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By

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ABSTRACT

RAPE SURVIVORS' AGENCY IN THE LEGAL AND MEDICAL SYSTEMS

By

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Many women who have been raped turn to the legal and medical systems for help. The existing literature on survivors' interactions with the legal and medical systems has focused a great deal on how system personnel treat victims, but there has been substantially less focus on what *survivors do* during their interactions with the legal and medical system to try to ensure that their needs are met. This study addresses this gap by studying survivors' agency as they navigate these systems. In this study, agency was defined as the active processes that survivors engage in during their interactions with legal and medical system personnel in order to shape their experiences within these systems. Interviews were conducted with 20 adult rape survivors who had contact with the police and received a medical forensic exam from a Sexual Assault Nurse Examiner Program. Findings indicate that survivors engage in four agentic processes: (1) survivors comply with the expectations of the system in order to increase the likelihood that their case will result in the outcome that they desire (i.e., justice); (2) survivors defy the system by not complying with the system's expectations in order to protect themselves from further emotional and physical harm; (3) survivors defy the system by challenging the response to their case in order to change how their case is being handled; and (4) survivors mobilize resources, specifically social and informational support, to facilitate their other expressions of agency (i.e., compliance and defiance). Implications for future research and practice are discussed.

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Overview

Rape is a pervasive social problem: National epidemiological data indicate that 17-25% of women are raped in their adult lifetimes (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987; Tjaden & Thoennes, 2006). Rape is one of the most severe of all traumas causing multiple, long-term negative psychological and physical health problems (see Campbell, Dworkin, & Cabral, in press; Koss et al., 2003). If women turn to their communities for help immediately after an assault, they are most likely to have contact with the legal and medical systems (P. Martin, 2005). To date, studies of rape survivors' interactions with the legal and medical systems have focused on survivors' help-seeking, what the system does and does not do when responding to survivors, and the impact of these experiences on survivors' well-being. These studies have shown that many survivors find their interactions with these systems to be hurtful. They are often denied the services they wanted and needed and are treated in harmful, victim-blaming ways. In turn, these negative experiences exacerbate, rather than ameliorate the negative effects of the rape (see Campbell, 2008 for a review). This body of literature has enhanced our understanding of how social systems treat survivors, but the "other side" of these interactions has not been adequately explored. How do survivors react to social system personnel? By focusing on how *systems* respond to survivors, *survivors'* attempts to shape their experiences within these systems have gone unexamined. In other words, how survivors exert their own "agency" within the legal and medical systems is not well understood.

Agency, for the purpose of this study, is defined as the active processes that rape survivors engage in during their interactions with the legal and medical systems in order

to shape their experiences within those systems. Survivors may enact agency in ways that comply with, attempt to challenge, or altogether reject the system in an attempt to influence their experiences with the system. Examining survivors' expressions of agency within the legal and medical systems contributes to the literature in several key ways. Recognizing rape survivors as not only victims of oppression, but also as *agents* alters the narrative of women who have been raped from helpless victims who are acted upon, to initiators of action, having strengths and a will of their own. Also, examining survivors' agency broadens our empirical understanding of survivors' experiences within the legal and medical systems. Studying survivors' agency may allow for a deeper understanding of what survivors are trying to achieve in their interactions with these systems, which can help develop strategies for facilitating survivors' active participation within these systems. This information could be used to inform systems change to make systems less hurtful and more responsive to rape survivors.

Using qualitative methodology, the current study analyzed data from interviews with rape survivors about their experiences with the legal and medical systems. Specifically, the study extends the existing literature by addressing two main research questions: (1) what active processes do rape survivors engage in during their interactions with the medical system and the early stages of the legal system in order to shape their experiences within the medical and legal systems? and (2) to what end are survivors exerting their agency in their interactions with the legal and medical systems, or put another way, what do they seek to influence about their experiences with these systems?

To provide a conceptual grounding for the current study, the following literature review provides a brief introduction to the problem of sexual assault and the roles of the

community systems that respond to this problem. Then the extant literature on survivors' experiences with the legal and medical systems will be examined. Finally, the literature review will conclude with a discussion of the concept of "agency" and how it applies to the study of rape survivors' interactions with the legal and medical systems.

Literature Review

In most federal and state legal statutes, rape/sexual assault is defined as "(1) any vaginal, anal, or oral penetration by a penis, object or other body part; (2) lack of consent, communicated with verbal or physical signs of resistance, or if the victim is unable to consent by means of incapacitation because of age, disability, or drug or alcohol intoxication; and (3) threat of or actual use of force" (Giardino, Datner & Asher, 2003, p.211; Koss & Achilles, 2008). This crime is particularly troublesome when one considers its detrimental effects on the survivor's well-being. Rape has been linked to posttraumatic stress, anxiety, depression, suicidal thoughts, and substance abuse (see Campbell, Dworkin, & Cabral, in press and Koss et al., 2003 for reviews). The physical health problems associated with rape range from the acute consequences of the assault, including injuries, unwanted pregnancies, and sexually transmitted infections (Beebe, 1991; Koss, 1993; Resnick, Acierno, Holmes, Dammeyer, & Kilpatrick, 2000; Tjaden & Thoennes, 2006) to more long-term symptoms such as pelvic pain, gastrointestinal problems, chronic generalized pain, and a global perception of poor health (Campbell, Sefl, & Ahrens, 2003; Clum, Calhoun, & Kimerling, 2000; Golding, 1999; Koss, 1993; Resnick & Acierno et al., 2000).

To cope with these negative effects of the assault, survivors may turn to their friends and families for emotional support and tangible aid, or they make seek formal assistance from the legal, medical, and mental health systems, and rape crisis centers (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Ullman & Filipas, 2001a). Because the focus of the current study is on survivors' agency within formal social systems, this literature review will focus hereinafter on formal help-seeking with the two systems

victims are most likely to have contact with immediately post-assault: the legal and medical systems.

Overview of the Medical and Legal Response to Rape Survivors

A rape survivor's point of entry into community services is typically through the legal system, which often acts as a direct conduit to the medical system (P. Martin, 2005; P. Martin & Powell, 1995; Resnick & Holmes et al., 2000). These two systems are usually contacted within the first few hours or days after the assault and are highly time-sensitive (due to the need to collect forensic evidence before it is contaminated, and to treat survivors' injuries immediately) whereas other formal community services (e.g., mental health) tend to be less emergency focused (P. Martin, 2005; Resnick & Holmes et al., 2000). Furthermore, victims' experiences within these two systems are often co-mingled: when the legal system is the point of entry, the survivor is usually referred to the medical system for forensic evidence collection (P. Martin, 2005; Resnick & Holmes et al., 2000). In turn, if the survivor seeks medical help first, the doctor or nurse who collects the evidence of the assault may provide the survivor with information about how to report the assault (Ledray, 1999; Littel, 2001). Under some circumstances, the medical professional him/herself may be legally responsible for reporting the rape, whether or not this is consistent with the survivor's wishes (Ledray, 1999; Littel, 2001; Resnick & Acierno et al., 2000). In fact, studies have shown that rape survivors who receive medical care are more likely to have the assault reported and rape survivors who report the assault are more likely to receive medical attention (Rennison, 2002; Resnick & Holmes et al., 2000).

When the survivor first makes contact with the police (whether she contacts them directly or a family member or friend, or the medical system does so), an officer responds to the survivor's location and creates an initial report of the crime based on her description of the assault. If the survivor has not already received a medical/forensic exam, the officer will request that she get one at this time (P. Martin, 2005). Once the responding officer files the initial report, the case is assigned to a detective who is responsible for investigating the case. During the investigation, the detective conducts an interview with the survivor about the assault. The survivor may be asked to re-tell her story multiple times and to answer questions about her story in detail (Konradi, 2007). The detective may also collect evidence from the suspect and interview other witnesses during this time. Based on the survivor and suspects' accounts of the assault and the evidence collected during the medical forensic exam and the investigation, the detective decides whether there is "probable cause" that the crime occurred. If the detective does not believe a crime occurred, the case is closed and no further action is taken.

If the detective believes the crime did occur, s/he refers the case to the county prosecutor and requests a warrant for the suspect's arrest (P. Martin, 2005). The prosecutor then determines whether they believe that the evidence warrants filing criminal charges against the suspect. At this time, the prosecutor may also interview the survivor and ask her to give her account of the story again. If the prosecutor does not believe there is enough evidence to convict the suspect, the case is closed and no further action is taken. If s/he does, charges are filed, and they are responsible for prosecuting the case on behalf of the state (P. Martin, 2005).

A growing body of literature has emerged on what it is like for survivors to take part in this multi-stage, multi-system process. The remaining sections of this literature review will examine three aspects of survivors' experiences with the legal and medical systems: (1) survivors' help-seeking; (2) the services they received and did not receive; (3) the way in which they were treated by systems personnel and the impact of this treatment on their well-being.[1]

Survivors' Help-Seeking from the Legal and Medical Systems

Studies of rape survivors' help-seeking find that approximately 16-40% of rape survivors report the assault to the police (Bachman, 1998; Campbell et al., 1999; Campbell & Raja, 2005; Campbell & Wasco et al., 2001; Filipas & Ullman, 2001; George, Winfield, & Blazer, 1992; Mahoney, 1999; Monroe et al., 2005; National Victim Center, 1992; Rennison, 2002; Resnick & Holmes et al., 2000; Tjaden & Thoennes, 2006; Ullman, 2007; Ullman & Filipas, 2001a).[2] Between 15-43% of all rape survivors seek medical help in response to the assault (Campbell & Raja, 2005; Campbell & Wasco et al., 2001; Filipas & Ullman, 2001; George et al., 1992; Mahoney, 1999; Monroe et al., 2005; National Victim Center, 1992; Resnick & Holmes et al., 2000), and approximately 31-42% of survivors are injured during the assault (Rennison, 2002; Resnick & Holmes et al., 2000; Tjaden & Thoennes, 2006),

To understand these low rates of help-seeking, researchers have examined the barriers that prevent many survivors from seeking legal and/or medical help post-assault. For a variety of reasons, community systems may not be easily accessible to rape

[1] This section will focus on reviews and empirical studies of sexual assault/rape conducted in the United States whose samples included adult female survivors or organizations who served this population and were published from 1988 and on. Influential works published before 1988 were also included.

[2] See Bachman (1993) and Fisher, Daigle, Cullen, and Turner (2003) for exceptions.

survivors. Survivors may not be aware of the services that are available to them in their community or may not understand that they are eligible for services. Some mistakenly believe that all medical/forensic services post-assault require insurance or payment, when this is not the case in most communities. Transportation and limited hours of operation can also be barriers to many sexual assault survivors, particularly those living in rural communities (Logan, Evans, Stevenson, & Jordan, 2005).

In addition to these practical barriers, survivors' beliefs about systems also affect their help-seeking. Many survivors believe that what happened to them did not qualify them to receive assistance from the legal or medical systems, and therefore these systems *could* not help them (Bachman, 1993, 1998; Patterson, Greeson, & Campbell, in press; Rennison, 2002; Tjaden & Thoennes, 2006). In Tjaden and Thoennes' National Violence Against Women Survey (2006), 18% of survivors who did not report the assault to the police felt that the assault was a minor incident, or was not a criminal matter. Similarly, despite injuries and pain, survivors in another study reported that the assault was not severe enough to warrant medical attention (Patterson et al., in press). Survivors also felt that community systems could not help them because they were able to cope with the assault on their own (Patterson et al., in press). In a study of legal help-seeking, some survivors cited not being able to identify their assailant as the main reason they did not report the assault. It seems likely that these survivors believed the legal system could not help them if the survivor herself was unable to identify the assailant (Bachman, 1998).

Survivors also express doubts as to whether systems *would* have helped them, even if they had sought help (Bachman, 1993; Logan et al., 2005; Patterson et al., in press). For example, survivors who blamed themselves for the assault felt that these

systems would have also blamed them, and therefore would not have provided assistance (Patterson et al., in press). Fear of not being believed also deters rape survivors from seeking help from community systems (Logan et al., 2005; Tjaden & Thoennes, 2006). Correspondingly, many survivors doubt that they will be able to obtain the outcome they desire from the legal system in particular (Logan et al., 2005). This is typically a barrier cited by survivors who did not experience a rape committed by a stranger, perpetrated by the use of extreme physical force and the presence of a weapon, resulting in severe, visible physical injuries and emotional devastation (Patterson et al., in press). Survivors perceive that they are less likely to be believed and more likely to be blamed for the assault by medical and legal system personnel if their assault does not fit societal notions of the "typical" rape. In fact, studies have shown that women who sustained assaults that were consistent with these stereotypes were more likely to seek help from formal community services than women who were assaulted in ways that did not conform to these societal expectations (Starzynski, Ullman, Filipas, & Townsend, 2005; Ullman & Filipas, 2001).

Finally, many survivors do not seek help from the legal and medical systems because they believe that system contact will be hurtful (Bachman, 1993, 1998; Logan et al., 2005; Patterson et al., 2008). Many survivors feel shame after the assault, which may be a barrier to disclosing what happened to them (Burgess & Hazelwood, 2001). Survivors believe that telling medical and legal professionals about the assault would be distressing, and fear that even more people would find out about the assault if the medical and legal systems became involved (Bachman, 1993, 1998; Logan et al., 2005; Patterson et al., in press; Rennison, 2002; Tjaden & Thoennes, 2006). Because of the invasive

nature of the crime, survivors are apprehensive about being touched after the rape and therefore do not seek medical care (Patterson et al., in press). In addition, survivors fear being treated in insensitive, victim-blaming ways. They perceive that the legal and medical systems do not take rape cases seriously and treat them as a low-priority. They also believe that systems personnel are not competent in working with rape cases/survivors and have negative attitudes toward rape and rape victims. Therefore, by not seeking help they avoid what they believe would have been a negative experience (Bachman, 1998; Logan et al., 2005; Patterson et al., in press; Rennison, 2002; Tjaden & Thoennes, 2006).

Services Received from the Legal System

In light of these low rates of help-seeking and the serious concerns that survivors have about these systems, it is important to understand what does happen when survivors do come into contact with the legal and medical systems. The majority (56-82%) of cases that are reported to the police will never be sent onto the prosecutor, and therefore have no chance of resulting in punishment of the offender (Bouffard, 2000; Crandall & Helitzer, 2003; Frazier & Haney, 1996; Tjaden & Thoennes, 2006). In fact, in 59-70% of cases, the police officer discourages the survivor from reporting, and in 24-65% of cases the officer fails to take the report of the crime (Campbell, 2005; Campbell & Raja, 2005; Tjaden & Thoennes, 2006). Although most of these studies rely on self-report data collected from the survivors themselves, police officers themselves have confirmed that they do not always take victims' reports. In Campbell's (2005) study of rape survivors who received a medical/forensic exam at an emergency department, responding police

officers stated that they filed a report in only 55% of the survivor's cases and an investigation was initiated in approximately one-fourth of cases (26%).

Services Received from the Medical System

Survivors are encouraged to seek medical care post-assault to have a medical/forensic exam (Littel 2001; P. Martin, 2005). The survivor's body is a crime scene, and medical professionals can collect forensic evidence, such as saliva, DNA, hair, and trace evidence from the survivor's clothing and body. They may also document and photograph injuries, and take blood samples in order to test for date rape drugs (Littel, 2001; P. Martin, 2005). Law enforcement does not have the authority or medical expertise to conduct this type of evidence collection, and so physicians and nurses must provide these services (P. Martin, 2005). In addition to forensic services, the American Medical Association (1995), the Centers for Disease Control and Prevention (2002), and the American Council of Obstetricians and Gynecologists (1998) recommend that sexual assault survivors be evaluated for the risk of sexually transmitted infections (STIs) and pregnancy from the assault. Emergency contraception and prophylactic antibiotics may be prescribed to prevent pregnancy and STIs (ACOG, 1998; AMA, 1995; Beebe, 1991; CDC 2002; Littel, 2001; P. Martin, 2005). Finally, medical professionals are well-positioned to provide services to comfort survivors (such as providing clothing for her to wear home after the exam, offering a place to shower once evidence has been collected) and to attend to their psychological well-being by providing follow-up calls, information about common psychological and physical after-effects of rape and referrals to follow-up mental and physical health services (Beebe, 1991; Campbell, 2005; Campbell & Bybee,

1997; Littel, 2001; P. Martin, 2005; Plichta, Vandecar-Burdin, Odor, Reams, & Zhang, 2006).

There are two main models for delivery of these medical services to rape survivors in the U.S.: traditional hospital emergency departments (EDs), where ED nurses and physicians provide services, and Sexual Assault Nurse Examiner (SANE) Programs, where highly trained forensic nurses who specialize in providing comprehensive medical and forensic care to rape survivors attend to survivors' needs (Ledray, 1999; Littel, 2001). Studies of traditional emergency department care have identified serious gaps in service delivery to sexual assault survivors.[3] Some ED's do not have key services available for survivors at all (Azikiwe, Wright, Cheng, & D'Angelo, 2005; Campbell & Bybee, 1997; Lewis, DeNitto, Nelson, Just, & Campbell-Ruggard, 2003; Patel, Simons, Piotrowski, Shulman, & Petraitis, 2004; Plichta et al., 2006; Rosenberg, DeMunter, & Liu, 2005; Smugar, Spina, & Merz, 2000; Uttley & Petraitis, 2000; see S. Martin, Young, Billings, & Bross, 2005 for a review). However, most survivors are able to receive a forensic exam (Campbell, 2005; Campbell & Bybee, 1997; Campbell & Wasco et al., 2001), but a substantial proportion does not receive other important post-assault medical services. Approximately 40-67% of survivors receive information about the risk of pregnancy due to the assault and 20-61% receive emergency contraception (Amey & Bishai, 2002; Campbell 2005; Campbell & Bybee, 1997; Campbell & Raja, 2005; Campbell & Wasco et al., 2001; Monroe et al., 2005; National Victim Center, 1992; Rambow, Adkinson, Frost, & Peterson, 1992; Rovi & Shimoni,

[3] Studies of traditional ED care may incidentally include a small number of emergency departments that provide SANE services in their sample. These distinctions have not been consistently attended to within this literature.

2002). Between 39-67% receive information about the risk of STI's, and 49%-79% receive some type of STI prophylactic treatment (Amey & Bishai, 2002; Campbell 2005; Campbell & Bybee, 1997; Campbell & Raja, 2005; Campbell & Wasco et al., 2001; Monroe et al., 2005; National Victim Center, 1992; Rovi & Shimoni, 2002). Few studies assess whether survivors received services for their psychological needs, such as referrals to the local rape crisis center, but available data suggest that these services are provided infrequently (Campbell, 2005; Campbell & Bybee, 1997).

In some communities, survivors have the option of seeking care in SANE programs instead of traditional hospital emergency departments. SANE programs were developed in part to address these gaps in medical service delivery, and appear to have been successful in this effort (see Campbell, Patterson, & Lichty, 2005 for a review; see also Ledray, 1999; Littel, 2001). Studies of SANE programs show that 97-98% regularly provide emergency contraception and 99-100% commonly provide STI prophylaxis (Ciancone, Wilson, Collette, and Gerson, 2000; Campbell et al., 2006; Logan, Cole, & Capillo, 2007). In a case study of a SANE program, Holmes, Resnick, and Frampton (1998), found that STI prophylaxis was provided to 97% of survivors, and 86% of patients either received, did not require, or refused emergency contraception. In another program case study, Myles and colleagues' (2000) study of SANE patients found that 60% of patients received HIV prophylaxis. In comparison to the general literature on medical service delivery, these rates would suggest that SANE programs are an improvement. Comparison studies have also found that SANE programs provide more comprehensive services when compared to traditional ED care (see Campbell et al., 2005 and S. Martin et al., 2005 for a review). SANE programs are more likely to provide a

comprehensive forensic exam (Plichta, Clements, & Houseman, 2007), a complete physical examination (Derhammer, Lucente, Reed, & Young, 2000), and are more likely to document that survivors received STI prophylaxis and emergency contraception than traditional emergency departments (Crandall & Helitzer, 2003).

How Survivors Are Treated by Social System Personnel

In light of the fact that many survivors do not receive the services they need from the legal and medical systems and many survivors fear that community systems will be hurtful, researchers have also studied how survivors are treated by systems personnel. In doing so, they have documented a phenomenon known as the "second assault" (P. Martin & Powell, 1995), the "second rape" (Madigan & Gamble, 1991; Campbell & Wasco et al., 2001), or "secondary victimization" (Campbell & Raja, 1999; Campbell et al., 1999; Williams, 1984). According to Williams (1984), secondary victimization is defined as: "A prolonged and compounded consequence of certain crimes; it results from negative, judgmental attitudes directed toward the victim, [which results] in a lack of support, perhaps even condemnation and/or alienation of the victim" (p. 67). Campbell and Raja (1999) extend this definition by stating that: "Secondary victimization is the unresponsive treatment rape victims receive from social system personnel. It is the victim-blaming behaviors and practices engaged in by community service providers, which further the rape event, resulting in additional stress and trauma for victims" (p. 262). Secondary victimization includes behaviors such as the denial of services (e.g., refusing to file a police report, refusing to provide a forensic exam), expressing victim-blame and/or disbelief that the survivor was raped, (e.g., asking about the way she was dressed, questioning why her memories were vague/scattered, asking if she resisted the assailant),

cold treatment and failure to treat the survivor with empathy (e.g., having an aggressive or a cold/impersonal demeanor) and harmful/invasive organizational procedures and practices (e.g., extremely long waiting times for the forensic exam, having the survivor re-tell her story multiple times, failing to let the survivor know what is happening to her case; Campbell, 2005; Campbell & Raja, 1999; Madigan & Gamble, 1991; P. Martin, 2005; P. Martin & Powell, 1994; Viano, 1996). Although legal and medical system contact can be positive for many survivors, (e.g.,C Campbell & Wasco et al., 2001; Filipas & Ullman, 2001; Frazier & Haney, 1996; Golding, Siegel, Burnam, & Stein, 1989; Greenburg & Ruback, 1992; Holmstrom & Burgess, 1975, 1978; Monroe et al., 2005), most studies find that the majority of survivors experience at least some degree of secondary victimization and/or dissatisfaction (Campbell 2005; Campbell et al., 1999; Campbell & Raja, 2005; Ullman, 1996a).

Evidence of secondary victimization comes from a variety of sources. Studies by Ullman and colleagues have found that contact with formal community systems, including the legal and medical systems, is associated with receiving more negative social reactions, such as victim-blame (Filipas & Ullman, 2001; Ullman, 1996a; Ullman, 1996b; Ullman & Filipas, 2001a). Other studies provide evidence of secondary victimization specific to the legal and medical systems. Rape victim advocates, who may be present to provide emotional support while the survivor navigates the legal and medical systems, frequently report that they witness secondary victimization, and that it is a particularly troubling aspect of their work with sexual assault survivors (Campbell, 1998; Campbell & Salem, 1999; Maier, 2008; Ullman & Townsend, 2007). Similarly, mental health professionals who work with sexual assault survivors have also reported

that community systems' treatment of survivors can be harmful and likely to cause further trauma (Campbell & Raja, 1999). However, most studies of secondary victimization by the legal and medical systems rely on self-reports from the survivors themselves (Campbell, 2005; Campbell et al., 1999; Campbell & Wasco et al., 2001; Campbell & Raja, 2005; Campbell & Wasco et al., 2001; Logan et al., 2005; Ullman, 1996a). In Campbell and colleagues' (1999) community sample of adult female rape survivors in the Chicago metropolitan area, the majority of survivors who reported the assault (52%) felt that their contact with the legal system post-rape was hurtful, and approximately one-fourth of survivors who sought medical help (29%) felt their experiences with the medical system were hurtful. Women who were not able to access certain services were more likely to rate these systems as hurtful (Campbell et al., 1999). Similarly, in a community sample of rape survivors in Los Angeles, less than 5% of survivors who had contact with them post-assault found physicians and police to be helpful (Ullman, 1996a).

Medical and legal personnel themselves concur that such negative treatment of rape survivors does happen (Madigan & Gamble, 1991; P. Martin, 2005; P. Martin & Powell, 1995; Campbell, 2005). Campbell (2005) interviewed survivors, responding police officers, nurses, and doctors about what happened in their interactions and found that there was statistically significant agreement between survivors' and system personnel's reports (Campbell, 2005). In this study, the majority of responding police officers reported that they discouraged the survivor from filing a report (60%) and questioned her prior relationship with the assailant, why she was with the assailant, and whether she resisted during the assault. Moreover, 37% of nurses and 56% of doctors

reported that they displayed an impersonal/detached interpersonal style, and the majority of nurses and doctors asked the survivor about her sexual history, her prior relationship with the assailant, why she was with the assailant, and whether she resisted the perpetrator. Although legal and medical systems personnel admitted to secondary victimization behaviors, they consistently underestimated the negative impact that these behaviors had on survivors (Campbell, 2005).

Survivors report that these experiences with systems personnel are in fact distressing and exacerbate their trauma. In fact, in studies by Campbell (2005) and Campbell and Raja (2005), a significant proportion/majority of survivors reported that they felt guilt/self-blame, depressed, anxious, distrustful toward others, and unlikely to seek further help as a result of their interactions with the legal and medical systems. Beyond these subjective measures of distress, secondary victimization has also been studied in relationship to objective measures of physical and psychological health outcomes. Studies of survivors' disclosure to various support providers, including legal and medical professionals, have found that receiving more negative social reactions is associated with more PTSD symptoms, and more psychological and emotional effects of the assault (Starzynski et al., 2005; Ullman & Filipas, 2001b; Ullman et al., 2007). In studies specific to the legal and medical systems, the number of legal secondary victimization behaviors and the number of medical secondary victimization behavior survivors experience has been positively correlated with the survivor's posttraumatic stress symptoms (Campbell et al., 1999; Campbell & Raja, 2005). Moreover, survivors who rated their contact with the medical system and legal system as negative had poorer psychological and physical health (Campbell & Wasco et al., 2001).

Summary of the Literature on Survivor's Experiences with the Legal and Medical Systems

The literature on survivors' interactions with the legal and medical systems has three major findings. First, the majority of survivors do not seek help from these systems, at least in part because of myriad concerns about whether these systems will be helpful to them, and whether these systems will actually be emotionally hurtful. It appears that these concerns are founded because the second key finding in this literature is that those survivors who do have legal and medical system contact often do not receive the services that they seek. Third, survivors face not only the denial of services, but also disbelief, victim-blame, and other harmful behaviors and practices from systems and system personnel. Furthermore, these negative experiences with the legal and medical systems have been shown to be harmful to survivors' psychological and physical health.

By examining what the legal and medical systems do (e.g., services provided and not provided and secondary victimization) and the impact they have on survivors (i.e., the impact of system contact on their mental and physical health), the academic community has recognized the oppressive, harmful capacity of these systems and the power they hold over survivors. This is a first step toward changing this problem. However, this work has not adequately explored the "other side" of survivors' interactions with the legal and medical systems: the *survivors'* attempts to shape their experiences within these systems. In other words, how survivors exert their own "agency" within the legal and medical systems is not well understood.

The Concept of Agency and Its Applicability to Rape Survivors' System Experiences

Barnes (2000) defined agency by stating, "for an individual to possess agency is for her to possess internal powers and capacities, which through their exercise, make her an *active* entity, constantly intervening in the course of events around her" (p. 25). A key tension in sociological theory focuses on how relevant the concept of agency is to explaining and understanding human behavior within the social environment (Sztompka, 1994; Walsh, 1998). According to Walsh's (1998) summary of this debate, at one end of the spectrum is the structuralist position. These theorists argue that human behavior is a product of social structures, such as relationships, cultures, institutions, systems, etc. (Walsh, 1998). At its most extreme, this position represents a deterministic view of behavior as created solely by the social environment surrounding the individual. Individuals' tastes, motivations, choices, and behaviors are all caused by their social environment (Walsh, 1998). The other side of the debate focuses on human agency as the driving force behind human behavior. Humans have free will and the ability to change social structures (Barnes, 2000). From this stance, social structures are created through the actions of individuals and do not have a transcendental nature. Because humans are agentic, their behaviors cause the social environment, and therefore this position allows for individuals to change social structures (Walsh, 1998). Other theorists have attempted to reconcile these two positions. They argue that both agency and social structures influence individuals' behavior (Archer, 2003; Barnes, 2000; Ritzer & Gindoff, 1994; Walsh, 1998). Social structures are both produced by and produce the individual. In essence, agency occurs within the context of a social environment that does influence, but does not determine, human behavior (Archer, 2003; Barnes, 2000; Messerschmidt, 1993; Ritzer & Gindoff, 1994; Sztompka, 1994; Walsh, 1998). Agency is the behaviors a

person chooses to engage in to shape their experiences within social structures in light of their understanding of the social structures that surround and constrain them (Messerschmidt, 1993).

Agency is particularly salient to studying the lives of marginalized individuals who exist within an oppressive society. It is important to recognize that although marginalized groups are oppressed, and this oppression limits their life options, they are still people, agents, who have purposes and intentions of their own, and take action accordingly (Mahoney, 1994). Although the system of oppression constrains them, it does not define, nor own them, and they still have the will to exert what power and control they have over their own lives, no matter how small (Mahoney, 1994). By overlooking the agency of marginalized individuals, researchers miss the opportunity to represent women as not only victims of oppression, but also as people with strengths and agendas of their own. As Riger (2001) argued, the recognition of a person's agency allows us to "see the individual as the initiator of action and construer of meaning, but within a context composed of both varying modes of interpreting the world and structural constraints and opportunities" (p. 75). The fact that marginalized, powerless groups exert agency does not excuse the structures that oppress them, nor does it blame the individuals for not altering their position. It is not to suggest that the system is any less powerful or rigid, or less oppressive, but instead to recognize that individuals are still active initiators of action and construers of meaning.

Rape survivors constitute one such marginalized group. Rape is an act of power, taking away the woman's control over her own body and sexuality, through coercion and force. Rape survivors also may be marginalized by the very systems that they turn to for

healing: the legal and medical systems. The literature to date has focused more on victimization—what people *do to her* and how that *affects her* rather than what *she does*. This line of inquiry has made important contributions to theory and practice because these studies have captured the multitude of ways that rape survivors are traumatized and oppressed. However, it is also important to explore *survivors'* actions and agendas in order to fully understand them as both victims *and* survivors with strengths, as people who are marginalized *and* pursue their own agendas. This information can be used to counter harmful, dominant societal narratives that portray rape victims as helpless, passive victims who are acted upon, victimized and then victimized again by the system. It is particularly important to recognize agency within the context of rape survivors' interactions with the legal and medical systems, as these systems do re-victimize women, and continue to prevent survivors from having power over their experiences within the systems. However, this topic has gone largely unexplored in the scholarship on sexual assault and community systems. The studies that do exist on rape survivors' agency within the legal system will be reviewed in the next section.

Rape Survivors' Agency within the Legal System

Only a handful of studies have focused on rape survivors' agency in their interactions with the legal system. Konradi (2007) conducted in-depth qualitative interviews with rape survivors whose cases were eventually prosecuted. In this study, Konradi (2007) found that even before they had contacted the police, survivors expressed agency by consciously accumulating and preserving evidence in an attempt to build their case (e.g., paying attention to details of the rapist's appearance, not showering before the exam). Further, survivors reported taking initiative to contact police and prosecutors

throughout the investigation of their case to find out what was happening with their case, to find out what was expected of them throughout the criminal justice process, to provide more information that could bolster the case, and/or to put pressure on legal personnel to take action on their case (Konradi, 2007).

In the later stages of criminal prosecution, survivors also express agency in their interactions with prosecutors, preparation for court, testifying, and participation in plea bargaining and sentencing. For example, in Frohmann's (1998) ethnographic, observational study of the victim-prosecutor complaint filing interview, some survivors expressed agency by rejecting prosecutors' constructions of the rape. In one case, the survivor was sexually assaulted while waiting for a friend who was buying drugs. Throughout the interview between the victim and the prosecutor (which Frohmann observed for data collection), the prosecutor kept emphasizing the fact that drugs were involved in the incident and that others would not believe that there was a lack of consent. The prosecutor communicated to the survivor that the legal system constructed the assault as a drug incident, but not a rape. In response, the survivor expressed anger and frustration, repeated that it was not a drug case, questioned why she was being judged as a bad person when she was the one who was raped, and questioned the criminal justice system's ability to respond to rape in an attempt to challenge the prosecutor's decision not to pursue the case (Frohmann, 1998).

If a case is prosecuted, the survivor is expected to testify during court proceedings. Konradi (2007) identified six key strategies that survivors utilize in preparing for these court appearances. Each of these "strategies" can be seen as an expression of the survivor's agency. Survivors reported adapting their appearance to be

appropriate for court and meet stereotypical notions of the appearance of a "good victim," rehearsing their telling of the assault so that they would remember all of the details and be able to manage their emotions when they told it in court, "emotion work," or efforts to help them produce or inhibit emotions that they wanted or did not want to show in the courtroom, recruiting friends and family to attend the events to help her manage her emotions during the trial, researching the legal process in order to make themselves better witness, and pulling together information and evidence to support their cases. Ninety percent of her sample engaged in at least one of these strategies. Survivors engaged in these behaviors to foster a good impression so that judges and juries would see them as a credible witness and bolster the evidence in support of their case to obtain a conviction. Furthermore, they sought to reduce the negative emotions/further trauma that they believed they would feel as a result of testifying (Konradi, 1996a, 1996b, 2007).

During their testimony itself, Konradi (2007) found that survivors took various actions to manage their interactions with the defense attorney and the prosecutor, such as meeting the prosecutor's requests for how they should describe the assault or challenging the defense attorney's method of questioning. These actions illustrate their agency, because they actively sought to prevent the defense attorney from attempting to discredit them and to circumvent the defense attorney's attempts to upset them. In plea bargain cases, several survivors gave input into whether or not the offers should be accepted, in an effort to make sure that the offender obtained the sentence that they felt was just (Konradi, 2007).

Finally, survivors' agency took many forms during their participation in sentencing. Some spoke during the sentencing hearing or submitted statements about the

impact of the crime on their lives in order to influence the judge and obtain a just punishment for the rapist. Others participated in order to further their emotional recovery by being able to speak about the impact of the assault in their own words. Others sought empowerment and closure and thus faced their assailant as he was sentenced (Konradi, 2007; Konradi & Burger, 2001). These studies show that although the legal system itself decides whether a case will move forward, survivors can indeed take an active role within the legal system, and express their agency in a variety of ways.

A key limitation of this small body of research is that it focuses solely on the agency of survivors *whose cases reached prosecution.* As noted previously, most cases never make it to the final stage of the criminal justice system. In addition to not having their day in court, the women whose cases are never prosecuted still have navigated a lengthy, grueling process, and have had many reasons to exert their agency by the time their case has been closed. Survivors are expected to participate in the forensic exam and initial report to police-processes that are very difficult to endure emotionally-very soon after the initial trauma of the rape. In addition, survivors typically face a great deal of secondary victimization during their first interactions with nurses, doctors, responding officers and detectives. Furthermore, actions that are taken during the initial stages of the legal process, such as the framing of the crime, accumulation of evidence, and representation of the survivor's credibility, largely determine whether or not a case will be successfully prosecuted, so this is a particularly opportune time for survivors to intervene in an attempt to move their cases forward. In short, this is a critical phase of survivors' interactions with the legal and medical systems and there are many reasons why survivors would seek to influence what was happening around them. It is therefore

important that we fully examine how survivors respond to the variety of issues and events that unfold during their earliest interactions with legal and medical system personnel.

Current Study

The purpose of this study is to contribute to the literature on rape survivors' experiences with the legal and medical systems by studying rape survivors' agency during their interactions with these systems. Rather than taking one of the extreme positions in the agency vs. structure debates, as outlined by Walsh (1998), this study will operate under the theoretical/value stance that both agency and social structures influence behavior and that there is a dynamic interaction between these forces (Archer, 2003; Barnes, 2000; Ritzer & Gindoff, 1994; Sztompka, 1994; Walsh, 1998). Structures indeed have power because they constrain individuals-the individual does not constrain the structure-but individuals still interact with and act within the structures. Although the structure creates boundaries that constrain what is possible, because it is a *social* structure, the system still depends upon the individual for interaction. This leaves the individual with some influence, some residual power, no matter how little, to determine *how* they navigate within those boundaries set by the system. Agency is the exertion of this power.

Agency, then, will be operationalized as the active processes that rape survivors engage in during their interactions with the legal and medical systems in order to shape their experiences within these systems. The individual may enact agency in ways that comply with, attempt to challenge, or altogether reject the system in an attempt to influence their experiences with the system. Agency is active, not passive, and it has a purpose. It is navigating within the system rather than drifting along within. Even if individuals comply with the influence of the system, if this is an attempt to shape their

own experience with the structure, this is an exertion of their own power, and therefore constitutes agency.

In survivors' interactions with the legal and medical systems, social structures constrain how individuals express agency. Physicians and nurses have the power to grant or deny services such as documenting injuries and swabbing for DNA. Police officers make the choice whether or not to investigate a case, and whether to refer the case onto the prosecutor. Prosecutors make the ultimate decision whether the case will be prosecuted. The survivor has little to no control over how far her case progresses in the criminal justice system. Given these power differentials, it is understandable that the majority of the research on survivors' interactions with the medical and legal systems has not focused on survivors as active participants within the medical and legal systems.

However, survivors have room in their interactions with the medical and legal systems to exert some power as these systems depend upon survivors' involvement. In order to collect medical/forensic evidence and to hold criminals accountable, the medical and legal systems need rape survivors to come forward to receive services and report the assault. Further, they need survivors to continue to participate in the system. Few rape cases are successfully prosecuted without the survivor's active participation throughout the criminal justice process, from forensic evidence collection to testifying (P. Martin, 2005). The legal and medical systems not only rely upon survivors to participate, but they also expect them to participate in particular ways. In order for police to be able to determine which cases to send on for prosecution and which cases to close, survivors are expected to report the assault immediately, disclose everything they can remember to the police, and be willing to tell and re-tell their story in great detail as many times as the

detectives want them to, while answering all of the questions the detective poses (Konradi, 2007). Because the system depends upon the manner of her participation, the survivor has some residual power, within the constraints of the system, to influence her experiences within that system.

The current study's focus on rape survivors' agency advances the current literature in several ways. First, this study will focus on survivors' agency within the initial stages of the legal system (i.e., during survivors' interactions with the police). The limited research on survivors' expressions of agency in the legal system (e.g., Frohmann and Konradi's studies) has tended to focus on the latter stages of prosecution. As noted previously, it is important to examine survivors' agency in the early stages of legal system contact because this is a critical phase for survivors to endure emotionally, and it also sets the stage for how far the case will progress in the system. Second, the sample of this study is more inclusive than prior works in that the experiences of survivors whose cases were *and were not* prosecuted will be examined. Frohmann and Konradi's studies focused on the experiences of women who cases were eventually prosecuted. Third, this study fills a gap in the literature by exploring survivors' agency within the medical forensic exam, which has previously been overlooked. Finally, studying rape survivors' agency can illustrate more of the actions and choices available to survivors while they engage with these systems. This information may be useful to other rape survivors to inform their choices about if and how they want to participate in these systems. In addition, sharing such information with rape victim advocates could assist them in their efforts to aid survivors' navigation of the legal and medical systems.

Moreover, this may provide the legal and medical systems with more strategies for facilitating survivor's participation in the system.

The purpose of this study is to answer two primary research questions: (1) what active processes do rape survivors engage in during the medical forensic exam and the early stages of the legal system in order to shape their experiences within these systems? and (2) to what end are survivors exerting their agency in their interactions with the legal and medical systems, or put another way, what do they seek to influence about their experiences with these systems?

Qualitative methodology will be used in the current study because it allows survivors to voice their experiences in the way they choose, which in itself is an expression of their agency. Qualitative methodology provides an opportunity for survivors to share their actions and experiences, as well as their construction of the meaning of those experiences with the researcher. This methodology is best-suited to exploring under-studied phenomenon and uncovering what processes it consists of, and how these processes unfold, and therefore is an ideal method for studying the processes of rape survivors' exertion of agency.

Method

Research Site

This study was part of a larger project that examined the impact of a Sexual Assault Nurse Examiner (SANE) program on a criminal justice system's response to sexual assault (see Campbell, Bybee, Ford, Patterson, & Ferrell, 2009). The SANE program is a part of a rape crisis center/domestic violence shelter located in a geographically diverse county in a Midwestern state. The SANE program began providing services in 1999 and since then, all hospitals and police departments in the county began referring all sexual assault survivors to the SANE program for medical/forensic services. The program is considered community-based because it is housed in a medical clinic building that is physically separate from the local hospital emergency department.

This program is similar to other SANE programs in the state in terms of services offered, size, and population served. A highly-trained forensic nurse is available 24 hours a day seven days a week to provide specialized medical/forensic services to survivors of sexual assault. In addition, victim advocates work in tandem with the forensic nurse, by providing crisis intervention, emotional support, information, and referrals to survivors and the friends and family who accompany survivors to the medical forensic exam. Also, survivors are referred to the umbrella agency for short- and long-term counseling, support groups, legal advocacy, and other support services.

Recruitment and Participants

The target sample for the study was adult female sexual assault survivors who (1) received medical/forensic services from the focal SANE program (2) were assaulted in

the focal county, and (3) reported the assault to the police. Participants were recruited through two primary mechanisms: prospective recruitment of survivors who received services during the course of the study, and retrospective community-based recruitment of survivors who had received services since 1999 (when the program opened).

For prospective recruitment, SANE program advocates were trained by the research team to provide survivors with basic information about the study. After introducing the study, they then asked the patient whether they were willing to fill out an "Agree to Be Contacted" Form (see Appendix A), indicating that they consented to have the research team contact them with more information about the study. The advocates were trained to emphasize that the survivor did not have to decide then whether to participate, but simply whether the research team could contact them regarding the study. The Agree to Be Contacted Form also asked the survivor to provide information that would allow the research team to contact them safely and in a manner that protected their confidentiality. Patients who agreed to be contacted were telephoned by a research team assistant, beginning approximately ten weeks after the date of the exam, which allowed time for criminal justice system contact. When the research assistant reached a survivor who was interested in participating, she assessed the progress of the survivor's case in the criminal justice system. If the survivor's case was completed, the research assistant scheduled an interview. If the survivor's case was still active, the research assistant maintained periodic contact with the survivor and waited to schedule an interview until the case had progressed further in the criminal justice process.

It was expected that prospective recruitment would not yield a sufficient sample size given the limited number of eligible patients who would likely be served by the

program during the course of the study; therefore retrospective recruitment was also utilized. The goal of recruitment was to inform *former patients* who met eligibility criteria about the study. It was not possible to contact former SANE patients using contact information from program records because it would have been inappropriate and potentially re-traumatizing to contact sexual assault survivors "out of the blue" about a study related to their assault. Therefore, in order to reach former clientele, the research team systematically posted fliers and brochures advertising the study across the county in locations where survivors might go in their day-to-day lives (e.g., laundromats, grocery stores, hair and nail salons), sent out recruitment mailings to community residences, and posted fliers and brochures at social service agencies, including the rape crisis center and domestic violence shelter. These advertisements and mailings provided information about the study, outlined the eligibility criteria, and encouraged eligible persons to contact the research team about the study via telephone.

Participant recruitment and interviewing continued until the sample size allowed for saturation, whereby the same themes were repeated, with no new themes emerging among participants (Starks & Trinidad, 2007). The final sample size was $N = 20$ participants (n = 10 recruited through each strategy), which is a reasonable size for a qualitative study examining phenomena in-depth (Creswell, 2007; Sandelowski, 1995).

The majority of participants were White (17 out of 20, 85%), which is consistent with the racial composition of the focal county. The participants ranged from 18-53 years old at the time of the interview. The majority graduated from high school (16 of 20, 80%), and 10% (2 of 20) had a college degree. Most of the women were raped by someone they knew. Eight (40%) of the twenty survivors were raped by a current or

former intimate partner, eight (40%) were raped by a non-intimate acquaintance, and four (20%) were assaulted by a stranger. Furthermore, for most survivors (11 of 20, 55%), their criminal justice cases were never prosecuted. Of the remaining nine survivors whose cases were prosecuted, five cases (5 of 20, 25%) resulted in a plea bargain or guilty verdict, one case was acquitted by a jury (5%), and the remaining three cases (15%) were pending trial at the time of the interview.

Procedures

All interviews were conducted by the Principal Investigator (PI) of the larger grant project and two highly-trained, female research assistants. Interviews were conducted face-to-face at the rape crisis center's counseling offices. The PI trained the other interviewers in qualitative interviewing techniques such as probing and building rapport, as well as responding to the participant's emotions, and attending to their own emotions to prevent burnout and vicarious trauma (see Campbell, Adams, Wasco, Ahrens, & Self [2009] for more details). Each research assistant also observed the PI conduct an interview. Throughout data collection, the PI and the interviewers held weekly meetings to monitor interviewing techniques and discuss emerging themes to explore in future interviews. Interviews typically lasted two hours, but ranged from 1.5 - 4 hours.

Prior to every interview, the interviewer and the participant went through the informed consent process. The interviewer's verbal introduction to the study and the consent form informed the participant about the purpose of the study, what participation in the study would entail, the anticipated risks and benefits of participation, measures taken to protect their privacy/confidentiality and their rights as a research participant, and

provided contact information for the Institutional Review Board (IRB) and the PI. If they agreed to participate, they were asked to sign the consent form and received a copy of the consent form for their own records.

The interviews were semi-structured, meaning that the interviewer was expected to cover the main substantive topics, but was free to vary the order of questions and probe as necessary to clarify participants' answers. Interview topics included the assault itself, and the survivor's experiences with the SANE program, police, and prosecutors (see Appendix B). The interview protocol was developed in four stages. First, the interview was adapted in part from a prior study, which was co-developed with advocates, rape victims, and community personnel (Campbell & Wasco et al., 2001). This formative work helped identify appropriate phrasing of the questions so that they were understandable and supportive to rape victims. Second, the literature on survivors' experiences with the legal and medical systems was reviewed to inform the development of the interview guide. Third, SANE nurses and rape crisis center staff provided feedback on the interview, which was revised accordingly. Finally, the interview was pilot-tested with five rape survivors to test the language/content of the questions, further the interviewer's training, and obtain feedback from rape survivors on the interview. These five pilot interviews are not included in analyses of the current study. At the end of the interview, participants received an informational packet on community resources and $30 as compensation for their time.

With the participant's permission, all interviews were audio-recorded and the tapes were fully transcribed. Each transcript was checked for errors by a research team member. All interview notes, tapes, and transcripts were stored in a locked file cabinet in

the locked university office. Interview notes, tapes, and transcripts were de-identified and linked by a unique research ID only. Original agree to be contacted forms and signed consent forms, which contain identifying information were stored in a separate locked file cabinet with a different key. Access to the file cabinets was restricted to the research team only. All procedures were approved by the Michigan State University IRB.

Data Analytic Plan

Patton (2002) outlined four main approaches to qualitative data analysis.[4] First, in phenomenology, the researcher seeks a deep understanding of the "essence" of a phenomenon as it is understood by the people that experience it. In this approach, the analyst must set aside her/his own values and predispositions, in order to understand the participant's subjective understanding of the problem. By contrast, the second approach, grounded theory, seeks to develop a theoretical framework that explains a phenomenon. Third, qualitative comparative analysis is characterized by repeated comparison of pairs of cases in order to reduce large amounts of qualitative data into summaries of the attributes of specific cases. The fourth approach, analytic induction, requires the analyst to engage in an inductive process of close examination of the data to develop assertions, or preliminary hypotheses, that seek to explain the data. The assertions are tested and modified until they are fully supported by the data.

The guiding approach for the current study was analytic induction (Erickson, 1986; Robinson, 1951), which was selected because it moves the analyst beyond descriptive analyses (more typical in phenomenology and comparative analysis) to *explaining* the phenomenon of interest (similar to grounded theory). The research

[4] To clarify, Patton was referring specifically to data analytic strategies, not qualitative methods for data collection or theories of qualitative inquiry.

questions to be examined in this study certainly contain descriptive elements (particularly the second question on what survivors seek to influence about their experiences with these systems), but the first question focused on explaining how agency manifests in survivors' experiences with the legal and medical systems. Grounded theory is not an appropriate choice for this study because it would be premature to try to build a *theory* of agency in the context of rape survivors' post-assault community experiences with the legal and medical systems. Identifying and empirically testing qualitative assertions (aka hypotheses) seems more reasonable for exploratory work on such a novel area of inquiry in sexual violence research. Furthermore, analytic induction recognizes that the qualitative researcher cannot approach the data with an entirely open-mind, free of any preconceptions or value systems affecting his or her beliefs about the data. Rather, these influences are tempered by the dedicated search for inadequate support for the analyst's conclusions and a rigorous process of continual refinement of the assertions.

Analytic induction begins with a guiding definition of the phenomenon to be explored. In this case, the operationalization of agency presented in the current study was used (see page 26). Next, the analyst develops preliminary hypotheses, or assertions, to explain the phenomena of interest. Once a preliminary set of assertions has been developed, the analyst re-examines the data, purposively searching the data for the following types of inadequate evidence for an assertion, as outlined by Erikson (1986): an inadequate amount of evidence; inadequate variety of types of evidence; faulty interpretation of the data; inadequate opportunities for disconfirming evidence; inadequate discrepant case analysis. When the analyst believes that there is inadequate evidence for an assertion that has been made, the analyst will modify or discard the

assertion. The process of modifying assertions, testing the new assertions for inadequate evidence, and modifying them again will be repeated until the analyst believes that only well-supported assertions remain.

In this study, the analyst began by systematically chunking the data thematically, consistent with Strauss and Corbin's (1990) open coding and Miles and Huberman's (1994) data reduction methods. This step was used to enhance the initial phase of analytic induction, drawing assertions. The themes that emerged based on the initial coding were developed into the initial assertions that sought to address the primary research questions. The use of coding to develop the assertions ensures that these preliminary hypotheses are grounded in a close, systematic examination of the data. Then, the primary analyst worked together with her advisor, the secondary analyst, to test these assertions. Once the primary analyst developed a set of assertions, the primary and the secondary analyst independently examined the assertions for Erickson's types of evidentiary inadequacy and then met to discuss and come to consensus upon the problems that needed to be addressed. The primary analyst then developed a new set of assertions based on re-examining the data. This was an iterative process, and both analysts examined several drafts of assertions. This process continued until both analysts felt that the final assertions were well-supported. An "audit trail" of the progression of the assertions is provided in Appendix C. These assertions were expanded into the four key findings of this study, which are presented in the next section.

Results

Overview

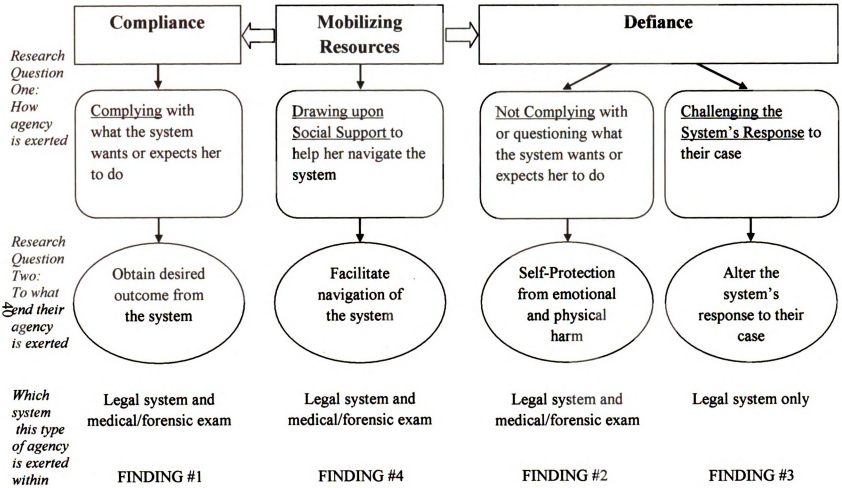
Survivors' agency in their interactions with the legal and medical systems manifested in four key ways (Research Question 1). First, survivors expressed their agency by *complying with the system*, which occurred when they purposefully chose to participate as expected of them by social system personnel. Second, survivors expressed agency by *defying the system through non-compliance* when they chose not to participate in the way in which the system expected them to act. Third, survivors *defied the system through challenging* how social system personnel were handling their case. Finally, survivors *mobilized resources*, specifically by gathering emotional and informational support to draw upon during their interactions within these systems. They used these resources to facilitate their interactions with these systems, as well as to enable their expressions of defiance and compliance. It should be noted that these types of agency were not mutually exclusive. The same woman may have engaged in all four types of agency (compliance, defiance through non-compliance, defiance through challenging the system, and mobilization of resources) during her interactions with the legal and medical systems.

How survivors expressed their agency was directly related to what they were trying to achieve within their interactions with these systems (Research Question 2). Survivors who complied with the system did so because they were trying to obtain a desired outcome from the system (the specific outcome that was desired varied across survivors). Survivors who defied the system by not complying with what the system expected of them did so to protect themselves from further emotional and physical harm.

Survivors who defied the system by challenging how the system was handling their case did so to try to change how their case was being handled by social system personnel. Finally, survivors who mobilized social support did so in order to facilitate their navigation of the legal and medical systems. This enabled them to exert their agency in other ways (i.e., engage in acts of defiance and/or compliance). Figure 1 presents a visual overview of these findings.

The results of this study are organized by type of agency exerted rather than by research question because the way in which survivors exerted agency (Research Question 1) was interdependent with the particular aim they were trying to achieve (Research Question 2). This integrated approach to presenting data is consistent with analytic induction, which requires the analyst to create a holistic set of assertions or findings that explain the phenomenon of interest. The presentation of each of the four types of agency will begin with a brief overview of the type of agency and the ways that this type manifested, supported by quotes from participants. Next, what survivors were trying to achieve through this type of agency will be described, again supported by narrative illustrations. Finally, each finding will be interpreted and connected to the broader concept of survivors' agency.

Figure 1: Survivors' Agency within the Legal and Medical Systems



Finding One: Compliance with the System

Compliance with the system was a common way in which survivors exerted agency during their interactions with the legal and medical systems. In order to successfully prosecute sexual assault cases, the legal and medical systems need survivors to participate in various systems processes such as the telling of what happened during the assault (typically during an initial interview with a detective), the medical forensic exam, and the ongoing investigation of the case (P. Martin, 2005). For some survivors, complying with these systems expectations and demands was a purposeful, agentic act. These survivors participated because they wanted to, not because of pressure from system personnel or because they were swept up into the system and never had the opportunity to make a conscious decision to participate.

For instance, a woman who was raped in her home by her ex-boyfriend described cooperating with the system by preserving evidence before the police arrived. She understood the expectation and demand for evidence, so she took active steps to be able to provide that evidence:

> *[as the police arrived, they said] "OK, this is where it happened? Were those the clothes you were wearing? Have you gone to the bathroom?" You know, just asking me questions to see what I had done. I told them I hadn't done anything, I'm a nursing student, I know better. If I wanna get him, I can't take a shower, I can't wash my hands, I can't clean myself up at all...It's evidence...And I'm not gonna get rid of that [4127].*

The survivor anticipated that the legal system would need forensic evidence of the assault and made a conscious effort to cooperate by preserving any evidence.

For other survivors, compliance went even further than understanding the system's needs and choosing to meet them. For them, compliance was a conscious choice to submit to anything and everything that social system personnel asked of them. They

believed that if they were going to engage with these systems at all it would be best to comply with everything that was asked of them. This was the case for a woman who survived a stranger rape, who said this about her forensic exam:

> *If you want this to be taken care of, you're not going to tell them no. They're not going to hurt you. You know that [4129].*

This was similar for another survivor who was initially hesitant about reporting because the man who raped her, her neighbor, was moving away, but decided to comply fully after discussing the decision with friends:

> *Well the minute I called the police, might as well go through the whole thing. I'm not going to let this son of a bitch stop me. I'm just going to go for it [4111].*
>
> *I just went through the flow. They told me what to do, they would come to the house and give me the court papers, okay, I'd do it. You know, once I called the police and then [name of SANE program], it was a commitment to myself and for other people to not have that happen to again [4111].*
>
> *And like I said, I didn't want to do this, but I'm going to do it, I'm going to do it. And so I did what everybody told me to do and how to do it and when to do it [4111].*

As these quotes illustrate, some survivors committed themselves to complying with the system fully: they made an active decision to allow the system to take over. But, others exhibited compliance by doing only some of what was expected of them. These survivors were compliant during some systems processes and non-compliant during others (e.g., a woman who was not fully compliant during the interview with detectives but was compliant during the forensic exam).

Survivors who engaged in compliance with the system did so because they believed compliance was the best strategy in the pursuit of their own ends. Typically, survivors were trying to achieve (or receive) some form of justice, usually punishment and/or treatment of the rapist and preventing him from harming other women. For

example, a woman who was raped by a neighbor described why she chose to get a forensic exam:

> *I knew I had to get this man off the street, and I knew that if I was gonna get him off the street, then they were gonna have to tell 'em all the evidence that my body could provide whether it was the pictures or whether it was DNA results, whatever it was that, I knew that that's what I had to do [4108].*

This survivor perceived that in order to achieve the outcome that she wanted—getting the rapist off the street—she needed to comply with the system by going through the forensic exam in order to collect evidence of the assault. A woman who was raped by her ex-boyfriend in her home described why she was willing to let the police take her personal items:

> *I told them they could take my bedding if they wanted to...They said, "Can we take your clothes for evidence?" I said, "Go ahead; go for it. Take whatever you need to take to put him away and to prove it." Because it's the one thing that's left. If that one thing that will keep him out of jail if I don't give it to you, then I don't want to do that. I want to give you everything to keep him in there. [4127].*

She complied with their request to take her clothes (and any other evidence that they could find) because she believed that evidence could help to keep the rapist in jail, which was the outcome that she sought to achieve.

In sum, survivors who engaged in compliance were active participants in their cases. Rather than finding themselves swept up into participating because of the momentum of the system, these women actively chose to cooperate with what the system wanted from them. They recognized that the system held the power over what would happen to their case, and they believed that the best way to get what they wanted from the system was to do what it asked of them. In this way, their cooperation with the system was a means to an end: increasing the likelihood that they would get what they desired from the system.

Finding Two: Defiance through Non-Compliance

In sharp contrast to compliance, a second way in which women exerted their agency was to defy the system by choosing *not* to comply with the system's expectations. Again, the legal and medical systems rely upon survivors' participation in order to process cases—they need survivors to participate in the detective interview, forensic evidence collection, and so on. (P. Martin, 2005). Sometimes, survivors refused to do something social system personnel asked of them. For example, a woman who felt the police did not believe her refused to turn over her computer to a detective when he requested it as part of the investigation of her case because she believed they were trying to show that she was trying to set up her ex-husband, the rapist [4125]. Another woman who was raped by a friend refused to pay to take a lie detector test [4107]. Each of these survivors was unwilling to do something that the system wanted her to do during the investigation of her case.

In other instances, survivors did *what* the system wanted them to do, but expressed their defiance by not doing things *how* social system personnel wanted them to. There are a variety of expectations (some spoken, some unspoken) about *how* survivors should participate in each of these parts of the process. For example, during the initial interview with the detectives, woman who have been raped are asked to tell their story in detail, and are often expected to be willing to re-tell their story multiple times and answer every question the detective poses, all the while being entirely honest. Some survivors exerted their agency by resisting these expectations and instead, participated "on their own terms." This is illustrated by a woman who did not disclose all of the details of the

assault during her first interview with the detective, even though she knew that the detective wanted her to do so:

> *You know, like, it was just like the whole night he [the police officer] was ask me questions, and I don't want to answer everything. He just couldn't understand that. I wasn't comfortable. There's things that I just didn't want to talk about and he held that against me....Well, he [the officer acted like] my whole story was a lie because I didn't tell him everything the first time [4107].*

Even though she did participate in the interview with the detective, this survivor showed defiance by not fully disclosing everything that happened to her even though it was clearly expected that she would do so.

Some survivors exhibited defiance through non-compliance by questioning why the system expected them to participate in a certain way. They did what they were expected to do, because they believed that they were required to do so; however, they showed defiance by questioning why the system wanted them to participate in that way. For example, a woman who was raped by her live-in boyfriend/father of her children was told by the police and the Emergency Medical Technician (EMT) who responded to her 911 call that they *had* to press charges and therefore she *had* to get a forensic exam and *had* to get pictures taken of her genital region by the EMT. The survivor wanted neither the exam nor pictures taken, but she did not believe that she had a choice to refuse to participate. So, rather than refusing, she questioned why social system personnel were subjecting her to these actions:

> *[Name of children's father] and I had spent the entire day together...We had had consensual sex [prior to the assault] that day...and it's like they [either the police and/or the responding emergency medical technician, unclear] wanted me to go have a rape kit done that night, and I'm like, "What do you think you're gonna find? I'm telling you I had sex with this man earlier this afternoon. It was completely consensual...They [the police and/or the EMT, unclear] wanted me to go to the SANE Clinic, they wouldn't let me take a shower, which I thought was, again, was*

> *ridiculous, since he's the father of my kids, you know, I didn't understand that. I would know if I was hurt down there, and most of the assault to my body, not private area, you know, and the taking of pictures of down here, I didn't think that was really necessary. That was pretty humiliating...But she [the EMT] said she had to do it. I'm like, "Why do you have to do that?" [4109]*

And later in the interview, while discussing the SANE program, the same woman said:

> *I asked her [the nurse], and she's getting ready to do the vaginal exam, "I really don't understand why you have to do this, you know, especially cuz I'm telling you we had sex that day, we had sex Friday..." So I just, I don't feel I should have gone through that, you know.*

The survivor ultimately participated in the way in which she was expected to by submitting to the exam and the pictures, but she was noncompliant because she questioned their expectations for her behavior.

Survivors used non-compliance for self-protection. They perceived that whatever the system wanted or expected them to do was potentially harmful to them in some way, and they sought to protect themselves from that harm. In some instances, survivors were non-compliant in order to protect themselves from *emotional* harm. The woman in the previous example questioned the EMT and the nurse in an effort to protect herself from the pictures and the medical forensic exam, which she described as "embarrassing" and "humiliating." Another woman who was 18 years old when she was raped by a former friend waited a few days to contact the police because she was afraid they would not believe her. After she told them that she had been assaulted, she agreed to tell them about the assault in detail, but refused to do so in person because she believed that would have exacerbated the trauma she had already experienced:

> *When I first went in there, I just told them I just wanted to report the rape, said that I was too traumatized to give the whole detail before so the officer told me what I could do, and they gave me a couple sheets of paper to take home and write out the details in a report so I did that...*

Interviewer: So you told them you were too traumatized to talk about it then and there, right? And how receptive were they of that?

Kind of pushed me at first to do it and I said no and then they did offer me to take it home [4114].

In this way, the survivor protected herself from the emotional trauma of discussing the details of the rape with the officer. While this survivor (and others) sought to protect herself from emotional harm, one survivor engaged in non-compliance in order to protect herself from *physical* harm. She was drugged and raped by the friend of her ex-boyfriend and believed that her ex-boyfriend had set her up to be assaulted. She received threatening calls from her ex-boyfriend telling her not to talk to the police. Although the police had already been contacted, she and her parents decided not to comply with the police investigation in order to protect her from retaliation. Specifically, even though the survivor knew the exact location of the assault, she told the police that she did not remember where it occurred so that they would drop the investigation:

So we decided not to press charges and we didn't even tell the police that I knew where I was [at the time of the assault]. I just said, you know, I don't know, I remember being in [Name of City/Township] and that's kind of where we ended, there was no more investigation because I was too afraid that he [the ex-boyfriend] was like, going to kill me [4119].

By withholding information about the location of the assault, the survivor did not comply in the way in which she was expected to, and in doing so, sought to protect herself from potential physical danger.

Overall, survivors' refused to comply fully with the systems' expectations in order to protect themselves from further harm. This constitutes defiance because of the power dynamic between system personnel and survivors. Medical and legal system personnel have the expertise and authority to decide how a case is to be handled (P.

Martin, 2005). By questioning and failing to comply with expectations surrounding their participation, survivors rejected what the system wanted them to do and instead pursued an alternate course of action (non-compliance) which they engaged in for their own purposes (self-protection).

Finding Three: Defiance through Challenging the System's Response

Survivors exhibited defiant agency through non-compliance, but also showed defiance by challenging the system's response to their case. This manifestation of defiant agency is quite different from the finding described previously in that in these instances, survivors were actively trying to shape and control how the system was responding to their case. These survivors were dissatisfied with the system's response to their case in some manner, and were trying to change the course of action. In this study, such defiant agency did not occur during the medical forensic exam; it only occurred when survivors were unhappy with some aspect of the legal system's response to their case (e.g., failure to send their case on to be prosecuted, lack of effort put into investigation of the case, failure to keep the survivor informed about the status of her case). Survivors saw that legal system personnel were engaged in a particular course of action (or inaction) surrounding their case, and they actively tried to influence what was happening by challenging the system.

Some survivors confronted the system by contradicting social system personnels' actions. For example, one woman was raped in her home by long-term live-in partner who had been abusive previously. The police wrote in their report that the survivor said that she cried out to her children for help during the assault. The woman confronted the officer because she felt that those statements were inaccurate:

I don't, he was the one that printed the statement. I was a little upset about some of the things he put in there. When I asked him about trying to call my kids for help, and he said, "Well, even if you didn't..." I said, "But I didn't say!" To me that's a lie, you know [4109].

This survivor exerted her agency by contradicting the inaccurate statements made in the police report. Although the police officer was the one with the authority to complete the police report, she challenged him for including a statement in the report that she believed to be false. Another woman also confronted police officer for acting in a way that she believed was unfair. She had been raped by her ex-boyfriend who was still living with her at the time of the assault. The officers appeared to believed her rapist and implied that what happened to her was consensual, or at the very least her fault. She described confronting them for questioning her story:

They're like "well, didn't you have some part in it?" Or, "he's saying that you said this, that and the other thing." I said, "Does it matter what he says? Why are you asking if what he's saying is true? It doesn't change what he did" [4127].

This survivor confronted the officers for questioning her involvement during the assault and for focusing on what the rapist said had happened. She questioned and argued with what they were saying to her.

Survivors also confronted the system by arguing with the system's justification for action and/or inaction, most commonly by challenging the system's rationale for dropping their case. For instance, a woman who was raped by a neighbor who was about to move away, challenged the police for waiting to apprehend the suspect:

So, the detectives asked me all kinds of questions and I kept telling them, you know, if you don't get down there, he is going to be gone [4111].

She urged them to do what she wanted—to search for the rapist while they knew where he was. Another woman who was raped and drugged by her ex-husband, challenged the

detective for accusing her of lying about blacking out and telling her that she "did not have a case:"

> *And he [the detective] said, "well you don't have a case."*
>
> *Interviewer: He told you straight out?*
>
> *Yeah, he said, "You don't have a case. You never blacked out." I said, "Excuse me?" I said, "I told you this, this, this," you know. "Well, you don't have a case." I said, "How long exactly, Detective [name], have you been a detective?" He says, "Well, I, I ask the same questions now that I did when I was a street cop." I said, "Oh, you do. How long exactly, Detective [name], have you been a detective? Well, ah, ah, a couple months." I said, "How many rape cases have you worked, Detective [name]?" "Well I have 12 out there on my desk." I said "You do, do you? So your sum total of experience is a couple of months and 12 rape cases and you are going to tell me, I don't have a case!"... "Okay, fine, Detective [name]. Show me the evidence, show me the lab results." [4125]*

She confronted the response by questioning his assertion that she did not have a case and suggesting that he did not have adequate justification for that assertion because of his lack of experience and his failure to get the results of the analyses of her blood work. This survivor also repeatedly contacted the detective, and eventually the detective's boss, in an attempt to get them to provide her with her lab results

In addition to directly confronting the system's response to their case, some survivors challenged the legal response by monitoring how their case was being handled. In this type of challenging, they were trying to "keep tabs" on what the system was doing. These survivors felt that the system was failing to keep them adequately informed about their case and they challenged that course of action by asking system personnel for the information they wanted, such as what was being done to detain the suspect, what actions were being taken to investigate the case, what evidence had been found, and whether their case was being referred onto the prosecutor's office. These women had to repeatedly follow-up with the system in order to monitor how their cases were being

handled. One survivor who was raped by her ex-long term abusive partner challenged the system's failure to provide her with information about the results of her rape kit:

> *I called the detective...Yeah. She never called me back. Even now, I try to get results to the rape kit but she still hadn't call me back [4124].*

This survivor tried to monitor the system by calling the detective and trying to get the results of her rape kit.

By monitoring the system, survivors were attempting to stay informed about what was happening to their case. When a survivor was successful in getting the information she sought, this enabled her to challenge the response to her case in other ways if she was dissatisfied with what she found out the system had been doing and not doing. In one example, a woman was trying to monitor the system's attempts to re-arrest her rapist (who had been apprehended, but was released because the police officer failed to file the correct paperwork in time). She kept tabs on the police officers in order to stay informed about whether the suspect was back in custody, and questioned why they were not doing more to re-arrest the suspect:

> *You know, don't make me have to call the Police. I'm sitting there calling that night. I'm calling the next morning wanting to know what's going on...What's going on? I'm going, Oh my God, he's contacted someone else I know. Does this mean he's going to contact me next? You know? I'm flipping out and you know, when you call them, They're like, well you're going to have to wait until the morning in order to talk to the detectives. I'm like, I'm sorry, aren't there people who are supposed to be on this case 24/7 because this guy's on the loose?...Can't you transfer me to somebody who's working, trying to find him right now? Because I have a contact for somebody that he just called which means that if you get the records, you can subpoena them. And granted, you're not going to get a judge at 2 in the morning, I don't care. But you can! I know it's possible. There's on-call judges, just as there's on-call police, on-call nurses. There's somebody on call. And I'm sitting there going, And you can't transfer me to somebody because I have a lead on a case that I'm involved in, because I'm being contacted about this case? [4130].*

This survivor monitored them and questioned and challenged their failure to have someone available who was out looking for the suspect, who could use the information that she was trying to provide (the suspect contacted a mutual acquaintance) to help in their search for the rapist.

Survivors who used defiant agency to confront and/or monitor the system were doing so in an attempt to shape how the system was handling their cases. For example, a woman who was raped by her ex-boyfriend challenged the system to try to get them to charge her rapist with criminal sexual conduct, not just domestic violence:

> *I called the [name of] Police Station to find out what he was being charged with and they said he's being charged with domestic violence right now. It was the detective who was working my case. And he goes, "Oh yeah, you're the girl that slept with him within a couple of days of the rape happening." Oh yeah. "He got charged with domestic violence." I said, "well, why?' He goes, "Well, the evidence I guess leads them to believe you were consensual so we're charging him with domestic violence." I said, "well why, why are you charging him, that doesn't explain it." And he goes, "Well, you slept with him within 4 days; that's a little hard for prosecuting to prove you weren't consensual, isn't it?" That's where a lot of the cold I think settled in because he just being like, nasty with me. I said, "well he raped me, shouldn't he be charged with some kind of CSC for this." And he goes, "Well, they just don't think that there's enough evidence" [4127].*

She confronted the system by questioning their decision and making it clear that she felt another action should have been taken. She wanted the system to ask for criminal sexual conduct charges and not define her experience as an instance of domestic violence.

Another survivor, whose case was ultimately dropped, challenged the system through monitoring her case in order to get the system to keep her informed about what was happening to her case:

> *I don't know if he [the rapist] ever took one [polygraph]. They never told me anything. I called so many times, and they just never told, and finally they just said there wasn't enough evidence. They should have just told me that from the beginning.*

Interviewer: It sounds like you were kept out of the loop basically about your case. You weren't getting information. Would that have helped, to know what was going on?

Mm eh [yes].

Interviewer: How would that have helped you?

'Cause I would have known. I wouldn't have to call every single day over and over again trying to find out. I don't understand why he just didn't tell me. It didn't make any sense, whether they weren't working on my case, I don't know, but I felt like I had a right to know, what they were doing, what was going on, and if they found anything. They never found anything out [4107].

This woman kept following-up with the police in an attempt to get them to provide her with the information she sought, because she felt that she had a right to know how her case was being handled.

Survivors challenged the legal system when they were dissatisfied with the response to their case and wanted the system to alter that response. Challenging the system by directly confronting and/or monitoring the system constitutes defiance because the system is not accountable to survivors and does not provide a mechanism for survivors to provide feedback about the handling of their case[5] (P. Martin, 2005). Survivors refused to accept the system's lack of accountability and pushed back on the system to be responsive to their needs.

Finding Four: Mobilizing Resources

Some survivors exerted agency by mobilizing resources which they utilized during their interactions with legal and medical system personnel. Specifically, survivors drew upon family and friends as sources of informational and emotional support. They

[5] Typically, survivors are not provided opportunities to have input on their case. However, some survivors in this study were offered the opportunity to decide *not* to press charges.

purposefully sought out these resources to help them as they navigated these systems. In turn, the information and emotional support they received enabled them to exert their agency in other ways (in acts of compliance and/or defiance, described previously).

Survivors who mobilized *informational* support sought information about the legal and medical systems and about the specifics of their case. They talked to friends and family and conducted their own research to gather knowledge they needed to inform their interactions with the system. For example, several women discussed the forensic exam with friends and family in order to get a better of sense of whether it was something they wanted and needed to go through. The woman in the following quote was raped by someone she had just started dating, and was initially unsure about whether she wanted to go through with a forensic exam:

> *And with my friend's sister being a nurse, she was like, 'You need to have it done.' I'm like, I'm very, you know, 'why?' And she's explaining it to me. 'Well you know, she's like, if you want to prosecute him. If you want further action to be done. If you want the justice system, you're going to have to at least step up for something.' She was very calm. Since she been through it she was like, 'I know what you're going through and the thoughts that are going through your mind.' She's like, 'but even if you don't have the exam done- make sure that there's no damage done, make sure there's nothing done, you know, because if something comes up later, at least you have this done and nothing you have to worry about [4130]."*

This survivor was able to discuss her decision about the exam with her friend who had knowledge about why a forensic exam could be helpful. The same survivor got help from a friend to find out whether the rapist was arrested:

> *Over the weekend, I had done some of my homework, you know, making sure that he had been arrested. I had a friend who kind of knew, he was around trying to get the information. I've never done that kind of thing before, you know? I'm sitting here, 'Yeah, I just put a guy in jail, how do I find out, I just pressed, I just had this guy, you know, his home searched, how do I find out if he's in jail or not.' [4130]....*

> *And he's just been really good with me on that and making that, you know, that I understand different things, or you know, making the phone calls for me to see. And he called and found out that he was being held, which was violation of his [the rapist's probation]. Then we went through and he helped me to figure out how to find a court site so I can go on and see his [the rapist's] record in our county [4130].*

Her friend helped her learn about how to obtain information about the status of the suspect in her case. Both of these examples illustrate how survivors sought information from family and friend, which they used to inform their interactions with legal and medical system personnel.

Some survivors also utilized *emotional* support to deal with the emotional difficulty of engaging with these systems. These women discussed asking family and friends to accompany them during parts of the process that they perceived as hard to endure, such as the forensic exam:

> *"[after reporting the assault] The only person I really wanted to see was my husband [4121].*
>
> *I called my Mom. She didn't know anything about what happened. I just told her that she needed to get to me real quick [4129].*

The survivors choose to seek emotional support from their family and friends to help them cope with their interactions with legal and medical system personnel.

Survivors mobilized both of these types of resources (informational and emotional support) to facilitate their navigation of these systems. The *informational* support that survivors drew upon helped them decide when to engage in different expressions of agency- when to comply and/or defy the system. For example, one woman conducted research and talked to friends about date rape drugs in order to enhance her understanding of what happened to her during the assault, and subsequently what she felt needed to be

done to investigate her case. In turn, this informed her defiance of the legal system through challenging the response to her case:

> *I'm asking for those results [of her blood work testing for date rape drugs] and I'm not getting anything. But his [the detective's] comments to me were if there was anything in your system [the hospital] would have found it. 'There would have been some traces according to their nurses, there is always a trace of something else that they find.' I [the survivor] talked to those exact same nurses and those exact same nurses told me no, they are not going to find nothing unless they test for a specific drug. Then I called on of my aunt's best friends who is an RN and she said, '[survivor's name], unless they test for this specific drug, they may or may not find anything unless they test for that specific drug [4125].*

This survivor utilized the information that she was gathering to understand how her blood work needed to be processed which prompted her to challenge the detective for failing to get the lab work analyzed for specific date rape drugs.

Whereas informational support shaped how and when survivors exerted their agency, *emotional* support helped survivors to cope with the challenges of engaging with these systems. The emotional support they received helped them to cope, which allowed them to choose the course of action they wanted to pursue rather than choosing a course of action based on whether they could cope with it emotionally. For example, a 23 year old survivor who wanted her mom with her during the forensic exam and the interview with the police explained why it was important for her to have her there:

> *Because when you, when your body has been violated it's everything; it's an emotional, mental, just disruption...You need to be with people that you feel safe, that love you, that you know will never hurt you; that you know are going to be there for you, you know...It's what YOU need. It's not what the cops need at that point. And if the cops want what they need, then they need to be able to allow you to have what you need to make it easy [4129].*

The survivor felt that she needed her emotional needs met, specifically having her mom there to help her feel safe and comforted, so that she could deal with the police.

In sum, survivors exerted agency by mobilizing resources, specifically social support. When faced with the challenges of navigating the legal and medical systems, they made a conscious effort to seek help in the form of informational and emotional support to assist them during their interactions with legal and medical system personnel. This was agentic in its own right, but also the other forms of agency: compliance and defiance of the system.

Discussion

This study examined how and why survivors exerted their agency during their interactions with the medical and legal systems. The study replicates previous studies (e.g., Frohmann, 1998; Konradi, 1996a, 1996b, 2007; Konradi & Burger, 2001) that found that rape survivors do indeed express agency in their interactions with social systems post-assault. This study builds upon prior research by illustrating four overarching, active processes that survivors engage in during their interactions with the legal and medical systems: compliance, defiance through non-compliance, defiance through challenging the system, and mobilization of resources. Furthermore, the study contributes to the existing literature by examining the purposes behind survivors' expressions of agency. They engaged in compliance in hopes of increasing the likelihood that their case would be prosecuted successfully, exerted defiance through non-compliance as a form of self-protection, expressed defiance by challenging the system in order to change the legal system's response to their case, and mobilized social support to facilitate their interactions with these systems and to enable their other expressions of agency.

Two key studies (Frohmann, 1997 and Konradi, 2007) previously addressed survivors' agency during their interactions with legal personnel by studying survivors whose cases were prosecuted. They found that survivors expressed agency during the investigative process by participating in evidence collection, responding to investigator's requests, and taking the initiative to contact police about their case. Furthermore, survivors' engaged in a variety of strategies during the latter stages of prosecution, which they used to enhance their abilities to testify as witnesses. Finally, survivors participated

in plea bargaining and sentencing by attending hearings, providing input about the outcomes they desired and testifying. These studies provided a great deal of insight into the agentic behaviors that women engaged in during the final stages of prosecution.

A key contribution of the current study is the in-depth focus on survivors' agency during the *initial stages* of the legal system process. Although Konradi's (2007) research touched upon this early phase, her work is best known for the rich description of survivors' participation during the prosecution of their cases. In contrast, this study focuses exclusively on the initial stages of case processing, from the initial report and the medical exam through the investigation phase. The current study's findings provide substantial evidence of the variety of ways in which survivors express agency during the legal system soon after the assault occurs, when they are in the midst of the initial crisis and trying to cope with the trauma of the assault. They actively attempt to influence the response to and outcome of their case, and in addition, tried to protect themselves from further harm even during their earliest interactions with the legal and medical systems.

In addition, this study builds upon prior literature by expanding our understanding of how agency is expressed and why. Previous studies primarily focused on agentic acts that would be characterized as compliance or mobilization of resources, which survivors engaged in to move their case forward in the legal system. Konradi's work makes cursory references to acts that constitute defiance and behaviors that survivors engaged in to protect themselves from further harm, the examination of these ideas was limited. The current study expands the literature by providing a detailed analysis of multiple ways that survivors defied the legal and medical systems (defiance through non-compliance and defiance through challenging the system) and gives a full examination of survivors'

attempts at self-protection. While the broader literature on sexual assault case prosecution tends to focus on survivors as resources to the legal system who aid in the successful prosecution of a case, this study highlights that this is an incomplete picture of the ways that survivors respond to the legal and medical systems. Survivors also act in ways that are in opposition to the system's goals in order to pursue their own ends. These findings underscore the strengths of survivors by illustrating that they are not only willing to pursue their own ends when their agendas match the goals of system personnel, but also when their agendas are in direct opposition.

Furthermore, this study addresses a gap in the literature by sampling survivors whose cases were never prosecuted. As such, this study shows how survivors take action upon learning that their cases were being dropped. Perhaps more importantly, survivors whose cases do not move past the investigative phase may have very different experiences throughout their interactions with the legal and medical systems. Prior research has shown that police and prosecutors treat survivors differently when they intend to drop their cases (Frohmann 1997; Patterson, 2008). While legal system personnel sought to enhance the participation of survivors whose cases reached the final stages of prosecution, they took actions that hindered and failed to encourage the participation of survivors whose case did not move forward (Frohmann 1997; Patterson, 2008). Given that survivors whose cases do not move forward express their agency in response to very different circumstances, it is important to study their agency as well as the agency of those whose case are prosecuted. By including the agentic experiences of these women as well, this study advances a more comprehensive examination of survivors' agency.

Finally, a key contribution of this study is the conceptualization of survivors' agency within the legal and medical systems as a *process*. Prior studies identified isolated *behaviors* that survivors engaged in (such as preserving evidence while waiting for police to arrive, contacting police during the investigation) during specific parts of the legal process (e.g. the detective interview). This study examined agency not as a set of unrelated behaviors, but as four key processes (compliance, defiance through non-compliance, defiance through challenging the system, and mobilizing resources) that survivors engage in throughout their interactions with the legal and medical systems. Each of these processes encompasses a variety of behaviors that work together in survivors' pursuit of a specific goal (to shape the outcome of response to their case, facilitate their interactions with the legal and medical systems, or protect themselves from harm). This way of examining agency is advantageous for two reasons. It *explains* the process through which survivors' agency is enacted in the medical system and early stages of the legal system in a way that transcends the specific parts of the process, and it explains how the processes that survivors engage in relate to the aims that they are trying to achieve during their interactions with the legal and medical systems.

Limitations

This study has several limitations that temper the strength of the conclusions that can be drawn from this research. This study focused on the experiences of rape survivors who had medical forensic exams in a SANE program. The SANE model of service delivery is very different from traditional hospital emergency department care for sexual assault survivors. SANE programs are more likely to provide comprehensive services including and less likely to engage in secondary victimization. In this study, survivors

were mostly satisfied with their experiences at the SANE program (see Campbell et al., 2009), which may explain why survivors did not engage in defiance through challenging the system's response during the medical forensic exam. However, this type of agency might have occurred if the sample included survivors who were dissatisfied with the services they received and/or the way that they were treated. Studying survivors who received traditional ED care was outside of the scope of this project, but future research should compare and contrast survivors' expressions of agency in SANE programs and other medical service settings.

Furthermore, this study is about the dynamic interplay between survivors and systems, specifically how survivors navigate these systems, but data were collected only from the survivors. The nurses and police officers who interacted with the survivors in this sample did not have an opportunity to voice "their side of the story." They may have had different recollections or opinions about what happened. Although this may have provided triangulation and perhaps a more complex view of what actions survivors and systems personnel engaged in, these data still can address the key focus of the study: *survivors'* agency. The key goal of this study was to understand survivors' subjective perceptions of the legal and medical systems because those perceptions (whether system personnel would have agreed with them or not) influenced their choices and thus the ways in which survivors expressed their agency.

Another limitation is that 85% of the participants in this study were White. Although this is indicative of the racial make-up of the focal county (over 85% White), the experiences of women of color are underrepresented in this sample. Research has shown that women of color have different post-assault help-seeking experiences (e.g.

Ullman & Filipas, 2001b), which may in turn influence how and why their agency is expressed. For example, in addition to other forms of secondary victimization, rape survivors of color may also face racist treatment by systems personnel. It is likely that these types of experiences would factor into how and why they would choose to express their agency. It is therefore important that future research study rape survivors' agency in more racially diverse samples, in order to fully capture the range of women's experiences.

It is also important to note that this study was drawn from a larger project on survivors' help-seeking and experiences with the legal and medical systems. If understanding survivors' agency had been the primary purpose of the study, survivors would have been asked more systematically about their actions during the system and their actions to facilitation their interactions with the system and the reasons behind those actions. However, the data still support the existence of the four key types of agency and it seems likely that having more data would only have uncovered more variations of each of the overarching types of agency, rather than altering the major framework of compliance, defiance, and utilization of resources.

Implications for Practice

The findings of this study have a variety of implications for individuals and settings who work with rape survivors. This section discusses implications for the work of advocates (who help rape survivors to navigate the legal and medical systems), and nurses and police officers.

In many communities, rape crisis centers have rape victim advocates who are available to provide information, resources and referrals, and crisis counseling/social

support to survivors after the assault. Medical advocates can accompany survivors to the hospital or SANE program and can also advocate for the survivor during the exam when they feel that she is not receiving the services that she desires, or is not being treated appropriately. In addition, advocates may be able to attend various parts of the legal process with the survivor in order to provide emotional and informational support, and advocate on the survivor's behalf if there is concern about the system's response (Campbell, 2006; P. Martin, 2005). In short, the advocate's role is to support and assist survivors as they navigate the legal and medical systems. As advocates being working with a survivor who is about to have contact with one of these systems, advocates could use the results from this study to help survivors identify strategies for exerting their agency. For example, advocates could say that many survivors find it useful to mobilize emotional support from family and friends to help them cope as they navigate these systems. However, it would be important for advocates to note that each of these strategies was not always successful (i.e. challenging the legal system rarely resulted in a change in the legal process). This type of interaction would empower survivors by providing them with information about the types of choices that are available to them during their interactions with the system in advance. By sharing information about survivors' agency, advocates can help give women ideas about how they can pursue their own agendas within these powerful systems.

Nurses and police officers rely upon survivors' participation in order to successfully process cases, and they may be particularly interested in the finding that survivors may not participate in the way in which the system expects them to in an effort to protect themselves from further emotional and physical harm. Medical and legal

personnel should routinely ask about any concerns survivors may have about their physical safety (due to participating in the system), offer the survivor options that can be taken to protect her safety (e.g., safety planning) and take the necessary steps to protect the survivor if she chooses an option that requires the system's involvement. Furthermore, police, nurses, and doctors should routinely ask about survivors' emotional well-being, and offer her options to reduce emotional harm (e.g. offer to have family and friends there to support her, suggest she take her time and discuss details of the assault at her own pace, etc.). In addition, system personnel need to refrain from secondary victimization behaviors.

Implications for Future Research

There are several ways that future studies could expand upon the findings of this study. As discussed in the limitations section, this study is limited to the perspectives of survivors. A future study could interview survivors and the nurses and police officers who interacted with them in order to achieve a more complete examination of the dynamic interplay between survivors and systems. Such a study could also illuminate the points of agreement and disagreement between the survivors and the systems' personnel (akin to Campbell's 2005 study on nurse, police, and survivors perceptions of secondary victimization). Different perceptions of the system and of the survivor's role in it could further our understanding of the power differential and other aspects of the relationship between survivors and systems personnel.

In addition, future research could explore the factors that facilitate and/or constrain survivors' agency. The idea is not to examine which survivors "possess" more or less agency, but rather to understand factors that can be changed to empower survivors

during their interactions with social systems post-assault. This would build upon Konradi's research (2007) in which she found that factors such as social support and prior experience and/or knowledge of the legal system caused survivors to participate more actively in their cases. What other resources (in addition to those identified by prior studies) can help survivors to navigate these systems? What systemic characteristics (e.g. norms, actions, organizational structure) facilitate survivors' agency? Which systemic characteristics constrain it? Answering these questions could help the field to identify ways to empower survivors during their interactions with these systems.

Finally, future research could examine agency in different settings. How do survivors express their agency during other interactions with the medical system (beyond the forensic exam)? How do survivors express their agency during interactions with other systems (e.g., traditional hospital emergency department medical system, mental health system, rape crisis centers)? This could help us to further our understanding of the interplay between rape survivors and the variety of social systems that they interact with post-assault, as well as help us to identify how the ways in which survivors express their agency are similar and different in different settings.

Conclusion

The legal and medical systems are powerful institutions that have great potential to aid survivors during their recovery. All too frequently, however, these systems abuse that power by victimizing the survivor a second time. Such experiences have a strong, negative impact on survivors' well-being. Even survivors who have positive experiences with these systems lack power and must endure substantial stress. The findings of the current study do not contradict these previous conclusions, but rather counterbalance

them. The social narrative of rape emphasizes that survivors have been victimized, and the legal and medical systems act upon survivors, often in oppressive harmful ways. However, survivors adapt to the systems around them and take purposeful action to pursue their own ends. The narrative must become more balanced: We must recognize that despite experiences of victimization and oppression, women who have been raped are not passive victims. Survivors demonstrate great resilience in the face of adversity and actively seek to shape their own experiences. This strengths-based approach implies that an empowering, survivor-centered philosophy which recognizes that survivors desire the power to pursue their own agendas as they heal from trauma is warranted.

APPENDICES

Appendix A

Agree to Be Contacted Form

Agree to Be Contacted Form

Women's Experiences with the Criminal Justice System

Would you be willing to talk privately to someone who is interested in your experiences with the criminal justice system? She is not connected directly to our program and anything you share with her about your experiences will be kept completely confidential and private. She'll simply call you and tell you about the types of questions she will be asking and what participating would involve so you can decide if you want to participate. By sharing your experiences with the criminal justice system, we are hoping to learn how to best provide services and support to women. You will be compensated $30.00 for your time.

Your identity will not be revealed in any reports written about women's experiences with the criminal justice system. You have the right to decide not to participate when she contacts you, to refuse to answer any questions, or to stop participating at any point during the interview with no penalty or negative consequences. Your decision about whether to participate or not will NOT affect your relationship with our program or any other agencies.

Signing below indicates that you give permission for a research team member to contact you in the future to get your opinion about the criminal justice system and your experiences.

_____ ____/____/____

Signature ***Date***

_____

Print Name

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION

YOU HAVE MY PERMISSION TO CALL ME AT THESE NUMBERS:

( ) _____ ( ) _____ ( ) _____

_____

Phone number ***Cell Phone number*** ***Work Phone number***

WHERE is the best place to reach you? _____

When are good times to call you? _____

Are there any times that we should NOT call you? _____

We want to make sure that our phone call doesn't place you at risk, so would you like us to: (check all that apply) ____block caller id _____not leave a message ____no preference/not at risk

If you do not answer the phone when we call, is there anything else you would like us to say?

Contact Debra Patterson (517) 432-7082 with any questions.

Appendix B

Interview Protocol

Interview Protocol

Participant ID Number _____ Interviewer ID Number_____

Date Interview Conducted _____ Length of Interview _____

INTRODUCTION AND OVERVIEW

As we talked about before, this interview will take approximately **2 hours to complete**. Is there somewhere you have to be after the interview, or is it ok if we run a little bit over?

I am doing these interviews to gain a better understanding of **what it was like for you to have a medical/forensic sexual assault exam** and what your experiences were like with **police and prosecutors**.

I really **appreciate** your willingness to talk with me today and share your experiences. The information you provide will be extremely helpful.

If it's ok with you, I would like to **tape record this interview**. It's going to be hard for me to get everything down on paper, so the tape can help me later on filling in anything I might have missed. The only other people who might listen to this tape will be the project supervisors. When the project is done, the tape will be destroyed. May I tape record our discussion?

Everything we discuss today is **private and confidential**—your name will not be connected to anything you say. Your name is not on this interview or the tape.

As we're going through the interview, **if you need to take a break or stop**, just let me know. If there are any questions that you **don't want to answer**, just say so, and I will move on to the next section. **You do not have to answer** all of the questions in this interview.

Before we get started I need to get your **consent to be interviewed** (go through procedures to obtain informed consent).

Do you have any **questions** before we start?

SECTION ONE
INVOLVEMENT IN THE PROJECT

I'd like to start off by talking a little about **how you heard about this study** and how you decided to participate in the interview.

Q1. How did you hear about this study?

Q2. Why did you decide to participate?
What made you decide to contact us for an interview?

Q3. Were there specific things that made you reluctant to contact us for an interview?

a. If so, what were those concerns?
b. How can we address those concerns as we go through the interview?

SECTION TWO
BACKGROUND ON THE ASSAULT

As you know, I'm here today to **talk with you about the assault and your experiences afterward** with the sexual assault exam and the criminal justice system. So if it's ok with you I would like to **go ahead and begin by asking you about the assault itself**.

Q4. Could you tell me about the assault? What happened?
Could you tell me your story?

Thank you for sharing your experience with me. I'd like to ask you a few specific questions about the assault so that I can understand more fully.

PROBES:

a. How long ago did the assault happen?

b. How old were you at the time of the assault?

c. Type of assault

1 = STRANGER RAPE
2 = ACQUAINTANCE RAPE
3 = DATE RAPE
4 = LONG-TERM DATING PARTNER
5 = MARITAL RAPE
6 = GANG RAPE/ STRANGER
7 = GANG RAPE/ ACQUAINTANCE
8 = OTHER (Specify_____)

d. Relationship with assailant(s) before the assault

1 = NONE, WERE STRANGERS
2 = KNEW EACH OTHER BY SIGHT
3 = FRIENDS, CASUAL
4 = FRIENDS, CLOSE
5 = DATING
6 = MARRIED/LIFE COMMITMENT
7 = SEPARATED
8 = DIVORCED
9 = OTHER (_____)
10 = DON'T REMEMBER

e. Living together

1 = YES
2 = NO

Ask only if she was the victim of non-stranger rape

ee. Was this assault part of an isolated incident or was it part of an ongoing abusive relationship?

1 = SINGLE SEXUAL ASSAULT

PROBE: so, just to clarify, was he emotionally, physically, or sexually abusive outside of the incident you described?

(CIRCLE ALL THAT APPLY)

2 = MULTIPLE SEXUAL ASSAULTS
3= EMOTIONALLY ABUSIVE
4 = NON-SEXUAL PHYSICAL VIOLENCE

f. Race/ethnicity of the assailant

1 = WHITE
2 = AFRICAN-AMERICAN/BLACK
3 = LAT INO/HISPANIC
4 = NATIVE AMERICAN INDIAN
5 = ASIAN AMERICAN
6 = ARABIC-AMERICAN
7 = OTHER (Specify_____)
8 = DON'T KNOW

g. In addition to the injury of rape itself, were there any other physical injuries you sustained from the assault?

1 = YES (Specify_____)
0 = NO
2 = DON'T KNOW

h. Was a weapon used in the assault?

1 = YES (Specify_____)
0 = NO
2 = DON'T KNOW

i. Was the assailant using alcohol at the time of the assault?

1 = YES

0 = NO
2 = DON'T KNOW

j. Was the assailant using drugs at the time of the assault?

1 = YES *(GO TO QUESTION jj)*
0 = NO *(GO TO QUESTION k)*
2 = DON'T KNOW

jj. Assailant was using

MARIJUANA 1 = YES 2 = NO
TRANQUILIZERS 1 = YES 2 = NO
AMPHETAMINES 1 = YES 2 = NO
COCAINE/CRACK 1 = YES 2 = NO
HEROIN 1 = YES 2 = NO
HALLUCINOGENIC 1 = YES 2 = NO
OTHER (SPECIFY_____)
8 = DON'T REMEMBER

Next I would like to ask you about **whether you were using alcohol or drugs** at the time of the assault. **Before you answer, please let me explain why I'm asking this question**. What happened to you was in no way your fault. Regardless of your answer, **you are in no way to blame for what you experienced**.

We only ask this question because sometimes people who were using alcohol or drugs when they were assaulted **may be treated differently by police, medical staff, or others**. Remember that **you do not want to answer** any of the questions in the interview, we can just move on.

k. Were you using alcohol at the time of the assault?

1 = YES
0 = NO
2 = DON'T KNOW

l. Were you using drugs at the time of the assault?

1 = YES *(GO TO QUESTION ll)*
0 = NO *(GO TO QUESTION 5)*
2 = DON'T KNOW

ll. You were using

MARIJUANA 1 = YES 2 = NO
TRANQUILIZERS 1 = YES 2 = NO
AMPHETAMINES 1 = YES 2 = NO

COCAINE/CRACK 1 = YES 2 = NO
HEROIN 1 = YES 2 = NO
HALLUCINOGENIC 1 = YES 2 = NO
OTHER (SPECIFY_____)
8 = DON'T REMEMBER

SECTION THREE
EXPERIENCE AFTER THE ASSAULT

Now I would like to discuss with you your **experiences after the assault**.

Q5. What happened right after the assault?
What did you do immediately afterwards?

*If she discusses **exam/SANE** first/foremost, start with questions on the sexual assault exam (PAGE 7)*

*If she discusses **police** first/foremost, start with questions on the police/CJ (PAGE 9)*

REMEMBER—IF START WITH POLICE QUESTIONS, CYCLE BACK TO EXAM QUESTIONS

SECTION FOUR
EXPERIENCE WITH THE SEXUAL ASSAULT EXAM

Now I would like to talk to you about the **sexual assault medical exam that you received**

Q6. How did you come to have an exam?
What happened that led you to having a sexual assault medical exam?

DISCUSSION PROBES:

a. Referral? How did hear about medical sexual assault exam?

b. What made you decide to have an exam (was it a choice)?

c. Where did you have the exam? SANE, hospital, or private doctor?

Q7. What concerns did you have about the sexual assault exam?

Q8. Could you tell me about your experience with the medical professional(s) that examined you?

NURSE/ DOCTOR DISCUSSION PROBES:

a. Who did the exam

b. What did the nurse/doctor do? (actions & services)

c. How did the nurse/doctor treat you?

d. How did she/he make you feel?

e. Overall, supportive? helpful? healing?

f. Overall, not so good? wish didn't happen? wish didn't say?

g. What did you need that you didn't get?

Q9. Was there an advocate there with you?
(An advocate would have been a female volunteer, not a nurse or doctor, who explained things, answered questions, gave you information)

ADVOCATE DISCUSSION PROBES:

a. What did the advocate do? (actions & services)

b. How did the advocate treat you?

c. How did she make you feel?

d. Overall, supportive? helpful? healing?

e. Overall, not so good? wish didn't happen? wish didn't say?

f. What did you need that you didn't get?

g. What was it like having both the nurse/doctor and the advocate there with you?

SECTION FIVE
EXPERIENCES WITH POLICE

In this next section of the interview, I would like to talk about your experiences with the **first police officers and detective(s)** who handled your case, if you met with them.

Q10. Did you report the assault to the police?

[Ask only if relevant; if she reported the assault]

Q11. How did you come into contact with the police?
How did you decide to contact the police about the assault?

Q12. What concerns did you have about contacting the police?

Q13. What was your experience with the police like?

POLICE EXPERIENCE DISCUSSION PROBES:

a. Sequence of events

b. What did the police do? (actions & services)

c. How did the police treat you?

d. How did the police make you feel?

e. Overall, supportive? helpful? healing?

f. Overall, not so good? wish didn't happen? wish didn't say?

g. What did you need that you didn't get?

h. Role of hospital, doctor, or SANE

SECTION SIX

EXPERIENCES WITH PROSECUTORS/PROSECUTION

[Ask this section only if relevant]

In this next section of the interview, I would like to talk about your experiences with the **prosecutor and prosecution of the case**.

Q14. Did you participate in prosecution?

Q15. What influenced your decision to prosecute or not to prosecute?

Q16. What were your concerns about continuing with prosecution?

Q17. What was your experience with prosecution like?

PROSECUTOR EXPERIENCE DISCUSSION PROBES:

a. Sequence of events

b. What did the prosecutor do? (actions & services)

c. How did the prosecutor treat you?

d. How did the prosecutor make you feel?

e. Overall, supportive? helpful? healing?

f. Overall, not so good? wish didn't happen? wish didn't say?

g. What did you need that you didn't get?

h. Role of hospital, doctor, or SANE

SECTION SEVEN
OUTCOME OF THE CASE

[Ask this section only if relevant]

Q18. What was the outcome of your case?

Q19. How did you feel about_____(the outcome)?

COURT HEARINGS DISCUSSION PROBES:

a. Did you testify

b. Nurse/doctor testifying

c. Pictures of injuries shown

d. Was a [rape crisis center] staff person or court advocate there to support you?

i. Helpful? Supportive? Healing

ii. Not so good? Wish didn't say? Wish had been different?

iii. Needed that you didn't get?

SECTION EIGHT
ROLE OF MEDICAL/FORENSIC EVIDENCE

[Ask section only if relevant]

Now I would like to ask you about the **evidence collected from you during your medical sexual assault exam** and the influence it had on your experience with prosecution.

Q20. Did you find out the evidence and findings from your exam?
Did you know what the findings were from your exam?

EVIDENCE/DNA DISCUSSION PROBES:

a. When found out?

b. How? Who told you?

c. Findings?

d. Influence on prosecution?

e. Influence on your participation, engagement in prosecution process

DNA

0 = Negative
1 = Positive
2 = Inconclusive
8 = Don't Know

INJURIES

0 = Negative
1= Positive
2 = Inconclusive
8 = Don't know

BEFORE MOVE ON TO FINAL SECTIONS OF INTERVIEW, ASSESS WHETHER THE INTERVIEW DISCUSSIONS HAVE CAPTURED THESE ISSUES—IF NOT, PROBE MORE:

FACTORS THAT INFLUENCED VICTIM PARTICIPATION IN LEGAL PROCESS

WHY DID PARTICIPATE (IF DID)

WHY DIDN'T PARTICIPATE (IF DIDN'T)

BARRIERS TO PARTICIPATION

SUPPORTS NEEDED FOR PARTICIPATION

SECTION NINE
DEMOGRAPHIC INFORMATION

Finally, I would like to ask you a **few questions about yourself** so we can have some background information about the women we interview.

Q21. What is your ethnicity?

Q22. How old are you?

Q23. What is the highest level of education you have completed?

Q24. Are you currently employed outside the home (kind of work do)?

SECTION TEN
CLOSING

We are nearly finished. We've talked for a long time and about many different issues related to the assault, and now I would just like to ask some **final questions about your overall experience of the assault and about your experience in this interview.**

Q25. What has helped you heal?
What has been the most healing to you?

Q26. Based on your experiences, what would you say or do for another woman who has just been assaulted?

We're always in the process of revising this interview, so I'd also like to **get your feedback on the interview**. It would be really helpful for me if you'd be honest about what this was like for you. Don't worry—you won't hurt my feelings.

Q27. What has it been like for you to talk about the assault with me?

Q28. How can we improve the interview?

Thank you very much for your time. I appreciate you sharing your experience.
Do you have any **questions** for me?

Appendix C

Drafts of Assertions

Table 1: Drafts of Assertions

Draft 1	
Assertion	**Evidence/Critique**
ASSERTION 1A Some survivors exerted agency by actively participating in the system and/or complying with the system's expectations.	Need to further operationalize participate/compliance with the system.
ASSERTION 1B Survivors who participated in the system actively did so in order to increase the likelihood of their case progressing through the system.	One survivor who participated did not want her case to progress through the system, which is not captured by this assertion. Also, for clarity 1A and B should be combined.
ASSERTION 2A Some survivors exerted agency by resisting what the system was trying to do or trying to get them to do, and by attempting to get the system to change how their case was being handled.	Resisting what the system is doing and trying to get the system to do something differently are different processes. This needs to be two assertions that are tested independently. Also, "resistance" needs to be further operationalized.
ASSERTION 2B Some survivors resisted or pushed back in order to protect themselves from further emotional and/or physical trauma.	This needs to be combined with 2A
ASSERTION 2C Survivors who wanted their cases to go forward but felt their case was not going to end in the outcome they wanted tried to manipulate the system into doing what she wanted it to do.	This needs to be combined with 2A. Also, tried to manipulate the system needs to be further operationalized. Furthermore, this language is too strong to capture the survivors who sought information about their case.
ASSERTION 3A	These are different types of information gathering. One constitutes monitoring

Some survivors exerted agency by gathering information about how the legal and medical systems operated and information about the specific of their case.	what the system is doing, and the other is gathering informational support to facilitate their navigation of the system. These need to be divided into separate assertions.
ASSERTION 3B Many survivors who gathered information about their case and the system did so in order to inform their actions and choices while they navigated the system.	Needs to be combined with 3A
ASSERTION 4B Some survivors exerted agency by voicing their wants and needs to system personnel in order to attempt get those needs met by the system.	Not enough evidence of this within the legal system and medical forensic exam. Assertion discarded.
ASSERTION 5 Some survivors exerted agency by gathering the emotional support of their family and friends to help them manage their emotions as they coped with the rape and navigated the legal and medical system.	Need to limit to emotional support specific to navigating the legal and medical system.
ASSERTION 6 The system constrained survivors' agency by denying choice.	Outside the scope of the research questions.
OVERALL	Overall, need to clarify how these assertions do or do not play out differentially in the legal and medical systems.
Draft 2	

Assertion	Evidence/Critique
ASSERTION 1: LEGAL SYSTEM Some survivors exerted agency during their interactions with legal personnel by purposefully complying with the system's expectations and/or demands in order to increase the likelihood that their case would result in the outcome that they desired.	Well supported. A variety of survivors discuss purposefully complying with the system in various ways.
ASSERTION 1: MEDICAL SYSTEM Some survivors exerted agency during their interactions with medical personnel by purposefully complying with the system's expectations and/or demands in order to increase the likelihood that their case would result in the outcome that they desired.	This plays out similarly in the legal system. These assertions should be combined.
ASSERTION 2: LEGAL SYSTEM Some survivors exerted agency during their interactions with legal personnel by questioning why the system wanted them to do something, and/or refusing to comply with what the system wanted them to do in order to protect themselves from having to participate in processes that they believed would cause them further emotional and physical harm.	Well-supported. Many survivors discussed a variety of ways that they did not comply with the legal system and several connected these actions with the desire to minimize further harm.
ASSERTION 2: MEDICAL SYSTEM Some survivors exerted agency during their interactions with legal personnel by questioning why the system wanted them to do something and/or refusing to comply with what the system wanted them to do in order to protect themselves from having to participate in processes that they believed would cause them further emotional and	This plays out the same in the legal system and these assertions need to be combined.

physical harm.	
ASSERTION 3: LEGAL SYSTEM Some survivors exerted agency during their interactions with legal personnel by trying to influence how they handled their case. They questioned the system's actions or lack thereof, and the system's rationale for their course of action, and also asked them to handle the case differently in an attempt to increase the likelihood that their case would reach a successful outcome.	This needs to be revised to further specify other ways they tried to influence the system, such as monitoring the system's actions.
ASSERTION 4: GATHERING RESOURCES FROM OUTSIDE THE LEGAL AND MEDICAL SYSTEMS TO DRAW UPON Some survivors exerted agency by gathering information about how the legal and medical systems operated and information about the specific of their case.	Some survivors exerted agency by gathering emotional support from friends and family, which they used to help them cope with the potentially hurtful processes these systems asked them to take part in. Furthermore, some survivors exerted agency by gathering information about aspects of their case and the legal and medical systems in order to enhance their understanding of how their case was being handled and their role within it. Also, this needs to be tied to what they were attempting to do.

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