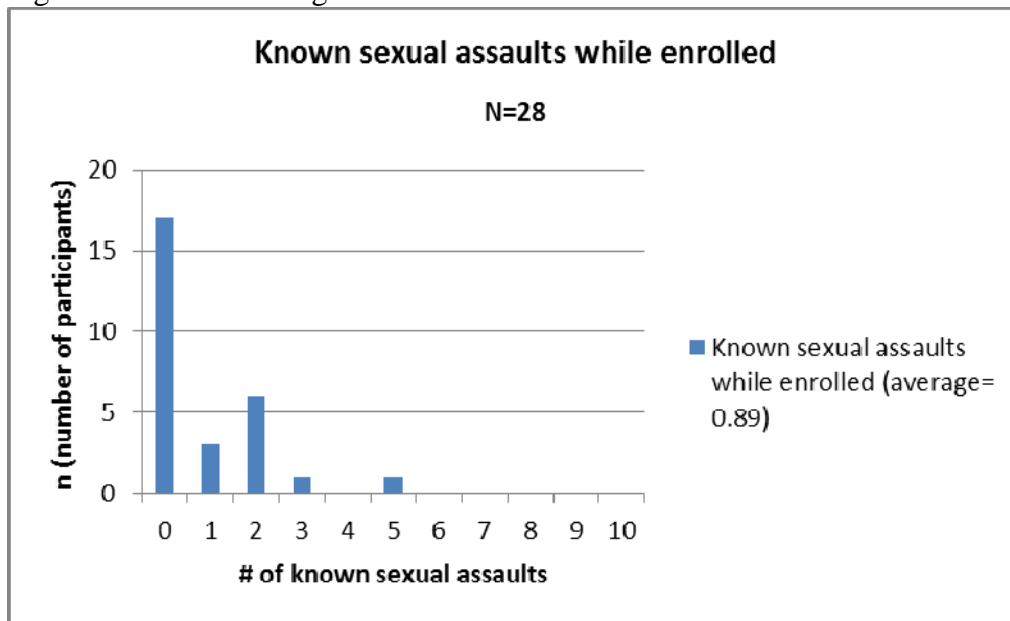
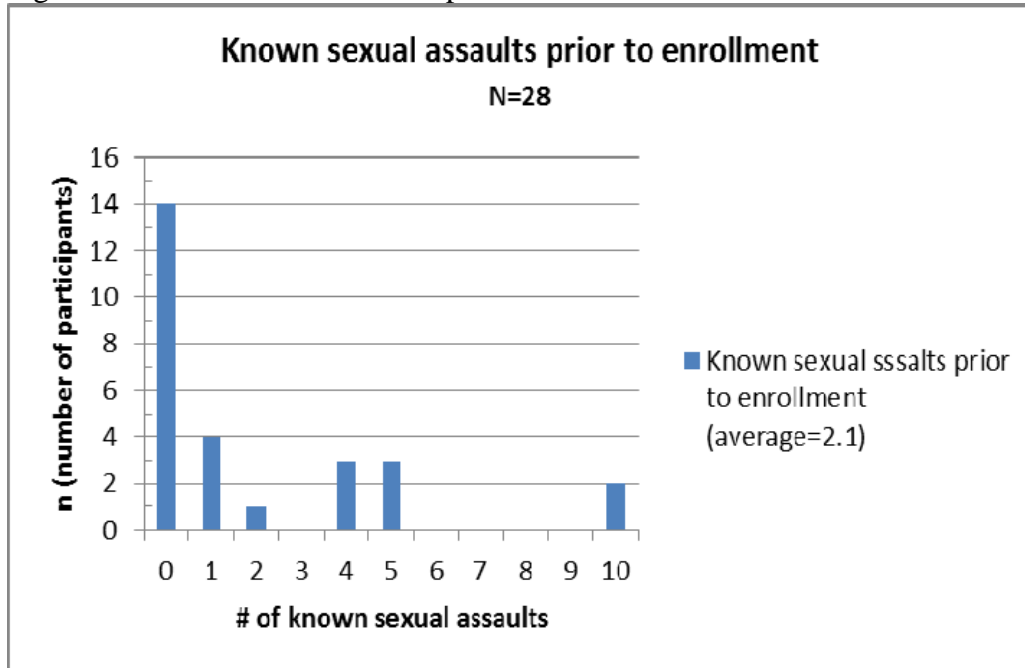


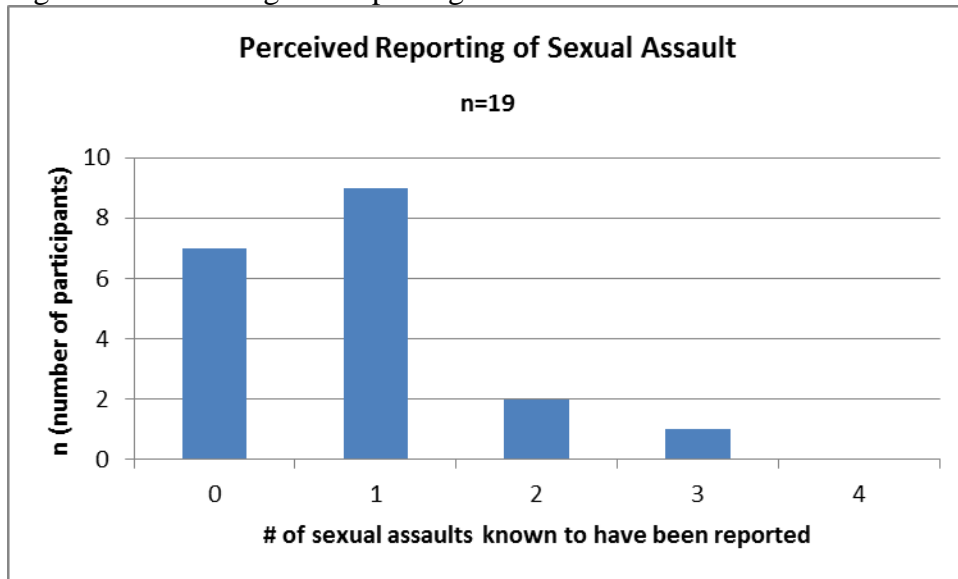
Figure 10. Known sexual assaults prior to enrollment



### Known Reporting

In addition to asking participants to provide the number of American Indian women they knew who had been sexually assaulted, participants were also asked to provide the number of these women they knew who had reported sexual assault. Responses ranged from 0-3 reports with 0.0 being the mode and 0.80 the mean. Of note, when calculating the mean and mode, only participants who had reported knowing of sexual assaults that occurred during or prior to enrollment at the Northwestern University were included (n=19). Participants reporting “zero” known sexual assaults during and prior to enrollment were not included (n=11). Responses simply indicate the number of reports “known” to have occurred and do not necessarily equal the number of actual reports.

Figure 11. Knowledge of Reporting



### Qualitative Data

Participants were given the opportunity to respond to four qualitative questions throughout the survey, which included:

- 1) Please share why or why not you think these campus based services are helpful
- 2) Please share why or why not you think these community based services are helpful
- 3) Please share your thoughts on why or why not you think these women chose to report
- 4) Is there anything else you would like to add or share?

Responses to each question above were broken into meaning units. The meaning units were restated. The restated meaning units were then collected into themes, which



collectively translated into a number of themes (see Table 6). Themes found for each question will be described below.

Table 6. Themes derived from qualitative questions

<b><u>Question</u></b>	#1: Please share why or why not you think these campus based services are helpful	#2: Please share why or why not you think these community based services are helpful	#3: Please share your thoughts on why or why not you think these women chose to report	#4: Is there anything else you would like to add or share?
<b><u>Themes</u></b>	1. Services are helpful and easily accessible 2. Need for increased confidentiality and privacy 3. Need for increased awareness 4. Need for increased cultural relevancy	1. Services are helpful and easily accessible 2. Services are unbiased 3. Need for increased confidentiality and privacy 4. Need for increased awareness 5. Need for increased cultural relevancy	1. Lack of evidence 2. Fear of not being believed 3. Shame and embarrassment 4. Concerns for confidentiality 5. Lack of trust 6. Need for cultural relevancy	1. Need for increased confidentiality and privacy 2. Need for increased awareness

### Questions #1 and #2

Themes emerging from the responses in questions #1 and #2, which ask participants to comment on the helpfulness of campus and community services, are nearly identical. Because of this, the themes for each can be combined and discussed further below.

Theme: Services are Helpful and Easily Accessible: A number of participants perceived both campus and community services to be helpful and easily accessible. In fact, the majority of responses to question #1 (50%, n=12) stated that campus services were generally helpful. Responses emphasized how both campus and community services are helpful to anyone. Additionally, participants perceived services to be generally well equipped to serve sexual assault survivors.

Theme: Need for Increased Confidentiality/Privacy: Several participants commented about the need for increased confidentiality and privacy surrounding campus and community services. In particular, participants mentioned how “close-knit” communities of American Indians may increase one’s discomfort in reporting sexual assault. Also worth noting, were comments made regarding the tendency of American Indians to be private and reserved suggesting the need for a safe, confidential environment.

In general, the preceding comments were made in the context of campus services. While only two participants commented on confidentiality when referring to community services, each emphasized how community services offered greater confidentiality than campus services.

Theme: Need for Increased Awareness: Relative to campus based services, it was suggested that campus services include family members and provide information to family members regarding how to access and utilize available services. Participants also perceived current outreach to American Indian students to be insufficient. It was

suggested that American Indian students should be provided with information regarding American Indian personnel working in campus services. Also noted, was the need to target education and awareness to potential perpetrators in addition to potential survivors.

Theme: Need for Cultural Relevancy: A total of seven participants expressed the need for increased cultural relevancy to be included among campus-based services. In particular, comments included the need to bolster efforts in increasing the comfort level among American Indian survivors of sexual assault wanting to seek assistance. Relative to this was the need for culturally sensitive personnel and increased cultural training among campus services. Multiple participants also felt that campus services were not directed toward American Indian women and that services may disregard the importance of ethnicity.

Relative to community based services, comments included the impact of discrimination as it was noted that that even a little discrimination may dissuade a woman from seeking help. Also included was the need for cultural relativity, the fact that each tribe has its own identity, and the reluctance of American Indians to attend community educational and prevention activities.

Theme: Services are Unbiased: This particular theme was unique to community based services. Five participants provided comments suggesting that community-based services are unbiased and do not discriminate. It was perceived that there is little difference regarding the care between American Indians and other races in the

community. Comments also included participants mentioning particular community services from which they received unbiased care.

### Question #3

The responses to item #3 reflect the thoughts of those participants who knew of American Indian women who had been sexually assaulted either during or prior to enrollment at the northwestern university.

Theme: Lack of Evidence: A lack of evidence was cited by three participants as contributing to a woman's decision not to report sexual assault. One participant stated that the sexual assault was "hard to prove" while the remainder of participants simply stated there was a "lack of evidence".

Theme: Fear of not Being Believed: In addition to a lack of evidence, four participants reported verbatim, the "fear of not being believed" as contributing to a woman's decision not to report sexual assault. The involvement of alcohol was cited by one participant as contributing to this fear.

Theme: Shame and Embarrassment: Five participants suggested an overall feeling of shame and embarrassment associated with reporting sexual assault. The majority of these participants simply stated that "shame" or "embarrassment" contributed to the decision not to report sexual assault. Comments also included that not knowing anybody else who has experienced sexual assault may cause isolation and that reporting would have brought shame to the perpetrator's family.

Theme: Concern for Confidentiality: The influence of small communities and confidentiality was again emphasized as increasing one's reluctance to report sexual assault. Additionally, one participant simply stated, "they were scared too many people would find out".

Theme: Lack of Trust: Four participants reported a lack of trust, specifically with law enforcement and the judicial system as contributing to the decision not to report sexual assault. Comments included a lack of trust in "authorities", a poor judicial process, and previous bad experiences with law enforcement.

Theme: Need for Cultural Relevancy: Two participants specifically mentioned the lack of cultural relevancy as contributing to the decision not to report sexual assault. One participant indicated that the lack of cultural relativism and the fear of discrimination inhibited reporting while the other felt that campus and community services are not culturally conducive.

#### Question #4

Among the additional comments participants provided, two primary themes emerged: 1) the need for increased awareness and 2) the need for increased confidentiality and privacy.

Theme: Need for Increased Awareness: Of the seven additional comments, four participants alluded to the need for increased awareness and education. Comments included the need for increased family involvement among campus services, the need for

increased dialogue related to sexual assault, and for interventions targeted specifically to the close-knit American Indian campus community.

Theme: Need for Increased Confidentiality/Privacy: Two responses alluded to the need for increased confidentiality. One participant emphasized the need for increased privacy in order to ensure the safety of the survivor. Another participant reported a “close-knit” American Indian campus community that tended to be reserved, which also suggested the importance of privacy.

### Summary

The results from the survey were derived from both quantitative and qualitative data. The data collected provides insight into the predetermined research questions (see Chapter 1). Quantitative data were analyzed with descriptive statistics and presented in a number of figures and tables. The four qualitative items were analyzed for prominent themes and supported derived meaning units. In the following chapter, data are evaluated and further discussed.

## DISCUSSION

### Introduction

In this final chapter, the results of this study are evaluated and compared to existing data in the literature review. The data from the survey offered insight into the purpose of this study, which focused on four research questions. These questions were:

- I. What are the perceived, potential barriers to reporting sexual assault among American Indian college women?
- II. What are the preferences in reporting sexual assault among American Indian college women?
- III. What level of awareness do American Indian college women have of campus and community services available to sexual assault survivors?
- IV. What is the perceived magnitude of sexual assault among American Indian college women?

In addition to evaluating the results, this chapter discusses the limitations of this study and the study's implications for nursing research, nursing policy, nursing education, and nursing practice.

### Evaluation of the Results

#### Demographic Characteristics

At the time of the study, the population of American Indian students attending the northwestern university was 592. It was estimated that 400-500 American Indian students

including 200-250 American Indian women were active members on the listserv utilized to distribute the survey for this study. From this estimated number, 46 American Indian students responded to the survey. These 46 participants included 11 men and five non-Native participants. The responses of these participants were eliminated in order to adhere to survey requirements that participants be American Indian women. A total of 31 American Indian women remained from which data were analyzed. The survey was distributed twice to listserv members over a one-month time period per the agreement with the on-campus American Indian organization. This listserv is not intended for research purposes and while the director of the organization made an exception for this study, further distribution of the survey beyond what was agreed upon may have compromised the purpose of the listserv.

The average participant age was 28.3 years with a range from 18-54 years. Participants reported having attended college for an average of 4.5 years. The results suggest a number of participants may be “non-traditional” students in attending college at a later age or completing college at a later time. This was supported by the fact that the majority of participants (23=74.2%) reported living off-campus.

Also of note is the fact that 90% (n=27) of participants reported family members living in the northwestern state, and 41.9% (n=13) reported family members permanently residing in the city where the northwestern university is located. Jackson et al. (2003) found family encouragement to be a major theme in academic persistence among American Indian students. The results of the survey seemed to support the importance of



family proximity, which may offer students greater support throughout their college experience.

The majority of participants reported being in a relationship with an intimate partner (42.6%, n=14). An additional four women (12.9%) reported being married. While inferences cannot be made according to these data, Sudderth et al. (2009) reported that 25-40% of undergraduate students have experienced physical and sexual violence within intimate relationships. Given that the majority of participants reported being in intimate relationships, further education and prevention regarding sexual assault within intimate partner relationships may be beneficial.

The majority of participants reported not being spiritually involved in an organized religion (71.9%, n=22) or American Indian traditional practices (54.8%, n=17). Of note, there is a difference between the involvement in spiritual practices and the value of spirituality. One cannot infer that these results in any way suggest the majority of participants do not value spirituality. That said, Ahrens et al. (2009) reported that positive religious coping may result in better psychological outcomes for sexual assault survivors.

#### Perceived Barriers to Reporting Sexual Assault

Many of the barriers used in the survey for this study were adopted from the *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006). In evaluating the weighted averages from the Likert scale (1-5) used in this study, only three of eighteen barriers scored below an average of 3.5 (see Table 7). This suggests the majority of these eighteen barriers were perceived as either “important” or “very important” on the Likert scale.

Table 7. Comparing Barriers to Reporting Sexual Assault

Barrier to reporting sexual assault	This study: Sexual Assault among American Indian women on campus  *Weighted average for American Indian women on campus	<i>Rape and Sexual Assault Awareness Campus Survey</i> (Sable et al., 2006)  *Weighted average for women on campus
Belief that perpetrator will not be prosecuted	4.6	3.3
Cultural Bias	4.5	2.3
Revenge from the perpetrator	4.4	4.0
Not wanting friends or family to know	4.4	3.8
Shame/guilt/embarrassment	4.4	4.0
Fear of not being believed	4.3	3.7
Fear of confidentiality	4.2	3.8
Mistrust/dislike of law enforcement	4.2	2.4
Effects on family	4.0	N/A
Effects on children	3.9	N/A
Financial dependence on the perpetrator	3.9	3.6
Lack of resources available to get help	3.8	2.9
Does not want friend or family member to be prosecuted	3.7	3.4
Unaware of how to get help	3.6	3.0
Unaware of the importance of treatment	3.5	3.3
Lack of services in local area	3.4	2.7
Academic consequences	2.8	N/A
Language barriers	2.4	2.3

Of specific mention, the belief that the perpetrator would not be persecuted scored an average of 4.6, higher than all other listed barriers. This disbelief that effective prosecution would take place, was perceived to be of greater importance among American Indian women than women surveyed in the *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006). Additionally, American Indian women also felt the concern of “cultural bias” to be of greater importance in addition to the the

mistrust of law enforcement (see Table 7). Overall, by using the same 1-5 Likert scale, the *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006) found the two barriers of maximum importance to be shame/embarrassment and the fear of retaliation from the perpetrator. All other barriers of the *Rape and Sexual Assault Awareness Campus Survey* (Sable et al., 2006) had calculated averages below 4.0 while in this study of American Indian women, *nine* barriers had calculated averages of 4.0 or greater.

Those barriers perceived to be most important (fear of revenge, not wanting friends/family members to know, shame/guilt/embarrassment) were generally consistent with the literature surrounding sexual assault on campus (Burnett et al., 2011; Fisher et al., 2003; Nasta et al., 2005); however, cultural bias appears to be more relevant among American Indian women than the general campus population (Amnesty International, 2007; Sable et al., 2006). Furthermore, comparing this study with existing literature only goes so far since this study is known to be the first to focus specifically on sexual assault among American Indian women on campus.

#### Awareness of Services

According to data collected, the vast majority of participants reported being aware of available campus and community services (see Chapter 4, Table 4). Of note, being “unaware of how to get help” was among the list of perceived barriers discussed above and had a weighted average of 3.6. Only one service (long-term counseling for family members) had more participants reporting they were either not aware, or not sure that long-term counseling existed. However, while the majority of participants reported being

aware of campus and community sexual assault services, it is uncertain whether this is adequate (Nasta et al., 2005). For example, only four of the eleven services had 75% of women (n=24) or more reporting that yes, they were aware of the service (see Chapter 4, Table 4).

When participants were asked if they felt informed about knowing how to seek help following sexual assault, the majority of participants (58%, n=18) reported being either “somewhat informed” or “informed”. An additional six participants (19.4%) reported being “highly informed”. None of the participants reported being “uninformed” in seeking help following sexual assault. However, while the majority of participants reported being informed to some degree, the weighted average was calculated to be 3.5, which may leave room for improvement and is not necessarily adequate.

Feeling informed and class standing were compared. The six participants who reported they felt “highly informed” were exclusive to sophomore, junior, senior, and graduate students. The majority of freshman students reported being “somewhat informed” or a “little informed”, in comparison to the remainder of students where the majority reported being “somewhat informed”, “informed”, or “highly informed” (see Chapter 4, Figure 3). This is noteworthy when considering that Gross et al. (2006) found that among 903 undergraduate college women, 84.4% of those participants who experienced coercive sexual acts, reported being victimized in their first four semesters on campus. Additionally, Palmer et al. (2010) suggested that the sexual assault rate among college freshman is close to 31%.

Feeling informed and age were also compared. Younger students indicated they were more informed. The age range of participants was 18-54. A median was established from this range (26 years of age) and the data separated on either side of this median (see Chapter 4, Figure 4). Participants indicating they were either “informed” or “highly informed” were then counted. Overall, the majority of participants indicating they were either “informed” or “highly informed” were between the ages of 18-26 years of age (see Chapter 4, Figure 4). The fact that older women indicated they were somewhat less informed may suggest the need for the informational targeting of non-traditional students.

#### Primary Sources of Information

The results from this section of the survey reveal that the majority of women rely on 1) college educational strategies, 2) media, and 3) their friends for information regarding how to seek help following sexual assault. Because students’ primary source of information came from college programming, college administrators can use this information to strengthen sexual assault education and prevention strategies. The roles of media and friends are also noteworthy, and may suggest the benefit of media campaigns and peer-directed education regarding sexual assault (Rothman & Silverman, 2007). Burn (2009) emphasized the benefits of bystander intervention as bystanders are often the first to witness or anticipate sexual assault. Edwards (2009) discussed the impact of prevention programs aimed at potential perpetrators rather than potential victims. Burn (2009) and Edwards (2009) argued that by focusing on programs such as bystander intervention, and perpetrator prevention, the responsibility placed on the victim is lessened.

While college programming, media, and friends were among the top sources of information, public school programming and church programming were perceived as least informative (see Chapter 4, Figure 5). The rate of sexual assault among adolescent girls ages 13-17 is higher than all other age groups (Young et al., 2008), which suggests the need for sexual assault education and programming prior to college, in public schools and other venues. These statistics support the need for implementing educational and prevention strategies in the first semester for new students. Religious or spiritual institutions may also play a role in sexual assault education as Ahrens et al. (2009) suggested that positive spiritual coping may lessen the trauma incurred from sexual assault.

#### Preferred Campus and Community Services

Participants were asked to identify up to three campus and three community services to which they would refer a friend. Among the most preferred campus services were the campus' sexual assault support center, which provides short and long-term services for sexual assault survivors, campus healthcare services, and campus-based counseling and psychological services. While 27 participants indicated they would refer a friend to the sexual assault support center, only 9 participants indicated they would refer a friend to campus law enforcement (see Chapter 4, Figure 6). This discrepancy may suggest mistrust in law enforcement, which has been known to be a barrier among both American Indian women and the general population of women attending college (Amnesty International, 2007; Deer, 2005; Hamby, 2008; Marchetti, 2012; Sable, et al., 2006). This mistrust will be discussed in further detail later in the chapter.

Five participants (16.7%) indicated that they would refer a friend to an on-campus organization for American Indian students. This on-campus organization provides a wide-array of services to American Indian students including academic assistance, advising, assistance with cultural transitions, and financial aid (University website, 2012). Since one's ethnicity and culture may play a role in perceptions prior to and following sexual assault, there may be opportunities to increase dialogue and programming within this organization.

Faculty members and on-campus advisors were the services least preferred among participants. However, Branch et al. (2011) suggested that faculty members can play a critical role in the reporting process. For example, a professor teaching criminology or gender studies may be an attractive support person for a survivor of sexual assault given course content. Branch et al. (2011) emphasized that although faculty members have experienced students disclosing sexual assault, a minority of faculty members actually received training in how to respond to such disclosures.

In assessing community resources, the top three preferred services were a hospital-based sexual assault service, the local Young Woman's Christian Association (YWCA), and "911". Interestingly, none of the participants indicated that they would refer a friend to a primary care physician, and only one participant chose referring a friend to a community-based counselor.

Given that the consequences of sexual assault may be both psychological and physical in nature, primary care providers can play a role in detecting physical symptoms and associated with sexual assault and referring for psychological symptoms. For

example, aside from psychological consequences, chronic pelvic pain, chronic vaginitis, irritable bowel syndrome, eating disorders, chronic headaches, and chronic back pain are all more likely among women with a history of sexual assault compared to women without (Holmes, 1995). Often, it is unlikely that a woman will disclose a history of sexual assault to her primary care provider, but she may be more likely to do so if providers were intentional in routinely screening women for a history of sexual assault (Holmes, 1995).

Relative to community-based counselors, there may be some discomfort regarding individual counselors throughout the community. Difficulty in finding culturally relevant care may partly contribute to this assumed discomfort. Duran (2006) emphasized that the evidence based psychotherapeutic methods used by providers often “fall short when applied to communities of color, and one is disappointed by its artificiality and lack of relevance to real-life psychological phenomena” (p. 9).

While a minority of sexual assault survivors report to formal campus and community based services, Branch et al. (2011) reported that two-thirds of sexual assault survivors report the assault to someone. This suggests that further training is not only needed for formal services, but also for less formal services (e.g. churches, peers, faculty, and family members).

Helpfulness of Campus versus Community Services: In terms of the perceived helpfulness of campus versus community services, 57.1% of participants found campus services to be helpful and 78.8% of participants found community services to be helpful. (see Chapter 4, Figure 8).



Qualitative Responses: Based on the qualitative responses asking participants why or why not campus and community services are helpful, participants commented on how community services offer more anonymity and a greater array of options. Several participants felt the services throughout the community are unbiased in their care (see Chapter 4, Table 6). However, it must be noted that a major theme for both campus and community was that the services are helpful to anyone, and are well-equipped to serve sexual assault survivors.

Other themes found among the qualitative responses included the need for increased confidentiality and privacy, the need for increased awareness among students, and the need for increased cultural relevancy.

Concerns regarding confidentiality were most prominent on-campus. Participants commented that the campus community of American Indians is “close-knit” suggesting that keeping sexual assault anonymous may be difficult following disclosure of sexual assault. Of note, is the fact that participants perceived that services in the community as more confidential than those on campus and also allowed for a greater array of options. Given the minority population of American Indian students, it may be difficult to fully address this concern; however, with this knowledge, campus services can be more aware of the seriousness of a woman’s privacy, safety, and anonymity.

Given the fact that in this study, 90% of participants reported family members living in the state where the university is located, education to families about sexual assault services on campus may empower family members to encourage survivors to seek out and utilize assistance.

Cultural relevancy was a concern among both campus and community services. Comments were made concerning the possibility of discrimination, the failure to consider ethnicity, and the perception that services were more suited to Caucasian women. Gone (2009) reported that many service providers rely on evidence-based approaches that can fail to acknowledge an individual's ethnicity or cultural background. Gone (2009) emphasized that evidence-based practice too often relies on a Westernized, Eurocentric mindset. Furthermore, many of the traumas inflicted on American Indians may have some basis in historical trauma. It is important that clinicians are aware of the implications of historical trauma, and have the skills from which to address it if necessary (Gone, 2009).

#### Perceived Magnitude of Sexual Assault

Participants were asked to provide the number of sexual assaults they knew of among American Indian women while enrolled at the university and prior to enrollment. In general, most research derives the magnitude of sexual assault by asking participants directly if they personally have experienced sexual assault. This method would be more definitive in ensuring that each incidence of sexual assault is exclusive to one individual; however, given the sensitive subject matter, it was decided that this method may be too intrusive. Additionally, given that the survey was completed online, there was no way for the researchers of this study to discern or anticipate the emotional responses of participants.

The average number of sexual assaults known while enrolled = 0.89 (range 0-5, mode=0) and the average number prior to enrollment= 2.07 (range 0-10, mode=0). It is

impossible to ascertain whether responses are referring to the same or different people. For example, it is possible that while one participant reported knowing of two sexual assault survivors, another participant may have reported knowing of the same two survivors. Nevertheless, responses do suggest that the sexual assault of American Indian women *is* occurring on and off campus to some degree, which is a problem in itself.

It is difficult to make reliable comparisons with these data given the paucity of similar research. Current demographic data suggest that one of three American Indian women will be sexually assaulted in their lifetime (Amnesty International, 2007; Bohn, 2003; Deer, 2005; Yuan et al., 2006) and one of five women will experience sexual assault at some point during their college career (Branch et al., 2011; Monks et al., 2010; Palmer et al. 2010).

Contextually, this study took place during a time which a number of sexual assault cases were being reported and investigated at the chosen university. A total of nine separate allegations were identified in a report released in January 2012; however, the ethnicity of the sexual assault survivors is unknown.

### Known Reporting

Sexual assault is the most underreported violent crime in the United States (Marchetti, 2012). Sable et al. (2006) reported that only 5% of college women report sexual assault. A majority of women are known to report to informal sources (family, friends) rather than law enforcement or hospital-based care (Sable et al., 2006). Among participants who knew of sexual assaults prior to or during enrollment (n=19), the range of known reports per participant was 0-3 with the mode being zero (see Chapter 4, Figure

11). Similar to the magnitude of sexual assaults, it is impossible to determine whether these reports are isolated incidences.

Qualitative Responses: When asked why or why not participants thought reporting took place, multiple themes were identified, which were generally consistent with literature findings. Participants commented on both the lack of evidence and the fear of not being believed. These themes are consistent with barriers identified by the literature (Amnesty International 2007; Neville et al., 2004; Sable et al., 2006). Additional themes included shame and embarrassment, the lack of cultural relevancy, a lack of trust, and concerns with confidentiality (see Chapter 4, Table 4). While the lack of cultural relevancy, and concerns with confidentiality have been explored previously in campus and community services, shame and embarrassment along with the lack of trust have not and will be discussed further below.

Weiss (2010) emphasized that shame can often have a powerful effect on a survivor of sexual assault. In one study, 75% of sexual assault survivors reported feeling a sense of “shame”, which constitutes feelings of worthlessness, humiliation, and a sense of dishonor (Weiss, 2010). Sable et al. (2006) also noted that the shame and embarrassment was the most significant barrier inhibiting the reporting process.

The majority of comments surrounding mistrust refer to authorities or law enforcement. The mistrust of law enforcement is noted to be a significant barrier to reporting among American Indian sexual assault survivors and sexual assault survivors in general. Marchetti (2012) indicated that according to the National Center for Victims of Crime, only 19.1% of sexual assault survivors report to law enforcement. Relative to

American Indian women, Deer (2005) reported that combined with complex legal jurisdictional issues, the mistrust of law enforcement deters many American Indian women from reporting sexual assault. Hamby (2008) noted that American Indians were more likely to mistrust law enforcement than the general population and reported only 25% of American Indian women report sexual assault to law enforcement. Hamby (2008) further reported that the fear of being blamed and the fear of accusing a family member or friend may further increase the reluctance of reporting to law enforcement.

### Limitations

A number of limitations affected this study. The researcher of this study is non-Native and is not a student at the chosen university. As an outsider, the researcher's perceptions and beliefs about this study may differ from the chosen population of American Indian women on campus. Furthermore, because the researcher was an outsider, the rapport and knowledge needed for qualitative interviews was limited. For this reason, the decision was made to utilize an anonymous online survey to collect data.

When using the term "reporting", this study did not specify whether reporting referred to formal sources such as law enforcement or health care personnel or more informal sources such as family or friends. Participants may have interpreted the meaning of "reporting" differently and thus, when evaluating the data relative to reporting sexual assault, it was unknown what entity (person or service) the participant was referring to or considering when responding. The decision was made to avoid intrusiveness by refraining from asking whether or not participants have experienced sexual assault

themselves. By asking participants to indicate the number of American Indian college women they know who have experienced sexual assault, it was impossible to know whether these numbers were individual cases isolated from one another. Furthermore, for the same reasoning, it was impossible to know the number of sexual assaults that have been reported.

It is uncertain how much the recent, unanticipated reports of sexual assault among university students affected this study; however, it must be considered as a limitation in that to a degree, the responses may have reflected these circumstances. The sexual assaults and subsequent investigation of student allegations were reported in a number of community and campus forums to address concerns that included the campus reporting process, sexual assault awareness, campus-community collaboration, and current campus policy.

Finally, this study focused on the American Indian population at one university. While the results of this study may be enlightening, further research among a greater number of participants and in a greater number of geographical locations must take place before any formal conclusions are made.

### Implications

#### Nursing Research

As stated previously, this study is original in that no studies exploring the perceptions of sexual assault among American Indian college women are known to exist at this time. A limited number of studies have explored perceptions among different

ethnic groups (Carmody & Washington, 2001; Lee et al., 2005; Yamawaki & Tschanz, 2005); however, the influence of one's ethnicity and response to sexual assault continues to demand further investigation.

Given the increasingly diverse population of patients, respecting a patient's culture exemplifies the nurse's dedication and ethical obligation to preserve a patient's dignity and respect. By assessing for cultural preferences regarding care, a nurse can ensure that patient expectations, sensitivities, and concerns are addressed. Relative to sexual assault, an individual's culture may affect preferences regarding evidence collection, reporting, and the need for privacy. While evidenced-based practice certainly has promoted improved patient outcomes, the need remains for increased research surrounding cultural preferences and perceptions. This may be especially true for sexual assault given that many women fear further trauma in seeking healthcare services following sexual assault (Amnesty International, 2007; Doob, 1992).

While research has addressed barriers to reporting, resource awareness, and magnitude of sexual assault among American Indian women outside of the college environment, providing for the safety and protection of American Indian college students is essential. This is particularly important given that colleges often struggle to retain American Indians students (Trenfield-Joyner, 2006). Nurse researchers and especially those affiliated with academic settings, should continue to consider the implications culture has upon sexual assault and advocate for culturally-based interventions.

Increased research is needed for the development and efficacy of nurse-directed sexual assault services such as the expansion of sexual assault nurse examiners (SANEs),

evidence collection, and forensic methods (Ledray, 2007). Rural areas may be especially affected by a shortage of sexual assault services. Nursing research may aid in the development of innovative approaches for serving rural sexual assault survivors (Amnesty International, 2007). Maier (2011) also suggested the need to explore the vicarious trauma and burnout experienced by nurses treating sexual assault survivors. Finally, further research is needed regarding the physical and psychological implications of sexual assault (Ratchneewan et al., 2010).

### Nursing Policy

Advocating for the fair and unbiased treatment of sexual assault survivors requires the collaboration of multiple entities including the critical input of nursing. Given the risks of revictimization and insufficient evidence, it is important that standards and accountability are ensured during sexual assault examinations and evidence collection (Doob, 1992). The United States Department of Justice's National Protocol currently does not require that emergency contraception be provided to sexual assault survivors, nurses may play a role in affecting policy that mandates both the provision of emergency contraception and possibly elective abortions in the case of rape or incest (Amnesty International, 2007).

Specific to American Indian women, funding for Indian Health Service programming is far below the national average (Amnesty International, 2007). This has led to inadequate and inaccessible services for American Indian sexual assault survivors. Nurses are in a position to advocate for adequate funding that allows for needed sexual assault resources, and in particular sexual assault nurse examiners (SANEs).



It is critical that the workforce of American Indian nurses is strengthened in order to truly provide for culturally relevant services in both urban and rural areas (Amnesty International, 2007). For example, in Alaska where American Indians comprise 19% of the population, only 1.6% of nurses identify as American Indian (Metz et al., 2011). Even more compelling, is the fact that only 0.3% of the nearly three million nurses throughout the United States identifies as American Indian or Alaskan Native (Minority Nurse, 2012). This may be accomplished by nurses advocating for the expansion of financial incentive programs, further development of nursing programs at tribal colleges, and targeted recruitment and retention strategies toward American Indian populations.

A pivotal decision for sexual assault survivors has been the Violence Against Women Act (VAWA) of 2005, which includes provisions for American Indian populations under Title IX of the act (Amnesty International, 2007). Increased funding for the VAWA was approved once more in 2012, and will aid in the expansion of sexual assault services, training programs, and education. Nurses can contribute to the continued funding of the VAWA and other initiatives by taking an active stance in federal, state, and local policy regarding the funding and resource distribution to sexual assault survivors.

### Nursing Education

Given the high prevalence of sexual assault, it is important for nursing education programs to consider further dialogue and education on the topic. Nurse educators should promote routine screening of patients by encouraging students to ask about physical and sexual abuse. Nursing students and faculty should be aware of available campus and

community services available for sexual assault survivors. Finally, educating nursing students about the physical and psychological consequences of sexual assault is important in developing informed assessment and referral skills.

Nursing education programs may also consider the need to further emphasize the importance of transcultural care throughout course content. Rather than focus on a culturally-competent model of care, nursing programs may instead want to promote an attitude of respect and cultural humility (Tervalon & Murray-Garcia, 1998).

The expansion of training programs for sexual assault nurse examiners and forensic nursing is important in providing for vulnerable and underserved areas. Expanding these programs to tribal colleges, offering financial incentives, and further recruiting American Indians to the nursing profession may increase the number of American Indian healthcare providers (Amnesty International, 2007).

Relative to American Indian nursing students, nursing education programs should consider and accommodate cultural differences related to perceptions of care, communication styles, and beliefs. By hiring American Indian faculty members, allowing for greater academic flexibility, and by developing support groups for American Indian nursing students, nursing education program's may improve cultural relevancy and ease a student's transition to the academic setting (Metz et al., 2011).

### Nursing Practice

This study has multiple implications for practicing nurses who encounter sexual assault survivors. The extensive number of physical and psychological consequences demands that nurses approach sexual assault from a holistic framework. Gone (2009)

asserted that although relying on evidenced-based practice may be expected of health care providers, employing flexibility in current practices may be important when caring for culturally diverse populations. American Indian women in particular may have difficulty relating to current evidenced-based therapies or treatment (Duran & Duran, 1995; Gone, 2009). Nurses can also assist patients in referring to available campus and community sexual assault services.

Nurses working in the mental health field may encounter a comparatively high number of sexual assault survivors as many survivors often experience post-traumatic stress disorder, depression, social isolation, eating disorders, suicide ideation, and substance abuse (Amnesty International, 2007; Bohn, 2003; Taft et al., 2009). Many patients may not initially disclose sexual assault; however, it is critical that nurses routinely assess for the physical and emotional safety of patients. Providing patients with information regarding prevention and education may minimize potential or further trauma related to sexual assault.

Nurses may also be in a position to identify risk factors associated with both sexual assault survivors and sexual assault perpetrators. Furthermore, public health nurses may be especially equipped to identify weakness in campus and community services for sexual assault survivors. They may also be able to better develop methodologies to obtain comprehensive and accurate data regarding the magnitude of American Indian sexual assault survivors (Amnesty International, 2007).

Summary

This exploratory mixed methods study explored the preferences and perceptions following sexual assault among American Indian women at one northwestern university. In particular, this study has explored perceived barriers to reporting, perceived awareness of campus and community services, preferred reporting patterns, and the perceived magnitude of sexual assault among American Indian college women. This was accomplished via an anonymous online-survey sent to listserv members with the agreement of an on-campus American Indian organization.

Results suggest that sexual assault among American Indian women on campus has occurred both during and prior to enrollment. This alone serves as an impetus to ensure culturally relevant sexual assault services are readily available and relevant to American Indian students.

The influence culture has upon perceptions and preferences following sexual assault remains a topic in need of future research. While this study may be the first to examine this specific population in a college setting, it hopefully will be followed by future research that may assist campus communities in serving culturally diverse populations.

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APPENDICES

APPENDIX A

RAPE AND SEXUAL ASSAULT AWARENESS CAMPUS SURVEY

Rape and Sexual Assault Awareness Campus Survey  
Sable et al. (2006)

In this study we will be inquiring about sexual assault, rape, and sexual abuse. We will be asking for your opinions about this issue and about prevention and treatment services for those affected. We will not be asking for information about any personal experiences you may have had. The Missouri Department of Health will use the results to help plan prevention and treatment programs and set budget priorities.

If you knew an adult woman (18 years old or older) who was sexually assaulted within the last 24 hours, but was not seriously physically injured, what would you advise him to do? From the list below, check up to 3 types of advice that you would give him, but do not check more than 3 answers.

- Call 911
- Call the police
- Go to the hospital or emergency room
- Contact the prosecuting attorney
- Call the rape crisis center
- Contact a local counselor or counseling center
- Talk to a pastor, priest, or minister
- Talk to close family or friends
- Go to a family physician or nurse
- Would advise him not to tell anyone
- Leave and go to a safe place if the perpetrator is a partner or spouse
- Other (please specify)

If you knew an adult man (18 years old or older) who was sexually assaulted within the last 24 hours, but was not seriously physically injured, what would you advise him to do? From the list below, check up to 3 types of advice that you would give him, but do not check more than 3 answers.

- Call 911
- Call the police
- Go to the hospital or emergency room
- Contact the prosecuting attorney
- Call the rape crisis center
- Contact a local counselor or counseling center
- Talk to a pastor, priest, or minister
- Talk to close family or friends
- Go to a family physician or nurse
- Would advise him not to tell anyone
- Leave and go to a safe place if the perpetrator is a partner or spouse
- Other (please specify)

Sometimes women are sexually assaulted and do not report it or seek help. How important do you think each of the following factors is for women choosing not to seek assistance following sexual assault? By checking the appropriate box in each row, please rate each factor on scale of 1 to 5, with 1 being not very important and 5 being very important as a factor for women not getting the help they need.

	1	2	3	4	5
Shame, guilt, embarrassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not wanting friends or family to know about the assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of not being believed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of revenge by the perpetrator (the person who committed the assault)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dislike or distrust of the police and justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not believe the perpetrator will be successfully prosecuted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not want a friend or family member to be prosecuted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaware about how to get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaware about the importance of obtaining treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of resources to obtain help such as, transportation, child care, insurance or money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of services in the local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial dependence on the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator does not allow the women to get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of cultural bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you have seen or heard any information about each service being available on campus or in this community. You may have heard about these services through personal experience, being told by a friend, noticing posters or pamphlets at doctors' offices or social services offices, through schools or community groups, or seeing or hearing about the services through radio, TV, or newspapers. For each service, check "yes" if you have heard about it being available on your campus or in this community, "no" if you have not heard about it, and "not sure" if you are not sure whether you have heard about it on your campus or in this community.

Trained rape crisis victim advocate available to rape victims during medical treatment and the rape exam to provide information and support to the victim  Yes  No  Not sure

Trained health care personnel to conduct evidence collection so that evidence can be properly gathered and the victims need for medical care can be met  Yes  No  Not sure

Trained hospital social worker to work with victims of rape/sexual assault so that they and their family obtain help, services, information, and treatment  Yes  No  Not sure

Trained rape and sexual assault counselor to provide counseling to rape victims and their family members  Yes  No  Not sure

Rape hotline so that women can easily obtain help and information after a rape or sexual assault  Yes  No  Not sure

Long term counseling for victims so that their counseling needs can be met over time  Yes  No  Not sure

Rape and sexual assault support group for women so that they have other victims to discuss their concerns and experiences with  Yes  No  Not sure

Campus prevention and educational activities about sexual assault  Yes  No  Not sure



For each service listed below, please indicate how much of a priority the Missouri Department of Health should place on helping to develop the service so that it is available to citizens throughout Missouri. Please indicate the level of priority you think it should be by rating it on a scale of 1 to 5, with 1 being a low priority and 5 being a high priority. As you rate the different services, please try to use the whole scale in your ratings so that the Department of Health will be able to distinguish what people think is the most important for their community.

	1	2	3	4	5
Victim advocacy services during medical treatment and exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained medical personnel to conduct the exam and use the rape kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained hospital social worker to work with victims of rape/sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained rape and sexual assault counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term counseling for victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape and sexual assault support group for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and educational activities about adult rape and sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and educational activities about child rape and sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus programs for education and prevention of sexual assault and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a scale of 1 to 5, how would you rate the degree to which you are informed about how to get help following sexual assault?

- \_\_\_ 1 = uninformed
- \_\_\_ 2 = a little informed
- \_\_\_ 3 = somewhat informed
- \_\_\_ 4 = informed
- \_\_\_ 5 = highly informed

Please indicate your main sources of information about how to get help after a sexual assault? (Choose up to three).

- \_\_\_ Media such as TV and radio
- \_\_\_ Magazines/newspapers
- \_\_\_ Friends
- \_\_\_ Family
- \_\_\_ Public school programs
- \_\_\_ College of university programs
- \_\_\_ Billboards and advertisements
- \_\_\_ Church programs
- \_\_\_ Rape crisis center
- \_\_\_ Other (please specify)

Do you know of anyone (including a friend, relative, or yourself) who has been sexually assaulted or abused? If no, skip to Q53

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was the most recent event?

The last year \_\_\_\_\_ 1-5 years ago \_\_\_\_\_ More than 5 years ago \_\_\_\_\_

**Please indicate how much you agree or disagree with each of the following statements. Answer the questions by marking strongly agree, agree, neutral, disagree, or strongly disagree.**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Women who wear short skirts or tight blouses are not inviting rape.					
The extent of a woman's resistance should be a major factor in determining whether rape occurred.					
Intoxicated women are usually willing to have sexual relations					
It is permissible to get a woman drunk and have sex with her					
Sexually experienced women are generally not damaged by rape					
If a man thought he could get away "scot free" with committing rape he would do so					
Sexual assault involves a man exposing his genital to a woman					
Most rape victims are acquainted with their rapists					
Men can be raped					
Rape usually involves a high level of violence (the rapist usually has a weapon)					

Women rarely falsely accuse men of rape.					
Physically attractive women are as likely to be raped as unattractive women					
If a woman gets drunk at a party and has intercourse with a man she just met there, she should be considered fair game to other males at the party who want to have sex with her too, whether she wants it or not.					

For the following statements, please indicate whether you personally agree or disagree that the male is justified in physically forcing his further sexual attentions upon the female.

	Strongly agree	Agree	Neutral	Disagree	Agree
<b>When a female invites a male she just met into her place for a drink and conversation, but refuses to engage in any romantic or erotic activity with him.</b>					
<b>When a female allows a male she just met to "neck" with her, but then tries to stop things at that point.</b>					
<b>When a female agrees to have sexual intercourse with a man she just met, but changes her mind.</b>					
<b>A female who has never engaged in sexual intercourse with her steady boyfriend indicates to him that she would like to do so, but then changes her mind.</b>					
<b>Even though a female and her boyfriend have had sexual intercourse in the past, she first accepts and then refuses his request for intercourse.</b>					

**Do you consider the following statements to be true or false?**

Most rape victims are acquainted with their rapists      True\_\_\_                      False\_\_\_

Most rape trials result in conviction      True\_\_\_                      False\_\_\_

The following questions are for the purpose of categorizing responses to the survey

**When was your last birthday?**

What is your gender?      Male \_\_\_                      Female \_\_\_

**What is your race?**

- \_\_\_ White
- \_\_\_ Black
- \_\_\_ Asian Pacific Islander
- \_\_\_ American Indian or Alaska Native
- \_\_\_ Other

**Are you of Spanish or  
Hispanic origin or  
descent?**                      Yes \_\_\_                      No \_\_\_

How would you describe your marital status?

- \_\_\_ Married
- \_\_\_ Divorced
- \_\_\_ Widowed
- \_\_\_ Separated
- \_\_\_ Never been married

APPENDIX B

INFORMED CONSENT AND SURVEY

INFORMED CONSENT FORM FOR PARTICIPATION IN HUMAN  
RESEARCH AT MONTANA STATE UNIVERSITY

Reason for the survey:

You are being asked to participate in a research study exploring your thoughts about sexual assault and the needs following sexual assault among American Indian women connected to a northwestern university. The university has made efforts to increase supports and programs for American Indian students. The results from this survey may help to identify the need for improved awareness of services, may increase understanding surrounding reporting sexual assault, and may increase understanding regarding the magnitude of sexual assault among American Indian women on campus.

How was I chosen to participate?

You have been selected as a possible participant by being a member of the university's on campus American Indian organization's email list. After approval from the Institutional Review Board, the on campus American Indian organization has agreed to send the survey to the members on its email list. The on campus American Indian organization will maintain privacy of this email list at all times.

What will happen during this study?

If you agree to participate, you will be asked to complete the following survey via Survey Monkey, an online survey tool. The questions in this survey deal with your knowledge of the services available to American Indian women survivors of sexual assault and why they may choose to use these services or not. The survey will ask a number of demographic questions, and a few questions looking at how much of a problem you think that sexual assault is. The estimated time to complete this survey is about 20-30 minutes.

Is my participation in this study voluntary?

Participation in this study is completely voluntary. If you begin the survey, you may choose to stop at any time. There is no penalty for deciding not to participate in this study.

Will I be paid for participating in this study?

You will not be paid for participating in this study. However, you do have the option of entering an anonymous sweepstakes drawing to win a \$50.00 Amazon gift card. The survey company, Survey Monkey will randomly choose an email address (provided in the entry form) from the entries, and email the \$50.00 Amazon gift-card to the winner. The winner of this sweepstakes will be notified via email and will remain confidential.



### What about confidentiality?

Participation in this survey is confidential. The on-campus American Indian organization will maintain the privacy of your email address. The collection of email addresses and IP address have been disabled through Survey Monkey. This ensures your responses will be anonymous. Data from the survey are only accessible to the following thesis committee members: Patricia Holkup PhD, RN, Claire Francoeur BEd, MSN-ANP, FNP, RN, Carolyn Wenger MSN, RN, and Audry Van Houweling BS, BSN, RN. Data will be protected via a secure username and password. Results will be reported in a summarized and grouped manner.

### What are the risks?

Due to the sensitive nature of sexual assault, the questions in this survey may cause discomfort. The names and contact numbers of campus and community support programs are provided at the beginning and end of the survey. Please consider contacting any of these free and confidential resources if you feel the need for further support.

### What are the benefits?

The results from this survey may help in allowing for greater insight into the awareness of available support services, and how American Indian women may prefer to seek these services. Thus, it may suggest the need for future improvements regarding services and programs for American Indian survivors of sexual assault.

### Costs:

There is no cost for participating in this survey.

### Questions?

Should there be questions, you may contact Audry Van Houweling at [audry.vanhouweling@msu.montana.edu](mailto:audry.vanhouweling@msu.montana.edu) and/or Patricia Holkup PhD, RN, Thesis Committee Chair at [pholkup@montana.edu](mailto:pholkup@montana.edu). If you have questions regarding the rights of human subjects, you can contact the Chair of the Institutional Review Board, Mark Quinn (406)-994-4707 [[mquinn@montana.edu](mailto:mquinn@montana.edu)].

1. **AUTHORIZATION:** I have read the above and understand the discomforts, inconvenience and risk of this study. By pressing the "SUBMIT" icon below, and beginning the survey, I am consenting to participate in this research. I understand that I may discontinue the survey at any time.

## INTRODUCTION TO SURVEY

Sexual assault is a problem among many college campuses. A number of factors including gender, age, race, ethnicity, cultural background, and spiritual beliefs, may affect one's view of sexual assault and later needs.

College campuses are working to increase the diversity of students on campus. When developing support systems aimed at preventing sexual assault and helping survivors, it is important to consider differing cultural outlooks. Little is known about how the needs of American Indian sexual assault survivors may differ from other student groups.

Sexual assault affects both men and women. However, current research suggests that women are targeted at greater rates than men. Therefore, this survey will focus only on women. The questions in this survey deal with your knowledge of the services available to American Indian women survivors of sexual assault and why they may choose to use these services or not.

A number of the campus and community resources mentioned in this survey are available to women regardless of when or where the assault occurred. Thus knowledge of the time and location of the assault is not a major factor for completing this survey.

Because the topic of sexual assault is sensitive, if at any time you feel uncomfortable, you may stop responding to the survey at any time. If you feel you need further assistance, please note the following available campus and community resources. All are free and confidential.

YWCA (Young Woman's Christian Association):

24 hour crisis support lines:

1-800-xxx-xxx (toll free)

<http://www.ywca.org/>

Student Assault Resource Center:

24 hour support: xxx-xxxx

Hospital-based sexual assault service:

xxx-xxxx

This survey will close on FEBRUARY 29th at 12:00 AM. You may choose to start the survey and complete it at a later date or time by clicking on the URL survey link sent to your email. This will allow you to return to the question/page where you left off, and edit previous responses. Once you complete the survey you will be unable to return and/or edit your responses. Only one response is allowed per participant

Please note that for legal consent reasons, only those who are 18 years of age or older may complete this survey. On the next page, before gaining access to the survey, you will be asked to state your age. Thank you for your interest in this project.

1. Are you 18 years of age or older?  Yes  
 No
2. Please enter your age in the field provided.  Age

The following questions will help the makers of this survey identify certain characteristics about survey participants. In regards to sexual assault, certain characteristics may affect individual perceptions, and treatment outcomes. Please answer the following:

1. Do you identify as a American Indian, Alaskan or Hawaiian Native, Aboriginal and/or a First Nations member?  Yes  
 No

Please note that when the survey refers to "American Indians" in the remaining questions/statements this term intends to include Alaskan and Hawaiian Natives, Aboriginal and/or First Nation participants. Thank you.

2. Please identify your gender:  Male  
If you identify as male, please do not continue the survey  Female
3. Do you currently live on campus?  Yes  
 No
4. Do you currently live in the city of where the campus resides?  Yes  
 No
5. Do you currently have family members living in the city where the campus resides on apartment basis?  Yes  
 No
6. Do you have family members living in the city where the campus resides on a part-time basis?  Yes  
 No
7. Do you have family members residing in the state where the campus resides?  Yes  
 No

8. Please select the level of education that best applies to you

Freshman

Sophomore

Junior

Senior

Graduate student

Non-degree seeking

Other (please specify

9. How many years you have you been attending college? If you have attended college for less than one year, please indicate the number of months you have attended college.

Years of attendance\_\_\_\_\_

Months of attendance (only answer if you attended college for less than one year)\_\_\_\_\_

10. Please indicate your current relationship status:

Married

Divorced

Separated

Single

In a relationship with an intimate partner

Other (please specify

11. Are you spiritually active in an organized religion?  Yes

No

12. Are you spiritually active in American Indian traditional practices?  Yes

No

Sometimes women are sexually assaulted and do not report it or seek help. How important do you think each of the following factors is for women choosing not to seek assistance following sexual assault? By checking the appropriate box in each row, please rate each factor on scale of 1 to 5, with 1 being not very important and 5 being very important as a factor for women not getting the help they need.

	1	2	3	4	5
Shame, guilt, embarrassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not wanting friends or family to know about the assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of not being believed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of revenge by the perpetrator (the person who committed the assault)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dislike or distrust of the police and justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not believe the perpetrator will be successfully prosecuted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not want a friend or family member to be prosecuted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaware about how to get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaware about the importance of obtaining treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of resources to obtain help such as, transportation, child care, insurance or money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of services in the local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial dependence on the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator does not allow the women to get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of cultural bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of effects on family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fear of effects on children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of academic consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you have seen or heard any information about each service being available on campus or in this community.

Trained advocates available to support rape survivors in the immediate phase of treatment  Yes  No  Not sure

24/7 available trained advocates to guide survivors and address concerns following sexual assault  Yes  No  Not sure

Trained health care personnel to conduct evidence collection  Yes  No  Not sure

Trained health care personnel to provide medical care to the survivor (e.g. testing for sexually transmitted disease, care for physical injury, emergency birth control or contraception).  Yes  No  Not sure

Counselor with trauma specific training that can provide for short term counseling for sexual assault survivors.  Yes  No  Not sure

Counselor with trauma specific training to provide short term counseling to family members of sexual assault survivors.  Yes  No  Not sure

Counselor with trauma specific training to provide long-term counseling for sexual assault survivors.  Yes  No  Not sure

Counselor with trauma specific training to provide long-term counseling for families of sexual assault survivors.  Yes  No  Not sure

Sexual assault support group for women so that they can discuss their concerns and experiences with other survivors.  Yes  No  Not sure

Campus based sexual assault prevention  Yes  No  Not sure

On a scale of 1 to 5, how would you rate the degree to which you are informed about how to get help following sexual assault?

- 1 = uninformed
- 2 = a little informed
- 3 = somewhat informed
- 4 = informed
- 5 = highly informed

Please indicate your main sources of information about how to get help after a sexual assault? (Choose up to three).

- Media such as TV and radio
- Magazines/newspapers
- Friends
- Family
- Public school programs
- College of university programs
- Billboards and advertisements
- Church programs
- Rape crisis center
- Other (please specify)

If you were assisting a friend enrolled at the university who had experienced sexual assault, which of the following community resources/personnel would you refer her to for further support. (Choose up to three)

- Young Women's Christian Association (YWCA)
- Hospital based service
- 911
- Emergency department
- Community based counselor
- Primary care physician
- Nurse
- Chaplain or spiritual leader
- Family member
- Friend
- Women's shelter
- I would not recommend any of the above options
- Other (please specify)

Do you think that the community services available to sexual assault survivors are helpful to American Indian women?  Yes  No

Please share why or why not you think these community based services are helpful:



We would like to know how much of a problem do you think sexual assault is among American Indian college women at the university. Please answer the following questions.

Please provide the number of American Indian college women you know of who have experienced sexual assault while enrolled at the university.

Number of women: \_\_\_\_\_

Please provide the number of American Indian college women you know of who have experienced sexual assault prior to becoming a student at the university.

Number of women: \_\_\_\_\_

Please provide the number of American Indian college women you know of who have reported their sexual assault.

Number of women: \_\_\_\_\_

Please share your thoughts on why or why not you think these women chose to report?

Is there anything else you would like to add or share?

Thank you for completing this survey. Your responses are much appreciated. If after completing this survey, you would like to talk to someone about any feelings that may have come up, the following resources can be helpful:

YWCA

24 hour crisis support lines:

1-800-xxx-xxxx (toll free)

<http://www.ywca.org/>

Student Assault Resource Center: Free and confidential 24 hour support:

xxx-xxxx

Hospital-based sexual assault service:

xxx-xxxx

On-Campus American Indian Organization:

xxx-xxxx

Crime Victim Advocate Program

Phone: xxx-xxxx

County Sheriff's Office

Phone: xxx-xxxx

If you have further questions about the survey, you may contact:

Audry Van Houweling, Graduate Nursing Student

[audry.vanhouweling@msu.montana.edu](mailto:audry.vanhouweling@msu.montana.edu) or Patricia Holkup, Thesis Committee

Chair [pholkup@montana.edu](mailto:pholkup@montana.edu)

APPENDIX C

SURVEY MONKEY CAPABILITIES

## Survey Monkey Capabilities

### I. Confidentiality

- a. Web Link collector: Allows for complete anonymity by blocking both email addresses and IP addresses.
- b. Survey Monkey sends out the survey automatically to the designated listserv.

### II. How can people enter into a drawing and keep the responses anonymous?

- a. As respondents complete the survey, a separate Instant Win or Sweepstakes entry form page opens. You do not need to create demographic questions in the survey to collect the respondents' information.
- b. Survey participants can enter for a chance to win through this separate entry form while keeping their survey responses anonymous. You can track the number of people who entered to win under the Reward's Status and Summary in the collector.
- c. Our reward partner randomly picks the winner and contacts him or her to deliver the reward on your behalf.

### III. Closing the Survey

- a. Once the survey "collector" is closed, no further responses can be collected. Participants will be unable to edit or complete the survey at this time.