

DO YOU WISH TO PROSECUTE THE PERSON WHO ASSAULTED YOU?:
UNTESTED SEXUAL ASSAULT KITS AND VICTIM NOTIFICATION OF RAPE
SURVIVORS ASSAULTED AS ADOLESCENTS

By

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A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

Psychology—Masters of Arts

2016

ABSTRACT

DO YOU WISH TO PROSECUTE THE PERSON WHO ASSAULTED YOU?: UNTESTED SEXUAL ASSAULT KITS AND VICTIM NOTIFICATION OF RAPE SURVIVORS ASSAULTED AS ADOLESCENTS

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Adolescent women have been shown to be at particularly high risk for sexual assault and are twice as likely to experience sexual violence than adults. While most adolescent survivors turn to family or friends after an assault, some also choose to disclose the crime to the criminal justice system. This type of disclosure may be accompanied by the collection of a sexual assault kit (SAK) and a thorough criminal investigation. However, for many survivors, SAKs are not processed and cases are closed prematurely. The current study examines the experiences of fifteen adolescent survivors who reported their sexual assault to law enforcement but whose SAKs were not processed, and their decision-making pathways regarding re-engagement with the criminal justice system years after the initial investigation was closed. Findings reveal that characteristics of the initial assault, victim-blaming experiences during the initial investigation, and the social support in survivors lives after the assault appear to impact the decision to re-engage with law enforcement years after the initial assault. Implications for future research and practice are discussed.

ACKNOWLEDGEMENTS

I would like to extend my most sincere thanks to all those who have supported me throughout this experience. First, to my incredible thesis committee, Dr. Rebecca Campbell, Debi Cain, Dr. Angie Kennedy, and Dr. Cris Sullivan, thank you for sharing your time, interest, and expertise. I feel so honored that you chose to pursue this project with me. Becki, thank you for your patience and unwavering support; I could not have done this without you.

I would also like to thank all those friends and family members who listened and encouraged at all the right moments. To Jess and Katie, who consistently inspire me with their accomplishments and mentorship. To Erin, Jess, Aadit, Jamie, and Dani, whose encouragement and friendship has been a crucial part of pushing through the most challenging parts of this work. To my mom and dad, who have never questioned my abilities. And to my amazing partner Nathan, who has sacrificed so much for this process and still, somehow, always finds more ways to give. I don't know what I would do without you.

Finally, I would like to thank all of the women on whose experiences this project is based: your courageousness in my muse and I am humbled by the opportunity to share part of your story.

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INTRODUCTION

Sexual violence is a pervasive social problem, such that one in five women experience sexual assault in their lifetime (Black et al., 2011; Kilpatrick et al., 2007). Adolescent women (i.e., those between the ages of 10-17) have been shown to be at particularly high risk for sexual assault and are twice as likely to experience sexual victimization as adults (Finkelhor et al., 2009; Howard et al., 2007; Snyder, 2000; Snyder & Sickmund, 2006). Experiencing such a traumatic event is associated with myriad negative psychological, physical, and/or behavioral outcomes that may lead to both immediate and long-term consequences, such as post-traumatic stress disorder (PTSD), depression, anxiety, suicidality, chronic physical health concerns, substance abuse, and/or repeated sexual victimization (Campbell, Dworkin, & Fehler-Cabral, 2009; Danielson & Holmes, 2004; Trickett et al., 2011; Bonomi, Anderson, Rivara, & Thompson, 2007; Frazier, 2003; Ackard & Neumark-Sztainer, 2002; Krakow et al., 2002).

Due to the severity of sexual assault and its negative health outcomes, many victims of sexual violence disclose what happened to them in an attempt to seek help and support. Most adolescent survivors turn to family and friends for emotional support, and some victims also choose to disclose the crime to formal helping systems, such as the legal and/or medical systems, for additional assistance (Fehler-Cabral & Campbell, 2013). Disclosure to the legal system allows victims to pursue criminal prosecution of the assailant, and help-seeking from the medical system connects victims to needed health care. The legal and medical systems interface when survivors consent to having a medical forensic exam (MFE) and sexual assault kit (SAK). A MFE is performed to address a patient's health care needs (i.e., treating bodily injury, screening and providing preventative treatment for sexually transmitted infections, and/or detecting and preventing pregnancy; Campbell, Feeney, Fehler-Cabral, Shaw, & Horsford, *in press*). During

the MFE, a SAK may also be performed to collect biological forensic evidence from the victim's body to aid in the possible prosecution of the offender.

When survivors seek help from the legal and medical systems post-assault, most are met with less-than-warm responses. Prior research has found that most rape victims experience some form of "secondary victimization," victim-blaming attitudes, behaviors, and practices by community service providers (Campbell, 2008). For example, survivors reporting to law enforcement often experience cold and impersonal interactions, denial of services, and/or premature case closure (Campbell 2005, 2008; Patterson, 2011). Survivors who seek help from the medical system may encounter incorrect service provision, inappropriate questions, and/or denial of services (Campbell, 2005, 2006; Campbell & Raja, 2005). Survivors note that these experiences of secondary victimization are upsetting, re-traumatizing, and can exacerbate the trauma of the assault itself (Campbell & Raja, 2005; Filipas & Ullman, 2001; Starzynski et al., 2005).

In recent years it has become increasingly clear that there is another problem with the ways in which formal systems respond to survivors' help-seeking. In jurisdictions across the country, SAKs collected during medical forensic exams are not being submitted by police to forensic laboratories for testing (Human Rights Watch, 2009, 2010). The contents of the SAK can be screened for DNA evidence, which, in turn, may be used to aid law enforcement in investigations (Peterson, Hickman, Strom, & Johnson, 2013) and as such it is problematic that SAKs are not being routinely and consistently tested (Strom & Hickman, 2010). When SAKs are not tested, the evidence therein cannot be used to assist in the prosecution of an offender or exonerate an individual wrongly accused (Human Rights Watch, 2009). Essentially, these

unsubmitted SAKs are a tangible symbol for the ways in which formal systems have failed to serve survivors of sexual assault.

Detroit, Michigan is one of a growing number of cities that has identified large numbers of unsubmitted SAKs. In August, 2009, as part of a review of police evidence storage procedures, an assistant prosecutor noticed approximately 10,000 SAKs shelved in a remote Detroit Police Department (DPD) storage facility. The Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB) initiated a pilot project to explore the complex issues that would need to be addressed in order to remedy this problem. With funding from the Department of Justice, Office of Violence Against Women, The 400 Project was formed whereby 400 SAKs were randomly selected from police property, submitted for forensic testing, and reviewed by an independent, multidisciplinary team to consider next steps. Of the SAKs tested, 161 (40%) had DNA matches to possible offenders and were not beyond the statute of limitations. The multidisciplinary team decided to re-contact 69 of these rape survivors to discuss the possible re-opening of their cases.

The current study examined a subsample of the 69 cases selected for victim notification, specifically, those rape survivors who were adolescents at the time they had the MFE/SAK performed and made their police report (i.e., they were ages 12-17 at the time of the assault and MFE/SAK). The complete case file documentation was reviewed for the 15 adolescent survivors of sexual assault who were selected to be part of this victim notification plan. Qualitative data collected from The 400 Project (e.g., original police reports, progress notes, witness statements, etc.) were examined to address three main research questions: 1) is there an association between willingness to engage in prosecution and specific characteristics of the assault, such as victim-offender relationship, threat of force, or use of a weapon, 2) is there an association between

willingness to engage in prosecution and experiences with law enforcement (i.e., the extent to which victims experienced secondary victimization in their initial police interactions years ago), and 3) does willingness to engage in prosecution vary as a function of the social support in the survivors' lives?

To set the stage for this study and the aforementioned research questions, a review of the relevant literature will be presented. First, the current research on the prevalence and impact of sexual assault will be discussed, noting findings specific to adolescent sexual assault survivors (as applicable). Next, the literature review will cover survivors' post-assault help-seeking with formal systems, specifically focusing on the legal system and the medical system. To the extent possible, research on adolescent rape survivors' formal help-seeking experiences will be highlighted. This review will discuss the different steps that could occur within each of the formal systems and then compare this to the process that is more likely to occur within the legal and medical systems. The literature review will then examine how these two systems interface with the medical forensic exam and sexual assault evidence collection kit. A description of the current study and methodology will follow.

LITERATURE REVIEW

Sexual Assault: Definitions, Prevalence, and Impact

Definition of rape and sexual assault

Rape and sexual assault are terms that are often used interchangeably, but have distinctly different meanings (Campbell & Townsend, 2011). Most legal statutes define sexual assault as an act of unwanted and/or nonconsensual sexual penetration or contact. Unwanted sexual contact may include intentional sexual touching, fondling, or exposure to exhibitionism or pornography that occurs in the absence of consent (National Center for Victims of Crime, 2010; Krug, Mercy Dahlberg, & Zwi, 2002). Sexual contact or behavior is considered to be nonconsensual when the act is committed against the recipient's will due to force, threat, coercion, or when a victim is incapable of consenting due to age, disability, or the influence of drugs or alcohol (National Center for Victims of Crime, 2010). Sexual assault represents a broad spectrum of sexually violating acts, up to and including rape, which is a specific type of sexual assault defined as forced vaginal, anal, or oral penetration by a body part or object (Koss & Achilles, 2008; National Center for Victims of Crime, 2010).

Under Michigan law, rape and sexual assault are codified in a four-degree definition of Criminal Sexual Conduct (CSC). The degree of the charge is used to influence the sentencing that an offender receives; this sentencing may range from a fine of \$500 to life in prison. First and third degree CSC cases involve forced or coerced penetration, whereas second and fourth degree CSC cases involve forced or coerced sexual contact (Michigan defines sexual contact as touching of the groin, genital area, inner thigh, buttocks, breasts, or clothing covering these parts). The degree of the charge is dependent on the victims' mental capacity, the perpetrators' use of weapons, possible familial relationship, the level of contact committed (sexual contact vs.

penetration), and/or the victim's age. Laws regarding the "age of consent" may be used to determine the degree of a CSC charge and define the age at which an individual is considered legally able and competent to consent to sexual activity. In many circumstances, this age is dependent on the sex act committed, the difference in age between parties, or whether the abuse was enacted by someone in a position of trust (e.g., teachers may not engage in sexual activity with students, even if they are of the age of consent). In Michigan, the age of consent is 16 years old (Michigan Penal Code, Act 328 of 1931, Section 750.520e).

Prevalence of rape and sexual assault

National epidemiological data indicates that women of all ages are at significant risk for sexual assault in general, and rape in particular. In a national telephone survey on violence against women, Kilpatrick and colleagues (2007) found that nearly 1 in 5 women had been raped in their lifetime and that just over 1 million women had been raped in the previous year alone. In 2010, Black and colleagues also performed a telephone survey to assess violence against women, including both cell phones and landlines in their sample in order to access more individuals without home phones. Black et al. (2011) replicated Kilpatrick et al.'s (2007) 1 in 5 lifetime prevalence rate, but found that more women (1.3 million as compared to about 1 million) had been raped in the previous year. Black et al. (2011) noted that 93% of individuals self-reporting attempted or completed rape were women, confirming previous research findings that females are sexually assaulted at rates significantly greater than men (Kilpatrick et al., 2007; Basil et al., 2006; Tjaden & Thonnes, 2006).

Rates of sexual violence against women are alarmingly high, and it appears that *young* women may be at disproportionately high risk (Finkelhor et al., 2009; McCauley et al., 2009; CDCP, 2002). Developmental psychologists typically categorize "adolescence" into three

discrete periods: early adolescence (10-13 years of age), middle adolescence (14-17), and late adolescence (18-22 years of age) (Arnett, 2000; Lipsitz, 1977; Steinberg, 2005). Due to the fact that most literature on adolescent sexual assault focuses on early to middle adolescence, this review will primarily discuss this age group.¹

Adolescents 10-17 years of age have been found to be the largest group of sexual assault victims, and are twice as likely to experience sexual victimization as adults (Finkelhor et al., 2009; Howard et al., 2007; Snyder, 2000; Snyder & Sickmund, 2006). In fact, 6% of adult women report that they had been raped between the ages of 12-17 (Tjaden & Thonnes, 2006). A nationally representative telephone survey of 4,549 children and adolescents found that 6% of 14-17 year old girls have been raped, with 7.9% being sexually assaulted in the past year alone (Finkelhor, Turner, Ormrod, & Hamby, 2009). Additional national surveillance data has found that from 2004-2006 an estimated 55,857 adolescent females aged 10-17 received medical care in emergency departments in the United States for nonfatal injuries sustained from sexual assault (CDC, 2009).

These statistics indicate that female adolescents are at particularly high risk for experiencing sexual victimization as compared to adults, however the nature of the assaults committed against adolescents also appear to be characteristically different from those perpetrated against older individuals. Adolescent victims are less likely to experience the use of weapons or physical coercion during their assault and are most likely to be assaulted by acquaintances as compared to children and individuals 18+ years of age (Jones et al., 2003; Snyder & Sickmund, 2006; Hanson et al., 2003; Tjaden & Theonnes, 2006). For example, in research reviewing 776 women presenting to the emergency department for sexual assault, it was

¹ These developmental age periods are not consistently used in social science research and studies often utilize unique age ranges. As such, this review of the literature will report the age ranges defined by each reported study.

found that acquaintance assaults were more common for adolescents (66%) as compared to adults (47%), whereas stranger assaults were less common for adolescents (11%) than adults (41%) (Jones et al., 2003). When all known-offender relationships are reviewed together (assaults by both relatives and/or acquaintances), 84% of adolescent victims and 50% of adult victims were assaulted by a known individual (Jones et al., 2003). Similarly, the National Victimization Survey of Adolescents found that in 74% of reported cases of adolescent sexual assault, the perpetrator was someone known to the adolescent, with almost one-third (32.5%) of the assaults perpetrated by a friend of the victim (Kilpatrick et al., 2003).

Impact of rape and sexual assault

All victims of sexual assault, regardless of the victim's age or relationship with the offender, may demonstrate a wide range of psychological, physical, and/or behavioral effects, which may lead to both immediate and long-term consequences (Bonomi, Anderson, Rivara, & Thompson, 2007; Frazier, 2003; Ackard & Neumark-Sztainer, 2002; Krakow et al., 2002; Rothbaum et al., 1992). Campbell, Dworkin, and Fehler-Cabral's (2009) review of 170+ studies found that sexual assault was linked to a wide variety of mental health problems, with many individuals meeting the criteria for multiple disorders. The authors found that 13-51% of sexual assault survivors met the diagnostic criteria for depression, 73-82% developed fear or anxiety disorders with 12-40% developing generalized anxiety disorder, and 23-44% experienced suicidal ideation with 2-19% actually attempting suicide. Findings also indicated that rape survivors are the largest group of people living with Post Traumatic Stress Disorder (PTSD), with 17-65% of survivors developing the disorder (Campbell et al., 2009). Adolescent victims of sexual assault are also at risk for all of these negative psychological outcomes. As compared to peers who have not been sexually victimized, adolescent survivors of sexual trauma are at

increased risk for PTSD, major depressive episodes, self-mutilation, altered stress responses, and cognitive deficits (Danielson & Holmes, 2004; Trickett et al., 2011).

In addition to psychological trauma, survivors of sexual assault may experience physical effects as a result of their victimization. Victims of sexual assault, as compared to non-victims, are more likely to report: gastrointestinal problems (e.g., nausea, diarrhea, indigestion); neurological problems (e.g., fainting, dizziness, sleep problems, numbness/tingling in the body); cardiopulmonary symptoms (e.g., rapid heart rate, pain in heart or chest, shortness of breath); general muscle soreness, headaches, or body pains; gynecological problems (e.g., pelvic pain, pain during intercourse, menstrual symptoms); and issues related to sexual health (e.g., frequency of sexual activity, infrequency of condom use, number of sexual partners, use of drugs/alcohol during sex, and greater risk for STDs) (Campbell, Lichy, Sturza, & Raja, 2006; Eby, Campbell, Sullivan, & Davidson, 1995; Golding, 1994, 1996; Kimerling & Calhoun, 1994; Martin et al., 2008; Street et al., 2008; Gidycz, Orchowski, King, & Rich, 2008; He et al., 1998; Wingood & DiClemente, 1997). Adolescent victims, specifically, have been found to engage in more risky sexual behaviors (i.e., higher numbers of sexual partners and lower rates of contraception use during intercourse) as compared to their non-abused peers (Chandy et al., 1996; Trickett et al., 2011).

Behavioral or psychosocial changes are common responses among adolescents who have experienced sexual assault as well. Research has indicated that high school students with a history of sexual violence, as compared to their non-abused peers, were more likely to develop disordered eating and dieting practices (i.e., using diet pills, fasting for 24 hours or more, and vomiting to lose weight) (Basile et al., 2006; Danielson & Holmes, 2004), were more likely to report substance abuse (i.e., alcohol, tobacco, and marijuana) (Danielson & Holmes, 2004;

Chandy et al., 1996), reported lower academic achievement and fewer positive feeling about school (Chandy et al., 1996), were less likely to attend four-year colleges (Schilling et al., 2007), and were at higher risk for sexual revictimization and domestic violence (Trickett et al., 2011).

Post-Assault Help-Seeking

Given the negative psychological, physical, and social effects of sexual victimization, most victims seek some form help after an assault. Survivors may turn to either *informal* or *formal* helping systems. Informal systems consist of family and/or friends, and *most* survivors, both adults and adolescents, seek this informal social support after an assault (Aherns, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Stein & Nofziger, 2008). Conversely, formal systems may include the legal system (i.e., police officers, detectives), medical system (i.e., doctors, nurses), and/or mental health system (i.e., counselors, psychologists, crisis hotlines) (Campbell, 2008).

Social Support

Navigating post-assault care is a dynamic and complex process that often involves multiple intersecting informal and formal services (Fehler-Cabral, 2011), but in general, adolescent survivors tend to use informal sources of support more often than formal support. It has been estimated that up to 85% of adolescent survivors disclose to family and friends, but less than 7% disclose to formal systems like police, teachers, or social workers (Kogan, 2004; Stein & Nofziger, 2008). Stein and Nofzinger (2008) suggest that adolescents are likely to have a strong network of peers to whom they are most prone to turn to for emotional support after an assault; this social support from friends and family members is crucial for adolescent survivors as it has the potential to mitigate many of the negative psychological and physical impacts of an assault (Campbell et al., 2015). In fact, those who disclose to peers within a month of the assault

appear to be at reduced risk for major depressive episodes and delinquency (Broman-Fulks et al., 2007). While survivors are more likely talk about their assault with family members and friends, those who disclose to and receive social support from formal helpers, like police or hospital staff, are also likely to receive the benefits of compassionate post-assault care. In fact, this type of social support has been found to help survivors persevere through the more challenging parts of a sexual assault investigation (Du Mont, White, & McGregor, 2009; Fehler-Cabral, Campbell, & Patterson, 2011; Campbell, et al., 2008). However, only a minority of adolescents who confide in informal systems (~35%) also later seek formal help (Stein & Nofziger, 2008). It is crucial to understand the dynamics of formal help-seeking (with or without informal disclosure and support) so that more survivors may benefit from formal services. To that end, this review will now focus specifically on formal services: the legal system and medical system.

Legal System

After a sexual assault, survivors may choose to report the crime to the law enforcement and pursue prosecution, but a comprehensive review of the literature by Lonsway and Archambault (2012) found that only 5-20% of rapes committed are ever reported to the criminal justice system. Sexual assaults committed against adolescents are reported even less frequently than adult cases. In a retrospective study of Washington adults, only 8% of women who had been raped during adolescence reported their assaults to police (Casey & Nurius, 2006). The National Victimization Survey of Adolescents found that 86% of adolescent sexual assaults went unreported, meaning that only 13% of adolescent sexual assault cases were reported to the police (1% were reported to child protective services or other authorities) (Kilpatrick et al., 2003).

Those individuals who do choose to pursue a formal report with law enforcement have been shown to do so for select reasons. Campbell, Greeson, Fehler-Cabral, and Kennedy (2015)

sought to understand the rationale behind formal help-seeking by interviewing 20 adolescent survivors who sought post-assault help from the medical and legal systems. From this research three distinct pathways to formal help-seeking were uncovered. For almost half of the survivors (n= 8), the decision to seek formal help was a voluntary process; survivors first told a friend (or multiple friends) about their experience, who encouraged the survivor to tell an adult, who, in turn, would encourage and assist with formal help-seeking. A second group of adolescent victims voluntarily disclosed to peers, but these peers took it upon themselves to disclose the assault to adults without the permission of the victim. These adults then made the victims seek formal help, against the adolescent's wishes. Finally, a third group of adolescents never personally disclosed their assault, but rather peers disclosed on the survivor's behalf while the survivor was unconscious after the assault. Overall, for 60% of the adolescents interviewed in this study, disclosures to formal help-systems were involuntary, forced, or coerced. For adolescent survivors who voluntarily sought formal help, the decision to file a report with law enforcement was grounded in a desire for emotional support and the hope that reporting would prevent the offender from committing a second attack and/or raping other women (Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015). Additional research has shown that survivors may also be motivated to report to law enforcement if they have medical concerns, identify the incident as rape, if the offender made verbal threats, and/or if the offender was a stranger to the victim (Kilpatrick et al., 2007; Konradi, 2007).

Survivors of sexual assault who report to the criminal justice system, for any of the aforementioned reasons, are likely to endure a long, complex, and multistage process that often begins with reporting the crime to a law enforcement officer (Bouffard, 2000). The intricacies of this process may vary by state or jurisdiction, but in most cases, a patrol officer will respond to

the victim at the crime scene, the hospital, or the victim's home (which may also be the scene of the assault). Next, a detective or investigator will be assigned to the case. This detective will review the initial report, interview important members of the case (e.g., victim, suspect, witnesses, etc.), and collect more evidence if possible. The detective will maintain progress notes to document the steps of the investigation in detail. After an investigation, the detective will make a decision about whether the case should be forwarded to a prosecutor for consideration of an arrest, warrant, and formal charges. Once the prosecutor obtains the details of the case, he/she will determine whether there is probable cause to stay or dismiss the charges presented. If charges are filed, a defendant (the perpetrator) may accept a plea bargain and accept a lower sentence, or a trial may ensue. If the offender is found to be guilty, he/she will be sentenced for the crime (i.e., a fine, probation, or jail time).

In reality, many sexual assault survivors do not see their cases move through all of these legal steps. For sexual assault cases that are reported to police and receive a criminal investigation, only one third are referred to prosecutors, 16% have charges filed, 12% receive a conviction, and approximately 7% end in a prison sentence (Bouffard, 2000; Crandall & Helitzer, 2003; Frazier & Hanley, 1996). This may be due, in part, to a large majority of sexual assaults not being referred to the prosecutor's office for the issuing of charges or the prosecutor's office dismissing the charges presented by the investigator. In an evaluation of 1,465 sexual assault cases reported over 15 years across six different communities, only 14% were referred to the prosecutor or charged; this means that over a 15 year span of time, 86% of sexual assault cases were never referred to the prosecutor or charged (Campbell, Townsend, et al., 2012; Campbell et al., 2014). Cases are less likely to be referred to the prosecutor if the complainant was a female adolescent, a non-white woman, and/or a woman of lower socioeconomic status.

Cases in which the assault occurred in the context of drinking alcohol, where the victim knew their perpetrator, where a weapon was not used, and/or where there was a lack of physical injury are also more likely to be rejected for prosecution (Campbell et al., 2001; Frazier & Haney, 1996; Kersetter, 1990; Spears & Spohn, 1997).

In sum, the vast majority of sexual assaults reported to law enforcement are closed prematurely and are never adjudicated. However, in the limited contact sexual assault victims *do* have with the criminal justice system, many experience negative, victim-blaming treatment from legal professionals. These experiences have been termed “secondary victimization,” which is defined as victim-blaming attitudes, behaviors, and practices by community service providers (Campbell & Raja, 1999). Survivors who disclose to law enforcement personnel are often not treated with empathy or compassion, but instead receive cold, impersonal, and mean interactions, expressions of disbelief that a crime occurred, suggestions of blame for the assault, and even outright denial of services (Campbell 2008, 2005; Patterson, 2011; Jordan, 1998). Victims have reported circumstances of detectives being “absent” for several months at a time, ignoring victim’s attempts at contact, with eventual responses being underwhelming (Patterson, 2011). Some victims state that law enforcement personnel appear suspicious of their disclosures and that they feel like they have to persuade the police of the genuineness of their allegations; other victims report circumstances of law enforcement personnel actively discouraging them from filing a report (Patterson, 2011; Jordan, 1998; Campbell, 2005). These types of interactions with formal systems are not uncommon for survivors of sexual assault; community samples have shown that the *majority* of rape victims experience some form of secondary victimization when seeking help from formal systems (Campbell, 2008).

These negative experiences have profound psychological effects on survivors of sexual assault: secondary victimization has been linked to additional trauma, with survivors describing the poor treatment by as “the second rape” (Campbell, 2005). In self-report characterizations of their psychological health, victims indicated that contact with legal system personnel left them feeling bad about themselves (87%), depressed (71%), violated (89%), and distrustful of others (53%)(Campbell, 2005; Campbell, & Raja, 2005). Survivors have also reported feeling anxious, hurt, judged, unsafe, hopeless, uncomfortable, guilty, confused, unimportant, and ignored after experiencing secondary victimization (Patterson, 2012, 2011; Campbell & Raja, 2005; Jordan, 1998). While the experience of discussing an assault is generally difficult, victims found questions about their personal life (i.e., questions regarding wardrobe choices, prior sexual history, prior relationships with the perpetrator, etc.) to be particularly traumatic (Campbell, 2006, 2005; Campbell & Raja, 2005).

Post Traumatic Stress Disorder (PTSD) symptomology is particularly evident among survivors who endure secondary victimization from police (Campbell et al., 2001; Campbell & Raja, 2005; Filipas & Ullman, 2001). Contact with formal helping systems, including law enforcement, increases the likelihood of a survivor enduring negative social outcomes, which are associated with PTSD symptomology (Filipas & Ullman, 2001). Campbell and colleagues found that when cases did not progress and victims had high secondary victimization, then they also experienced significantly elevated PTSD symptoms (Campbell et al., 2001).

Victims who have experienced secondary victimization have reported feeling hopeless about the criminal justice system’s ability to help them, distrustful of others, and reluctant to seek *any* further help in general (Patterson, 2011; Campbell & Raja, 2005). In fact, survivors on college campuses who have had past experiences of reporting to the police (sexual assault or

otherwise) are less interested in disclosing their assaults to formal systems for fear of an inappropriate reaction (DeLoveh, 2014). Upon reflecting on their experiences, many sexual assault survivors have stated that they would not have reported if they have known what the experience would have been like beforehand (Konradi, 2007).

Secondary victimization affects not only a victim's health and well being, it can also have a negative effect on the likelihood that a case will be prosecuted. When victims experience secondary victimization from law enforcement, it discourages their participation in the process and this decreased engagement can manifest as a decreased willingness to provide case details (Patterson, 2012). When victims do not provide many details about the incident (which again, is due to the secondary victimization they received), the resulting report is less complete and detailed, which means that the case may be considered "weak" by prosecutors and therefore is less likely to be charged (Patterson, 2012). In other words, secondary victimization creates a cyclical process in which law enforcement express doubt about a case, victims engage in self-protective factors and withhold information, causing law enforcement to provide a less-than-through investigation, and ultimately decreasing the opportunity for prosecution.

In an attempt to understand better how interactions between victims and law enforcement can strengthen or weaken an investigation, Patterson (2012) interviewed 20 adult rape victims who had reported their assault to law enforcement and received a medical forensic exam between 1997 and 2007. Many of the survivors with whom Patterson spoke reported experiencing circumstances of secondary victimization: some detectives verbally communicated their opinions of disbelief, while others failed to establish rapport and started the line of questioning with rapid and aggressive questions about the victim's character. This intimidating interview environment left victims feeling hurt, unsafe, and uncomfortable. It was indicated that this discomfort made it

difficult for them to tell their story and caused them to engage in self-protective behaviors, like sharing fewer details about the rape. While successful prosecution often hinges on a case's perceived "convictability" (Spears & Spohn, 1997), these victim-blaming behaviors enacted by law enforcement inadvertently discouraged survivors from presenting themselves as "credible witnesses." Patterson's research documented a vicious cycle: detectives' perceptions of victims' credibility had a direct impact on the ways in which they interviewed said victims, which, in turn, effected a victims' comfort level with the detective and therefore the amount of information a victim was willing to share, which, ultimately, affected the likelihood of a case being prosecuted. In sum, multiple research studies have identified a common theme for survivors who seek formal help from the legal system: their experiences are likely to be upsetting, both with regards to how they are treated and the actions taken, or more typically, not taken in their cases.

Medical System

Another formal system victims may turn to for post-assault help is the medical system. Sexual assault is, at the very least, a crime against the body and as a result, many survivors have emergent health care needs (e.g., injury care, pregnancy testing). However, as with disclosures to the legal system, most victims do *not* seek rape-related health care. Campbell and colleagues' (2001) study on 102 adult female survivors of sexual assault found that only 43% of survivors sought rape-related medical care. The National Women's Study found substantially lower rates, such that only 26.2% of survivors sought and post-assault medical care (Resnick et al., 2000). Adolescents are even less likely than adults to seek care from the medical system after an assault (Broman-Fulks et. al, 2007; Casey & Nurius, 2006), which may be due to fear of shame, stigma, lack of knowledge surrounding available services, embarrassment, or concerns of confidentiality (Finkelhor & Wolak, 2003; Fisher, Cullen, & Turner, 2000; Rickwood, Deane, Wilson, &

Ciarrochi, 2005; Wilson & Deane, 2001). When victims *do* choose to seek post-assault medical care, it is most often because they had sustained injuries during the assault, had fear of contracting STIs/HIV, were assaulted by a stranger, and/or they feared death or severe injury during the assault (Campbell, Bybee et al, 2009; Du Mont, White, & McGregor, 2009; Resnick et al., 2000).

When victims seek post-assault medical care, they are supposed to receive a comprehensive medical forensic exam (MFE), as recommended by the Center for Disease Control and Prevention (CDCP, 2002), the American Medical Association (AMA, 1995), and the American College of Obstetricians and Gynecologists (ACOG, 1998). Victims seeking medical care should be offered the following services: detection and treatment of bodily injury, screening and provision of preventative treatments (prophylaxis) for sexually transmitted infections (STI's), including HIV, and/or detection and prevention of pregnancy (DOJ, 2013).

Also, as part of the MFE, health care providers may collect and preserve evidence from the survivor's body with a sexual assault kit (SAK) for potential use within the criminal justice system (DOJ, 2013). SAK collection consists of: documentation of the history of the assault; a head-to-toe physical exam; visual assessment of the genitals for trauma; specimen collection from body surfaces and points of contact with the perpetrator, which may include swabbing of the vulva, anus, or mouth, and plucking of head and pubic hairs; collection of blood and urine for drug analysis; and collection of patient's clothing if appropriate (Campbell, Patterson, & Lichty, 2005). If the hospital is equipped with the proper technology, the exam may also include a time to photographically document injury and/or a colposcopy to provide a magnified view of the anogenital area to examine for injury (Adams, Girardin, & Faugno, 2001). In its totality, the

MFE and SAK collection process is often long (lasting up to 4 hours) and incredibly invasive for survivors.

Much like victims' experiences with the legal system, prior studies have found that most victims who seek post-assault medical care do not receive comprehensive help. Hospital records have indicated that only 34% of sexual assault patients are given preventative treatment for STIs and HIV (Amey & Bishai, 2002), while 57-69% of patients self-report receiving the prophylaxis (Campbell 2005, 2006; Campbell et al., 2001). Victims of nonstranger rape and nonwhite women are significantly less likely to receive information and/or prophylaxis on STIs and HIV, even though these factors do not mitigate one's risk (Campbell et al., 2001; National Center for Victims of Crime, 1992; Campbell & Bybee, 1996). Additionally, and in spite of AMA (1995) and ACOG (1998) recommendations of emergency contraception for all victims at risk of pregnancy, only 21-43% of survivors who qualify actually receive this service and only 40-49% of victims even receive information about the risk of pregnancy after an assault (Campbell, 2005, 2006; Amey & Bishai, 2002; Campbell et al., 2001). Above and beyond attending to basic health care needs, many hospitals and emergency departments lack staff that are specially trained in medical forensic exams or they do not perform the exams frequently enough to maintain proficiency. As a result, MFEs and SAKs are often performed incorrectly (Plichta, Vandecar-Burdin, Odor, Reams, Zhang, 2006; Martin, 2005; Sievers, Murphy, & Miller, 2003).

In addition to the gaps in service delivery, many rape survivors also experience secondary victimization by medical personnel. Before ever interacting with doctors or medical staff, victims are often made to endure long waits in hospital emergency departments, where they are not allowed to eat, drink, or urinate in order to avoid destroying physical evidence (Littel, 2001; Taylor, 2002). When victims are seen for treatment, they are often treated in ways that are

upsetting and re-traumatizing. For example, research has found that medical providers fail to explain the risk of pregnancy and/or STIs from sexual assault, fail to be attentive to the emotional state of the victim, make the victim feel as though their treatment was “rushed,” have cold, impersonal, and detached interactions, and engage in inappropriate lines of questioning (Campbell, 2005, 2006; Campbell & Raja, 2005). Much like interviews with law enforcement, medical personnel view questions regarding victims’ prior sexual history, response to the assault, clothing worn at the time of the assault, and “cause” of the assault as appropriate and relevant to the exam, while victims find these types of questions upsetting and traumatic (Campbell & Raja, 2005).

These experiences of secondary victimization from the medical system have negative effects on the well-being of victims. In self-report characterizations of their psychological health, victims indicated that contact with medical personnel left them feeling bad about themselves (87%), depressed (71%), violated (89%), distrustful of others (53%), and reluctant to seek further help (80%)(Campbell, 2005; Campbell, & Raja, 2005). Victims have also noted feeling nervous, anxious, and guilty after interacting with medical personnel (Campbell, & Raja, 2005). Ullman’s (1996) study indicated that only 5% of survivors rated physicians as a helpful source of support.

These negative experiences with the medical system have been found to be associated with higher PTSD levels (Campbell & Raja, 2005; Campbell et al., 2001). This is particularly true for victims of nonstranger rape who receive minimal care and high secondary victimization; in fact, these women were found to have significantly higher levels of PTSD symptoms than those victims who did not seek medical care at all (Campbell, Sefl, et al., 1999). Overall, negative responses from the medical system significantly exacerbate victims’ PTSD symptomatology (Filipas & Ullman, 2001; Starzynski et al., 2005).

Whereas insensitive care seems to make victims withdraw and avoid seeking further help, compassionate care has been shown to produce more disclosures and more willing engagement in the medical and legal process. Sexual Assault Nurse Examiners (SANEs) are specialized and highly trained forensic nurses that are able to provide MFEs, crisis intervention, generalized medical care to victims of sexual abuse, and expert testimony (DOJ, 2013). Their specialized training encourages positive, supportive, and non-victim-blaming interactions with survivors of sexual violence. Survivors report that interactions with SANEs leave them feeling safe, respected, in control, reassured, believed, cared for, and informed on their exam and next steps (Campbell, Patterson, Adams, Diegel, & Coats, 2008; Ericksen, et al., 2002).

In in-depth qualitative interviews with 20 adolescent SANE patients, Campbell and colleagues (2013) found that patients report positive experiences with the SANE programs, noting that the nurses built rapport and were sensitive to both physical and emotional needs throughout the medical forensic exam. These same adolescent survivors described the nurses as compassionate, caring, personable, nonjudgmental, and validating, and they appreciated that the nurses treated them as people instead of patients. All twenty participants noted that a medical forensic exam is “just plain awkward and uncomfortable,” so the nurses’ ability to be sensitive was appreciated (Campbell, Greeson, Fehler-Cabral, 2013). This same sentiment has been echoed in other research studies: MFEs are difficult, but when victims are treated with care and respect, they are willing to endure such difficulty to continue their engagement in the process (Du Mont, White, & McGregor, 2009; Fehler-Cabral, Campbell, & Patterson, 2011; Campbell, et al., 2008).

Overall, most rape survivors do not seek post-assault medical care and those who do are often met with inconsistent service provision and experiences of secondary victimization.

However, when positive interactions with medical personnel are intentionally enacted, survivors are more likely to have better health outcomes and continue to stay engaged with formal systems.

The Interface Between the Legal and Medical Systems: The Sexual Assault Kit (SAK)

Service provision by the legal and medical systems is often less-than-thorough; survivors' cases are prematurely dropped from criminal justice proceedings and/or they do not receive the medical care they require. The MFE/SAK is a critical component of the healthcare response to rape that can have tremendous utility to the criminal justice system. However, emerging research suggests that this particular post-assault service is fraught with problems. Social science research studies, along with multiple media reports, have found that thousands of rape kits in communities throughout the United States have never been tested for DNA (Human Rights Watch, 2009, 2010). After a health care provider collects the SAK, law enforcement personnel are *supposed to* submit the kit to a forensic laboratory so that it may be screened for biological evidence and the offender's DNA. If DNA is found within the contents of a SAK, it may be uploaded into the national DNA forensic database, CODIS (Combined DNA Index System) if it meets three standards: 1) standard for biological quality of the sample, 2) reasonable assurance that a crime was committed, and 3) reasonable assurance that the DNA profile is most likely from the offender. Once uploaded, the information offered by CODIS may provide investigational leads regarding offender identity or patterns of offending, and/or play a robust role in case processing decisions (Peterson, Hickman, Strom, & Johnson, 2013; Jobling & Gill, 2004; Stevens, 2001).

Despite the tremendous utility of SAKs to criminal prosecution of sexual assaults, it appears that more often than not, police are not submitting SAKs for testing and instead, they are stored in police property. As early as 1997, research found that up to 50% of sexual assault kits

collected at a women's health center went unsubmitted (Parnis, 1997). In 2009, the Human Rights Watch reported that there were 12,669 unprocessed sexual assault kits in Los Angeles County and in 2010 they found that only 1,474 of 7,494 SAKs (20%) had been submitted for testing in Illinois since 1995 (Human Rights Watch 2009, 2010). Patterson and Campbell (2012) found that over 40% of adult SAKs collected in a Midwestern SANE program were not submitted. Similar results have been documented for SAKs collected from adolescent sexual assault victims; Shaw and Campbell (2013) found that 40.7% of adolescent SAKs collected in the Midwestern SANE program were never submitted for forensic analysis. More broadly, national surveys of law enforcement agencies have suggested that there may be upwards of 200,000 untested rape kits sitting in police storage facilities across the United States (Lovrich et al., 2004; Strom & Hickman, 2010). In fact, both local and national media outlets have documented large numbers of untested SAKs in a number of other United States cities, including New York City, Los Angeles, Memphis, Dallas, and Cleveland (Campbell, Feeney, Fehler-Cabral, Shaw, & Horsford, *in press*).

These findings raise the question: why are so few sexual assault kits submitted to the crime lab for testing? Law enforcement agencies have indicated that lack of funding for DNA analysis and/or an inability of the crime laboratory to produce timely results are key reasons why they fail to submit kits (Lovrich et al., 2004). Other studies have noted that antiquated forms of counting and tracking SAKs allow these cases to "slip through the cracks" (Ritter, 2011; Human Rights Watch, 2010).

However, it also appears that police do not submit SAKs because they do not believe such testing would be helpful or informative. Lovrich and colleagues (2004) found that the majority (50.8%) of responding local law enforcement agencies did not submit sexual assault kits

to crime laboratories because forensic DNA was not considered a tool for crime investigations. In Strom and Hickman's (2010) study of a nationally representative sample of 3,153 state and local law enforcement agencies, 17% of agencies stated that they did not submit evidence to the crime lab because they did not think it would be useful. This same study found that other agencies did not submit SAKs because they believed submission would not benefit the particular case to which the SAK corresponded. For example, law enforcement agencies reported that they did not submit evidence to the crime lab for processing if the suspect had not been identified (44%), if the suspect had been identified but had not been charged (12%), the suspect was adjudicated without forensic testing (24%), or the case was dismissed entirely (19%) (Strom & Hickman, 2010). This theme has been echoed in other research reports: Ritter (2011) suggested that a lack of perpetrator identification led to untested SAKs across the country, while Lovrich and colleagues (2004) found that 41.6% of agencies failed to submit SAKs to the crime lab when a suspect had not been identified or when a suspect had been identified, but not yet charged.

Shaw and Campbell's (2013) research on adolescent victims has found that characteristics of the victim and assault may also play a role in law enforcement's decision to submit cases for forensic testing. Younger adolescent victims (13-15 years old) were more likely to have their sexual assault kit submitted to the crime lab than older adolescent victims (16-17 years old). Adolescent sexual assaults with multiple perpetrators were less likely to be submitted than assaults with a single perpetrator. Finally, victims who endured fewer assault acts were less likely to have their sexual assault kits submitted than those who experienced a higher number of assault acts (i.e., penetration, oral contact to the genitals, etc.) (Shaw & Campbell, 2013). For adults, sexual assault kits that document physical, non-anogenital injuries are more likely to be

submitted and cases where the victim engaged in post-assault actions, like bathing, were less likely to be submitted (Patterson & Campbell, 2012).

Emerging research suggests that the inter-organizational relationships between police, prosecutors, and SANE programs may also affect rates of SAK submission. For example, if law enforcement agencies have strong relationships with their local SANE programs, they are more likely to submit sexual assault kits for testing (Patterson & Campbell, 2012). Cowan and Koppl (2010) have suggested that the relationship between law enforcement, prosecution, and crime labs allows the agencies to act as a single unified supplier of criminal justice. However, this unified front can become detrimental when legal wins are incentivized above attending to the perceived guilt of a suspect, and cases are chosen for forensic testing and prosecution based on possible “convictability” (Cowan & Koppl, 2010).

Regardless of the reasons why kits are shelved, stockpiles of untested sexual assault kits have a number of negative implications for both the general public and survivors alike. In terms of public safety, stockpiles of untested sexual assault kits allows for sexual offenders to go undetected, which, in turn, leaves these individuals free to potentially commit further crime. This is critical, as research has shown that many rapists commit multiple sexual offenses (Abbey et al., 2012; Lisak 2008; Lussier & Cale, 2013). The previously described CODIS system has the capability to identify these serial assailants, yet failing to consistently submit forensic evidence means that law enforcement personnel are missing opportunities to identify serial offenders through DNA matches across kits. For survivors, the lack of SAK testing sends a chilling message that what happened to them is not of societal concern. Strom and Hickman (2010) suggest that unanalyzed forensic evidence be viewed as “justice denied” (p. 382) because failing to submit a SAK for forensic testing fundamentally ignores the evidence collected from a

victim's body and prevents the opportunity for such evidence to be submitted in criminal proceedings, where it could assist in the prosecution or exoneration of an accused perpetrator. Overall, the Human Rights Watch (2009) argues that the failure to test sexual assault kits can actually only perpetuate the problem of sexual assault; this failure tells assailants that they may continue assaulting others without consequence and to survivors, it sends a message that their trauma is not of societal concern.

THE CURRENT STUDY

Detroit, Michigan is one of a growing number of cities in the United States that have large numbers of untested SAKs in police property (see Campbell, Fehler-Cabral, Pierce, Sharma, Shaw, Horsford, & Feeney, 2015 for a review). After the SAKs were discovered unexpectedly in 2009, the Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB) leveraged federal grant funding from the Department of Justice, Office on Violence Against Women to fund The 400 Project. This project had two primary goals: the first was to facilitate the testing of the 400 randomly selected kits and the subsequent statistical analysis of the testing results (see MDSVPTB, 2011 for a review). The second goal was to conduct supplemental investigations and legal reviews for all of the criminal cases associated with the 400 randomly selected SAKs. Central to this second objective was the development of a plan to inform victims that their SAK had been tested (i.e., a victim notification plan). A multidisciplinary team (that included law enforcement, prosecutors, forensic scientists, health care providers, and victim advocates,² to incorporate multiple perspectives into this process) decided that not all survivors could or should be re-contacted and, as such, the criteria for notification included that the case was still within the statute of limitations, and had known

² Members of The 400 Project were not current employees of either DPD or WCPO so that there could be an independent review/analysis of these cases.

perpetrators and/or had testing results that identified a suspect. Of the 400 cases reviewed, 69 met these criteria and were selected for victim notification.

A single officer attempted to notify all 69 survivors (4 were not able to be located) and, in the process, kept extensive, detailed notes on the investigation and subsequent interactions. These notes were compiled alongside all available legal and medical documentation for each survivor to form a single database, which provided a unique opportunity to examine secondary data as a way to better understand the experience of having one's SAK go untested. Another notable aspect of this dataset is that it includes the perspectives of individuals who experienced sexual assault during their adolescent years (i.e., ages 12-17).³ To date, no study has documented *adolescent* survivors' experiences of having one's SAK not tested for years and then found, tested, and the case (potentially) re-opened for legal investigation.

The purpose of this study is to tackle these gaps in the literature and examine the victim notification experiences of rape survivors who were adolescents at the time they were sexually assault and their kits went untested. Of the 69 survivors selected for victim notification, 15 were of adolescent age (i.e., 12-17) at the time of their assault, with an average age of 14. Considering this is a critical and relevant age group to investigate, this research explores whether there are discernible patterns, for adolescents, between initial assault characteristics, experiences with law enforcement, and presence of social support, and the willingness to move forward with prosecution. This was done by addressing three main research questions: 1) is there an association between willingness to engage in prosecution and specific characteristics of the assault, such as victim-offender relationship, use of drugs/alcohol, or use of a weapon, 2) is there

³ Developmental psychologists define young to middle adolescence as 10-17 years of age (Arnett, 2000; Lipsitz, 1977; Steinberg, 2005), but there were no 10-11 year olds in the data that fit the sampling criteria. As a result, this research will only be reviewing the cases of adolescents aged 12-17.

an association between willingness to engage in prosecution and experiences with law enforcement (i.e., the extent to which victims experienced secondary victimization in their initial police interactions years ago), and 3) does willingness to engage in prosecution vary as a function of the social support in the survivors' lives?

METHODOLOGY

Sample

The current study examined the experiences of rape survivors who were adolescents at the time of their assault and who were chosen to be a part of The 400 Project's victim notification process. Victim notification staff were only able to collect the original police reports for 56 of the original 69 women selected to be notified (excluding 13 from this study). Of these 56, victim notification personnel were only able to locate 52 of them. Within this sample of 52 women who had been selected for victim notification, had an original police report on file, and were able to be located by victim notification staff, there were 15 survivors who were assaulted as adolescents (ages 12-17). All 15 were selected to be a part of this research study, excluding 37 non-adolescents (18+) from the project. These sampling criteria are presented in Figure 1 and the sampled adolescents' demographics and assault characteristics are presented in Table 1.

Figure 1: Sampling Criteria

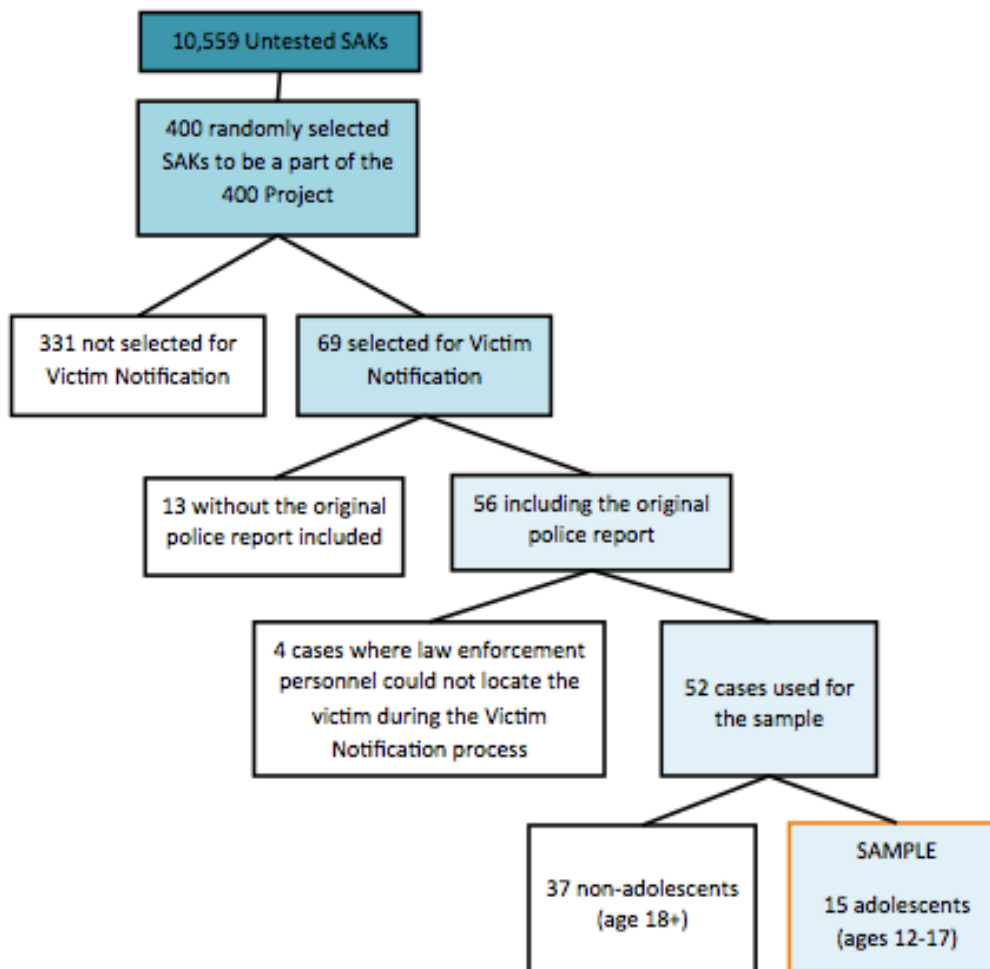


Table 1: Characteristics of the Sample (N= 15)		
Victim Gender	Female	100% (n= 15)
	Male	0% (n= 0)
Victim Race	Black	100% (n= 15)
	White	0% (n= 0)
Victim Age at Time of Assault	Mean:	14.00
	Std. Dev.:	1.81
	Range:	12-17
Perpetrator Age at Time of Assault	Mean:	27.71
	Std. Dev.:	9.92
	Range:	14-47
Age Difference Between the Victim and Perpetrator	Mean:	10.21
	Std. Dev.:	4.14
	Range:	1-31
Victim <16? (i.e., age of consent)	<16 at time of assault	73.3% (n= 11)
	16+ at time of assault	26.7% (n= 4)
Victim 14+? (i.e., early adolescence vs. middle adolescence)	<14 at time of assault	46.7% (n= 7)
	14+ at time of assault	53.3% (n= 8)
Time Since Assault (Years from Date of Assault to VN)	Mean:	8.05
	Std. Dev.:	4.14
	Range:	2.26-15.65
8+ years since assault?	<8 years since assault	46.7% (n= 7)
	8+ years since assault	53.3% (n= 8)
Indicate Wanting to Pursue Prosecution?	No	33.3% (n= 5)
	Yes	46.7% (n=7)
	Unsure	20.0% (n= 3)
Victim-Offender Relationship	Stranger	46.7% (n= 7)
	Known by site/nickname	20.0% (n= 3)
	Friend/family member/associate	26.7% (n=4)
	Past/present intimate partner	6.7% (n=1)
Weapon	No	73.3% (n= 11)
	Yes	26.7% (n= 4)
Drugs or Alcohol	No	80.0% (n= 12)
	Yes	20.0% (n= 3)
Physical Force	No	20.0% (n= 3)
	Yes	80.0% (n= 12)
Multiple Perpetrators	No	73.3% (n= 11)
	Yes	26.7% (n= 4)

Procedures

The current study analyzed previously collected qualitative data from The 400 Project. For each case, the complete records had the potential to include: the original police report (CRISNET report), the progress notes on the case, The 400 Project Investigative Synopsis, The 400 Project Witness Statement, and The 400 Project Report and Recommendation. A thorough explanation of each of the data sources provided for analysis by The 400 Project may be seen in Table 2. While these data do not consist of direct interviews, they do provide detailed accounts regarding how survivors reacted at different points throughout their interactions with the criminal justice system, and were available for archival analysis.

All archival data files provided by the 400 Project were analyzed for each of the fifteen cases sampled to be a part of this project. Each record (i.e., data file) underwent a three-stage coding process by the primary investigator, in accordance with Miles, Huberman, and Saldana's (2014) suggestions for analyzing qualitative data. This atheoretical approach is well suited for exploratory research when there is not a guiding substantive or methodological theory.

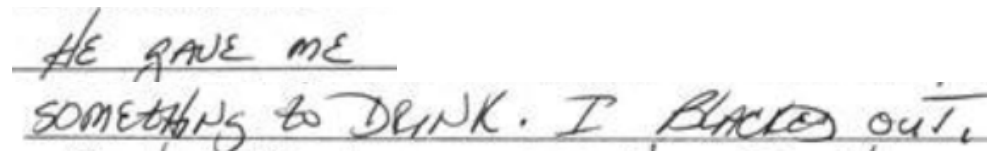
Table 2: 400 Project Data Sources	
Document	Description
<i>DPD Crisnet Report</i>	According to the DPD Manual, a CRISNET report is “a tool for members of the police department to use when reporting matters, when no other designated form is appropriate.” It is often the first form that an officer will fill out after responding to a crime. This form details topics including, but not limited to: date of incident, location of incident, a narrative of the crime, offender relationships, and available victim and offender information.
<i>DPD Progress Notes</i>	A chronological list of notes that describes the action taken in a particular case. The final case outcome is usually recorded on this form.
<i>400 Project Investigative Synopsis</i>	A detailed chronological description of the action taken to contact a particular victim for The 400 Project. Topics detailed include but are not limited to: action taken to make contact with the victim, a brief account of the interaction with the victim, the investigator’s perceptions of the events, or suggestions for future involvement with the victim
<i>400 Project Witness Statement</i>	Hand written documentation of an interview with the victim, performed by a single specialized investigator. Questions asked of the victim include but are not limited to: <ul style="list-style-type: none"> • On X date you were sexually assaulted. Can you tell me what happened? • Did they say anything to you? • Do you remember what they looked like/ Would you recognize them if you saw them again? • Is there anything else you would like to tell me about what happened to you? • Do you wish to prosecute the guy(s) who sexually assaulted you?
<i>400 Project Report & Recommendations</i>	A comprehensive account of all information known about a specific sexual assault case from The 400 Project. Forms are compiled by members of The 400 Project. The documents include information on: victim information, suspect information, DNA results, Summary of Case from Police Report, DPD Lab Reports, Summary of Medical Records, Summary of The 400 Project Investigative Synopsis, and Recommendations for further investigation or prosecution.

The first stage of analysis, data processing (also known as “open coding”; see Corbin & Strauss, 2008), occurs in two cycles (i.e., the first stage of analysis breaks down into two sub-

stages). The first cycle consisted of assigning labels to “chunks” of data with the intention of later categorizing data into similarly themed clusters. For this research study, the first cycle of coding was attuned to “sensitizing concepts” based on the research questions (i.e., “*concepts that give the user a general sense of reference and guidance in approaching empirical instances*” Bulmer, 1954, p. 7), as well as emergent themes (i.e., themes that were not identified *a priori*, but emerge from the close analysis of the data). For this project, the research questions guiding this analysis suggested identifying sensitizing concepts as: “assault characteristics,” “experiences with law enforcement,” “social support,” and “willingness to engage in prosecution.” Figure 2 shows how lines of discrete text (from 400 Project Witness Statement and Investigatory Synopsis files) were coded for both sensitizing concepts and emergent themes.

Figure 2: Example of first cycle coding

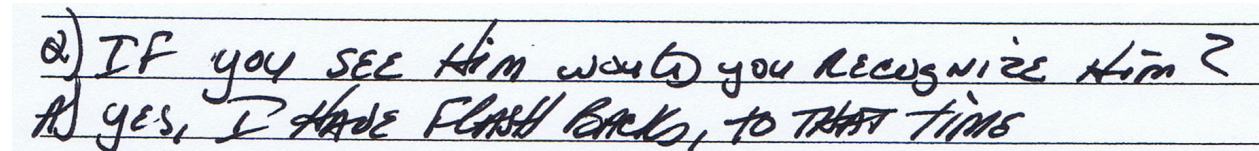
Figure 2a: Example of sensitizing concept “assault characteristics- drugs or alcohol, unconscious”



HE GAVE ME
SOMETHING TO DRINK. I BLACKED OUT.

“He gave me something to drink. I blacked out.”

Figure 2b: Example for emergent code “unable to forget the assault”



Q) IF you SEE him would you recognize him?
A) yes, I HAVE FLASH BACKS, TO THAT TIME

“Q) If you see him would you recognize him?”

A) Yes, I have flash backs, to that time.”

This first cycle of data processing was used to summarize sections of qualitative data, and variables (both emergent and sensitizing concepts) were extracted from the raw data files. The second cycle of the data processing phase, known as pattern coding, was then used to create “meta-codes” (Miles, Huberman & Saldana, 2014, p. 86). These meta-codes sought to condense the information collected during the first cycle of coding into meaningful units of analysis. For example, a meta-code that emerged in this cycle of coding compiled and tagged all text related to “survivors’ willingness to pursue prosecution” (see Figure 3).

Figure 3: Example of pattern coding

Figure 3a: Example for Willingness to Engage in Prosecution pattern coding scheme:

0= Not willing to engage in prosecution

1= Willing to engage in prosecution

2= Unsure about willingness to engage in prosecution at the time of victim notification

Figure 3b: Example for code that may be recoded as 0= Not willing to engage in prosecution

Q) DO YOU WISH TO PROSECUTE THE PERSONS WHO ASSAULTED YOU?
A) NO

“Q) Do you wish to prosecute the persons who assaulted you?

A) No”

Figure 3c: Example for code that may be recoded as 1= Willing to engage in prosecution

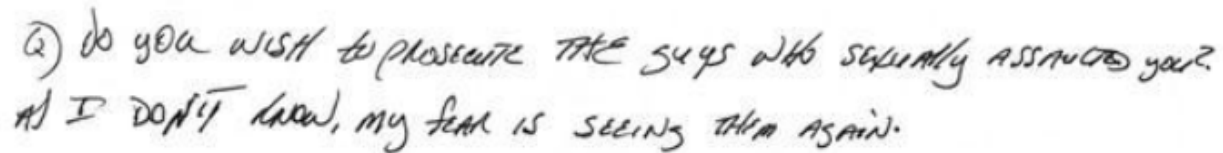
Q) DO YOU WISH TO PROSECUTE THE MAN WHO ASSAULTED YOU?
A) YES

“Q) Do you wish to prosecute the man who assaulted you?

A) Yes”

Figure 3 (cont'd)

Figure 3d: Example for code that may be recoded as 2= Unsure about willingness to engage in prosecution at the time of victim notification



Q) do you wish to prosecute the guys who sexually assaulted you?
A) I don't know, my fear is seeing them again.

“Q) Do you wish to prosecute the guys who sexually assaulted you?”

A) I don't know, my fear is seeing them again.”

Measures

The meta-codes developed during the second phase of coding were used to create the final measures used for this study. Based on the research questions guiding this project, the outcome variable was identified as being “willingness to pursue prosecution at the time of victim notification.” This variable was assessed as a categorical variable: 0 = does not want to pursue prosecution, 1 = wants to pursue prosecution, 2 = is unsure about pursuing prosecution. The broad categories of possible factors associated with victims’ decision outcomes included victim characteristics, assault characteristics, investigative characteristics, and social support.

Victim characteristics specifically reviewed a victim’s age at the time of her assault; this was mostly included for context. All victims in this project were identified as being Black and, as such, victim race was not a characteristic that was recorded. The assault characteristics analyzed included: the age of the perpetrator at the time of the assault, the age difference between the victim and the perpetrator, the relationship between the victim and the perpetrator (i.e., perpetrator was a stranger, known by sight or nickname, a friend or family member, or a past or present intimate partner of the victim), whether there were multiple perpetrators, and whether weapons, drugs/alcohol, physical force, threat of force, or coercive tactics were used to complete

the assault. Coercive tactics was a variable that emerged during the coding process to describe assaults characterized by the use of exploitation of authority, intimidation, or fear on behalf of the offender.

The category of investigative characteristics recorded the consistency of the assault narrative (as described by the victim) and assessed secondary victimization via the number of victim-blaming behaviors enacted by law enforcement against the survivor. The final variable category of social support was used to record whether the victim experienced post-assault social support by strangers, family members, friends, or authority figures. All factors that may be associated with victims' decision outcomes, along with their coding schemes, may be seen in Table 3.

Table 3: Factors Possibly Associated with Willingness to Pursue Prosecution			
	Variable Name	Variable Description	Coding Scheme
Victim Characteristics	Victim Age	The age of the victim at the time of her assault	Continuous Age of the victim recorded in years
Assault Characteristics	Perpetrator Age	The age of the perpetrator at the time of the assault	Continuous Age of the perpetrator recorded in years
	Age Difference	The age difference between the victim and the perpetrator	Continuous Difference in age between the victim and the perpetrator recorded in years
	Relationship	The relationship between the victim and the perpetrator	Categorical Stranger= 1 Known by sight/nickname= 2 Friend/ family member= 3 Past/present sexual partner= 4

Table 3 (cont'd)

Assault Characteristics (cont'd)	Multiple Perpetrators	Whether or not there were multiple perpetrators involved in the assault	Dichotomous One perpetrator= 0 Multiple perpetrators= 1
	Weapon Use	Whether or not a weapon was used during the assault. Simply seeing a weapon did not count as weapon use, while threat of use of a weapon was considered weapon use	Dichotomous No weapon used= 0 Weapon used= 1
	Drugs/ Alcohol	Whether or not the victim used drugs or alcohol prior to or during the assault	Dichotomous No drug/alcohol use= 0 Drug/alcohol use= 1
	Physical Force	Whether or not the perpetrator used physical force against the victim during the assault. This might include shoving, pulling, pushing, dragging, etc.	Dichotomous No physical force used= 0 Physical force used= 1
	Threat of Force	Whether or not the perpetrator threatened use of force or death against the victim during the assault	Dichotomous No threat of force used= 0 Threat of force used= 1
	Coercive Tactics	Whether or not the perpetrator used coercive tactics against the victim during the assault. Coercive tactics might include: the exploitation of authority, intimidation, or fear	Dichotomous No coercive tactics= 0 Coercive tactics= 1

Table 3 (cont'd)			
Investigative Characteristics	Consistency	Whether or not the victim was able to convey a consistent account of their assault to police	Categorical Account inconsistent= 0 Account consistent= 1
	Secondary Victimization Behaviors	Number of secondary victimization behaviors law enforcement recorded in their documentation of the case. Secondary victimization behaviors may include: noting or implying disbelief of the victim, asking inappropriate questions that are unrelated to the case, or making the victim feel badly about themselves	Count 0 behaviors= 0 1 behavior= 1 2 behaviors= 2 3 behaviors= 3 4 behaviors= 4 5 behaviors= 5 6 behaviors= 6 7 behaviors= 7 8 behaviors= 8 9 behaviors= 9 10+ behaviors= 10
Social Support	Social Support	Whether or not it was noted that the victim experienced social support after their assault (during the initial investigation). Social support may have been offered by: strangers, family members, friends, or authority figures	Dichotomous No social support noted= 0 Social support noted= 1

Analysis

After all data had been appropriately reviewed and variables had been extracted from the data sources, data analysis began. Consistent with Miles, Huberman & Saldana's (2014) methods for qualitative data analysis, all coded data was organized into accessible and compact displays to encourage straightforward interpretation. In this stage, it is common to use data matrices, charts, and graphs. This research primarily used data matrices to organize information. One data matrix, for example, that was made and analyzed during this phase of analysis, reviewed the relationship between a perpetrator's use of a weapon during the assault and a survivor's

willingness to engage in prosecution. This data matrix may be seen in Figure 4. In this example, each individual would represent an X within the matrix; an individual who *was threatened with a weapon* during the assault and who also was *unwilling to engage in prosecution at the time of victim notification*, would be represented by an X at the corresponding crossing.

Figure 4: Example of a data matrix for the data display phase of analysis

		Survivor's willingness to engage in prosecution		
		Unwilling	Unsure	Willing
Perpetrator's use of a weapon during the assault	No weapon was used	XXXXX	XXX	XXX
	Weapon was used			XXXX

These matrices became more complicated and intricate, using colors and shapes, as more variables and variable values were explored and, after completion of this step, all data had been organized into meaningful and practical data displays for straightforward interpretation

The final phase of analysis, known as “drawing & verifying conclusions,” focused on interpreting and linking the themes and concepts that were presented in the data and revealed via the data displays (Miles, Huberman & Saldana, 2014). A number of methods were used to draw conclusions during this phase, and this research specifically called upon: 1) noting patterns and themes in the data, 2) clustering the data to see how items relate, and 3) counting to see what information is present. Noting patterns and themes is a common method of drawing conclusions that includes reviewing text or data displays for patterns that pull together many separate pieces of data. The matrix example presented in Figure 5 demonstrates how this may be done with the three main domains addressed by the initial research questions (i.e., assault characteristics, investigational experience, and presence of social support), and the final outcome construct of willingness to pursue prosecution. From this, one may begin to notice clear patterns emerging

between those who were not willing or unsure about pursuing prosecution, versus those who were willing to pursue prosecution.

Figure 5: Example of a data matrix used for drawing & verifying conclusions

		Survivor's willingness to engage in prosecution		
		Unwilling	Unsure	Willing
Assault Characteristics	Coercive assault	XXXXX	XXX	
	Non-coercive assault			XXXXXXXX
Investigation Characteristics	Severe secondary victimization	XXXX	XXX	
	No severe secondary victimization	X		XXXXXXXX
Social Support	Social support not present	XXXX	XX	
	Social support present	X	X	XXXXXXXX

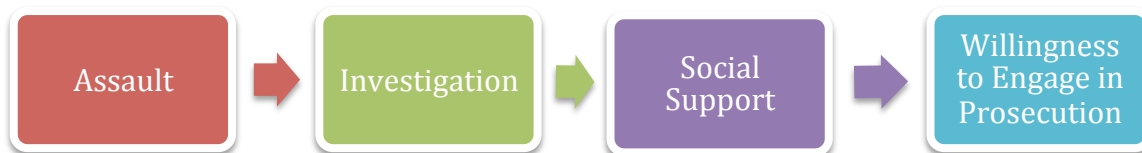
Verifying conclusions is the final step of data analysis where conclusions are reviewed and then possibly revised or removed from the list of findings, depending on the subsequent analysis. In order to verify the conclusions developed and to account for biases, the overall patterns that distinguished those who wanted to pursue prosecution from those who did not want to pursue or were unsure about pursuing prosecution were reviewed. To aid with this process, this research 1) checked the meaning of outliers, and 2) checked out rival explanations. Checking the meaning of outliers is a method that aids with testing the generality of findings and developing comprehensive conclusions. In this data, one specific outlier, an individual who, despite all odds wanted to pursue prosecution, was addressed many times throughout the analysis process. Due to the unique conditions of this individual's experience, this researcher chose to retain the outlier with the disclosure that this case does not fit overall conclusions.

RESULTS

Introduction to the Findings

This research project sought to explore how survivors of adolescent sexual assault whose SAKs went unsubmitted for forensic testing, decide whether to re-engage in investigations with law enforcement, and ultimately, pursue the prosecution of their assailants years after the initial assault took place. Of the 15 cases examined, five survivors did *not* want to pursue prosecution, three were unsure about pursuing prosecution, and seven were willing to engage with law enforcement and pursue the prosecution of their perpetrators. So, what made those who did not want pursue prosecution different from those who did want to move ahead legally? This research reviewed the characteristics of the assault (Research Question 1), the aspects of the initial investigation (Research Question 2), and the social support in survivors' lives both at the time of the initial investigation (Research Question 3) to better understand the pathways leading to each decision type (Figure 6 describes this analysis). To begin, a review of the pathways for those who refused or were unsure about the pursuit of prosecution will take place. Those who did not want to pursue prosecution will be reviewed alongside those who were unsure about pursuing prosecution as both groups represent individuals who were, at best, wary or hesitant about discussing their assault with law enforcement again at the time of victim notification.

Figure 6: Survivor decision-making pathways analysis plan



Refused or Unsure of Pursuing Prosecution

The Assault

What experiences were common across those young women who did not want to pursue prosecution or were unsure about moving forward with their case in this way? Each of these women (assaulted as adolescents) appears to have multiple factors working in tandem to influence their decision to decline further engagement with the legal system. The first of these influential factors relates to the characteristics of the assault itself. Cases marked by particularly coercive perpetrators contributed to a lack of desire to prosecute. Coercive assaults may be characterized by the use of exploitation of authority, intimidation, or fear on behalf of the offender and an assault was coded as being coercive if the victim described an implied threat (such as intentionally showing a victim a weapon without technically threatening her with it), if the perpetrator shamed the victim into participating in sex acts, or if the perpetrator intentionally gained the trust of the victim before assaulting her. Assaults were not considered to be coercive if they exclusively used force or threat of force to complete the assault. While these coercive assaults may use violence and/or drugs and alcohol as part of their assaultive tactic, the trademark of these assaults is the coercive behavior. It is important to note that coercive behavior is not a tactic used exclusively by known offenders; in fact, more than half of coercive assaults were also stranger perpetrated assaults. Strangers used coercive strategies to gain access to victims and intimidate or shame them into sex acts.

More specifically, coercive perpetrators encouraged fear, encouraged shame by making victims believe they should have understood what they were getting into, and encouraged a false sense of comfort. All of these manipulative behaviors took place in order to coerce survivors into sex acts that they likely would have not participated in otherwise. For example, in one case, an

18-24 year old stranger showed a 14-year-old Black young woman a drawer full of guns before attempting sex. While this perpetrator did not use a weapon during the assault, the intimidation and fear this assailant instilled in his victim prior to initiating sex is indicative of a coercive assault. In another case 16 a perpetrator encouraged shame by making his 15-year-old victim believe she should have known what she was getting into. In yet another case, a 17-year-old perpetrator agreed to be in a relationship with a 13-year-old young woman prior to forcing sex; here the perpetrator established a false sense of trust and comfort prior to rape so that the victim felt confused and shameful during the assault. She asked the perpetrator to stop the sexual contact, but when he did not she fell silent, continuing to blame herself for the assault almost 13 years later when contacted during victim notification. In the following case example of coercive perpetrator tactics (Figure 7), discrete lines of text have been taken from a police interview with the victim, a 12-year-old Black girl, who was assaulted by a 20-year-old man that she recognized from the neighborhood. In the example the victim describes how her perpetrator wore down her defenses and eventually coerced oral sex. The perpetrator then attempted to bribe the victim for continued (daily) contact.

Figure 7: Example of coercive perpetrator tactics

Example of coercive perpetrator tactics. Text from a DPD Witness Statement.

+ We started hugging He was rubbing up AGAINST me He was kissing on my neck He was lifting up my shirt He said let me see your stomach I said NO He asked me if I had gotten ate out before I said NO Well would you like me to do it I said NO He asked if I was on a period I didn't say anything He gave me Another hug He said WE CANT DO THIS HERE We going on [redacted]

He told me to stand up He tried to unbutton my pants I stopped him I said NO He said Nothing was going to happen So I laid back down He pulled his stuff out his pants + I performed oral sex on him

Q: What happened when you finished?
A: He offered me \$300.00 a day to model for him

"We started hugging. He was rubbing up against me. He was kissing on my neck. He was lifting up my shirt. He said let me see your stomach. I said no. He asked me if I had gotten ate out before. I said no. Well would you like me to do it. I said no. He asked me if I was on a period. I didn't say anything. He gave me another hug. He said we can't do this here. We going on [cross street redacted]."

"He told me to stand up. He tried to unbutton my pants. I stopped him. I said no. He said nothing was going to happen. So I laid back down. He pulled his stuff out his pants + I performed oral sex on him."

"Q: What happened when you finished?
A: He offered me \$300.00 a day to model for him."

This example shows how a very young woman may be verbally manipulated into a false sense of security by an older perpetrator in order to coerce sex acts. This was not the only survivor in this sample of those who denied or were unsure about pursuing prosecution who experienced similar manipulation and others experienced coercion via intimidation or shame. All

individuals who refused to engage in prosecution at the time of victim notification were assaulted in coercive manners.

The Investigation

As seen in Figure 6, the next set of factors that appear to influence survivors' decisions to participate in prosecution take place during the investigative phase. The perception of the assault, the way the survivor is able to explain her assault, and the interactions that survivors have with law enforcement during the investigation all appear to have an impact on survivors' decision to refuse or be unsure of pursuing prosecution at the time of victim notification.

Stereotypical versus Non-Stereotypical Assaults

The first influential factor that can take place during the investigative phase involves how “stereotypical” the characteristics of the assault were. A survivor was less likely to want to pursue prosecution if her assault deviated from the traditional cultural narrative of a rape. Cultural narratives, sometimes referred to as rape myths, perpetuate non-factual and victim-blaming perspectives on rape, such as: victims can be at fault for their own sexual assault, victims are assaulted by strangers, victims cannot retract consent during sex, or victims always have physical injuries after an assault. This deviation may be revealed during the investigative phase due to the fact that an investigation is usually the first time a survivor's story is being recorded and detailed.

In general, most victims do not experience assaults that fit neatly into the cultural narrative of rape, and, consequently, this was reflected in this sample of young women who denied or were unsure about pursuing prosecution. Many of these young women knew their perpetrators, had multiple perpetrators, initially consented to sexual contact, and/or did not have injuries. For example, in one case, a 16-year-old Black pregnant young woman was raped by her

best friend's 19-year-old boyfriend. Cultural narratives would be likely to dismiss this case as consensual, perhaps as two individuals who had been caught in an affair. In another example, a 14-year-old Black young woman was assaulted by multiple strangers over the age of 18, and then agreed to stay the night and have consensual sex with only one of them. Cultural narratives may suggest that this young woman was a prostitute or that she had consented to all of the men, but regretted her decision later. In the case example below (Figure 8), an excerpt is provided from a witness statement interview between an investigator and the victim, a 13-year-old Black young woman who was assaulted by her 17-year-old boyfriend. In this case, the victim knew her perpetrator, they were close in age to one another, and the victim originally consented to sex.

Figure 8: Example of a non-stereotypical assault

Example of a non-stereotypical assault. Text from a DPD Witness Statement.

Q) AFTER HE PUT HIS PENIS IN ~~IN~~ YOUR VAGINA WHAT HAPPENED?

A) A FEW MINUTES LATER I THOUGHT I HEARD SOMEONE AT THE SIDE DOOR AND I TOLD HIM TO STOP. AT FIRST HE DIDN'T STOP, THEN 5 OR 10 MINUTES LATER I TOLD HIM TO STOP AND HE DID.

Q) HOW OLD WERE YOU AT THAT TIME?

A) 13

Q) HOW OLD WAS [REDACTED]

A) ABOUT 16 OR 17

Figure 8 (cont'd)

*“Q) After he put his penis in [illegible] your vagina what happened?
A) A few minutes later I thought I heard someone at the side door and I told him to stop. At first he didn’t stop, then 5 or 10 minutes later I told him to stop and he did.”*

*“Q) How old were you at that time?
A) 13
Q) How old was [perpetrator’s name redacted]
A) About 16 or 17”*

This is an example of an assault that cultural narratives may dismiss as being consensual because the victim knew her perpetrator, they were close in age, and she initially consented to sex. This young woman chose not to pursue prosecution at the time of victim notification and the other young women in this sample who were assaulted in non-stereotypical ways were likely to choose, or at least consider, a similar path.

Perceived Consistency and Conceivability

Victims’ decisions to pursue prosecution may be affected in a second way during the investigative process: survivors are less likely to want to pursue prosecution at the time of victim notification if she had shared her story in an inconsistent way during the initial investigation. It seems as though such inconsistencies led law enforcement personnel to view the victim’s account of the sexual assault as inconceivable. A survivor’s story may be considered to be inconsistent when the details of her account of assault fluctuate over time. Research has indicated neurobiological and psychological reasoning for these inconsistencies (Campbell, 2012) and they are relatively common, though it is unclear the extent to which police are aware of these dynamics. As such, inconsistencies often result in law enforcement noting that the victim may be lying on purpose, which ultimately results in the dismissal of assault claims.

In this sample of those who refused or were unsure about pursuing prosecution, examples of inconsistencies include, but are not limited to, providing varied accounts on the type of weapon used or whether a weapon was used at all during the assault, providing varied accounts on the number of perpetrators involved in the assault, or providing varied accounts on which sex acts were consensual and which were non-consensual. An example of an inconsistency may be seen in Figure 9; here text has been taken from a police report and witness statement about a 16-year-old Black woman, who was assaulted by multiple strangers between the ages of 18-20. In the victim's first account, she describes being kidnapped by strangers and forced into the home of her perpetrators, but in her second account she describes willingly joining her known perpetrators in their home.

Figure 9: Example major inconsistency

Figure 9a: Text from the DPD Crisnet Report, indicating victim's initial interpretation of the assault.

THE VICTIM STATES THAT A VEHICLE PULLED UP CONTAINING 3/UNK B/M'S. THE 3 MALES EXITED THE VEHICLE AND GRABBED THE VICTIM FORCING HER INTO THE BACK SEAT OF THE VEHICLE. THE VICTIM STATES SHE WAS DRIVEN TO AN UNK LOCATION (2 FAMILY FLAT). THE OFFENDERS DRAGGED HER INTO THE RESIDENCE (SCREAMING).

"The victim states that a vehicle pulled up containing 3 [unknown Black males]. The 3 males exited the vehicle and grabbed the victim forcing her into the back seat of the vehicle. The victim states she was driven to an unk location (2 family flat). The offenders dragged her into the residence (screaming)."

Figure 9b: Text from the DPD Witness Statement, indicating the victim's revised interpretation of the assault.

A/ I was with [REDACTED] I had come back from the store, I saw [REDACTED] he said he was going to the store so I went back to the store with him then went back to his house and [REDACTED] I went inside and his own [REDACTED] and another boy were there.

Figure 9 (cont'd)

“A) I was with (perpetrator name redacted). I had come back from the store, I saw [perpetrator name redacted] he said he was going to the store. So I went back to the store with him then went back to his house on [street name redacted]. I went inside and this guy [name redacted] and another boy were there.”

This victim was unable to share her story in a way that was conceivable to law enforcement. This difficulty in sharing a consistent story was present amongst many of the survivors in the sample, and is, in fact, common amongst survivors in general for both neurobiological and psychological reasoning (Campbell, 2012). However, survivors who struggled to share their story in a consistent manner during the initial investigation were also less likely to want to pursue prosecution at the time of victim notification.

Secondary Victimization

Experiences of not being believed by law enforcement (as a result of having a non-stereotypical assault, an inconsistent account of the rape, or both) were common amongst those survivors who chose not to participate in prosecution at the time of victim notification. While almost all survivors reviewed for this project experienced some form of secondary victimization, those who eventually were unsure about pursuing prosecution at the time of victim notification, appear to have faced particularly severe secondary victimization. Secondary victimization was characterized as more severe if 1) many acts of secondary victimization took place during the investigation (Figure 10) and/or 2) the victim was likely to understand that her investigator did not believe her (Figure 11).

Some young women in the sample experienced numerous victim-blaming behaviors throughout the course of their investigation, including, but not limited to: absence of thorough investigative action, documentation of disbelief, inappropriate questioning by investigators, and

feeling disbelieved or bad about themselves during the investigation. The following case example (Figure 10), involving a 12-year-old Black girl and 20-year-old stranger, demonstrates how multiple abuses may be enacted in one investigation.

Figure 10: Example 1 of severe secondary victimization

Figure 10a: Text from the DPD Crisnet Report, indicating the officer's initial impression of the assault

PERP APPROACHED COMP AND TOLD COMP TO "SUCK MY DICK".
PERP THEN FORCED COMP TO GIVE HIM ORAL SEX

"Perp approached comp and told comp to 'suck my dick.' Perp then forced comp to give him oral sex."

Figure 10b: Text from the DPD Crisnet Report, indicating the officer's revised impression of the assault

complainant agreed to go with unknown person from neighborhood and performed fellatio on him because she wanted to 2 to 3x.

"Complainant agreed to go with unknown person from neighborhood and performed fellatio on him because she wanted to 2 to 3x."

Figure 10c: Text from the DPD Progress Notes.

received case / reviewed no force and complainant refuses to be of any help problem child /has old CSC cases on file [redacted] / known in old case 18 years old also was consensual [redacted] gardian aunt to get her counseling also does not wish to prosecute.//// MI-CRTP

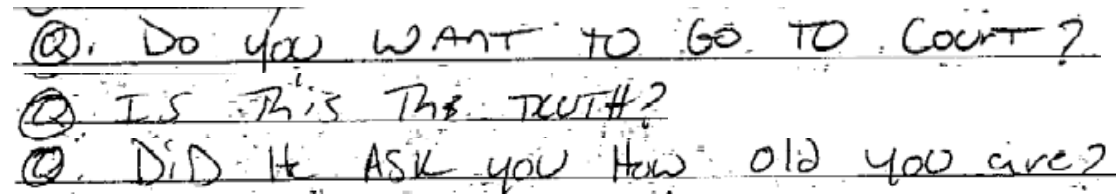
10/17/ DROP MI CRTP
12/7/[redacted] DICT

"Received case/ reviewed no force and complainant refuses to be on any help problem child/ has old CSC cases on file [case information redacted]/ known in old case 18 years old also was consensual [sic] [identifying information redacted] guardian [sic] aunt to get her counseling also does not wish to prosecute.//// MI-CRTP.

*10/17 DROP MI CRTP
12/7/[year redacted] DICT"*

Figure 10 (cont'd)

Figure 10d: Text from the DPD Witness Statement.



Handwritten text on lined paper:

- Q. Do you want to go to court?
- Q. Is this the truth?
- Q. Did he ask you how old you are?

"Q) Do you want to go to court?"

Q) Is this the truth?"

Q) Did he ask you how old you are?"

The first examples, 10a and 10b, depict how the interpretation of the assault changed over the course of one day. The initial interpretation of the assault taken immediately after the report was first filed, depicts the young girl as a victim who was forced to perform oral sex on a man much older than her. Later that day, an updated version of this report was written; despite the significant age difference between the perpetrator and the victim (the perpetrator was eight years older than his 12-year-old victim), the officer wrote that the young girl consensually participated with sex acts with this man. Here, the officer is documenting their disbelief of this victim's account of the assault. The next example from this same case's progress notes (10c), provides examples of both documentation of disbelief with the comment and absence of thorough investigative action. The investigator notes their disbelief by discrediting the victim by writing that she has prior criminal sexual assault reports filed, noting that these past charges were "consensual," and writing "reviewed no force." The investigating officer also recorded in this report that the 12-year-old victim was a "problem child." It is important to note that this case was also closed "complainant refused to prosecute (CRTP)" one day after the assault was reported to police. The final example (10d) from the victim's witness statement shows some of the

inappropriate questions that law enforcement personnel asked the victim during her interview. These questions were not relevant to the investigation and are more akin to an interrogation than a victim interview.

This young woman's case was distinctly affected by the many victim-blaming behaviors that law enforcement enacted throughout her case; this severe secondary victimization resulted in premature case closure. Other survivors that experienced severe secondary victimization were more likely than not to understand that their case was not being taken seriously by law enforcement. An example of this type of abuse may be seen in Figure 11, an excerpt from a witness statement where an investigator is interviewing the survivor, a 14-year-old Black young woman, who was assaulted by multiple strangers between the ages of 18-24 over the course of a few days. Here the investigating officer stopped recording the victim's witness statement and instead began recording their personal thoughts on the case, noting that the victim was "lying" and "really has issues."

Figure 11: Example 2 of severe secondary victimization

Example of severe secondary victimization. Text from DPD Witness Statement.

Compl is not telling the truth. She has told several stories tonight to me as well as the officers @ the Dist. Compl told me she didn't have any sex with [redacted] B/M, [redacted] or [redacted] the man she met @ the store after she left man's house.

The Compl really has issues.

"Compl is not telling he truth. She has told several stories tonight to me as well as the officers @ the [illegible]. Compl told me she didn't have any sex with [perpetrator name redacted], B/M/[age redacted] or [perpetrator name redacted], the man she met @ the store after she left man's house... the compl really has issues."

While this example contains no notes showing that the investigators expressly shared their disbelief with the victim, it is difficult to imagine that they could have shielded their obviously strong feelings towards this case from the victim. These types of severe secondary victimization sends a powerful statement to the victim that her case is not worth investigating because no one believes her. Ultimately this victim was unsure about pursuing prosecution at the time of victim notification, and it is not hard to imagine why. The other victims in this sample who experienced this degree of secondary victimization made similar choices.

Social Support

The final set of factors, as seen in Figure 6, related to a survivors' willingness to prosecute at the time of victim notification is the presence or absence of social support in their lives. Social support may come in the form of informal helping services (e.g., family or friends) or formal helping services (e.g., school or social work professionals, health professionals, etc.). As such, this research reviewed survivor case notes for mention of supportive family members, friends, school or social work professionals, or health professionals. It is also possible for social support to come from law enforcement personnel; police helping or expressing belief in the victim during the investigation can be a powerful statement. Therefore, this research also reviewed survivor case notes for mention of supportive law enforcement. Those who did not want to pursue prosecution and those who were unsure about their futures with the legal system all shared one major theme in common: social support was markedly absent from all documents regarding the initial assault and investigation, as well as all documents regarding the victim notification process. While the *lack* of notation regarding supportive individuals in a survivor's life is often how "lack of social support" was coded, there are examples of instances where individuals who had been supportive in the beginning eventually retracted their support. In the

following example, the mother of a 13-year-old Black victim was originally showing supportive behaviors: after the assault, she brought the victim to the hospital for a medical forensic exam. However, as seen in Figure 12, the mother began calling the police daily to reduce her daughter's credibility. An example of a statement made by this mother the day after the assault is shown in below.

Figure 12: Example of lack of social support

Example of lack of social support. Text from DPD Progress Notes.

MOTHER ALSO SAID THE COMPL IS A RUN AWAY AND HAS LIED BEFORE. SHE IS HANGING AROUND WITH THE WRONG CROWD AND SHE CAN'T CONTROL HER.

"Mother also said the compl is a run away and has lied before. She is hanging around with the wrong crowd and she can't control her."

This survivor did not appear to have many sources of social support in her life. Her mother, father, and sister all made statements to discredit the victim's account. This lack of social support from those individuals close to the victim likely had an impact on the way the victim viewed herself and her case.

In summary, survivors of sexual assault were less likely to be willing to pursue prosecution at the time of victim notification when: their assailants used coercive tactics, they experienced non-stereotypical assaults, they were unable to describe their assault in a way law enforcement could understand, they experienced severe secondary victimization, and/or social support was markedly absent from their post-assault experience. Having one or more of these factors appeared to have a distinct effect on whether a survivor wanted to pursue prosecution at the time of victim notification.

Agreed to Pursue Prosecution

The Assault

Those adolescent women who wanted to pursue prosecution at the time of victim notification appeared to have had distinctly different experiences with their assault, their investigation, and the social support in their lives as compared to those who did not want or were unsure about pursuing prosecution. The first factor influential on willingness to pursue prosecution, the presence or absence of coercive perpetrators who depend on exploitation of authority, intimidation, or fear (see Figure 7 for an example), was markedly absent from the experiences of those who ultimately decided to pursue prosecution. Instead, their assailants relied on threat of use of weapons, threat or use of physical force, or use of drugs to force sex acts. In fact, more than half ($n=4$) of the survivors who eventually decided to pursue prosecution were threatened with a weapon during their assault. Figure 13 includes lines of discrete text from a police report for a 17-year-old Black victim assaulted by a 28-year-old stranger, depicting an example of a non-coercive assault.

Figure 13: Example of a non-coercive assault

Example of a non-coercive assault. Text from DPD Crisnet Report.

Perp forced complt into venue at gun point where perp forced sexual intercourse na and robbed her.

“Perp forced complt into venue at gun point where perp forced sexual intercourse [illegible] and robbed her.”

Here the assailant was not depending on coercion or manipulation, but rather on his weapon, a gun. This survivor went on to want to pursue prosecution at the time of victim notification; she did not cite continued fear of the perpetrator and appeared confident in her

decision to move forward with the legal process. The other adolescent women, who eventually decided to pursue prosecution, confidently or otherwise, were all assaulted under circumstances that lacked the facet of coercion.

The Investigation

The second set of factors that appear to be influential on survivors' decisions to engage in possible future prosecution are all a part of the investigative phase (see Figure 6); public impressions of the assault, the ability of a survivor to explain her experience, and interactions with police throughout the investigation are all crucial to eventual willingness to pursue legal action. For those who *do* wish to move forward legally at the time of victim notification, these three factors appear to be working in tandem.

Stereotypical versus Non-Stereotypical Assaults

First, all survivors who chose to pursue prosecution at the time of victim notification had assaults that fit within the cultural definitions of a “stereotypical” rape.⁴ These rapes, that may be perceived to be stereotypical, tend to include use of a weapon, a single perpetrator, and/or a stranger as the perpetrator. In this sample of young women who ultimately wanted to pursue prosecution, survivors who were assaulted in perceived-stereotypical ways were often assaulted by a single stranger using a weapon/physical force in a location unfamiliar to the victim (i.e., outdoors). Figure 14 shows what this looked like for a 14-year-old Black young woman assaulted by a 45-year-old stranger, via the police Crisnet report.

⁴ There was one outlier present in the sample of 15 young women who does not fit within this statement of “all survivors.” This young woman adamantly wanted to pursue prosecution despite experiencing a coercive, non-stereotypical assault, having trouble conveying her story to law enforcement, and experiencing severe secondary victimization. In fact, this survivor was still living with her abuser at the time of victim notification (four years after the original police report was made).

Figure 14: Example of a perceived-stereotypical assault

Example a perceived-stereotypical assault. Text from DPD Crisnet Report.

He then "pulled out a gun, AND grabbed her and
brought her to a vacant lot across the street. Perp then put a ^(scarf) scarf
around the eye's of the complt and told her to get on the ground.
Perp then unbuttoned the complt's pants, and told her to put her ARMS
OVER her head. Perp then got on top of complt, and forced his penis into
complt. Perp stayed on top of complt for about ten mins.

"He then pulled out a gun, and grabbed her arms forced her to a vacant lot across the street. Perp then put a (scarf) around the eye's of the complt and told her to get on the ground. Perp then unbuttoned the complt's pants and told her to put her arms over her head. Perp then got on top of the complt and forced his penis into complt. Perp stayed on top of complt for about ten [minutes]."

Assaults like the one presented in Figure 14 align fairly directly with cultural perceptions of sexual assault because the perpetrator was a single stranger who was significantly older than the victim, used a weapon (a gun), was physically forceful, and brought the victim to a vacant lot. Due to the ways in which this assault and others like it adhere to rape myths, they're often perceived as being more "believable" by law enforcement and the public at large.

Perceived Consistency and Conceivability

The second way in which a victim's decision to pursue prosecution may be affected by the investigative process is whether the victim is able to share her story in a clear and consistent manner with law enforcement. A victim's narrative of the assault would be considered clear and consistent if the details of the assault did not change throughout the course of the investigation. As mentioned, inconsistencies in memories of sexual violence are somewhat common and have neurobiological and psychological underpinnings (Campbell, 2012). However, this does not

mean that all survivors have present inconsistent accounts of their assaults; many of the young women in the sample were able to construct a narrative of their assault that was consistent and made sense to the law enforcement with whom they were working. In fact, all survivors who chose to pursue prosecution conveyed consistent accounts of their rape throughout the investigation.

Secondary Victimization

Above and beyond the characteristics of a survivor's assault and her attempts to clearly convey these details, the actual interactions between the survivor and law enforcement make up the third factor effecting willingness to pursue prosecution during the investigative phase. The majority of women in the overall sample did not have overwhelmingly positive interactions with police and most experienced secondary victimization, however the young women who ultimately chose to pursue prosecution did not appear to experience the cumulative effect of *severe* secondary victimization.

Instead, these adolescent women experienced isolated incidents of maltreatment. In the documents reviewed, this type secondary victimization was noted in the following ways: 1) the marked absence of thorough investigative action on a case, 2) documentation of disbelief in police report or case notes, 3) inappropriate questioning by investigators during victim interviews or 4) victim statements acknowledging law enforcement making them feel disbelieved or bad about themselves during the investigation. An example of the first of these identifiers of secondary victimization, marked absence of thorough investigative action on a case, may be seen in Figure 15. Here, police progress notes are shown for a case where a 16-year-old Black girl was assaulted by multiple 18-20 year old strangers.

Figure 15: Example of the absence of thorough investigation action on a case

Example of the absence of thorough investigation action on a case. Text from DPD Progress Notes.

03-25-███ REC CASE, CALLED COMPL, T/T GRANDMOTHER █████ B/F █████
ADVISED ON CASE, SHE WILL HAVE COMPL CALL OIC

03-27-███ OIC T/T COMPL PROBATION WORKER █████ WHO STATES COMPL IS ON A
TETHER FOR TRUNCY FROM HOME AND SCHOOL AND THAT SHE HAD TALKED TO COMPL
ABOUT HER CLAIMS AND DOES NOT THINK SHE IS TELLING THE TRUTH. COMPL GIVES A VERY
SHORT GENERAL DESCRIPTION OF THE 3 PERPS. THIS CASE IS CLOSED UNFOUNDED

*“3-25-[year redacted]: Rec (received) case. Called compl. T/T (talked to) grandmother [name redacted], B/F (Black female)[age redacted]. Advised on case, she will have compl call OIC.
3-27-[year redacted]: OIC T/T compl probation worker [name redacted] who states compl is on a tether for truncy from home and school and that she had talked to compl about her claims and does not think she is telling the truth. Compl gives a short general description of the 3 perps. This case is closed unfounded.”*

These progress notes reveal that the case was closed within two days of the assault; the officer took minimal investigative action on the case, closing it as “unfounded” immediately after the victim’s probation officer (who was unaffiliated with the case otherwise) told the officer that she did not believe the victim’s story. The victim from this case chose not to pursue prosecution at the time of victim notification.

Figure 16 provides an example of the second identifiers of secondary victimization: documentation of disbelief by investigators in the police notes. These discrete lines of text from a police progress notes depict the thoughts and opinions an investigative officer had about a case involving a 14-year-old Black female victim who was assaulted by a 45-year-old stranger at gunpoint.

Figure 16: Example of documentation of disbelief in police report or case notes

Example of documentation of disbelief in police report or case notes. Text from DPD Progress Notes.

LIES
have already
been
uncovered
and
confirmed
DETROIT

APPEARS
TO BE
A FALSE
REPORT
STORY HAS NOT
been checking
out as complainant
states.

"Lie's have already been uncovered and confirmed"

"Appears to be a false report story has not been checking out as complainant states."

These notes, handwritten by an investigative officer, show that the officer was skeptical about the victim's reports. He notes that she has been lying and that they have not been able to independently confirm her report. These notes were handwritten and may or may not have been shared with the victim. If these thoughts were *not* shared with the victim, it is still possible that the victim may have picked up on the officer's skepticism. Despite these notes of skepticism, this survivor did want to pursue prosecution at the time of victim notification.

Victims may also sense skepticism or disbelief based on the types of questions they are asked throughout the investigation. These inappropriate questions may be considered the third identifiers of secondary victimization, and an example may be seen in Figure 17 below. The text includes a list of questions that an investigative officer asked a 17-year-old Black victim who was assaulted by 28-year-old stranger.

Figure 17: Examples of inappropriate questioning by investigators during victim interviews

Examples of inappropriate questioning by investigators during victim interviews. Text from DPD Witness Statement.

Q What kind of Abuse were you having
at home.

Q have you ever been in trouble with
the law.

Q How do you support your self.

Q Are your PARENTS your Real Mother
and father.

Q Where are your Real Parents.

“Q. What kind of abuse were you having at home
Q. Have you ever been in trouble with the law
Q. How do you support your self [sic]
Q. Are your parents your real mother and father
Q. Where are your real parents”

All of the questions listed in Figure 17 were unrelated to the assault and have the potential to be traumatizing to a victim. These types of questions divert attention from the perpetrator and put the victim on the defensive.

A fourth way that this study identified secondary victimization was when victims actually acknowledged that law enforcement made them feel disbelieved and bad about themselves.

Below, in Figure 18, text from a report made during the victim notification process (400 Project Witness Statement) reveals how a victim had felt the effects of such disbelief over a number of

years. This Black victim was 14-years-old when a 40-year-old stranger assaulted her; the following interaction took place more than 8 and a half years later.

Figure 18: Example of victim statements acknowledging law enforcement making them feel disbelieved or bad about themselves during the investigation

Example of victim statements acknowledging law enforcement making them feel disbelieved or bad about themselves during the investigation. Text from 400 Project Witness Statement.

The mother [redacted]
[redacted] related how no one but herself believed her daughter had been sexually assaulted on [redacted] and the police were no help. After I told victim [redacted] that I believed her I was surprised to see a single tear fall from her eyes.

“The mother [name redacted] related how no one but herself believed her daughter had been sexually assaulted on [date redacted] and the police were no help. After I told victim [name redacted] that I believed her I was surprised to see a single tear fall from her eyes.”

This example shows the profound effects that feeling disbelieved can have on survivors of sexual violence; this type of secondary victimization can be very traumatic for victims. Despite the effects such treatment may have on survivors’ emotional wellbeing, if they have experienced *isolated* incidents of secondary victimization, like the examples in Figures 13-18, they are likely to be more willing to pursue prosecution at the time of victim notification.

Social Support

The last set of factors related to a survivor’s decision about whether or not to pursue prosecution at the time of victim notification is related to the presence or absence of social support. Social support, whether it come from informal helping services (e.g., family and friends) or formal helping services (e.g., school or social work professionals, health professionals, law enforcement, etc.) appears to play an important role in the decision-making pathway presented in Figure 6. The adolescent women in this sample who agreed to pursue prosecution at the time of victim notification all had some sort of social support present in their lives at the time of the

assault and investigation. After a sexual assault, social support may come in a variety of forms, such as helping the victim access services, expressing belief in the victim's experiences, or even just listening to the victim tell their story. Some of the adolescents who ultimately decided to pursue prosecution, described friends who listened to their stories, while others talked about strangers who helped them and made them feel cared for immediately after the assault. An example of social support may be seen below in Figure 19, where a 14-year-old Black girl assaulted by a 45-year-old stranger describes the social support she received to an interviewing officer.

Figure 19: Example 1 of social support

Example of social support. Text from DPD Witness Statement.

When I got
on the first bus I told the driver
I was crying and I got raped. He
asked me what school I was going to.
I said [redacted] and he said you will
need a transfer. He gave me one.
I waited for the second bus. I told
a girl I know [redacted] from my school
while at the bus stop I was raped.
I got to school and me and [redacted]
went to the office and told the secretary.

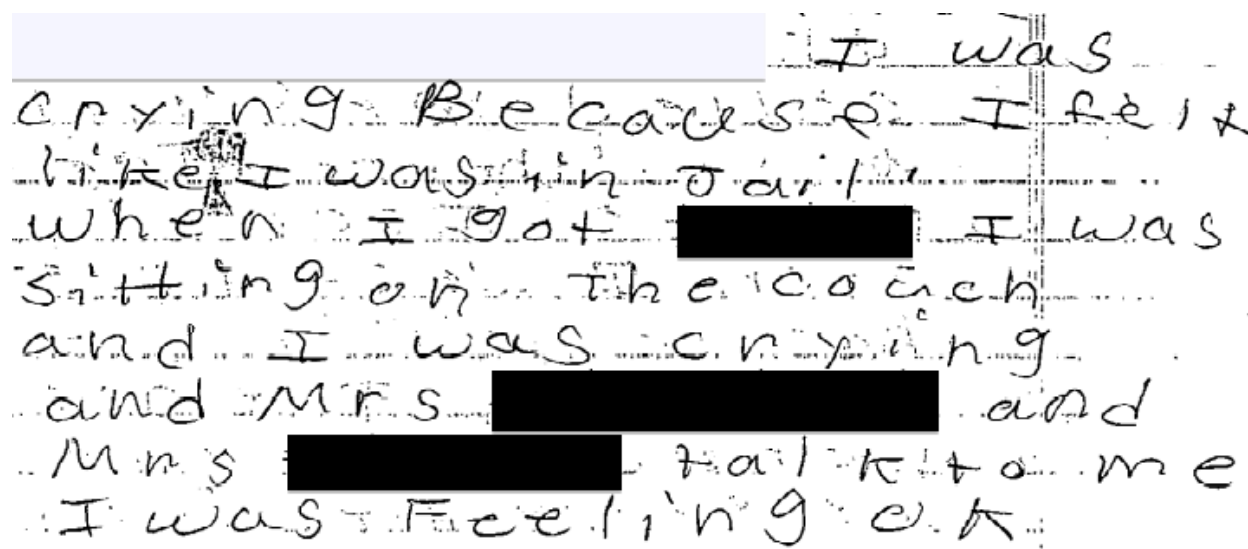
"When I got on the first bus I told the driver I was crying and I got raped. He asked me what school I was going to. I said [name of school redacted] and he said you will need a transfer. He gave me one. I waited for the second bus. I told a girl I know [name redacted] from my school while at the bus stop I was raped. I got to school and me and [same name reacted] went to the office and told the secretary."

This young woman experienced two different forms of social support immediately after her assault. First, the bus driver, a stranger, gave her a transfer so that she could get to her school.

This victim brings this fact up throughout the investigation and it appears to be quite meaningful to her. Then, the victim tells an acquaintance she sees at the bus stop about her assault. This acquaintance stays with the victim until they get to school and are able to inform an authority figure. Another example of social support may be seen in Figure 20, where a 15-year-old Black girl assaulted by a 16-year-old stranger describes the social support she received from the counselors at her youth home. This excerpt is from a handwritten letter the victim sent to law enforcement during her case.

Figure 20: Example 2 of social support

Example of social support. Text from a note that was sent from the victim to DPD.

A photograph of a handwritten note on lined paper. The text is written in cursive and includes several redacted areas (blacked out). The visible text reads: "I was crying because I felt like I was in jail when I got [redacted] I was sitting on the couch and I was crying and Mrs. [redacted] and Mrs. [redacted] talk to me I was feeling ok." The note is placed on a background of lined paper with red horizontal lines.

"I was crying because I felt like I was in jail. When I got [to the youth home] I was sitting on the couch and I was crying and Mrs. [name of youth home employee redacted] and [name of youth home employee redacted] talk [sic] to me and I was feeling ok."

This example shows how social support, having someone to talk to, has the potential to help survivors with their healing process. This young women did not have family or friends available to fall back on and initially struggled very dramatically with her assault; after having

the opportunity to speak with some of the employees at her youth home, she expresses some semblance of relief for the first time. Each of the adolescent women who eventually decided to pursue prosecution described different types of social support they received, but they all described positive and/or helpful experiences with third parties.

Overall, survivors of sexual assault were more less likely to be willing to pursue prosecution at the time of victim notification if they were assaulted in non-coercive ways and ways that are consistent with how rape myths portray sexual assault, if they were consistent with their accounts of the assault, experienced moderate (i.e., not severe) levels of secondary victimization, *and* had social support present in their lives. Essentially, each of these young women fit the stereotypically “good” victim mold. It’s possible that because of this, these young women “passed the test” in the eyes of law enforcement. Being generally believed by law enforcement, plus having the buffer of social support to fall back on during difficult times may have made it easier for these survivors to pursue prosecution at the time of victim notification.

DISCUSSION

Summary of the Key Findings and Implications

As the problem of untested sexual assault kits continues to garner national attention, jurisdictions must decide how to proceed with testing and how to work with survivors whose kits went untested. Prior research has examined how and why adolescents may choose to report and prosecute sexual assault crimes (Fehler-Cabral & Campbell, 2013; Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015; Stein & Nofziger, 2008), but to date, no studies have examined this issue after there has been a significant delay in case processing because the SAK was not tested. Understanding how young women make such difficult decisions can be inordinately helpful in creating procedures that are more responsive to survivors’ needs. As such, the purpose of the

current study was to understand how this process unfolds for survivors who were adolescents at the time of their assault and whose cases were closed by law enforcement without the opportunity to provide input into the closure of their case. Three primary research questions were addressed regarding possible associations between willingness to engage in prosecution and, 1) specific characteristics of the assault, 2) experiences with law enforcement, or 3) the social support in the survivors' lives. Clear patterns emerged within each of these three categories, distinguishing those who were unwilling or unsure about reengagement and those who were willing to re-open their cases.

Survivors who were uninterested or unsure about the possibility of pursuing prosecution at the time of victim notification appear to have a number of factors working in tandem to influence such a decision. First, many of these survivors experienced coercive assaults, which may be characterized by assaults that take place within the context of exploitation of authority, intimidation, or fear. Many of these same survivors were also assaulted in ways that would be considered non-stereotypical, consistent with typically conceptualized stereotypical versus non-stereotypical rape (e.g., stranger assaults with a weapon that result in physical injuries vs. known-offender assaults that do not use force and do not result in injuries). The survivors who chose not to pursue prosecution at the time of victim notification had been perceived by law enforcement as being inconsistent in their account of the assault during the initial investigation. Victims who did not want to or were unsure about pursuing prosecution also experienced severe secondary victimization at the time of reporting. Finally, these survivors had little by way of social support after their assault; they had a marked absence of supportive family members, friends, and members of formal systems (e.g., nurses, police officers, social workers) in their documents. Survivors who had any one of these characteristics noted in their post assault

experience were unlikely to want to pursue prosecution at the time of victim notification. Survivors did not necessarily have all of these factors, but rather having at least one of these post-assault components appeared to be salient enough to deter victims from wanting to pursue prosecution years later.

These findings are consistent with prior research on victims' responses to engaging with the criminal justice system. Other studies have documented that non-stereotypical assaults (e.g., those that occurred in the context of alcohol, where the perpetrator was known to the victim, where there were no weapons, etc.), which involve many of the same characteristics as the coercive assaults described in this report, are also the cases that are least likely to be referred to prosecution (Campbell et al., 2001; Frazier & Haney, 1996; Kersetter, 1990; Spears & Spohn, 1997). These victims also encountered substantial secondary victimization, which the literature has shown is also been associated with negative emotional and behavioral outcomes in survivors, such as: increased PTSD, hopelessness about the criminal justice system's ability to help, distrustfulness of others, and reluctance to seek any further help in general (Campbell et al., 2001; Campbell & Raja, 2005; Patterson, 2011). All of these experiences could contribute to a survivor's hesitancy to reopen their investigation years after the assault occurred.

The findings are also consistent with the cycle described in Patterson's (2012) study whereby law enforcement's perceptions of victim credibility influence the ways in which they interact with victims, which in turn affects victims' comfort and willingness to share information, which, ultimately, decreases the likelihood of the case being prosecuted. The young women in the current study who did not want to pursue prosecution at the time of victim notification had similar experiences: their reports to police were met with disbelief, questioning of credibility, victim-blaming behaviors, and, ultimately, a lack of follow-through on the case.

They also experienced a lack of social support, which, according to the literature, could be a critical piece in persevering through the challenging parts of a sexual assault investigation (Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015; Fehler-Cabral, Campbell, & Patterson, 2011). Finally, the relevant literature has also shown that when survivors reflect upon their experience with formal helping systems, they believe they would not have reported if they had known what the experience would be like beforehand (Konradi, 2007). The survivors in this study actually did have an idea of what the experience would be like when they were asked to re-open their case, so it is not surprising that those with extremely negative experiences chose not to pursue prosecution years later.

Survivors who *did* want to pursue prosecution at the time of victim notification had notably different experiences with both their assault and corresponding investigation. These survivors did not experience coercive behaviors by their perpetrators and were instead assaulted in ways that may be understood to be more congruent with cultural stereotypes of rape (Edwards et al., 2011). These survivors were also able to share their stories in ways that were clear, consistent, and easier for law enforcement to understand. Most survivors experience secondary victimization (see Campbell & Raja, 1999) and this sample was no different; all victims in this research project experienced some form of secondary victimization, however those who ultimately wanted to pursue prosecution had less intense and fewer of these negative, victim-blaming behaviors and none of them experienced severe secondary victimization. Finally, all of the survivors who wanted to pursue prosecution experienced varied forms of social support after their assault. Those who wanted to pursue prosecution at the time of victim notification experienced *all* of the traits throughout post-assault experience: stereotypical assaults, isolated incidents of secondary victimization, *and* post-assault social support.

These findings are consistent with Campbell and colleagues' (2015) research on adolescent victims' experiences with the criminal justice system. Qualitative interviews adolescent female sexual assault survivors revealed that validation and support from formal and informal social supports (i.e., responding officers, detectives, nurses, advocates, family members, and friends) is a critical aspect of a victim's willingness to pursue prosecution. Campbell et al.'s (2015) study highlighted how law enforcement, medical personnel, and family and friends can mitigate the psychological and physical impacts of an assault, but also increases a survivor's willingness for formal engagement.

Other research studies have supported the idea that this kind of compassionate care after an assault (i.e., like that provided by SANEs) produces more disclosures and willing engagement in formal medical and legal processes (Campbell, Patterson, Adams, Diegel, & Coats, 2008; Ericksen, et al., 2002). Even when these processes are uncomfortable and challenging, survivors who are supported and treated with respect are willing to persevere through such events in order to continue to be engaged with the system (Du Mont, White, & McGregor, 2009; Fehler-Cabral, Campbell, & Patterson, 2011; Campbell, et al., 2008). The survivors in the current study who ultimately wanted to re-engage with the criminal justice system also experienced belief, validation, care, or support during some facet of their post assault experience: some survivors had engaged and caring law enforcement officers, while others received this care from family members or friends. Those who experienced social support from either formal or informal helping systems were more likely to want to re-engage with the criminal justice system and pursue prosecution at the time of victim notification.

These findings are largely congruent with prior research on engagement with the criminal justice system for adults and adolescents whose cases were delayed, in part, because of untested

SAKs. Taken together, the results of this study suggest that victims' initial experiences with reporting to law enforcement have a strong and potentially long-lasting effect on their engagement—or, in this case, re-engagement—with the criminal justice system. In addition, social support may be a key factor in mitigating stress faced throughout the post-assault process and can help survivors feel able to remain engaged in spite of other negative experiences.

Limitations and Directions for Future Research

This study provided new insights into the lives of survivors assaulted as adolescents years after their initial investigation was closed. While this study provides rich and novel information, it is not without limitations. First, findings are based on documents collected and recorded by police, which therefore is a reflection of their interpretation of events. In some circumstances, documents recorded by hospital staff or the victims themselves were included in the data, but the large majority of data analysis was conducted on documents recorded by law enforcement. As such, the data analyzed largely reflect the perspectives of the officers working the case; this is not first-hand data from the survivors' themselves, so the factors that survivors considered important but did not express to police could not be reflected in this study. As a result of this limitation, the impact of social support, a construct that would largely be known only by the survivor herself, has the potential to be underestimated. It is also possible that survivors did not share varying aspects of their case for fear of judgment, disbelief, or other similar reasons. For example, survivors may not have noted all instances of alcohol or substance use before or during the assault. Other research has suggested that adolescents have a lower likelihood of reporting their assault to police if they were using drugs/alcohol at the time (McCauley et al., 2009), so it is conceivable that when reporting, this same information would be omitted to avoid future suspicion or punishment. While use of drugs and alcohol were considered by this research, the

impact of this variable (or others that survivors may not have shared) may be greater than could be understood from this data.

Another limitation of these archival data is that they reflect only the information that police chose to capture and record in the report. Therefore, it is unknown the extent to which police systematically documented certain constructs, like coercive behavior, for cases in which it was present or relevant. Coercive behavior was an emergent theme discovered through the open-coding process and is based on the police documentation of a variety of assault characteristics (including, the exploitation of authority, intimidation, or fear). Consequently, it is possible that a coercive event or behavior occurred, but the officer working on the case did not feel that the detail was important to include in the report. As a result, when documents were coded as lacking coercive behavior, it cannot be known whether the code was accurate (i.e., whether coercive behaviors were actually absent from the assault vs. the survivor experienced coercive tactics but the police did not to make note of them). It is possible some coercive behaviors enacted against the survivors in this study were not recorded by law enforcement and therefore were not taken into account during data analysis. This bias could cause the potential importance of coercive behavior on victims' decision making pathways to be overestimated; if coercive behaviors were carried out more frequently than these data have indicated, then the influence of this construct would be lesser than what is suggested by this report. Due to the nature of archival data, the current study was not able to triangulate this information with the perspectives of other important members of these cases.

In spite of these limitations, these data have the potential to inform policies and practices for professionals working with survivors who had unsubmitted SAKs. First, these findings may provide an understanding of how victim notification unfolds for survivors assaulted as

adolescents with previously untested rape kits. From these research findings, those developing victim notification protocols may have a more comprehensive understanding of the variety of ways in which survivors assaulted as adolescents may respond to a notification process; while some may not want to reconnect with the criminal justice system, there are many who are interested in the opportunity and feel passionately about reopening their cases. Victim notification protocols should address and prepare those notifying to the fact that survivors may have had incredibly negative experiences with law enforcement that may affect their re-engagement decisions. These findings also show how critical social support may be in affecting engagement decisions, and, as such, those developing victim notification procedures should also consider ways in which to provide adequate social support for survivors. Incorporation of sexual assault advocates and compassionate notification could be incredibly impactful, even if some survivors choose not to pursue prosecution. These results should be taken into consideration when developing future victim notification policies, procedures, and trainings.

These findings also provide insight into adolescent victims' experiences with law enforcement at the time of their initial report and highlight the need for compassionate interactions. This qualitative data analysis allowed exploration of the ways in which law enforcement engage (or fail to engage) with adolescent survivors and the long-term impact that these experiences can have on survivor healing and future engagement; survivors who were treated compassionately post-assault by both formal and informal systems were also those who wanted to participate in prosecution years after their initial investigation. These results should be used to inform law enforcement trainings on secondary victimization and the importance of empathetic response. Some states and national agencies have already started to integrate victim-centered trauma-informed recommendations into model policy that encourages compassionate

and educated interactions between law enforcement and survivors (MDSVPTB, 2015; IACP, 2005). These model policies, paired with the findings of this report, should be used as guidelines for future law enforcement agencies wishing to improve their investigation strategies and services for survivors.

Future research should expand upon the findings in this report by collecting data directly from survivors. Studies should seek to understand survivors' experiences of working with the criminal justice system, particularly in regards to their internal decision making processes. This study was only able to review their stories through the lens of law enforcement, but it is crucial that survivor voices also contribute to this body of work. Additional information on the experience of having one's trauma re-opened by a victim notification process, and the subsequent psychological, physical, and behavioral health impacts, should also be explored. Such information is currently missing from the literature and has the potential to affect the ways in which law enforcement, victim notification personnel, and sexual assault advocates, address similar circumstances in the future.

Finally, future research should explore what occurs after the victim notification process is over. For this archival data analysis, the story ended with the interaction between the survivor and the law enforcement notifying personnel. What happens next? The victim notification literature could benefit from follow-up investigation on those who stated they were unsure about pursuing prosecution. Do these women decide to become engaged or stay silent and what effects these decisions? Reviewing what happens for those who choose to pursue prosecution, what their experience is like, and what happens to their cases has the potential to contribute greatly to the literature on sexual assault case processing. Finally, it is important to research the impact of

victim notification on survivors' future healing trajectories in order to fully comprehend the consequences and benefits of this process.

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