

BLACK WOMEN'S EXPERIENCES HEALING FROM SEXUAL ASSAULT AND  
INSITUTIONAL BETRAYAL BY THE CRIMINAL LEGAL SYSTEM: A QUALITATIVE  
EXPLORATION

By

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## ABSTRACT

Sexual violence poses significant societal challenges, affecting millions of women in the United States and resulting in long-term negative health effects for survivors. Black women are assaulted at higher rates and receive less assistance post-assault, so they bear a disproportionate burden. When Black women seek help from formal support systems (i.e., medical, criminal legal system), they often encounter victim blaming attitudes and are treated poorly by system personnel. For instance, when survivors report their assaults to law enforcement and undergo medical forensic exams, police often do not investigate their assaults and do not submit their sexual assault evidence kits (SAKs) for DNA testing, which exacerbates victims' trauma. These failures have created a substantial "rape kit backlogs." These backlogs represented a significant betrayal by the criminal legal system that compounds survivors' distress and creates a complex process of healing that goes beyond the assault. For Black women, this betrayal is deeply rooted in a historical legacy of gendered racism, perpetuating the marginalization of Black women's needs for support and justice.

Drawing on Black feminist and intersectional frameworks, this qualitative dissertation explored the healing journeys of Black women affected by Detroit's rape kit backlog and their interactions with the criminal legal system. This study examined two focal research questions: 1) How do Black women describe their healing journeys and their current state of healing after their backlogged sexual assault case had been prosecuted? and 2) How did Black women's experiences of institutional betrayal by the criminal legal system--in both their initial experiences with the legal system and in their re-engagement experiences--impact their healing journeys and their current state of healing? Data from 29 transcribed interviews from Black women who re-engaged with the criminal legal system were analyzed using Ideal-Type Analysis (ITA), a

qualitative cluster analysis approach. Analysis revealed four healing groups, which varied based on the coping strategies used by survivors and whether they felt their healing journey was in progress or completed. In addition, those who experienced prolonged institutional betrayal from the criminal legal system were less likely to seek other help resources, which delayed their healing process. These findings offer crucial insights into the nuanced processes through which Black women navigate healing amid institutional betrayal. Furthermore, these results offer guidance for research and practice aimed at better supporting the healing journeys of Black women affected by sexual violence and institutional betrayal.

I dedicate this work to my mother, whose unwavering support has been a guiding light from the very beginning. Though she may no longer be with us in this physical realm, her encouragement has been evident in all of the people she has sent on my path in life to stay focused, persevere, and achieve my goal of becoming Dr. Engleton.

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## TABLE OF CONTENTS

INTRODUCTION .....	1
Statement of the Problem.....	1
Study Significance .....	3
CHAPTER 1: LITERATURE REVIEW .....	4
Healing: Addressing Trauma Responses and Symptom Reduction .....	4
Healing: Promoting Strengths and Holistic Well-Being.....	9
Healing: Contextualizing Trauma in a Socio-Ecological Context.....	14
Healing: A Unique Context for Black Women.....	21
Current Study .....	31
CHAPTER 2: METHODS.....	36
Research Design.....	36
Community Partner.....	36
Recruitment Protocol .....	37
Sample.....	38
Data Collection Procedures.....	38
Interview Guide .....	40
Analytic Method: Ideal-Type Analysis.....	41
Data Analysis .....	42
Assessing the Trustworthiness of the Data Analyses .....	45
Positionality Statement .....	46
CHAPTER 3: RESULTS.....	50
Research Question 1: Description of Black Women’s Healing Journeys.....	50
Ideal Type 1: Justice Creates a Pathway to Healing.....	51
Ideal Type 2: Disengaged and Detached from Healing.....	56
Ideal Type 3: Healing is an Ongoing Process of Balancing Growth and Managing Distress .....	62
Ideal Type 4: Healed and Embracing Life Beyond the Assault.....	67
Research Question 2: Impact of Institutional Betrayal on Black Women’s Healing Journeys.....	70
Overview of Entire Sample.....	72
Justice Creates a Pathway to Healing .....	75
Healed and Embracing Life Beyond the Assault.....	77
Disengaged and Detached from Healing .....	78
Healing is an Ongoing Process of Balancing Growth and Managing Distress.....	80
CHAPTER 4: DISCUSSION.....	85
Summary of Key Findings on Healing from Sexual Violence and Institutional Betrayal.....	85
Summary of Key Findings on The Impact of Institutional Betrayal on Healing.....	92
Limitations of Study .....	98
Implications for Future Research and Practice .....	100
Conclusion .....	105



REFERENCES ..... 107

APPENDIX A: IRB DETERMINATION OF EXEMPT RESEARCH –SECONDARY  
ANALYSIS..... 126

APPENDIX B: VICTIM NOTIFICATION STUDY QUALITATIVE INTERVIEW  
PROTOCOL ..... 127

## INTRODUCTION

### Statement of the Problem

Sexual violence is a widespread social problem that disproportionately impacts women (Smith et al., 2017). Sexual violence consists of “a continuum of behaviors ranging from threats or pressure to engage in vaginal, anal, or oral sex to physical violence to forcing a person to engage in sexual activity against their will” (Woodson & Anderson, 2017, p. 88). In the United States, approximately 52.2 million women experience some form of sexual violence in their lifetime (Smith et al., 2017). Women of color are disproportionately impacted, as more than one third experience some form of sexual violence in their lifetime (Smith et al., 2017). Specifically, Black women are more likely to be sexually victimized in their lifetime relative to White Women (19.4% vs. 16.5%, respectively; Smith et al., 2017). This is alarming given that Black women comprise 13.6% of the U.S. population (United States Census Bureau, 2021). Sexual violence causes both short- and long-term health problems, including post-traumatic stress disorder (PTSD), depression, anxiety, suicidality, and chronic pain (Jina & Thomas, 2013; Mason & Lodrick, 2013; Yuan & Koss, 2006). However, Black women experience a disproportionate risk for adverse health outcomes stemming from the assault and a more difficult time recovering from health problems following their assault than non-Black women (DiClemente et al., 2009; Pegram & Abbey, 2019; Sigurvindottir & Ullman, 2016). Given this, it is important that research centers the lives of women of color, particularly Black women, and how they heal from sexual violence.

To address the psychological and physical health problems that stem from sexual violence, many survivors reach out to formal systems (e.g., medical, criminal legal, and advocacy) for assistance (Macy et al., 2009). While these systems can provide much needed

resources to aid in their healing process, system personnel may engage in negative, victim-blaming behaviors that can exacerbate trauma and delay healing (Campbell, 2008). For instance, survivors may choose to report their sexual victimization to the police and undergo a medical forensic exam with the collection of a sexual assault evidence kit (SAK; also termed a ‘rape kit’) in the hope that their perpetrator will be identified and held accountable (Campbell et al., 2021). Nevertheless, police typically do not investigate reported rapes thoroughly nor do they routinely submit SAKs for forensic DNA testing (Pinchevsky, 2018; Strom & Hickman, 2010).

In the U.S., there are approximately 300,000–400,000 unsubmitted rape kits in law enforcement storage facilities (Strom et al., 2021), and many of these kits are associated with Black sexual assault survivors (Campbell et al., 2015; Lovell et al., 2022). These untested kits, or “rape kit backlogs,” represent a significant betrayal by the criminal legal system.

Survivors who consent to forensic evidence collection do so with the hope that the result will “prove” that a crime took place, prevent future sexual victimization, and increase their sense of safety (Du Mont et al., 2009). When this type of betrayal occurs, survivors are revictimized, creating a complex healing journey. Survivors already struggle to deal with the devastating physical and psychological impacts of the assault and reach out to these systems to support their post-assault healing. When formal systems, like the criminal legal system, fail to support survivors by not submitting their SAKs this sense of betrayal can contribute to heightened distress that goes beyond the initial assault (Smith & Freyd, 2013). For Black women, this betrayal is part of a legacy of gendered racism in that they were deemed unrapable and underserving of support from the criminal legal system for over 200 years (Feinstein, 2018; Hannah-Jones, 2021). Even though significant policy and legal changes

have come forth to support all survivors regardless of their race and gender, Black women's needs for support and justice are overlooked and not given the same importance as White middle-class women (Richie, 2000; Slatton & Richard, 2020).

Furthermore, there is a paucity of research that focuses on how Black women seek support and justice, and how they heal from sexual violence.

### **Study Significance**

The dissertation study sought to address this gap in the literature by focusing on how Black women heal in the aftermath of sexual violence and the betrayal they experienced from the criminal legal system and its rape kit backlog. This dissertation advances the scholarly literature on the healing experiences of Black women as they navigate the dual experience of being sexually victimized and betrayed by the criminal legal system. This study employed a socio-ecological approach to understanding the healing experiences of sexual assault survivors by examining not only the trauma of the assault but also the trauma inflicted by systems in their broader ecological context. Guided by Black feminist and intersectional theoretical frameworks, this qualitative exploration of the healing experiences of Black women also expanded our understanding of how survivors' lived experiences of racism and sexism impact their healing.

This study also challenged epistemic exclusion by acknowledging how Black women's experiences are often relegated to the margins of academic study and society at large. Black feminist and intersectional frameworks place Black women's ways of knowing at the center of inquiry and help illustrate how oppressive conditions shape their experiences (Collins, 1990; Settles et al., 2020).

## CHAPTER 1: LITERATURE REVIEW

Sexual violence has sweeping negative impacts on survivors' lives, and how survivors heal from these experiences is an important issue for research. Healing is hard to define into one universal concept given that it's bound by "context, culture, and the individual or collective narrative in which it is situated" (Henderson et al., 2021, p. 2). Other terms such as "recovery," "surviving," "resiliency," and "adjusting" are often used interchangeably to refer to survivors' healing journeys, though it is unclear whether these terms do in fact mean the same thing.

Without having a precise and agreed-upon definition, scholars have put forth different conceptualizations of healing. In this chapter, I will provide an overview of the different definitions of healing, review the pertinent literature, and provide critiques of each of the definitions. Specifically, I will be reviewing the clinical medical model of trauma, the strengths-based approach to healing, and the socio-ecological perspective of healing.

### **Healing: Addressing Trauma Responses and Symptom Reduction**

**Origin: A Clinical Medical Model of Trauma.** One of the earliest and most influential models of healing emerged from the clinical medical literature and focuses on counteracting distress and alleviating negative health outcomes stemming from the assault (Holmstrom & Burgess, 1974, 1976; Peters, 2021). Sexual violence has multiple negative psychological impacts such as fear, substance abuse, anxiety, irritability, anger, and depression that can last up to weeks or years (Davis, 2011; Holmstrom & Burgess, 1974; Rina & Thomas, 2013; Mason & Lodrick, 2013; Yuan & Koss, 2006). Given these short- and long-term impacts, the clinical medical model defines healing as the cessation of these symptoms. Research within this tradition has advanced our understanding of PTSD, anxiety disorder, depression, and suicidality, and has developed treatments to alleviate these conditions. It has also provided survivors with the language to

describe what they are experiencing and a "means to reduce stigma around distressing post-assault experiences" (Peters, 2021, p. 950). For instance, Peters (2021) notes that helping survivors understand that hyperarousal and flashbacks are common symptoms of PTSD can help normalize their experiences and reduce their self-blame. In other words, this model seeks to help survivors see how trauma affects the brain and body and, thus, how clinical medical interventions can facilitate healing.

One of the first clinical medical approaches to describing the trauma of sexual violence was proposed by Holmstrom and Burgess (1974) when they coined the term "Rape Trauma Syndrome" (RTS) to refer to the common rape-related stress responses that occur following sexual assault, such as fear, shock, disbelief, numbness, guilt, hypervigilance, and feelings of helplessness (Burgess, 1983; Patton et al., 2009). Holmstrom and Burgess' (1974) influential study on Rape Trauma Syndrome described healing as a two-stage process consisting of disorganization, where the immediate physical and psychological impacts of the assault are realized, and reorganization, where survivors engage in behaviors that contribute to the lessening of physical and psychological symptoms stemming from the assault. The ultimate goal for healing is to "return the [survivor] to the previous level of functioning where the [survivor] will then psychologically let go of the pain, fear, and memory and will feel a degree of calm that enables him or her to go about the business of living again" (Holmstrom & Burgess, 1974, p.982-4). Shortly after Holmstrom and Burgess' (1974) ground-breaking study, the Diagnostic and Statistical Manual of Mental Disorders (DSM) added a new diagnosis of post-traumatic stress disorder (PTSD), which included many of the same stress responses exhibited in RTS (Burgess, 1983). While both diagnoses provided a picture of the types of psychological reactions experienced by sexual assault survivors, RTS would later be discarded and replaced by the more

commonly used diagnosis of PTSD (Patton et al., 2009). Sexual assault survivors were (and currently are) regularly diagnosed with PTSD, which has become the leading focus for clinical and therapeutic treatment (Burgess & Holmstrom, 1974; Burgess & Holmstrom, 1976; Dworkin, 2020).

**Empirical Research on the Clinical Medical Model of Trauma.** Sexual assault greatly impacts women's psychological health, and a key focus in clinical medical research has been documenting rates of clinical diagnoses among sexual assault survivors. Sexual assault survivors have a higher risk of developing psychological disorders than individuals who have not been assaulted (Dworkin et al., 2017; Dworkin, 2020). Specially, Dworkin's (2020) meta-analysis on sexual violence and mental disorders found that sexual assault survivors had a higher prevalence of lifetime (39%) and past-year depressive disorder (24%), in comparison to individuals who had not been assaulted (17% and 11%, respectively). In addition, sexual assault survivors had a higher prevalence of lifetime PTSD (36%) and past-year PTSD (26%) in comparison to individuals who had not been assaulted (9% and 18%, respectively). While PTSD and depressive disorder were the most commonly documented mental disorders, sexual assault survivors also had a higher prevalence of lifetime OCD (6%), substance abuse (19%), and eating disorders (8%) in comparison to nonsexual assault groups (2%, 9%, 2%, respectively). In another meta-analysis on suicidality and suicidal ideation by Dworkin, DeCou, and Fitzpatrick (2020), sexual assault survivors reported a higher prevalence of suicidality (27.2%), lifetime suicidality (29.7%), and past-year suicidal ideation (21.8%) than people who had not experienced sexual assault (9.3%, 9.6%, and 12.8%, respectively). This body of literature demonstrates that PTSD is still the leading diagnosis among sexual assault survivors and also highlights the various psychological disorders that can arise following sexual victimization.

To alleviate these symptoms, a substantial body of research on empirically supported treatments has been developed to treat these psychological disorders (Hegarty et al., 2016; Lomax & Meyrick, 2022; Vickerman & Margolin, 2009). Multiple quantitative studies and meta-analyses have shown that cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing therapy (EDMR), and reprocessing are effective models to treat PTSD, depression, and anxiety in sexual assault survivors (Regehr et al., 2013; Taylor & Harvey, 2009). Reviewing each of these treatment models is beyond the scope of this dissertation; however, it is relevant to note the effectiveness of these treatments in alleviating distress and thus "healing" survivors. Taylor and Harvey's (2009) meta-analysis of the effects of psychotherapy in addressing symptom reduction in sexual assault survivors found a 70.8% success rate in symptom reduction compared with a 29.2% success rate with controlled groups. Vickerman and Margolin (2009) reviewed different treatment interventions for sexual assault survivors, such as stress inoculation training, prolonged exposure, and cognitive processing therapy, but their review yielded mixed findings as many survivors still qualified for a diagnosis of PTSD after treatment. In a more recent meta-analysis on cognitive and behavioral interventions' effectiveness in addressing psychological disorders among sexual assault survivors, there was improvement in addressing psychological disorders like PTSD, depression, and anxiety, but many may still be struggling after treatment (Regehr et al., 2013).

**Critiques of the Clinical Medical Model.** While the clinical medical perspective has made important contributions to understanding the deleterious impact of sexual violence on survivors' psychological well-being, an overwhelming focus on addressing symptomatology and distress within an individual has contributed to a deficit-based approach to healing (Peters, 2021). This deficit approach localizes the problem within the individual and "erases any



reference to the real source of the problem—the individual and collective perpetrators of violence [or] the conditions that give rise to such violence" (Gilfus, 1999, p. 1241–1242).

The emphasis on individual psychopathology and the lack of acknowledgment of external sources that contribute to violence make "healing a frustrating and unreachable goal" (West, 1999, p. 152). Furthermore, research emphasizing deficits and risk factors for developing PTSD and other negative health outcomes can contribute to a victimized mentality rather than recognizing one's strength, resiliency, and agency as a survivor of sexual violence (Maddux et al., 2004; Peters, 2021). Secondly, scholars have argued that healing is much more than the alleviation of negative health outcomes and that a reduction in health outcomes does not equate to positive growth and restoration of health and wellbeing (McCauley et al., 2019; Peter, 2021). While the promotion of health and well-being may involve symptom reduction, it also involves the promotion of the quality of one's life and adaptive functioning (Gladis et al., 1999; Manderscheid et al., 2010). Given that sexual violence is a disempowering and alienating experience, reducing negative psychological outcomes does not address other aspects of a survivor's life that the sexual assault may have impacted, such as their connection to others or sense of empowerment (Herman, 1992, p. 133–83; Slade et al., 2012). In addition, the emphasis on symptom reduction does not address how survivors experience positive adjustment, self-acceptance, and other aspects of growth (Bryant- Davis et al., 2011). As an example, in Holmstrom and Burgess's (1974) work, they emphasized treatment modalities that helped the survivors return to their "previous level of functioning" without mentioning any other tools or resources that would promote growth and wellness. In more recent therapeutic interventions, the focus is on coping with the assault in order to reduce mental health symptoms and not on how survivors may grow from the experience or "face the task of creating a new future," which can be

a part of the healing process (Herman, 1992, p. 196; Lomax & Meyrick, 2022). These critiques underscore the need for a more expansive view of healing that moves beyond symptom reduction (Ginwright, 2018; McCauley et al., 2019; Peter, 2021).

### **Healing: Promoting Strengths and Holistic Well-Being**

**Origin: Positive Psychology Movement.** Another conceptualization of healing emphasizes how survivors' journey from a life of negative health outcomes to a life of fulfillment and positive changes (Bryant-Davis, 2011). This strength-based viewpoint derives from the positive psychology movement, which Seligman and Csikszentmihalyi are credited with founding in 2000. Positive psychology was a response to the field of psychology's focus on distress and pathology and sought to shift the field's attention to research focusing on positive aspects of the human experience and the adaptive capabilities of individuals (Maddux et al., 2004). Positive psychology focuses on "the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions" (Gable & Haidt, 2005, p. 104; See Rhein & MacDonald, 2022). In addition, this model of healing introduced the concept of post-traumatic growth, and the long-term adaptations people make in response to difficult life experiences. Post-traumatic growth (PTG) has been defined as "a significant beneficial change in cognitive and emotional life beyond previous levels of adaptation, psychological functioning, or life awareness" (Tedeschi & Calhoun, 2004, p. 1).

The perspective that survivors could experience adaptive growth following a trauma was first introduced by Veronen and Kilpatrick in 1983. Although the specific term PTG had not yet been formally introduced, they proposed a model that outlined four outcomes of sexual violence that could lead to positive life changes. The first outcome - life threat leading to life appreciation entails survivors engaging in retrospection regarding their assault and evaluating their goals and

priorities in life, leading to them taking care of themselves. The second outcome – violence prompting help seeking into psychosocial services – involves survivors undergoing a reflective process where their experience of trauma serves as a catalyst for seeking out needed psychological support. The third outcome - consciousness raising experience - where survivors consider how their sexual assault experience connects to other forms of oppression one may be experiencing, influencing increased assertiveness and improved life outcomes. Lastly, the fourth outcome - violence prompting recovery and positive coping efforts – survivors contemplate the assault and the resulting coping habits which provokes a change to adopt adaptive coping strategies that support their well-being and recovery (Veronen & Kilpatrick, 1983). Each of these outcomes suggests that survivors are able to create some meaning from their experience of sexual assault and using that perspective to make positive changes in their life.

Post-traumatic growth adds to our understanding of the healing process of sexual violence by suggesting that there can be adaptive outcomes in the wake of traumatic life experiences. However, the presence of PTG does not mean that survivors are also struggling with lingering distress (Bonanno & Mancini, 2012). As Joseph and Linley (2008) state, "we cannot fully understand growth without taking into account the distress that precedes it, and we cannot fully understand recovery from post-traumatic stress without taking into account the possibility of growth" (p. 342). In other words, this conceptualization of healing posits that survivors' experience moments of distress along with positive growth (Bonanno & Mancini, 2012; Joseph & Linley, 2008). Thus, healing is a non-linear process over time that incorporates both positive growth and managing adverse health outcomes (Herman, 1997).

Building upon this perspective that the healing is an ongoing journey of managing distress and developing positive growth, Herman (1997) introduced a revised conceptualization

of healing defined in a three-stage process that centered around reestablishing power and control. In other words, it is important that through the healing process survivors have agency and choice, that “no intervention that takes power away from survivors can possibly foster her recovery” (p.133). The focus of the first stage is establishing safety and stabilization in the body and environment and relationships with others. This involves meeting the basic health needs (i.e., food, sleep, exercise) and addressing physical injuries and post-traumatic symptoms. In terms of one’s environment, safety is achieved through establishing financial and housing security as well as establishing supportive relationships with others to maintain their safety. The focus of the second stage is remembrance and mourning, which entails making meaning of their experiences. This involves reconstruction of beliefs about order and justice in the world. Survivors may deal with feelings of loss, vengeance and pain that stems from sexual victimization. Lastly, the focus of the third stage is reconnection and reintegration.

Survivors are able to work towards creating a new future for themselves by understanding that they were victimized and incorporating what they have learned to increase their sense of power and control. This involves learning how to protect oneself via self- defense, re- creation of self that is not defined by her sexual victimization and connecting her experiences to the larger context via pursuits of justice and social action. Though Herman outlines three stages, she notes that healing often happens in a non-linear fashion and survivors will oscillate between stages. In a later revision of her model, Herman (2023) added a fourth stage that focuses on justice. Justice is considered integral to healing given that "sexual violence is part of a larger social problem that requires repair through some measure of justice from the larger community" (p. 3). Justice is achieved through acknowledgement that a great wrong was committed, that a genuine apology is given by the perpetrators and others complicit in the harm caused, and a form

of accountability that moves beyond just punishment. This involves gaining monetary restitution given that sexual violence can contribute to long-term financial burdens (Loya, 2015; Post et al, 2002). Furthermore, it also involves rehabilitation and prevention as a way to address the wrongs to survivors and make the community safer by addressing violence at the onset (Herman, 2023). Though this perspective on healing is relatively new, justice-focused approaches may be critical to sexual assault survivors healing.

**Empirical Research on the Strength-Based Approach.** Research that has utilized a strength-based approach to explore the healing process for sexual assault survivors has substantiated that recovery is a non-linear process that involves both alleviating distress and promoting growth. In Smith and Kelly's (2001) qualitative study, survivors described healing as a cyclical and progressive process that consisted of confronting strong emotions, isolating oneself, reaching out for support, reframing the assault, and redefining themselves. Other aspects of the healing process included talking about their experience, managing obsessive thoughts and self-blame, getting back into daily routines, accepting that their world was not safe, which led to gaining a new perspective on life, and learning to forgive themselves and their perpetrator (Smith & Kelly, 2001). A more recent study on the day-to-day healing process of sexual assault survivors revealed that healing encompassing both "darker moments" such as feelings of anxiety, loneliness, and guilt as well as "healing moments" such as self-care, self-love, and connection (Sinko et al., 2020). Similar to the Smith and Kelly (2001) study, the authors show a healing process that fluctuates between positive changes and challenges. Research on sexual violence and healing also highlights constructive approaches utilized in survivors' journeys, such as negotiating family relationships, accessing community support, spiritual or religious coping, reclaiming one's sexuality, and integrating multiple identities as a

survivor (Catabay et al., 2019; Draucker et al., 2009; Reid et al., 2023; Singh et al., 2013). These approaches emphasize that survivors' healing incorporates more than just managing distress but also promoting growth in different areas of their lives (e.g., family relationships, self-conception, etc.).

Draucker and colleagues (2009) conducted a qualitative meta-synthesis to develop an empirical taxonomy of strengths-based healing. The first domain was managing memories, whereby survivors were able to heal by downplaying the significance of the assault and avoiding and/or blocking out certain thoughts about the assault. Participants in the studies utilized psychological tactics like repression, dissociation, or the use of substances. The second domain was changes in relationship dynamics with others, such as breaking off relationships, avoiding intimacy, or disclosing the assault. Participants also reported the opposite, such as creating new relationships, seeking out intimacy, or disclosing the assault to others. The third domain focused on seeking safety by limiting time outside, being vigilant of surroundings and relationship dynamics that could be potentially harmful and avoiding certain social situations. In addition, participants reported focusing on obtaining justice, seeking retribution, speaking out against the violence, and informing others. The third domain is consistent with Herman's (2023) perspective that healing from sexual violence involves justice. The final domain, re-evaluating the self, focused on reducing negative symptoms and learning new coping skills, as well as avoiding reminders of violence, such as not seeking support, identifying as a survivor, and engaging in activities that counter victimization. The review highlighted that survivors engage in both adaptive and less adaptive strategies throughout their healing journeys.

**Critique of the Strength-Based Approach.** A strength-based conceptualization of healing involves acknowledging that survivors experience significant distress but also have many

strengths that can promote growth and healing. This body of literature adds to our understanding of healing by placing emphasis on post-traumatic growth and providing a holistic view of the healing experience for survivors; however, the strength-based approach is still focused on the individual level of analysis and how survivors "navigate their recovery individually and in relation to supportive others" (Ullman & Townsend, 2008, p. 300). Given this level of analysis, research within this model tends to focus on what individual-level factors predict growth, such as demographic characteristics, coping strategies, and even some interpersonal-level factors such as social support (Ahrens et al., 2010; Bryant-Davis et al., 2011; Bryant-Davis et al., 2015; Draucker et al., 2009; Reid et al., 2023; Singh et al., 2013). This body of research helps us understand what factors promote positive adjustment, self- acceptance, and other aspects of growth (Bryant-Davis et al., 2011), but there is a notable lack of consideration for the broader context of survivors' recoveries. Sexual violence occurs within a larger social system that shapes our lives and, in this case, the healing process. Therefore, conceptual models of healing should also take into consideration both individual- level factors as well as ecological factors that can impact survivors' healing processes.

### **Healing: Contextualizing Trauma in a Socio-Ecological Context**

**Origin: Ecological Theory.** The third primary conceptualization of healing situates sexual violence within its broader socio-ecological context and considers how the interplay between individuals and their environments shapes recovery (Rudkin, 2003). The socio-ecological perspective has its roots in Bronfenbrenner's (1986) ecological model, which posits that multiple layers of social interaction shape individuals' development and well- being (Rudkin, 2003). The model was originally focused on explaining how the larger environment affects children's development (Bronfenbrenner, 1986; Darling, 2007). The model comprises six

ecological levels. The first level, the individual, focuses on the characteristics, traits, and beliefs of that individual that can directly influence a person's choices and actions. The second level, the microsystem, involves the immediate environment that an individual regularly engages with (e.g., peers, school, or workplace). The third level, the mesosystem, involves the interactions between different microsystems (e.g., parent- teacher, peer-peer). The fourth stage, ecosystem, comprises different settings that can indirectly impact individual lives, such as government and religious organizations. The fifth level, macrosystem, represents cultural, societal, and ideological contexts that influence all levels within the ecological model (e.g., cultural norms, societal values, and political structures). The last level, chronosystem, involves events throughout time that shape all the other ecological levels (e.g., significant historical events over time). Each of these social systems interacts with one another, influencing the environment in which an individual lives and develops. The ecological model has been applied and adapted to address a variety of topics, ranging from health to education to violence. Scholars have advocated for and developed ecological models to help understand the impact of sexual violence that moves beyond the individual (Campbell, Dworkin, & Cabral, 2009; Harvey, 1996; Neville & Heppner, 1999). Thus, this conceptualization posits that the process of healing from sexual violence does not take place in a vacuum but rather is significantly impacted by one's environment.

Campbell and colleagues (2009) applied the socioecological model to explore the multiple factors within each ecological level that impact the survivor's mental health. For instance, at the individual level, the type of assault, victim-offender relationship, and sociodemographic factors were shown to have an impact on survivors' post-assault psychological wellbeing. At the microsystem level, the types of reactions informal support



providers elicited influenced the survivors' psychological wellbeing, such that positive reactions from family and friends can alleviate distress, but negative and controlling reactions exacerbate victims' distress. At the mesosystem and ecosystem levels, the type of response from formal systems was shown to have an impact on the psychological wellbeing of survivors (these factors will be described in more detail in subsequent sections of this proposal). The model also included macro-level factors such as cultural differences, rape culture, and institutionalized racism as having a profound effect on survivors' psychological wellbeing and ability to recover from sexual violence. Other ecological levels, such as the chronosystem, consist of cumulative trauma and re- victimization impacts on survivors' psychological wellbeing over time. Overall, this model demonstrates that sexual assault survivors are impacted by much more than the sexual victimization given that they have to deal with family and friends' responses to their disclosure, navigate potentially hostile systems such as the legal, medical, and mental health systems to access resources to facilitate their healing journey, all within a "rape-prone" society that minimizes one's sexual victimization and contributes to self- blame and hinders the healing process (Campbell et al., 2009, p. 235). Therefore, healing for survivors involves more than just addressing the negative impacts of the assault itself but also coping with a broader set of negative experiences post-assault.

**Empirical Research on a Socioecological Approach.** A large body of empirical research has substantiated that micro-, meso-, and exosystem experiences exacerbate survivors' trauma above and beyond the distress caused by the assault itself. Ullman's (2001) research highlights that the reactions of family and friends can impact post-assault recovery. Survivors who receive positive social reactions from their friends and family, such as empathetic listening, validation, and emotional support, show a decrease in PTSD symptoms; however, negative social

reactions, such as blaming or invalidating their experience, are associated with lower self-esteem (Ullman, 2001). Turning to the meso- and ecosystems, Campbell and colleagues (1999, 2005b) have demonstrated how contact with formal systems, such as the criminal, legal, and medical systems, often has a negative impact on survivors.

Campbell and Raja (1999) referred to this pattern as "secondary victimization" or "the second rape," where survivors are ignored or treated in an insensitive and alienating manner (Campbell & Raja, 1999). Research on secondary victimization suggests that survivors can be further victimized during these interactions with formal system personnel, resulting in compounded or prolonged distress (Campbell, 2005; Campbell, 2008; Maier, 2008). Secondary victimization from formal system personnel, such as the police, has been linked to increased PTSD symptoms among sexual assault survivors (Campbell et al., 2001; Filipas & Ullman, 2001). Survivors reporting their experiences with the legal and medical system often leave feeling guilty, depressed, anxious, and reluctant to seek further help (Campbell & Raja, 1999; Campbell, 2005). In McQueen and colleagues' (2021) qualitative study on sexual assault survivors who reported to the police, survivors shared how they did not feel believed by the police and struggled with finding closure regarding their sexual assault, affecting their overall wellbeing and sense of self-worth.

In addition to secondary victimization, sexual assault survivors who engage with formal systems can experience institutional betrayal, which Smith and Freyd (2013) defined as "institutional action or inaction that exacerbates the impact of traumatic experiences" (Smith & Freyd, 2014, p. 577). Institutional betrayal occurs when individuals reach out for assistance, safety, and/or accountability, expecting to receive help, and instead are hurt, harmed, and/or blamed by the institution for what they have experienced (Pinciotti & Orcutt, 2021; Smith &

Freyd, 2013, 2014). Institutional betrayal is similar to the concept of secondary victimization in that both focus on how systems and system personnel's responses to survivors can “exacerbate the impact of traumatic experiences” (Smith & Freyd, 2014, p. 577); however, institutional betrayal focuses specifically on the feelings of betrayal that arise because survivors place a great deal of trust in these institutions or are heavily reliant on them for their survival (Smith & Freyd, 2013). Just as sexual violence can impact survivors' health and well-being, research has also substantiated that institutional betrayal causes distress above and beyond the trauma of the assault itself. Recent research has found that experiencing institutional betrayal is associated with increased levels of depression, anxiety, PTSD, dissociation, and suicidality (Hannan et al., 2021; Monteith et al., 2016; Smith & Freyd, 2013; Smith & Freyd, 2017). Studies examining institutional betrayal perpetuated by the criminal legal system also reveal similar effects of psychological distress and retraumatization among sexual assault survivors (Busch-Armendariz et al., 2015a; Bach et al., 2022; Campbell et al., 2024). In a more recent study on institutional betrayal by the criminal legal system, survivors shared how learning about the criminal legal system's failure to respond to their sexual victimization left them with feelings of anger, betrayal, and distress (Campbell et al., 2023). These studies shed light on the profound impact of formal system responses to sexual victimization, such as secondary victimization and institutional betrayal, on sexual assault survivors, creating an even more complex healing journey for survivors than just considering the assault.

**Critiques of the Socioecological Approach.** Research that takes a socio-ecological approach to sexual violence suggest that survivors are affected by much more than the assault and considers how distress stems from multiple ecological contexts, such as survivors' experiences with formal system personnel and institutions' inadequate responses to their

victimization (Busch-Armendariz et al., 2015b; Bach et al., 2022; Campbell, 2005; Campbell, 2008; Campbell et al., 2024; Maier, 2008; McQueen et al. 2010). This shifts the focus away from the individual to the environment and identifies multiple sources of distress that occur as survivors navigate post-assault help-seeking. However, the existing literature focuses on the sources of distress but not what factors help survivors heal from these experiences. There have been calls for research that look at the healing process within the context of survivors' engagement with formal systems (Lorenz et al., 2019; Slatton & Richards, 2020), but to date, research within this model has not explored these issues.

In addition, there is a paucity of research that considers how macrosystem level factors influence survivors' healing experiences. In Campbell and colleagues (2009) socioecological model of the impact of sexual violence on psychological wellbeing, they note that very few studies exist that examine these macro-level factors, such as sociocultural identity, and their impact on the wellbeing and healing process of survivors. In a more recent socioecological review of negative and positive changes following sexual violence, Stockman et al. (2023) noted that there still remains a lack of studies that assess the role of macro-level factors in influencing post-assault impacts and recovery.

Though these models highlight the gap in research that considers macro-level influence on survivors' healing, these models also fail to consider how multiple, intersecting oppression impacts survivors experience of trauma and healing. For instance, though poverty and violence can be experienced by all women that negatively impacts their health and wellbeing, women of color's experiences with poverty and violence tends to differ from that of White women (Crenshaw, 1991; Crenshaw & Bonis, 2005). Richie's (2000) critique of the anti-violence

movements highlights the consequences of negating the sociohistorical backgrounds of women with diverse backgrounds:

When mainstream attention to the needs of victims and survivors was gradually integrated into the public realm of social services and legal protection and became visible in research studies, every woman became a white middle-class woman [...] she consumed the greater proportion of attention in the literature and intervention strategies were based on her needs (p. 1135).

This quote highlights how the lack of consideration for women with diverse backgrounds and experiences fails to reflect their realities and needs because White women's experiences have been centered. Research on healing from sexual violence that utilizes a socio-ecological perspective can benefit from considering how women of color experiences of violence and engagement with various formal systems is influenced not only by their sociocultural identity, but also how structural oppressive forces at the crux of their multiplicative identities interact with each other to create conditions in which their experiences drastically differ from those of White women (Crenshaw & Bonis, 2005).

Prior research has not fully examined how macro-level factors, such as institutional racism, impacts survivors' healing (Kelley, 2023). Given this gap in the literature regarding how sociocultural background and experience of structural oppression influence sexual assault survivors' response to sexual violence and their healing process, there is a pressing need for research that centers the experience of women from diverse backgrounds, particularly Black women. Black women are differently situated in the U.S. and have a unique context with respect to sexual violence given their gendered and racialized experiences throughout U.S. history (Slatton & Richards, 2020; West & Johnson, 2013).

Specifically, sexual violence against Black women was normalized and legalized in the U.S. for over 200 years (Feinstein, 2018; West, 2002). Due to this, Black women's victimization has been disregarded and minimized, and they have been depicted as sexually promiscuous and illegitimate victims (West, 2002). This implies that Black women's healing occurs against a backdrop of intergenerational trauma and other oppressive conditions that create a multiplicative effect, resulting in cumulative trauma that impedes their post-assault healing journey (Slatton & Richards, 2020; West & Johnson, 2013). Understanding the healing process for Black women survivors must be considered within this sociohistorical context (Bryant-Davis, 2019). Therefore, exploring what the healing process entails for Black women fills a much-needed gap in the literature.

### **Healing: A Unique Context for Black Women**

**Historical Context of Sexual Violence Against Black Women.** Black women are disproportionately impacted by sexual violence in that they experience higher rates of assault and more lethal forms of sexual violence (e.g., use of weapons) as compared to White women (Boykins et al., 2010; Kilpatrick et al., 2007; Planty et al., 2013; Smith et al., 2017; Tjaden & Thoennes, 2006). In addition, they often experience more significant and long-lasting negative health effects from sexual violence (DiClemente et al., 2009; Pegram & Abbey, 2019; Sigurvindottir & Ullman, 2016). To understand how Black women are differentially impacted by sexual violence and their healing process, it is important to unpack the historical context of violence for this specific population. Black feminists have highlighted how the legacy of sexual violence against Black women and vestiges of that legacy are ever present (Crenshaw, 1989; Richie, 2000; Slatton & Richards, 2020; Spates, 2012; Richards & Slatton, 2017; West, 2002; West & Johnson, 2013). Therefore, placing the experiences of Black women in their specific

historical context provides insights into their experiences of sexual violence as well as their responses to their victimization and ultimately their healing journeys (West & Johnson, 2013).

The origins of sexual violence against Black women in the United States have their roots in slavery (Feinstein, 2018; Jennings, 1990). While it is difficult to determine the exactly how many enslaved Black women were sexually assaulted, historians have evaluated existing records and personal narratives, estimating that at least 50% were assaulted (Feinstein, 2018; Prather et al., 2018). In Feinstein's (2018) historical analysis, she explores how sexual exploitation was an ever-present reality in the lives of Black women. As early as 1619, Black women were subjected to sexual violence for the purposes of submission to enslavement and for the economic growth and sexual gratification of their White slaveowner (Feinstein, 2018; Hannah-Jones, 2021; Jennings, 1990). During slavery, sexual violence against Black women was normalized.

Specifically, Black women were subjected to sexual violence even before reaching the Americas. This process of creating an "obedient slave" meant that Black women were sexually assaulted to prepare their transition from a free individual with bodily autonomy to "chattel" (i.e., personal property of a slave owner without any legal rights and protections; Feinstein, 2018). In addition, Black women were constantly utilized as breeding mules for slave owners, which involved being sexually assaulted by enslaved men and even White slave owners (Feinstein, 2018; Hannah- Jones, 2021). Because Black women did not have bodily autonomy and were deemed property, children that Black women bore would also become slaves, which was "deemed profitable in the sense that children became valuable property and future laborers for Whites" (Feinstein, 2018, p. 7). Furthermore, the sexual victimization of Black women also shielded the sexual victimization of White women to an extent (except for marital rape) whereby Black women became a major target for sexual violence (Feinstein, 2018).

Though sexual victimization was a constant reality for enslaved Black women, White slaveowners and those in power utilized different tactics to normalize and conceal their abuse. One of those tactics was the promotion of racist stereotypes such as Jezebel and Mammy. Black women were often considered "grotesque, animalistic, and unnatural," and stereotypes were utilized to explain their sexual behavior and normalize the abuse they experienced (Mowatt et al., 2013, p. 650). Specifically, the stereotype of a "Jezebel" rendered Black women as sexually insatiable, promiscuous, and manipulative in that they could not be controlled (Mowatt et al., 2013). Black women perceived as "Jezebels" were reduced to their sexual function in that they were "just a tool that existed for the pleasure of others" (Anderson et al., 2018). In other words, Black women sexual behavior deemed them responsible for their own victimization, rendering them unrapable (Collins, 1990, p. 81). In addition to justifying the sexual abuse they experience as just their "natural proclivity" to sex, the stereotypical image of Jezebel functioned to conceal their abuse, which often resulted in the birth of many children as part of their "excessive sexual appetites" (Collins, 1990, p. 81). In other words, viewing Black women through the stereotypical depiction of a Jezebel meant that they were just having children due to their sexual behavior and not due to the economic exploitation within the institution of slavery (Collins, 1990, p. 82).

Other stereotypical depictions of Black women, such as the Mammy figure, render Black women as desexualized individuals that only serve to raise the children, which often resulted from sexual victimization. Along with the use of stereotypical depictions of Black women, the language used during the period of enslavement served to conceal their sexual victimization. Black women were depicted as having consensual sex or "committing adultery" with White men and being labeled as mistresses or prostitutes (Feinstein, 2018, p. 74). Given the power dynamics that existed between enslaved Black women and White men, it is extremely difficult to consider



that consent was given voluntarily (Feinstein, 2018; Jennings, 1990). Describing their experiences with this type of language only served to normalize their sexual violence (Feinstein, 2018; Jennings, 1990). White women also played a role in the concealment of Black women's sexual victimization (Feinstein, 2017). Though White women were also oppressed in that they could only gain wealth and resources through marriage, their racial privilege afforded them benefits and advantages that were not available to enslaved Black women. For instance, White women would claim that Black women were "enticing" their husband as grounds for divorce or remaining silent and financially benefiting from their victimization (Feinstein, 2017).

Even after slavery ended with the adoption of the Emancipation Proclamation of 1863 and the Act of June 19 (Juneteenth), Black women were still targeted for sexual violence (Collins, 2005; Thompson-Miller & Picca, 2017). Newly freed from the confines of slavery, Black women were no longer the property of White men, meaning they now had bodily autonomy that was once denied to them. This meant that Black women now had the same rights as White women to seek protection and defend themselves against actual or threats of sexual violence; however, White individuals and communities sought to oppress and control newly freed Black people by means of racial terrorism, utilizing sexual violence as a means to oppress Black women specifically (Thompson-Miller & Picca, 2017). In other words, "a free woman who belonged to nobody except themselves and in a climate of violence that meted out severe consequences for defending themselves or soliciting Black male protection meant Black women could be raped" (Collins, 2005, p. 65). Black women were often assaulted "when using public transportation, in their own homes that were broken into, and even during their jobs" (Thompson-Miller & Picca, 2017, p. 936). Black women (and men) were barred from certain employment positions such that they could only work on the farm or as servants, jobs that

resembled their former conditions during enslavement (Hannah- Jones, 2021; History Channel, 2010). Black women's only options for employment were to work for White people as housemaids. These jobs left Black women vulnerable to the sexual coercion and harassment of their White employers (Thompson-Miller & Pica, 2017). These acts of racial terrorism in their everyday lives were meant to instill fear and show Black women that their bodies were not their own and that they would still be targeted for sexual violence (Thompson-Miller & Pica, 2017).

The same tactics utilized during the period of enslavement were utilized during the Jim Crow era to normalize the sexual victimization of Black women. Controlling images of Jezebel and Sapphire were utilized to minimize their sexual victimization. For instance, the Jezebel stereotype serves to represent Black women as innately sexually insatiable, always consenting, and unrapable (Hannah-Jones, 2021, p.54). The stereotype of the Angry Black Woman/Sapphire depicted Black women as angry, hostile, and combative (Jim Crow Museum, Kelley, 2023). If they chose to speak up about their sexual victimization, they were viewed as being a nuisance and victim-blamed, which served to silence Black women (Buchanan & Ormerod, 2002). In addition, sexual violence against Black women was minimized due to the "imagined probable rape of White women by Black men (Thompson- Miller, Picca, 2017, p. 934). Racial violence, specifically the lynching of Black men, was justified by the myth that Black men were sexually aggressive and dangerous to White women (Smångs, 2020). The media contributed to stereotypical depictions and rape myths by constantly reporting alleged sexual crimes and contributing to the narrative that White women were unprotected, which would therefore necessitate White men's intervention (Smångs, 2020). When allegations of Black men sexually assaulting White women were raised, swift forms of justice through public lynching were utilized to strike fear in the Black community (Equal Justice Initiative, 2015). These narratives

served to control and oppress Black people and conceal the sexual violence that Black women experienced at the hands of White men (Broussard, 2013; Wells, 1892). Given that attention was directed to stopping the mythical Black rapist, the experiences of Black women who were sexually assaulted by White men as a form of racial terrorism were ignored (Thompson-Miller & Pica, 2017).

**Historical Context of Legal Remedies for Black Survivors.** While the normalization of sexual violence against Black women has been perpetuated through the utilization of derogatory, racist, and stereotypical depictions, it has also been reinforced through the legal system (Feinstein, 2018; Lowcountry Digital History Initiative, 2014). Laws were created to intentionally exclude Black women and girls as legitimate victims of sexual violence (King, 2014). Laws were enacted, referred to as the "Slave Codes," that contributed to the sexual victimization of enslaved Black women (Feinstein, 2018). For example, laws established in the Virginia colony during 1662–1682 made enslavement permanent in that no Black person could buy their way out of slavery, as could White indentured servants (Feinstein, 2018). Slave codes also afforded protection to White slaveowners by killing any enslaved person who resisted their advances or denied working for them (Feinstein, 2018). For example, an enslaved Black girl, Celia, fought back against her White perpetrator, killing him. Petitions were put forth during her trial for self-defense; however, they were thrown out given that only White women have legal recourse for incidents of sexual violence (King, 2014; Slatton & Richards, 2020). Celia was later charged with murder and executed (King, 2014). Similar laws were created in other American colonies that made resisting sexual violence difficult. One example of a law specifically against sexual violence stated: "If any slave or free person of color shall be guilty of the crime of rape upon the persons of any white child, under the age of ten years, he shall suffer death for such

offense, upon conviction" (King, 2014). These laws purposely highlighted racial and gender lines to indicate who was a victim of sexual violence, namely White women, thereby formally excluding Black women from legal recourse. Even during the Jim Crow era, Black women were unlikely to have many options for legal recourse when they were sexually assaulted. As stated by King (2014), "creation of laws was one thing, but enforcement was another" (p. 185). Laws that prohibited sexual assault included newly freed Black women; however, law enforcement and judges often ruled in favor of White men (King, 2014). In addition, Black women who were sexually assaulted faced physical threats and acts of retaliation if they chose to report their sexual victimization (King, 2014; Thompson-Miller & Picca, 2017). Even when they did report, they encountered victim-blaming behavior, such as in the Memphis Riot congressional investigation, during which Black women were asked what they were wearing and if they had tried to resist (King, 2014). Though Black women were still subjected to sexual violence and faced threats for reporting their sexual victimization and victim-blaming attitudes from legal personnel, some still pursued legal recourse. For example, Recy Taylor, a 24-year-old Black woman, was kidnapped and gang raped by six white men. Taylor spoke out about the violence she experienced and reported the assault to law enforcement. Rosa Parks and other civil rights members organized and formed the Committee for Equal Justice to support Taylor in seeking justice and to use the legal system to hold her perpetrators accountable. Unfortunately, an all-white, all-male jury declined to charge the men with sexual assault, ultimately throwing out the case twice (Etienne, 2011; McGuire, 2010). Again, this served as a reminder that even though Black women had some form of access to legal protections after enslavement, they were still denied the opportunity available to White women (McGuire, 2010).

**The Current Context of Legal Remedies for Black Survivors.** Though many of the laws that were constructed in the last 200 years that legalized the sexual victimization of Black women no longer exist, it is still the case that Black women are less likely to receive justice (Shaw & Lee, 2019). Law enforcement personnel are less likely to believe Black women and are more likely to sexually objectify them and blame them for the violence they experience (Campbell & Raja, 2005; Decker et al., 2019; Fisher, 2003; Kelley, 2020; Lorenz et al., 2019; Slatton & Richards, 2020; Tillman et al., 2010; Washington, 2001). When Black women report sexual assaults to the criminal legal system, their cases are less likely to be investigated and prosecuted (Shaw & Lee, 2019). In recent years, it has become clearer why so many sexual assaults reported to the police by Black women were not investigated or charged. Unbeknownst to survivors, police do not even take the most basic steps in an investigation, such as securing and testing all available evidence. For example, a key piece of evidence in many reported sexual assaults is the medical forensic SAK. Survivors are often advised by law enforcement to seek medical care in the form of a medical forensic exam (MFE) within the first 72–96 hours so that proper treatment can be provided, and evidence of the assault can be preserved (Littel, 2004). A MFE involves assessment for physical injuries, risk of pregnancy, and provisions for prophylaxis for sexually transmitted infections and emergency contraception (Campbell & Feeney, 2022).

DNA evidence is collected by obtaining bodily fluids, swabbing the mouth and genitals, and collecting other sources of DNA from the survivor (e.g., clothing, foreign materials, etc.; Shaw et al., 2020). The MFE and SAK can be a very invasive process that is re-traumatizing, but survivors endure in the hopes that the DNA evidence will be used to hold their assailant(s) accountable (Campbell et al., 2021).

The police are supposed to submit SAKs immediately to a crime lab to analyze the samples for DNA (National Institute of Justice, 2017). If a DNA can be extracted, it may be eligible for upload to the Combined DNA Index System (CODIS), which is the federal criminal DNA database (Quinlan, 2020; Shaw et al., 2020). DNA samples uploaded to CODIS provide information that can lead to identifying the perpetrator, help establish that a crime was committed, increase the likelihood that charges will be sought, and help move the case forward (Fallik & Wells, 2015; Shaw et al., 2020). However, police do not routinely submit SAKs for forensic DNA testing, and there are approximately 300,000-400,000 untested SAKs in police storage facilities throughout the United States (Strom et al., 2021). Emerging research indicates that police are particularly less likely to submit SAKs associated with assaults committed against or reported by Black women (Campbell et al., 2015; Lovell et al., 2022). For example, Detroit, MI, and Cleveland, OH, untested kits were disproportionately represented by Black women, with over 81% and 64%, respectively (Goodman-Williams et al., 2019; Lovell et al., 2022). Both Detroit and Cleveland have a large Black population and have faced significant disadvantages with the lack of resources, over-policing, and issue of redlining that contribute to environmental hazards and negative health outcomes (Lovell et al., 2022; Shkempi et al., 2022). In Lovell and colleagues' (2022) study, Black women who had previously unsubmitted kits were more likely to be assaulted by strangers outdoors in “human-made environments in areas with a lasting legacy of redlining” than non-Black women (p. 63). This implies that institutional racism via the legacy of redlining can have lasting effects that contribute to the disregard for sexual assault cases in areas highly populated with People of Color, specifically Black sexual assault survivors (Lovell et al., 2022). It also serves as another example of how Black women are disregarded, especially if they live in communities that have been systematically disadvantaged.

In addition to these structural factors that affect how police respond to Black women and whether they submit their kits for testing, there is also emerging research that shows police systematically discredit Black women as part of their justification for not investigating and not submitting their rape kits (Shaw et al., 2016, 2017; Sood, 2019). For instance, in Baltimore, a federal report uncovered negligence in law enforcement's handling of sexual assault investigations (Sood, 2019). The investigation revealed a concerted effort to ignore sexual assault cases associated with Black women, noting that the victim's claims would affect the accused's life or believing that the cases were worth investigating (Sood, 2019).

Furthermore, Shaw and colleagues' (2017) analysis of Detroit police reports revealed persistent myths about Black women. Police records showed victim-blaming attitudes in their report, reflecting ideas like "the victim did not act like a victim afterwards," "the victim is not credible," and "the victim is promiscuous" (Shaw et al., 2017). Given that the majority of the victims were Black women (over 80%), these statements reflect racialized rape myths that have roots in the Jezebel stereotype, indicating that these controlling images of Black women have a long-lasting impact that is often perpetuated in the criminal legal system (Kelley, 2020; Sood, 2019). In other words, when society continues to perpetuate harmful narratives of Black women as unworthy victims, "it follows that police officers and other legal personnel would have a hard time believing Black women [...] leaving them less inclined to investigate their sexual victimization, contributing to an unfair outcome within the criminal legal system" (Sood, 2019).

Police are supposed to investigate reported rapes and submit SAKs for forensic DNA testing, and their refusal to do so for Black women is a form of institutional betrayal. In addition, the criminal legal system's long-standing practice of discrediting Black women and ignoring the violence they experience is also a form of institutional betrayal. Thus, taking an intersectional

and sociohistorical ecological approach to the study of healing suggests that Black women are struggling with not only the trauma of sexual victimization, but also with multiple institutional betrayals. When Black women's sexual assault cases are ignored, or when their kits are not submitted as a part of the investigative process, it “cripples [their] ability to get justice for serious crimes [...] and demonstrates deep ties to the historical mistreatment of Black women” (Sood, 2019, p. 415). This is critical because as Herman (2023) argued, justice is a crucial part of the healing process. As a result, Black women who are betrayed by the criminal legal system may experience another layer of trauma, such as “disenfranchised grief,” where society devalues or invalidates the traumatic experiences of an individual or group, creating a complex process of healing from sexual violence (Richard & Slatton, 2017; see Slatton & Richards, 2020).

### **Current Study**

The scholarship on healing from sexual violence has been instrumental in understanding how survivors heal after being sexually assaulted (Bryant-Davis, 2011; Holmstrom & Burgess, 1974; Draucker et al., 2009; Draucker et al., 2011; Sinko et al., 2020). Healing is much more than alleviating the distress stemming from the assault, but also involves the promotion of positive growth and well-being (Bryant-Davis, 2011; Tedeschi & Calhoun, 2004). In addition, healing occurs in a larger socio-ecological context whereby environmental factors can help or hinder the healing process, creating a more complex journey for sexual assault survivors (Campbell, Dworkin, & Cabral, 2009; Harvey, 1996; Neville & Heppner, 1999). Survivors’ post-assault help-seeking experiences, particularly with the legal system, significantly exacerbate survivors' trauma (Campbell & Raja, 2005; Freyd & Smith, 2013; Pinciotti & Orcutt, 2021). This is especially true for Black women, who are often neglected and disregarded as worthy victims when it comes to the criminal legal system (Ritchie, 2017; Shaw & Lee, 2019; Willingham,



2018). Given this, the current dissertation aimed to explore how Black women have healed from the dual experiences of sexual victimization and institutional betrayal by the criminal legal system. To set the stage for the study, I will first present the conceptual frameworks that informed this study. After that, I will describe the setting for the current study (e.g., Detroit rape kit backlog), and end by presenting the focal research questions.

**Guiding Theoretical Frameworks.** Healing from sexual violence is complex for groups of people who have experienced historical and contemporary systemic oppressions (Henderson et al., 2021). As such, this proposed dissertation will draw upon Black Feminist Theory and Intersectionality Theory to frame the scope of inquiry (Wade et al., 2021). Black Feminist Thought, first introduced by sociologist Patricia Hill Collins (1990), is a standpoint theory that reflects the lived experiences of Black women and their position in relation to systemic oppression (e.g., racism, sexism, and classism). Black Feminist Thought challenges dominating and controlling images of Black women by centering their lived experiences and ways of knowing as legitimate sources of knowledge. Intersectionality, coined by Black feminist criminologist Kimberle Crenshaw in the early 1980s, was utilized to explain the unique marginalization of Black women with respect to legal remedies and discrimination (Crenshaw 1991; Carbado et al., 2013). Intersectionality theory has its roots in Black Feminist Thought in that one of the most important features is understanding intersecting oppressions that shape Black women's lives (Collins, 1990). Another important concept of Intersectionality theory is that one's identities are interdependent and cannot be parsed out (Buchanan & Settles, 2014; Crenshaw, 1989; Collins, 2000). For instance, Intersectionality theory acknowledges that although Black women share a unique sociohistorical context, their experience of gendered racism (e.g., unique form of oppression at the intersection of race and gender) may look different

due to other intersecting forms of oppression (Spates et al., 2020). Black Feminist Thought, centered on the lived experiences of Black women, challenges dominant narratives, such as Black women infrequent or unwillingness to utilize the criminal legal system, by exploring the experiences of women who do engage with oppressive systems (Akers & Kaukinen, 2009; Anyikwa, 2015). Black Feminist Thought holds that knowledge of Black women's lived experiences should come from the stories and words of Black women, which provides an opportunity for self- definition (Lindsey-Dennis, 2015). In addition, the use of dialogue allows for sharing experiences, knowledge, and/or wisdom that is often devalued in other settings, so “therefore, the sole usage of quantitative methods is often ineffective” (Lindsay-Dennis, 2015, p. 514). For instance, quantitative research methodologies can be useful and have been the gold standard in knowledge validation; however, this approach renders invisible the experiences of Black women and “erases individuality” (Collins, 1990, p. 255).

The purpose of intersectionality is to not only understand the experiences of Black women as a collective but also the diverse experiences at the intersections of other identities beyond race and gender (Buchanan & Settles, 2014). Therefore, this proposed dissertation study will utilize qualitative methods specifically semi-structured interviews, which allow Black women to describe their experiences of sexual violence, institutional betrayal and healing through their own words and stories. In addition, Intersectionality theory centers social justice as a core element, prompting researchers to consider collaborative work with communities to address their needs and create system change (Buchanan & Wiklund, 2021). Therefore, this dissertation involved working with stakeholders in Detroit, MI who serve Black women affected by the rape kit backlog. This study explored what resources and support Black women need to heal from their experience of violence and institutional betrayal.

**Study Context.** Addressing the rape kit backlog in Detroit, MI. The dissertation study was conducted in Detroit, MI, which is one of many U.S. cities with large numbers of untested rape kits. In 2009, approximately 11,000 untested SAKs were discovered in a remote police storage facility (Campbell et al., 2015). To address this problem, a multidisciplinary team called the Detroit Sexual Assault Kit Action Research Project (SAKARP) was developed (Campbell et al., 2015). This participatory action research team consisted of a variety of stakeholders, such as police, prosecutors, forensic scientists and nurses, sexual assault advocates, and university-based researchers. The overall aim of the action research project was to investigate what factors led to the vast accumulation of untested kits, perform forensic testing, and determine how to work with survivors in a trauma-informed way to let them know that their kits had been backlogged (Campbell et al., 2015).

When Detroit's SAKs were finally submitted for forensic DNA testing, many produced CODIS hits (e.g., 455 out of the first 1600; Campbell et al., 2015). A CODIS hit is a match between a sample in a rape kit and an identified offender in the federal DNA database (Campbell & Feeney, 2022). A CODIS hit provides police and prosecutors with a promising investigational lead and can be used as evidence to re-open the case and prosecute the offender (Campbell & Feeney, 2022). Prosecutors wanted to offer survivors an opportunity to re-engage with the criminal legal system and participate in the prosecution of these offenders. Therefore, the multidisciplinary team created what is termed a 'victim notification protocol.' This protocol outlined a process for reaching out to survivors and explaining their options for re-engaging. Investigators from the prosecutor's office would make contact in person, by phone, or by mail to request a time to talk with the survivor and explain next steps. Survivors were connected with advocates from Avalon Healing center for support and assistance (Campbell et al., 2018).

To evaluate this protocol, the research team interviewed a sample of survivors who received a CODIS hit victim notification (Campbell et al., 2022). All survivors decided to re-engage with the criminal legal system. All of their cases were re-opened and prosecuted, and all but one case was resolved by a guilty plea or a trial conviction (one trial ended in a not guilty verdict). The research team interviewed survivors after their cases were completed to understand their experiences with the CODIS hit notification and the reopening and prosecution of their cases. These interviews also explored survivors' healing journeys. The data collected from the evaluation study served as the data source for this dissertation study.

**Research Questions.** Using data from the victim notification evaluation study, this dissertation explored how Black women heal from sexual assault, from the institutional betrayal of being part of Detroit's rape kit backlog, and from their experiences of re- engaging with the criminal legal system. The proposed dissertation sought to answer the following exploratory research questions:

1. How do Black women describe their healing journeys and their current state of healing after their backlogged sexual assault case had been prosecuted?
2. How did Black women's experiences of institutional betrayal by the criminal legal system--in both their initial experiences with the legal system and in their re- engagement experiences--impact their healing journeys and their current state of healing?

## **CHAPTER 2: METHODS**

### **Research Design**

The research design for the current dissertation was a secondary analysis of qualitative interviews. Specifically, data for dissertation came from an evaluation study on a victim notification protocol for untested sexual assault kits, in which I was a part of the research team (Campbell et al., 2022). In the larger study, a qualitative transcendental phenomenological research design was utilized to understand the shared lived experiences of sexual assault survivors who were notified about their previously untested kits and re-engaged with the criminal legal system. This type of research design focuses on describing the shared meaning that individuals assign to an experience and identifying commonalities and differences among participants (Creswell, 2007).

### **Community Partner**

The larger evaluation study was conducted as a collaboration between researchers at Michigan State university and a community-based advocacy organization, Avalon Healing Center (formally known as Wanye-County SAFE). This partnership was established in 2010 through a community-based participatory action research project in Detroit, Michigan, called the Detroit Sexual Assault Kit Action Research Project (SAKARP). While the SAKARP focused on understanding what contributed to the accumulation of untested kits and creating a victim notification protocol, the larger evaluation study (on which this dissertation is based) explored the victim notification process from the perspective of sexual assault survivors (Campbell et al., 2022).

## **Recruitment Protocol**

One condition of the evaluation research study was that neither me nor others on the research team could directly contact survivors or review their confidential client files. This was done for two reasons: 1) to protect the confidentiality of the participants, and 2) to comply with the confidentiality and privacy policies of Avalon Healing Center's funders. Therefore, participants were recruited by advocates working at Avalon Healing Center. Advocates were able to have access to client files given that they worked together during their court cases and had already developed rapport and supportive relationships. In addition, Avalon Healing Center had permission from the survivors that allowed them to re-contact them in the future. The research team worked collaboratively with Avalon Healing Center advocates to develop the recruitment protocol. The process involved advocates reaching out to eligible participants by their preferred method of contact indicated in their client files. Advocates would contact survivors up to four times over the course of two weeks, with a two-week break, and then two more times. If participants could be reached, advocates would explain the purpose of the project, the time commitment, and the compensation for their participation. If survivors agreed to participate, advocates would then schedule the interview and notify the research team. If the participants declined, advocates would make notes for the research team. Before recruiting participants, the research team and advocates conducted mock recruitment calls to practice and make modifications as needed.

To be eligible for the study, survivors had to be: 1) 18 years of age or older; 2) had been sexually assaulted in Detroit, MI, where they had reported to the police and had a SAK collected, which later discovered was not initially submitted for DNA testing; 3) learned that their previously unsubmitted SAK was part of the city's backlog and was finally submitted for testing;

4) their cases had been re-opened and prosecuted; and 5) their cases were now adjudicated and closed. Over 100 survivors who met the eligibility criteria were contacted by Avalon Healing Center advocates to request participation in the study. However, only 44 women could be reached. Of those 44 women, N

= 32 agreed to participate (73% of eligible and reachable participants; 29% of all eligible cases). The 68 participants that were unable to be contacted significantly differed from the 44 participants who were successfully contacted based on their court case outcomes (e.g., guilty plea bargain, not guilty verdict, and guilty verdict). This meant that cases that ended with a not guilty verdict were significantly more likely to be unreachable ( $\chi^2 [2, N = 112] = 7.85, p < .05$ ; Campbell et al., 2022).

### **Sample**

In the larger victim notification evaluation study, 32 survivors were interviewed. For this current dissertation project on the healing experience of Black women, only data from the n = 29 self-identified Black women were included. The average age of the sample was 38 years old. Regarding the assault, the majority of the participants were sexually assaulted as adults (79%), assaulted by an unknown perpetrator (72%), and were notified about their previously untested kit more than 10 years later (76%).

### **Data Collection Procedures**

The research team obtained IRB approval from Michigan State University before conducting interviews for the larger project. Interviews were conducted by me and two other graduate research assistants, all who received extensive training before data collection. The training consisted of the university's IRB training plus trauma-informed interviewing techniques and an overview of topics relevant to the study's population, such as the history of the city's rape

kit backlog and issues of systematic racism within the police department. During the training, me and graduate research assistants conducted mock interviews with each other, the project principal investigator, and the advocates at Avalon Healing Center for developmental feedback.

Out of the 32 survivors interviewed for this study, I conducted interviews with 11 survivors, consisting of 10 Black women and 1 White woman. Interviews lasted, on average, 80 minutes. Interviews were conducted either in person at the advocacy center or by phone, based on the participant's preference. Before the interview, the interviewer and participant went over the informed consent process together, which provided an overview of the research project, their right to terminate the interview or decline to answer questions, and an overview of the funder's mandate in sharing the de-identified transcripts in a national data archive for other researchers to request access to qualitative data.

Interviewers received participant verbal consent before beginning the interview and provided \$50 compensation and a resource guide regardless of whether participants chose to end the interview early. If the interview was conducted over the phone, the graduate assistants would obtain their information to send the money via Western Union immediately after the interview ended. All interviews were audio recorded with the participants' consent. After the interview, participants were thanked for their time and asked if they would like to remove any information from the finalized transcript, excluding the necessary removal of identifying information such as names, dates, and locations to ensure confidentiality. To ensure survivors' emotional safety, advocates were also available to meet and support survivors if they were distressed during or after the interview. Though this option was available, none of the participants needed it/utilized it.



## **Interview Guide**

The interview guide provided a set of topics to discuss with survivors about their experiences receiving a SAK victim notification and their re-engagement with the criminal legal system. The semi-structured interview protocol consisted of seven larger sections focused on: 1) their reasons for participating in the interview (How did you hear about this study?); 2) background information on the assault that led to the SAK (Will you tell me about what happened in the assault?); 3) disclosure and help-seeking experience after the assault and during the court process (What happened right after the assault?, Who did you tell about the assault?); 4) victim notification process (Can you take me through what happened when you were first contacted about your kit finally being tested?); 5) experience participating in the court process (e.g., re-engagement, prosecution, and sentencing; What happened during the re-investigation of your case?); 6) demographic questions (What is your gender?); 7) participant's experience being interviewed and perspective on archiving their data in a national database? (What has it been like for you to talk about this experience with me?)

The current study focused on survivors' perspectives on healing and their help-seeking experiences from the time they were notified about their kit to the end of the court process. These questions were part of the larger study focusing on Section 5: experience participating in the court process (e.g., re-engagement, prosecution, and sentencing). This section consisted of questions about participants' experience re-engaging with the criminal legal systems (What was it like for you to participate in the investigation?), their reasons for participating (What factors helped you to decide to re-engage in the investigation and prosecution? ), and what events transpired over the course of prosecution and sentencing phase (What was the final outcome of your case?). Additional questions pertained to participant's experience accessing community

resources (What did they say or do that was supportive? Not supportive? ), their reflection on the court process as a whole (How do you feel looking back at the process as a whole?), potential experience with discrimination (Thinking back over the different experiences you've had with [AGENCY/PERSON] throughout this whole process, can you think of any times where you felt like you were treated differently, unfairly, or made uncomfortable because of some aspect of your identity?), what a survivor-centered approach within the court process would mean for them (To what extent would you describe the process of being notified as "survivor- centered"?) and their reflections on what has helped them heal (What has helped you to heal? What has been the most healing to you?).

### **Analytic Method: Ideal-Type Analysis**

For the current study, Ideal-Type Analysis (ITA) was utilized to address focal research questions. Ideal-type analysis is a flexible qualitative analytic method that can be used with a range of qualitative data (e.g., longitudinal, cross-sectional, etc.) where a systematic comparison of cases leads to the formation of “ideal types” or grouping of similar cases, which is classified as a typology (Stapley, O'Keeffe, & Midgley, 2021). In other words, this analytic method identifies subgroups within the data, similar to quantitative cluster analysis, where each type is conceptually similar and distinct enough from other groups or types. The term “ideal” is meant to refer to an example of the phenomenon of study and not a complete representation of the concept, in this case, healing (e.g., that one case serves to typify all other characteristics of that group; Stapley et al., 2021, p. 6). In other words, the developers of this method use the word ‘ideal’ to refer to a case that typifies all characteristics in the group (e.g., they are an ideal example of that group). Thus, this method helps qualitative researchers identify distinct subgroups that share common patterns and experiences.

With any qualitative approach, there are philosophical assumptions that inform the research methodology. Ideal-type analysis fits within a critical realist and constructivist perspective. In a critical realist perspective, ideal type analysis assumes ideal types are constructed from the perspective of the researcher at that moment and cannot be considered apart from the context in which they were constructed. In a constructivist perspective, ideal type analysis assumes ideal types as constructed from the researcher's and participant's perspectives and shaped by social and cultural context (Stapley et al., 2021). Ideal type analysis draws from two long-standing analytic approaches in qualitative research: cross-case analysis methods and case study methods. In cross-case analysis, data are coded and sorted until patterns emerge that are identified in the data, such as in grounded theory or thematic analysis approaches (Stapley et al., 2021). In case study analysis, each individual case is reviewed, identifying patterns of meaning within only one participant's account (Stapley et al., 2021). By combining both approaches, ideal type analysis can bring the individual perspective into its own context while “illuminating the variation or patterns that exist across the group of individuals” (Stapley et al., 2021, p. 11).

### **Data Analysis**

Ideal-type analysis, as outlined by Stapley and colleagues (2021), involved seven steps: 1) becoming familiarized with the dataset, 2) writing case reconstructions, 3) constructing the ideal types, 4) identifying the optimal cases, 5) forming the ideal-type descriptions, 6) checking credibility, and 7) making comparisons. The data analysis process commenced with reviewing all 29 transcribed interviews to identify segments relevant to the research aims of understanding Black female sexual assault survivors' perspectives on healing post-engagement with the criminal legal system (step 1).

Additionally, the interviews were scanned for keywords such as “healing,” “coping,” and “support” to ensure comprehensive coverage of relevant data. Subsequently, individual case summaries were created for each survivor (step 2). These summaries were divided into two sections. The first section described the survivor's assault experience, reporting process, disclosure, utilization of resources, and support sought. The second section detailed the survivor's notification about their untested kit, reactions to re- engaging with the criminal legal system, resource utilization during re- engagement, case outcomes, and their current healing journey post-resolution of their backlogged cases, noting any utilized resources, support, and strategies found most beneficial.

In constructing the case summaries for this study, I opted not to utilize pseudonyms and instead employed participant numbers. This decision was motivated by several considerations. Firstly, participants were not asked to provide their own pseudonyms during the interview process, which aligns with best practices for maintaining accurate representation and acknowledging participants' agency in selecting their identities (Itzik & Walsh, 2023). Secondly, abstaining from assigning pseudonyms aimed to mitigate potential researcher biases. As noted by Wang et al. (2024), the names assigned by researchers can significantly influence readers' perceptions and interpretations of participants' accounts. Ultimately, this approach was adopted to uphold the confidentiality of the survivors, who were not provided the opportunity to select their own names, thus ensuring the integrity of the research process.

After creating the case summaries and choosing participant numbers, the cases were sorted into groups, identifying key similarities and differences between the cases (step 3). An audit trail was maintained to document analytic decisions regarding the placement of survivors into healing groups and any observed similarities and differences between cases. After creating

case summaries and categorizing each case into healing groups, an "optimal case" was identified for each group. The optimal case serves as a representation of the ideal type (step 4).

Subsequently, each healing type was reviewed by comparing the case summaries of survivors to the ideal type of their respective group to ensure consistency within the groups. Following this, definitions were established for each healing group (step 5).

After creating the definitions, identifying the optimal case, and naming each healing group, the credibility of the analyses was assessed. This process involved an independent researcher who did not participate in the creation of the ideal type to sort each of the participants based on the tentative definitions. Since this was a dissertation project, my chair served as the independent reviewer. My chair reviewed all data transcripts, the ideal type definitions, and applied the analysis rules to construct ideal types. The independent reviewer sorted the cases in the same manner. There was one case that needed further discussion to settle its placement in the types. (step 6). After credibility was established, contextual factors were identified relating to survivors' experiences of institutional betrayal during their initial engagement and re-engagement with the criminal legal system. The contextual factors were: 1) whether or not survivors had a particularly bad experience reporting their assault to the police 2) and/or when re-engaging with criminal legal system, 3) the average time between their assault and notification, and 4) whether or not they utilized resources and/or supports post-assault and 5) whether or not they utilized resources and/or supports post-assault during their re- engagement with the criminal legal system. These contextual factors were used to examine the extent to which survivors' experience of institutional betrayal shaped their healing journeys across the four healing groups (step 7). Lastly, the names for each of the identified healing groups were

finalized including the narrative description of the healing groups, the overview of optimal cases for each of the healing groups and key similarities within each of the identified healing groups.

### **Assessing the Trustworthiness of the Data Analyses**

Miles, Huberman, and Saldana (2020) outlined multiple strategies for establishing the trustworthiness of qualitative analyses, such as confirmability, reliability, credibility, and transferability. Confirmability is concerned with the way that qualitative data are prepared and whether the conclusions drawn are plausible. In the current study, this was done by keeping an audit trail of the analytic decisions. In addition, step 6 involved checking for credibility, which was done by having my chair conduct an independent review of the data. Reliability refers to the quality and integrity of the study. This was met by providing an audit trail that showed a detailed log of how analytic decisions were made and the conclusions that were drawn from the data to create the subgroups and their characteristics. In addition, positionality statements can improve the reliability of the analyses. Such statements are important in that they serve as a reflection of the research background, identity, beliefs, perspectives, and biases that influence the research process (Hamilton, 2020). By acknowledging potential biases that are introduced into the research space that are evident in the researcher's positionality, this allows others to assess the credibility of findings more effectively (Darwin Holmes, 2020). For this study, I developed a positionality statement, which is presented in the following section. That text explains how I engaged my positionality in this study.

Credibility is concerned with the validity of the findings. Conducting a negative case analysis (NCA) and describing this work in the results. NCA involves a systematic search for cases/examples that do not align with emerging patterns or ideal types. The researcher must consider whether the patterns/types must be revised to accommodate the case, or whether the

negative case should be presented in its own right as a distinct finding. (Miles et al., 2020). For this study, there was one participant's case that resulted in an acquittal, diverging from the prevailing pattern of guilty verdict or pleas. This outlier or negative case was thoroughly examined to determine its classification within the existing healing groups. Furthermore, distinct characteristics of the case were described to ensure accurate reflection of the participant's healing journey, particularly in comparison to other cases within the same healing group. This enhanced the credibility and depth of the findings in that the disconfirming evidence – the outlier case - was considered and alternative explanations found in the data were described (Miles et al., 2020). Lastly, there is transferability, which is concerned with the generalizability of the findings. For this study, transferability was addressed by providing a thorough write-up of the results and the scope of the population. This was done to ensure that the reader could assess the extent to which these findings were applicable to other related populations and contexts. In addition, the limitations of the generalizability of the study findings were noted in the discussion.

### **Positionality Statement**

As a qualitative researcher, it is important to draw attention to how my positionality informed different aspects of the research process (Hamilton, 2020). I am a Black woman who has been involved in gender-based violence research for my entire academic career (since 2016). Throughout my research experiences, I have engaged with sexual assault and domestic violence survivors who have navigated finding resources and support from informal and formal systems with the unifying goal of healing and coping with their experiences. Regarding the larger study that these data were derived from, I was deeply involved in the research process. As previously stated, I had a large role in the data collection process for the larger study, where I interviewed 10 Black women about their experiences. Considering the guiding assumptions of Black

Feminist Thought, I remained cognizant of my own assumptions and my role as a researcher that affect the research space (e.g., power dynamics; Hamilton, 2020). Given that our sample was majority Black women, as a Black woman, I had to acknowledge that our shared racial and gender identity did allow me an opportunity to engage with participants in an authentic way, but that is also where our shared connection ended, making me an outsider. I did not share the same experiences as the women in the study, who had been sexually victimized and ignored for many years by an institution that was handling their sexual assault cases and providing them with an opportunity to obtain some form of justice. Knowing this, I had to be aware of how I was received in the interviewing process, which had an impact on the information that was shared.

Coming from a southern, suburban background where incidences of sexual violence were not as prevalent as in the metropolitan area of Detroit, hearing their stories of excessive violence by strangers and the lack of attention and intentional effort to bring these women any form of justice after waiting for over 5, 10, or even 20 years had a profound impact on me. Hearing their stories altered my perception of these institutions that encourage survivors to report their cases and engage with the legal process when they do not protect them. In addition to this change in perception, different theoretical perspectives, such as Black Feminist Thought (which also includes Intersectionality), Critical Feminism, and specifically transformative justice, have influenced how I have engaged with gender-based violence research and have shaped my views on healing and justice. Transformative justice rejects the need for more punitive approaches to addressing violence and offers alternatives such as focusing on community healing as well as individual healing without the investment or involvement of formalized institutions such as the criminal legal system or social services (e.g., state-sanctioned institutions; Mingus, 2022). Along with other contributions of Black feminism, transformative justice has been vital to Black



women's resistance strategies against sexual violence. This perspective guided me through the conception of my research questions in this dissertation study in examining how Black women heal in the aftermath of engaging with the criminal legal system, given that engaging in this system can bring about an additional layer of trauma (Herman, 2005, p. 574; see also Kim, 2020; Maier, 2011; Regehr & Alaggia, 2006). Assumptions that I hold about the criminal legal system and healing from sexual violence could have interfered with the data analysis process. For instance, my interpretation of healing is that it is an ongoing process that everyone goes through, and survivors deserve to have their voices heard on what healing looks like in this unique context. Although I have these assumptions, they may not be held by the participants, so I paid close attention to my interpretation of the participants' views on what has been healing. For example, participants could find healing in the legal process or in formalized systems that once failed them. I checked my assumptions during the data analytic process by keeping an audit trail that bracketed my perceptions that are aligned with other orientations to healing that may not come up in the data. This allowed me to have an opportunity to reflect on how my values and assumptions about healing could have influenced the data analytic process. While I engaged in the process of bracketing and creating an audit trail to ensure that the results reflect an accurate picture of the healing types of the participants in the study, I acknowledge that my training in community psychology and theoretical perspectives had an impact on the research process. It is in my interest that how Black women have healed from this unique experience is highlighted, which can add to our understanding of what healing from sexual violence and institutional betrayal may entail. In addition, the research may present additional resources and supports that Black women need when and if they engage with these systems. Finally, I acknowledge that this dissertation is part of my own academic career and that my personal investment in this work is

tied to my academic goals and career aspirations of supporting Black women who experience violence.

## CHAPTER 3: RESULTS

This study explored the healing journeys of Black women, specifically focusing on how they healed from sexual violence and institutional betrayal by the criminal legal system. To understand how Black women have healed from sexual violence and institutional betrayal, I explored two research questions: 1) How do Black women describe their healing journeys and their current state of healing after their backlogged sexual assault cases had been prosecuted; 2) How did Black women's experiences of institutional betrayal by the criminal legal system--in both their initial experiences with the legal system and in their re- engagement experiences-- impact their healing journeys and their current state of healing? Below, I present the findings for each research question in sequential order.

### **Research Question 1: Description of Black Women's Healing Journeys**

Using ideal type analysis, the Black women interviewed in this study described four distinct types of healing journeys. In each of the sub-sections below, the results will be presented in the following order: a description of one of the four ideal types, a summary of the optimal case for the ideal type, key similarities within the ideal types and some of the variations that also existed within each ideal type. Overall, the four types of healing journeys varied in the extent to which justice from the legal system served as a critical component of their healing and whether their expectations for justice were met. For some healing types, justice was an essential feature of their healing, but for others, less so. In addition, the four healing types also varied by whether survivors characterized their healing as just beginning, in progress, or completing as they can now refocus their attention on other aspects of their lives. Table 1 (see below) summarizes the four ideal types, and the assault and court characteristics that were integral in shaping each of the healing types. Each ideal type is represented in the columns; the rows summarize information

about the nature of the assault the survivors’ experienced as well as additional context about the survivors’ court cases. This table helps illustrate how the four ideal types varied with respect to their assault and court experiences.

**Table 1.**  
*Assault and Court Case Characteristics Among Black Women in the Sample (N = 29)*

	Full Sample (N= 29)		Ideal Group 1 (n = 4)		Ideal Group 2 (n = 10)		Ideal Group 3 (n = 7)		Ideal Group 4 (n=8)	
<b>Assault Characteristics</b>										
Serial Offender (%)	75.9		100		80		57.1		75	
Notable Impacts of the Assault (%)	62.1		50		40		100		62.5	
<b>Court Case Characteristics</b>										
Assailant Incarcerated ? (%)	34.5		25		40		28.5		37.5	
Satisfied with Case Outcome (%)	Sat.	44.8	Sat.	75	Sat.	20	Sat.	14	Sat.	87.5
	Mix.	37.9	Mix.	25	Mix.	50	Mix.	71	Mix.	-
	Unsat.	17.3	Unsat.	-	Unsat.	30	Unsat.	15	Unsat.	12.5

*\*Note: Sat:Satisfied; Mix:Mixed; Unsat:Unsatisfied*

### **Ideal Type 1: Justice Creates a Pathway to Healing**

**Ideal Type Description.** Four survivor cases represented the ideal type of “Justice Creates a Pathway to Healing.” Survivors in this group were in the early stages of the healing process, reflecting on how the assault has affected their lives following the resolution of their cases. Survivors defined healing within a retributive justice lens believing that in order to heal, there must be accountability for the harm caused by their assailants and that the punishment received should be reflective of that. As shown in Table 1, all survivors in this group were assaulted by a serial offender (100%). For the Black women in this ideal type, it was particularly important to see their offenders be held accountable not only for their victimization, but because they had victimized other women and could pose a threat to the safety of other women. Being

able to witness their assailant be held accountable in court and assist in this effort led to many survivors in the group expressing satisfaction in the case outcome (75%). It is also important to note that in some of these cases, the assailants were already incarcerated, and new charges were brought against them based on the DNA results from testing these backlogged kits in an effort to extend their incarceration time. However, some assailants were free and in the community at the time of their court cases. For this ideal type, only 25% of the assailants were already incarcerated, which was the lowest percentage across all of the ideal types. In other words, a substantial portion of these serial offenders were free which heightened survivors' sense of urgency for justice. Receiving retributive justice facilitated their pathway forward to heal and they were able to finally confront how the assault impacted their lives. They no longer had to worry about their safety or endure the confusion and pain of their cases being ignored or unresolved by the police. Importantly, many survivors in this group were deeply impacted by the assault (50%). Survivors described emotional and psychological challenges stemming from the assault, including emotional detachment and symptoms associated with post-traumatic stress disorder (PTSD).

Furthermore, they detailed how the assault impacted their social relationships and academic performance, particularly leading to the discontinuation of educational pursuits and interpersonal relationship difficulties. Although many did not receive adequate support following their victimization to address these problems, attaining justice enabled them to begin actively engaging with support resources. Notably, justice and re-engagement with criminal legal system served as the catalyst for them utilize therapeutic resources such as counseling and advocacy, which were instrumental in helping these women feel ready to confront the emotional trauma that they carried since being assaulted.

**Optimal Case.** One survivor’s healing journey serves as a true embodiment of the healing group described above: Participant 22 is a 40-year-old Black woman with some college education. When she was 18, she was stalked, harassed, and assaulted by a Black man she referred to as an acquaintance and later learned was a serial offender. Even after the assault, her assailant continued to harass and threaten her and her family. When she reported her assault to the police, she was treated poorly and made to feel unimportant and that she had no value. She even reported the ongoing harassment but was met with a dismissive response from law enforcement:

*“The police back in 1998, yeah, they did not treat me well. I had to keep calling about the case. No updates about the case [...] I never got support. The support that you supposed to get from the police department. I didn't receive support from nobody.”* – Participant 22.

In an attempt to seek support from her family, she confided in her mother about her assault; however, her mother did not believe her and shared this disbelief with others in their community, leading to further isolation. In another attempt to seek support, the survivor attended rape counseling but noted that the counselor was consistently unavailable. Lacking support from her family, formal assistance from the police, or therapeutic resources like counseling, she chose to address the assault on her own and accept that no further action would be taken on her case.

She coped by burying memories of her experience inside and keeping things to herself; however, the assault continued to impact her life in detrimental ways. She struggled with having intimate relationships with other men and was harmed by other partners. She ultimately dropped out of college and became hypervigilant, constantly worrying about her and her children’s safety. After struggling for 20 years to find support and some semblance of justice for her victimization,

she was notified that her sexual assault kit had been found and finally tested. She described being very happy that there were finally going to re-open her sexual assault case, and she was eager to move forward with the investigation and said, “And I said, "Let's do it. Let's get him. “I’m ready. I want to do this.” (Participant 22). She also grappled with anger over having to relive the trauma of being assaulted years later, stemming from fact that her kit was previously untested. Despite this, she remained determined to move forward with the court process. She shared the news of her case being reopened with her family and friends. Unfortunately, her family was once again unsupportive, yet her friends provided her with support and encouragement for her decision to pursue the legal process. During the court proceedings, the survivor engaged with a community-based advocate who provided her emotional support and other resources that she needed such as protective order against a former partner:

*“She was always there. She was always at court. She was there whenever I needed to talk to her. She went to court with me to get a PPO against my daughter's father. She paid for me to get a PPO for my kid's father and to help me look for somewhere else because we were homeless. [...] Even when the landlord was trying to find out where we were for him and she was just very, very, very supportive.” – Participant 22*

At the end of her case, her assailant received a 7–15-year sentence. She wished her assailant received a longer sentence but accepted the time received as a form of accountability. In reflecting on her healing process, she noted how reengaging in court process with supportive legal personnel and being able to share how the assault affected her life in her victim impact statement was empowering: “I felt empowered because I could keep him from doing it to somebody else's child or somebody else for a while. And then when it's time for his parole I want to be there so I can prolong it.” (Participant 22). This process provided her with the justice she

sought and the closure she needed, which helped her begin to heal from this trauma. Since her case concluded, she continues to participate in therapy, which she said has been helpful for coping with recurrent traumatic memories and moving forward with her life.

**Key Similarities Within the Ideal Type.** As demonstrated in the optimal case for this group, survivors in this healing type discovered that reengaging with the criminal justice system in pursuit of justice facilitated their ability to confront the fear and pain they struggled with in the aftermath of the assault. Receiving justice, specifically retributive justice in the form of incarceration, instilled a newfound sense of safety and security, enabling them to begin the healing journey. As another survivor from this healing group expressed “The most healing is knowing that that person is locked up and he can't hurt anybody else [...] I could start my healing process. So, I won't have to look over my shoulders no more.” (Participant 27). Survivors in this group needed to feel safe in their community and being able to confront their assailant and acknowledge the harm caused helped them to begin the healing process. For these survivors, being able to witness their perpetrators be held accountable by the court system and no longer be able to hurt her other women served as catalyst for their healing.

For survivors in this ideal type, choosing to move forward with the legal process allowed survivors to receive justice that they longed for, and begin to engage intentionally with therapeutic resources to help them process the assault. In the optimal case, the survivor noted how the support she received from the legal team as well as therapeutic support from her advocate and from therapy helped her heal more effectively than she had done in the past.

Another survivor also talked about her experience with not being unable to confront her assault and begin the healing process until she was notified:



*“I felt I never dealt with it when it actually happened. I went to the doctors, and I told my best friend and my brother and that was it. I’ve never talked about it again. I think I told my husband when I got married, but I never talked about it. It was kind of forcing me to deal with it, but then I got into church and kind of helped me and started seeing a counselor. Just recently I started seeing a counselor but, yeah, so church, that sort of thing kind of helped me...”* – Participant 19

While therapeutic resources were very important for this survivor healing process, she also described her faith and attending church as additional resources in initiating her healing journey. For this survivor and others in this group, being notified about their sexual assault kits and being offered a chance to re-open their cases held them realize that that they had not thoroughly addressed the assault in the past. Confronting their assailants also reopened emotional wounds that they had carried since the assault. Therefore, the decision to utilize therapeutic resources during and after the court process concluded was crucial for them to begin to heal from the assault.

Overall, survivors in this group found the pursuit of justice through re-engaging with the criminal legal system as the catalyst to beginning to heal from their victimization. In other words, when their assailants were held accountable and incarcerated, these survivors were able to begin their healing process and seek additional resources to help them resolve their traumas.

### **Ideal Type 2: Disengaged and Detached from Healing**

**Ideal Type Description.** Ten survivors' cases represented the ideal type of "Disengaged and Detached from Healing." These survivors decided to divert their focus away from addressing the assault following the resolution of their cases. For this group, healing was defined as the intentional effort of blocking any emotional or cognitive engagement with the assault and

preventing the assault and their legal cases from occupying any space in their lives. They achieved this by ignoring their victimization experience in order to move forward with their lives. Initially, these survivors believed that justice was essential for their healing process. However, as they re-engaged with the criminal legal system, they found that it did not provide them with the sense of justice or closure they had anticipated. As shown in Table 1, most survivors in this ideal type were assaulted by a serial offender, which amplified their resolve to seek justice and protect other women (80%).

However, the majority of them were dissatisfied with the court process, with the highest percentage of dissatisfaction among this group (30% compared to 17.3% in the full sample, as shown in Table 1). This dissatisfaction often stemmed from the fact that this group had the largest percentage of assailants who were already incarcerated (40% compared to 34.5% in the full sample, as shown in Table 1). This meant that in some cases, more time was added to already substantial prison sentences, which did not meet these survivors' standard of justice. For these survivors, they endured difficult court experiences reliving the trauma of their assaults, which added more years to their offenders' prison time, but that outcome did not give them the peace and justice they felt they deserved. Given that re-engaging with the criminal legal system did not bring them justice or healing, these survivors adopted a deflection coping strategy to navigate life after the resolution of their cases, even though some reported being deeply impacted by the assault (40%). Many survivors in this ideal type stated that the assault caused significant emotional and mental health challenges that negatively impacted their relationships, occupational functioning, and physical well-being. By adopting a deflection coping strategy, survivors in this group decided to refrain from seeking formal support during and after their cases concluded as

they believed it would not be effective and it would have forced them to confront the emotional burdens stemming from their victimization experiences, which they had actively tried to avoid.

**Optimal Case.** One survivor's healing journey serves as a true embodiment of the healing group described above: Participant 20 is a 49-year-old Black woman who attended technical school. When she was 20 years old, she was assaulted at gunpoint by an unknown Black man. When she reported her assault to the police, she was told that she deserved to be raped and it was her fault: "the police treated me horrible., Because they told me I brought it on myself. So, after that, they had me actually crying, told me I deserved to get raped [...] Yeah, it was a lot. That's what the police was doing." (Participant 20). After being blamed and treated insensitively by the police, she no longer wanted any contact with the criminal legal system.

Following the assault, she felt unsafe and started self-isolating. She also stopped working and was afraid to be outside the confines of her home. To cope with the impacts of the assault, she attended church with her mother, who she decided to confide in about the assault. Even though she found attending church to be healing, she noted that her mother was not as supportive as she needed by not providing her the space to talk about her assault. She decided to seek support from a therapist but stopped going because she felt the therapist was also unsupportive. As time went by and this survivor realized the police were not going to pursue her case, she decided to move forward with her life, prioritizing the care of her children. She also pushed the assault out of her mind enabled her to maintain her regular activities and attend to her children:

*"Even though I know I can't stop my life, I've got to go to work, I've got to do this, I've got to do that, you know take care of my children, all of that. That and take them, I used to be afraid to try to take them to the doctors and everything because I knew I had to catch the bus" - Participant 20.*

After 20 years of blocking out memories of the assault and focusing on herself and her children, she was finally notified that her sexual assault kit was found and tested. She described feeling unsettled as her ‘past was coming to haunt her’ (Participant 20). She expressed anger about having to relive the assault after working hard to ‘put it out of her mind’ (Participant 20). Though she was angry that it took a very long time to be notified, she decided to move forward with the legal process, hoping it would provide her closure and help with forgiving herself. She shared the news of her case being reopened with some of her family but refrained from sharing with others due to their lack of support and the tendency to shift the focus away from her and onto themselves. She described the court process as emotionally difficult because she had to retell her story multiple times. Throughout the court process, she relied on the advocate’s emotional support to get through the court process but did not utilize any other resources at the end of her case, her assailant received an incarceration sentence of 25 years.

Despite being happy with the outcome of her case, she noted that it did not bring her the closure she had hoped for because he was already in prison, and his additional sentence felt like merely prolonging his incarceration. She decided to resume blocking the assault from her mind as her way of coping and healing. Even after two decades of delayed justice, she continues to grapple with feelings of anger and regret upon receiving the notification:

*“I couldn't wait until the last day of it because I was stressed and depressed. To me, I still think that since it's been over that long, over 20 years, they shouldn't have even knocked on my door. Because I had trained myself not to think of stuff, you know what I went through. They just brought everything back up and I felt, to me I was like, "It would have been better for them to leave me alone.”- Participant 20.*

As she described, she had invested significant effort into blocking out the assault, and she was determined to do so again after the court proceedings. Specifically, she noted that her process of healing involved “erasing [the assault] out of [her] mind” (Participant 20). While adopting a deflection strategy was her primary approach, she described utilizing prayer as another component of her healing journey. This allowed her to redirect her thoughts away from the assault and maintain focus on her life and the well-being of her children.

*Key Similarities Within the Ideal Type.* As demonstrated by the optimal case for this group, survivors in this healing group made an intentional choice to avoid addressing the assault as they believed this approach would facilitate their healing. As another survivor described: “Just years of, “Out of sight, out of mind...It was a day I never forget. Just got to move on with life. Can't walk around with that over my head [...] I'm not a pity party person. Just move forward.” (Participant 16). As indicated in this quote, survivors in this group demonstrated significant mental fortitude to focus on other events in their lives.

Survivors in this ideal group also were unable to receive the support that they desperately needed when they were first assaulted. As noted in the optimal case, survivors made several attempts at seeking support but encountered challenges that discouraged them. Another survivor from this group described her experience trying to access resources following the assault:

*“And I remember not being able to answer [that] question and being so uncomfortable that I didn't want to go back [...] but I was like wow to ask that the first time I sit down with you, not, I don't remember her asking me anything else but, “What did they do to you?” And I just remember not being ready” - Participant 23*

This survivor’s experience highlights the lack of adequate support she received following her victimization, resulting in her feeling reluctant to seek further support. Consequently,

survivors in this groups found that their approach to blocking out the assault served as the most effective strategy to move forward with their lives. Survivors in this ideal type wanted to reengage with the criminal legal system in the hope that they would find closure and healing, but their expectations were not met. Another survivor in this group shared her experience: “I thought that him being in jail would help, but that really didn't, so I don't know [...] Nope, [him going to jail] didn't help at all. I just know where he is now” (Participant 18). For the survivors in this group, it was common that they did not feel closure or satisfaction from the resolution of their legal case because that outcome did not ease their pain and suffering. Another survivor described how the case outcome did not amount to justice for her:

*“My main thing was just that he was already serving the life sentence. So, it really didn't make a difference. As far as him, like is that really justice for somebody if a person is already in prison, already doing life? It doesn't feel like it.”* – Participant 11

Another survivor shared how her case outcome did not amount to justice for her. She had been assaulted by two men, but only one them received a prison sentence: *“I don't feel healed, and I don't feel like I got justice. Because the judge gave him a break, like he needed a break. And nothing happened with the other guy, so I don't feel like nothing happened.”*(Participant 23). These survivors' experiences highlight how the criminal justice system was not able to provide them the justice that they sought particularly because many assailants were already in jail serving sentences, which many survivors felt diminished the significance of their victimization. This dissatisfaction with the criminal legal system coupled with the lack of support they received from people in their lives prompted these survivors to disengage and withdraw as a means of coping with their trauma.

### **Ideal Type 3: Healing is an Ongoing Process of Balancing Growth and Managing Distress**

**Ideal Type Description.** Seven survivors represented the ideal type of “Healing is an Ongoing Process of Balancing Growth and Managing Distress,” whereby they were still actively engaging in the healing process and grappling with the enduring effects from the assault and their experiences with the criminal legal system. In this group, healing was seen as a continuous process that involves both positive growth and transformation, as well as coping with the ongoing negative impacts of the assault on their lives. As shown in Table 1, every survivor in this group was profoundly impacted by the assault (100%). All of these survivors experienced significant negative effects from the assault on the emotional, mental, and physical health.

Survivors in this group also had to endure and manage long-lasting impacts of the assault such as dealing with co-morbid illnesses, chronic pain, sexual dysfunction and managing sexual-transmitted infections. Survivors in this group also described how the assault significantly altered their life trajectory, leading to changes in occupations, discontinuation of their educational pursuits and loss of ambition. Unlike other groups presented, survivors in this group decided early on to incorporate active coping strategies and seek formalized support resources shortly after their victimization. This was prompted due to the profound impacts the assault had on their physical, mental, and emotional well-being.

The coping strategies and resources they used varied based on the extent of the assault's impact and how they perceive these strategies affecting their mental health. Experiencing these impacts drove home their need for justice as a part of the healing process, strengthening their resolve to participate in the criminal legal process. However, many survivors in this group expressed mixed reactions to their cases outcome, even though a small percentage of survivors had an assailant who was already incarcerated (28.5%) and this group had the least number of

assailants who were serial offenders (57% compared to 75.1% in the full sample, shown in Table 1). This showed that while engaging with the criminal legal system did provide some sense of justice, it was not sufficient to bring closure and complete healing. The enduring negative impacts that survivors in this group had to manage underscored that their healing processes extend beyond seeking accountability for their victimization.

**Optimal Case.** One survivor's experience embodies the essence of this healing group described above. Participant 25 is a 45-year-old Black woman with a master's degree. When she was 21 years old, she was kidnapped, abducted off the street and assaulted by two unknown Black men who were later identified as serial offenders. When she reported the assault to the police, she noted how the interaction was harmful and made her angry:

*“The first time I dealt with the police was really bad to the point where I thought no matter what happens, never ever, ever deal with the police no matter what... I mean it's so personal and the police are armed or they're apathetic. You may just be in the middle of it. I totally understand people coming forward and then saying, no. I understand it all now” - Participant 25*

Their disbelief and dismissive attitude gave her firsthand insight into why sexual assault survivors opt to not report their victimization. Following the assault, her life was drastically altered. She developed severe anxiety and PTSD. She started self-isolating and noted several other manifestations of her trauma such as experiencing dissociation and losing her hair and teeth. In addition to the physical and psychological impacts stemming from the assault, she changed her career paths in college. Overwhelmed with the impacts of the assault, she decided to disclose to her mother and sister but found their responses unsupportive and dismissive. She also disclosed to friends but was met with more unsupportive and dismissive responses. Not being



able to receive support from family or friends, she turned to formal support to help her cope with her victimization and was connected to a psychiatrist and therapist. After 20 years of engaging with therapeutic supports to help her address the impact of the assault on her life, she was then notified about her sexual assault kit. She described being notified as a deeply distressing experience, especially when she found out that they did not test her kit initially:

*"I would just be so sad and so depressed after every interaction that I would tell them, "Let me know when I have to talk to you again because when I get that call out of the blue, it just like really, really, really ruins my day." (Participant 25).*

She felt outraged, unsafe and revictimized by the experience. She ultimately decided to reengage with the criminal legal system but was not hopeful of a positive outcome given her past experiences with the criminal legal system. After being notified, she shared news of her case being reopened with her sister and mother. Unfortunately, she was met with the same unsupportive reactions. During the court process, she experienced significant distress to the point her hair started falling out again. She continued to utilize the support of her psychiatrist and therapist and shared how she did not utilize additional support resources, like the advocate, because she was not ready to open up to yet another person. At the end of her case, her assailants were convicted where one received 80 years and the other was committed to psychiatric institution. Reflecting on her healing process, she shared how she was happy that her assailants were held accountable but still wishes she had never been assaulted. She shared how the court process brought upon another period of depression and distress; however, she continues to utilize therapy and psychiatric support to help her cope and heal. She also described some positive aspects from re-engaging in the court process stating that *"It also helped me forgive myself. I felt like I lost 20 years of my life, and just didn't get a lot done. As I said, I was just so crippled by*

*the unfairness and the uncertainty of it*" (Participant 25). She attributed forgiveness towards herself and being able to mourn her losses resulting from the assault as integral to her healing journey.

Additionally, she highlighted the significance of focusing on other activities in her life as a means to prevent feeling overwhelmed or ruminate about her sexual victimization:

*"I had to put conscious, really concentrated effort into staying busy and remembering to give myself a break, which I don't think I had done before. I just multi-tasked to the point of oblivion so my mind wouldn't be still and maybe rest on that. Stay busy and stay active."* - Participant 25.

Her ability to balance engagement in various activities as well as finding time to rest has helped her to remain on her healing journey and avoid regressing back into bouts of depression, preventing her from *'just totally give up on life'* (Participant 25).

**Key Similarities Within the Ideal Type.** As demonstrated in the optimal case for this group, survivors in this group all have been deeply impacted by the assault resulting in physical and mental wounds that they have been trying to heal throughout their lives. For instance, one survivor who had been diagnosed with mental health disorders prior to the assault, experienced a worsening of her conditions following the assault and shared: "I got my justice, but he still took so much out of me. I still have to talk about it. That's why I'm trying to come to support groups and stuff where we talk about support because I don't really have a lot of support now."(Participant 26). Survivors this group had all made intentional efforts to seek support to address their physical, mental, and emotional needs following the assault. While survivors in this group all accessed different resources to help them cope with the severe impacts, like managing multiple mental health disorders and chronic pain issues stemming from the assault along their

healing journey, the extent to which they engaged with formalized resources depended on their mental health concerns. In other words, survivors decided to engage with resources that would not cause a significant disruption to their mental stability. As one survivor shared:

*“I never went through the therapy process [...] I don't think that I would want to talk to somebody about it, because I don't know. I don't know what type of mental thing that'd bring, you know. I feel like I'm in kind of in a good place, because I know he's still locked up. I don't have to worry about it.” - Participant 6*

Another survivor shared how she opted out of using formalized resources like therapy and instead utilized community organizing as a way to heal. She shared how advocating for other survivors and her organizing efforts helped her to heal:

*“So just to be a part of the solution instead of not doing anything, which to a certain extent I feel as a survivor we have a certain level of responsibility ourselves to make sure that it ends with us so to speak [...] So just to actually act on that and to put my words into actions instead of, “Oh someone should do something about it,” I became that person. And that helped me heal a lot because I brought that same healing. I refuse to heal without being able to help as many of us that this affected as possible. So for me to help pull people out of the same pit that this situation threw me in, meant a lot to me” -*

Participant 1

While survivors in this group are still managing the enduring effects of their victimization and their experiences with the criminal legal system, they also had made positive strides forwards such as personal growth, self-forgiveness, and other positive development since their cases concluded. For instance, another survivor shared: “I’m back in school now. I’m working and taking my meds every day and going to the doctor’s appointments and really trying to talk a

lot about issues from my past. Trying to live the best life I can” (Participant 26). In summary, survivors in this healing group continued to grapple with the enduring effects of sexual violence. Despite facing these long-term challenges, they are making positive developments in their lives such as improving their mental health and wellbeing.

#### **Ideal Type 4: Healed and Embracing Life Beyond the Assault**

**Ideal Type Description.** Eight survivors represented the ideal type of “Healed and Embracing Life Beyond the Assault.” These survivors felt that they were completely healed and have now successfully moved beyond the assault and were now focusing on other aspects of their lives. In this group, survivors felt healed because they have been able to confront and openly discuss the assault, along with leveraging the support in their lives to foster personal growth as they continued moving forward. Similar to the other healing groups described, a majority of the survivors had an assailant who was a serial offender (75%) and they wanted to re-engage with the system to protect public safety. Most of the survivors in this type were satisfied with the outcome of their case (87.5% compared to 44.8% in the full sample, as indicated in Table 1). Survivors in this group found the most satisfaction due to the court process meeting their expectations in regard to the punishment their assailant received even though some had an assailant who was already incarcerated at the time (37.5%, see Table 1). Despite a majority of survivors in this group being severely affected by the assault (62.5%), experiencing issues such as self-blame and hypervigilance regarding their safety, many have managed to overcome these adverse effects. Throughout their healing journey, they have tapped into various support resources such as assistance from family, friends, and formal support services, often combining these sources. This network of support has been a critical element in their ability to heal and address the impact of their victimization. The survivors in this group described improved self-

image improved self- image, alleviated fears, a sense of security, and a newfound ability to contribute positively to their community. With a robust support system in place, effectively addressed the assault impact on their lives, and obtained the justice that they sought through re-engaging with the criminal legal system, survivors in this group felt they were healed and reached the end of their healing journey.

**Optimal Case.** One survivor's experience embodies the healing group described above: Participant 2 is a 60-year-old Black woman with a high school education. When she was 36, she was assaulted at gunpoint by an unknown Black man who was later identified as a serial offender. She disclosed the assault to her parents who helped her contact the police and provided emotional support during the reporting process. When she reported her assault to the police, they were supportive and took her case seriously, trying to identify the perpetrator. The police identified a possible suspect, and the survivor was asked to participate in a line-up, but she was unable to identify the assailant, so the police decided to no longer pursue her case. This survivor was frustrated that her cases was no longer being investigated by the police, so she sought counseling to address the trauma of the assault. She did note that at times she suppressed the feelings of the assault and tried to focus on raising her child as a way to cope with her case no longer being pursued. After 20 years of focusing on living her everyday life, she was finally notified that her SAK had been tested. She described the experience as overwhelming due to all the memories of the assault rushing back to her mind:

*"I was kind of sad and kind of happy all at once. It was just a blast from the past that just slapped me in the face. That start of everything started floating back. The rape and the emotions, my mom, my sister, it was just, started just floating back. And I had actually pushed everything to the back of my head, to live a normal life." - Participant 2*

Even though being confronted by the assault again was difficult, she decided to participate in the reinvestigation of her case. After being notified, she shared the news that her case was being reopened with her family. They were initially angry with the fact that it took 20 years for her case to be reopened but were supportive of her decision to move forward with the legal process. During the court proceedings, she utilized resources from a community-based advocacy organization and worked with their advocates throughout her trial. At the end of her case, her assailant was convicted and incarcerated (the survivor did not disclose the length of the sentence in her research interview). Reflecting on her healing process, she has made significant progress in her life following the conclusion of her case. She stated that being engaged with advocacy support services, her family and her faith helped her to view herself differently, stating, *“I don't really identify with that term victim. I identify with the term survivor”* (Participant 2). Reengaging with the criminal legal system with the aid of an advocate and other supports provided her with the strength to confront the assault and successfully navigate the legal process, allowing her to move beyond the assault. In addition, to the support and being satisfied with her case outcome, her faith and family support helped her heal.

**Key Similarities Within the Ideal Type.** As demonstrated in the optimal case, survivors in this group have been able to draw upon key supports such as therapy and/or advocacy services to help them heal from the assault. Survivors in this group have reflected on what they have experienced and have come to terms with being victimized and with surviving that victimization. One survivor shared how she changed her perspective about the assault and that shift was helpful to her healing:

*“I was like, I'm done with this. I'm not about being around a past of mine that I blamed myself to make myself feel comfortable. I'm accepting the fact that I am a victim. I accept*

*the fact that I was not in the wrong. Don't get me wrong. That was like a little shocker, like a little shield opened up in my brain like, "Dang, I didn't ever think I can look at that when I know that I literally did stuff."* - Participant 15

Another survivor shared that being healed meant that she was able to reflect on what happened to her without feeling emotionally overwhelmed, “But I’m healed and that’s that. I don't have to talk about it no more, but if I do talk about it, I'm not as hurt.” (Participant 30). Many of the survivors in this group felt they were no longer reliving the assault and were able to move forward in the lives. As shown in the optimal case, survivors in this group also shared personal growth they have experienced and how they are moving on with their lives. For instance, one survivor shared how being able to heal allowed her to focus on building her new life:

*“I got reasons to live today. You know, so no... I don't have a desire and I like how my life is today so, my life is going good. When I leave transitional housing, I'm going to school for. I'm trying to find out about the entrepreneurship school. Because I want to either do a restaurant or a shelter.”* - Participant 4

Overall, survivors in this group felt they were able to heal because they confronted what happened to them, and the assault no longer caused significant emotional upheaval in their lives. Survivors now felt ready and able to focus on other aspects of their lives.

## **Research Question 2: Impact of Institutional Betrayal on Black Women’s Healing Journeys**

The results of the ideal type of analysis (Research Question 1) revealed four distinct types of healing among the survivors in the sample. Some were just beginning their healing journeys (Justice Creates a Pathway to Healing), some felt they had completed their journeys (Healed and Embracing Life Beyond the Assault). Others were struggling with continued feelings of anger,

frustration, and trauma, and were coping by trying to block out that distress (Disengaged and Detached from Healing) or by engaging multiple resources to work through the ups and downs they were experiencing (Healing is an Ongoing Process of Balancing Growth and Managing Distress). My second research question sought to explore why survivors might be in different places in their healing journeys and the extent to which their experiences of institutional betrayal by the criminal legal system has impacted their healing. For Research Question 2, I examined how survivors' experiences when they initially reported the assault to the police and their current experiences with the legal system during their re- engagement shaped their healing journeys. Specifically, I examined five contextual factors: 1) having a particularly bad experience reporting their assault to the police 2) and/or when re- engaging with criminal legal system (criminal legal system), 3) the average time between their assault and notification, and 4) utilization of support post-assault and 5) utilization of support during their re-engagement with the criminal legal system (criminal legal system) regarding their sexual assault cases. I examined the extent to which survivors' institutional betrayal during their initial contact and their re- engagement experiences may have shaped their healing journeys.

To understand how institutional betrayal was operationalized for the study and how it was experienced by Black women in the sample, I will begin by presenting an overview of these contextual factors for the entire sample (see Table 2) and a summary of each of the factors for the overall sample. After, I will present the results pertaining to how institutional betrayal was experienced within each of the ideal types. The ordering of the ideal type grouping will follow a different order than observed in Research Question 1 in order to explicate how institutional betrayal varied across the healing typologies.



**Table 2.**  
*Institutional Betrayal-Related Contextual Factors Among Black Women in the Sample (N = 29)*

	Full Sample (n = 29)		Ideal Group 1 (n = 4)		Ideal Group 2 (n = 10)		Ideal Group 3 (n = 7)		Ideal Group 4 (n=8)	
<b>Contextual Factors</b>										
Particularly Bad Experience Reporting Assault (%)	62.1		50		80		50		50	
Support After Assault (%)	Yes	82.7	Yes	75	Yes	80	Yes	85.7	Yes	87.5
	No	17.3	No	25	No	20	No	14.3	No	12.5
Time Between Assault and Notification (Avg. Years)	16.4		19.8		18.6		15.3		12.9	
Particularly Bad Experience Re-Engaging with criminal legal system (%)	10.3		-		10		14		-	
Support During Re- Engagement (%)	Yes	93.1	Yes	100	Yes	80	Yes	100	Yes	100
	No	6.9	No	-	No	20	No	-	No	-

### Overview of Entire Sample

Most survivors in this study experienced institutional betrayal in their initial experiences reporting the assault to the police years. For example, 62% described having a particularly bad experience reporting their assault to the police when they were first assaulted. Survivors were often told by law enforcement that the assault was their fault or that they were otherwise to blame to for what happened to them. In addition, the police did not provide victims with information about their sexual assault kits, and they were not responsive to their requests for updates and action in their cases. Survivors waited on average 16 years after they reported the assault to the police to receive any information about their rape kits. This meant that survivors were unaware for over a decade that their kits had not be submitted to a forensic crime laboratory for forensic DNA testing, and that no new investigatory action had been taken in their case.

These experiences of institutional betrayal by the criminal legal system left survivors feeling hopeless, angry, and distrustful of formalized systems. As such, most survivors did not reach out for other types of support after their initial reporting experiences. Overall, most survivors in this sample did have some form of support after the assault (82.7%), but this was primarily informal support from family and friends, as opposed to structured counseling or advocacy services. Survivors appreciated having support from family and friends, but on balance, it was not sufficient to heal from the assault and the institutional betrayal they experienced during the initial reporting.

Whereas most survivors experienced institutional betrayal during their initial reporting experiences, only small percentage of survivors (10.3%) stated that they had another negative experience with law enforcement personnel during their re-engagement after they were notified that their rape kit had been finally tested. These survivors felt they were misled, uninformed, and to some extent deceived by legal system personnel during their re-engagement experiences. They indicated that they were not fully informed and prepared for the arduous court process. Although they were not revictimized as severely during their re-engagement, they were angry and hurt that they once again were not treated fairly and respectfully. In addition, this repeated experience of institutional betrayal seemed to deter these survivors once again from seeking formal support services (e.g., counseling, advocacy). In other words, it appears that negative experiences with the criminal legal system—whether during the initial report and/or during the re-engagement process—erodes survivors’ trust in other formal help. Institutional betrayal by the criminal legal system deterred and dissuaded survivors from engaging with formalized resources, including those that may have been helpful to them on their healing journey. Of note, most survivors (89.7%) did not experience additional institutional betrayal by the criminal legal system during

their re-engagement. Most indicated that they received adequate information and support from police and prosecutors, and it appears that this positive experience (and lack of institutional betrayal) restored survivors' trust in formalized systems.

Most survivors (93.1%) had access to multiple forms of support during their re-engagement and court process, including both informal networks and formalized resources, such as counseling services, advocacy, and tangible resources like housing, transportation, and other essential resources that they may have not received after their assault years ago. Thus, in the overall sample, institutional betrayal served as a deterrent and dissuaded survivors from engaging with formalized resources, but how these negative experiences shaped survivors' healing journeys varied across each ideal type. By way of preview, Group 1 (Justice Creates a Pathway to Healing) and Group 4 (Healed and Embracing Life Beyond the Assault) were similar in the fact that survivors only experienced institutional betrayal during the initial engagement with the criminal legal system. However, the two groups had differing responses to the increased responsiveness from legal actors upon re-engagement. For Group 1, these positive experiences helped them prepare to start their healing journey, while for Group 4, these final interactions with the legal system helped complete their healing journey. By contrast, Group 2 (Disengaged and Detached from Healing) and Group 3 (Healing is an Ongoing Process of Balancing Growth and Managing Distress) were similar in the fact that survivors experienced institutional betrayal during the initial engagement and during their re-engagement. However, these two groups differed in the level of support during re-engagement, which seemed to have an important impact on their healing journeys. These findings will be presented in detail in the following sections.

## **Justice Creates a Pathway to Healing**

In this group, institutional betrayal played a pivotal role in their healing process during their initial engagement with the legal system. Survivors in this group experienced the longest wait time of about 20 years to be notified about their sexual assault kit. About half of the survivors in this group discussed they were treated poorly by the police when they initially reported their assault (50%). One survivor shared her interaction with the police that left her feeling unworthy:

*“I told them the incident, what happened. They made me feel like I was nasty, dirty, they made me feel like I was low, they asked me all kinds of questions. Did you want him to do that to you? Is you just saying that? I wouldn't just say I was raped, I wouldn't just lie on a person. If he didn't do it. When I was making a police report, I cried [...] because you all made me feel like I wanted this to happen to me. And it made me think you all didn't believe what I was telling you all.” – Participant 27*

Relative to the entire sample, 75% of the survivors in this group had support after they were initially raped (compared to 83% in the full sample; See Table 2). One survivor shared her experience with not receiving adequate support:

*“...The support that you are supposed to get from the police department. I didn't receive support from nobody[...] And because nobody ever did nothing, I had to make peace with it...I had to bury it myself in order to go on with the rest of my life because I would have just been stuck.” - Participant 22*

Not receiving an adequate response from the criminal legal system following their report of their assault, coupled with the prolonged delay of being notified their sexual assault kit, contributed to the sense of hopelessness that they would not be helped. Initially, survivors in this

group decided to adopt a coping strategy of blocking out the assault due to the poor treatment they received from the police when they reported their assault. For example, one survivor shared that, *“No, when it first happened, I didn't have an advocate, I didn't seek help. I just forgot about it. I blocked it out.”* (Participant 27) and choose to stop seeking support from other formalized systems, in some cases even family and friends.

While their experiences of institutional betrayal during their initial engagement with the legal system significantly shaped their healing journey, survivors in this group did not experience institutional betrayal when they reengaged with the criminal legal system (no participant stated that they were treated poorly or hurt by legal personnel during their reengagement, See Table 2). This time, the survivors receive a supportive, trauma-informed approach from the legal team, which included being informed about the legal process, being believed by the legal team, and providing them with resources. This response contributed to survivors actively addressing the assault and engaging with needed resources to help begin their healing journey. This was evident by all survivors in this group having support during their re-engagement process (100%). One survivor shared:

*“...they did the job and helping me understand what was going on. Again, the, I guess, grievance process that I would go through, and I did. They suggested different things to do if I felt like I needed it, and I could always come back to them and get some help, I believe. The advocate was there for support. It was helpful.”* - Participant 19.

For this “Justice Creates a Pathway to Healing” group, the absence of institutional betrayal during their legal re-engagement made it easier for survivors to initiate their healing journey. They were able to begin to process their sexual victimization by actively pursuing the necessary resources and support essential for their healing process.

## **Healed and Embracing Life Beyond the Assault**

This group also experienced institutional betrayal only during their initial experiences with the criminal legal system. Half (50%) of the survivors in this group indicated that they were treated particularly poorly. One survivor shared her experience with law enforcement being non-responsive when she tried to help them apprehend her assailant:

*“He was texting my babysitter trying to lure her to a motel off of eight-mile somewhere. So I called the detective. I tell the detective, “Hey, he’s trying to lure my babysitter to a motel.” If she agrees to meet him, will you guys set an ambush and capture him? The police detective himself said, “We don’t have the manpower to do that. I would recommend you don’t meet this man or report your babysitter,” and that was that..” -*

Participant 17

While the survivors in this group experienced the shortest wait time to have their cases reopened (12.9 years) relative to the overall sample (16.4 years), these survivors still endured over a decade of uncertainty about their legal cases. In addition to having the shortest wait time, this group had the highest percentage of survivors who had some type of support following the assault (87.5% compared to 82.7% in the full sample, See Table 2). Unlike the “Justice Creates a Pathway to Healing” group (described above), their support systems consisted of blend of informal support network and formalized support. This meant that they had a robust support system immediately after the assault and their initial report to the police, which allowed many victims to begin their healing journeys right away.

The survivors in this “Healed and Embracing Life Beyond the Assault” did not experience institutional betrayal during their re-engagement with the criminal legal system (0% stated that they were treated poorly or hurt by legal personnel during their reengagement, See

Table 2). Similar to the “Justice Creates a Pathway to Healing” group (described above), the survivors received a supportive, trauma-informed approach from the legal team consisting of responsive legal actors that were helped them navigate through the court processes, responsive to safety concerns that arose and offering additional resources. All survivors (100%) indicated that they received comprehensive support and resources during the re-engagement process. For example, one survivor shared “I had as much support as I did until I got to court and had support from [Redacted: law enforcement agency], the prosecutors, you know the whole team. They were really there.” (Participant 4). This markedly different experience with legal system personnel, as well as the increased sources of support, had a clear positive impact on survivors’ healing journeys. Survivors in this group felt that they had reached the end of their healing journeys and were now prepared to transition into a stage where they could redirect their focus toward positive life pursuits.

### **Disengaged and Detached from Healing**

In this group, institutional betrayal was evident in both their initial engagement and in their re-engagement experience with the criminal legal system. Survivors in this group experienced the second longest wait time of nearly 19 years to be notified about their sexual assault kit. Relative to the entire sample, survivors in this group were overwhelmingly victim-blamed and treated poorly by law enforcement when they reported their assault (80% vs. 62.1% in the full sample, See Table 2). One survivor shared her experience with the police and how it impacted her moving forward with seeking support:

*“they told me I brought it on myself [...] told me I deserved to get raped. Yeah, it was a lot. That's what the police was doing. They wanted me to come back to them to do something else. I said no, not after what they talked to me about.” - Participant 20.*

These initial experiences with LE were retraumatizing, and survivors disengaged to protect themselves, but also felt hopeless. Survivors in this group found some type of support after they were assaulted but still was less than the overall sample (80% vs. 82.7% in the full sample, See Table 2). Their support systems were mostly their informal support network such as family and friends providing emotional support and assistance seeking medical care. They had fewer formal support resources for addressing the assault, leading many survivors to withdraw and bury their memories of the assault and their experience with law enforcement so they could try to move on with their lives. One survivor recounted how the lack of support in her life led her to mask her pain:

*“But I think the healing it do be like sex and drinking. Like drinking and sex. I drink a lot. I can't lie. I drink a lot now. I drink a lot more than I used to drink. I didn't drink a lot. And that reason I'm going to momma like sometime, "Oh, sometimes I feel depression." She's like, "You're not depressed." I'm like, "No, I'm not depressed," and I'll go drink and be like, "Okay, I'm fine." And then I'll go have sex. Because that's what I use to get my mind off of everything” - Participant 8*

This group experienced institutional betrayal not only during the initial engagement with the criminal legal system but also during their re-engagement with the criminal legal system (10% stated that they were treated poorly or hurt by legal personnel during their reengagement, See Table 2). Survivors recounted harmful interactions they had during the re- engagement process such as being misled and somewhat coerced to go through the court process. One survivor shared her experience of being coerced to re-engage by the legal team:

*“At that time, there was situations I was dealing with. They did tell me they were going to help me with that, but they didn't [...] It's like they were more concerned with that case,*



*which I understand that was their main purpose of contacting me. But don't tell me you were going to help me with something and then ... It's like once they got the information they needed from me, they were gone.” – Participant 16.*

This second act of institutional betrayal led them to become increasingly distrustful of the criminal legal system. This distrust harbored by survivors in this group towards the criminal legal system further reinforced their reluctance to seek out support. This reluctance was demonstrated by their higher likelihood, compared to other groups in the sample, of not having support when they re-engaged with the criminal legal system (80% vs. 93.1% in the full sample, See Table 2). The same survivor who felt misled and coerced by the legal system actors during the reinvestigation of her sexual assault case shared:

*I just felt like after the police, how they ... Promising what they was going to do and didn't, it wasn't no point for me to try to reach out to try to get help for anything else because, like I said, people will say anything to wheel you in. But once you wheeled in, just keep riding along. I didn't want to go for another ride.” - Participant 16*

The recurrent experience of institutional betrayal, coupled with insufficient support both prior to and after re-engagement, underscores why these survivors' journeys toward healing were defined by a deliberate choice to withdraw and refrain from engaging with the traumatic memories and events.

### **Healing is an Ongoing Process of Balancing Growth and Managing Distress**

This group experienced institutional betrayal in the initial and reengagement experiences with the criminal legal system. About half of the survivors in this group were victim-blamed and treated poorly by law enforcement when they reported their assault (50%). For instance, one survivor shared how the police treated her when she reported her assault:

*“The police got there and they thought I was a prostitute. I'm like, "The guy raped me here. The guy raped me." They collected the evidence and they found my change and tissue, but the police didn't want to investigate my case. They thought I was a prostitute. They said, "Are you lying? We going to put you in jail," and whatnot. They took me to 1301, the bullpen. They threw me in the bullpen.” – Participant 26.*

Additionally, the survivors in this group had an average wait time of 15 years from reporting their assault to the police and being notified about their sexual assault kit. While the poor response from law enforcement, coupled with the wait time of 15 years contributed to survivors feeling hopeless about receiving justice and distrustful of the criminal legal system, they were more likely than other groups in the sample to seek out support following their victimization (85.7% vs. 82.7% in the full sample, See Table 2.). Unlike the “Disengaged and Detached from Healing” group (described above), many survivors in this group opted to seek support to address the assault given the severe impacts of the assault that were ever-present. One survivor described how the impacts resulting from her assault pushed her to seek support:

*“I have a lot of disabilities myself. I was already disabled when the guy attacked me and I became more disabled later on and whatnot [...] Go to all my treatments because I'm so sick and stuff. I'm physically sick and mentally sick.” - Participant 26*

For this survivor and others in the group, the institutional betrayal they experienced during their initial contact with the police was demoralizing, getting support to address the physical and mental health impacts stemming from the assault were necessary. Receiving this support soon after they were assaulted allowed them to address the immediate impacts following their victimization, and also encouraged them to address other ways the assault impacted their lives.

Survivors in this “Healing is an Ongoing Process of Balancing Growth and Managing Distress” group also experienced institutional betrayal during the re-engagement process (14% vs. 10.3% in the full sample, See Table 2). Survivors recounted harmful interactions they had during the re-engagement process such as being misled by the legal system. For instance, one survivor shared her experience of being misled by the legal system actor about the whereabouts of their assailant:

*“And my response was, “You all got him? You all caught him, you all have him?” She told me, “Yes.” My question and my reaction was based on her leading me to believe that they had him in custody. The reality was they just had a hit on his DNA. And she didn't clarify that. I didn't actually find out he was still on the streets until the day [...].I felt lied to, I felt manipulated because that's not what they initially told me. They told me that they had him, and that was implicit of having him in custody. – Participant 1*

Furthermore, the same survivor recounted an instance during the court process of being described in a derogatory manner by legal systems actors who were working on her case.

Survivors who were betrayed a second time by the criminal legal system felt retraumatized by the entire process which had a severe negative effect on their healing journey. For example, the same survivor who had treated poorly by legal system actors during the re-engagement process shared:

*“I was treated better during the process than in the aftermath, but I also had been lied to basically that they were very nice, and fawning. If I could go as far as to use that word, they were really fawning, “Oh yes everything's fine. We're here for you.” But by the time we go to court and got to the trial, the prosecutor basically was like, “Oh well we know that they had jobs, but who's to say that they weren't prostitutes on their days off or in*

*their down time?" So when we get to court and you're the prosecutor who's supposed to be defending me, to insinuate that I could have been a prostitute, just as the defense attorney just called me, how are you on my side?" - Participant 1*

This encounter with institutional betrayal, particularly being labeled derogatorily by legal system figures she trusted to assist in apprehending her assailant, left the survivor feeling invalidated and wronged. Because of this repeated betrayal, she was reluctant to seek any further formal assistance or engagement from similar systems. She went on to explain that:

*"I'm actually not on medication at the moment, and I haven't been on medication basically since my case ended the way it did. And how can you continue to get help and see these people and take these medications [...] you wouldn't need this medication if this problem had been handled properly in the beginning." – Participant 1*

Though this survivor chose to forgo engaging with formal mental health services, she did reach out to others in her community and began organizing and raising awareness about sexual violence as a way to cope and heal from the assault and her revictimizing experience with the legal system.

Overall few survivors experienced institutional betrayal during re-engagement but for those who did and had early support in their healing journey were more likely to be in the “Healing is an Ongoing Process of Balancing Growth and Managing Distress” group. Unlike the “Disengaged and Detached from Healing” group, all survivors in this group had an array of support during their re-engagement with the criminal legal system (100%) including informal support, medical care, psychiatric care, mental health therapy, as well as community-based like advocacy as well as community organizing. These supports played a crucial role in enabling

survivors within this group to progress on their healing journeys, despite encountering difficult and revictimizing experiences when re-engaging with the criminal legal system.

## CHAPTER 4: DISCUSSION

This dissertation study explored the healing trajectories of Black women, focusing on their experiences of healing from sexual victimization, the institutional betrayal inherent in the Detroit's rape kit backlog, and their encounters with the criminal legal system. Framed within a socioecological context of trauma and informed by Black feminist and Intersectionality theory, this study examined how Black women's healing from sexual violence was compounded by distress arising from multiple ecological contexts, including their contact with the criminal legal system. Utilizing ideal-type analysis, this study identified four distinct groups of survivors who varied in their healing journeys. These groups were then compared based on contextual factors related to their experiences with the criminal legal system to understand how this additional trauma influenced their healing trajectories. To the best of my knowledge, this is the first study to explore how Black women heal after re- engaging with the criminal legal system regarding their previously untested rape kits. The research sheds light on how Black women seek support and justice as part of their healing process. Furthermore, it offers insights into this specific subset of Black women as they navigate their healing journey, sharing the resources and strategies they employed to heal from both sexual violence and institutional betrayal. In the following sections, I will summarize the study's findings, contextualize them within existing literature on healing from sexual trauma, and explore their implications for research and practice regarding healing from sexual violence and institutional betrayal among Black women.

### **Summary of Key Findings on Healing from Sexual Violence and Institutional Betrayal**

The aim of this study was to understand how Black women heal from the dual experience of sexual violence and institutional betrayal. The first research question explored

in this study was: How do Black women describe their healing journeys and their current state of healing after their backlogged sexual assault case had been prosecuted? The findings revealed significant variability in the healing journeys of Black women, largely influenced by socioecological factors. To date, prior research has tended to focus on intra- individual factors (e.g., emotional regulation, self-efficacy etc., Ahrens et al., 2010; Bryant- Davis et al., 2011; Bryant-Davis et al., 2015; Draucker et al., 2009; Reid et al., 2023; Singh et al., 2013). This study underscores how ecological contexts are more salient for survivors. Specifically, this study found that the support and resources survivors received—or did not receive—had a profound impact on their healing journeys.

**Justice Creates a Pathway to Healing.** In the first group, survivors' healing process could only begin once they had received justice. For these survivors, the opportunity to re-engage with the criminal legal system and to see their perpetrators held accountable was the necessary precursor to healing. Justice created a sense of safety and security, thereby empowering survivors to commence their healing journey. Notably, obtaining justice allowed survivors to actively engage with therapeutic resources to help them confront their victimization experience. These findings highlight that for some Black women justice and healing are indeed interconnected. The extent to which justice is necessary for survivors' healing remains a point of contention in the literature. Some scholars have argued that engagement with the legal system can be therapeutic and facilitate healing (Herman, 2023; Regehr & Alaggia, 2006; West, 1999). Other scholars have argued that healing is not possible through the current criminal legal system and is not designed to support victims' healing. (Julich & Landon, 2017; McGlynn & Westmarland, 2019; Mulla, 2014). Additionally, certain scholars posit that justice for survivors

of sexual assault should extend beyond mere punitive measures such as incarceration (Herman, 2024; Kim, 2018; McGlynn & Westmarland, 2019; Quinlan, 2020).

Despite these divergent viewpoints among scholars, the findings of this study underscore that for some Black women, justice in the form of incarceration was pivotal and helped them feel safe and secure so they could embark on the healing process. Previous studies on survivors' healing processes and strategies point to similar findings related to their pursuit of justice (Draucker et al., 2009; Hester et al., 2023; Scoglio et al., 2020). As noted above, survivors in this first group of this study emphasized how justice afforded them the safety and security necessary to engage in the healing process. This notion of having safety and security established as a prerequisite for engaging in the healing process is consistent with Herman's (1997) first stage of healing whereby survivors prioritize their need for establishing safety and stability within themselves and their surroundings. In addition, Draucker et al. (2009) meta-synthesis on healing practices of sexual assault survivors also found that survivors pursue justice in order to support their safety. Similarly, Scoglio et al. (2020) found that practitioners have also noted that some survivors need to see their perpetrators held accountable in order to heal. The findings of this study are consistent with these prior works in that some survivors felt safe after their assailants were incarcerated, which allowed them to fully engage in the healing process.

**Disengaged and Detached from Healing.** By contrast, survivors in the second group viewed healing as a deliberate avoidance of one's trauma, characterized by an intentional effort to disregard or suppress the experience of victimization. Avoidance served as a healing balm, enabling survivors to distance themselves from their victimization and continue with



their lives. Notably, this mode of healing paralleled with Black women's reluctance to engage with formal therapeutic resources, indicating their desire to move forward without revisiting their traumatic experiences.

Prior conceptual and empirical works have noted that some survivors engage in a strategy of avoidance as a means of healing, but there is debate about whether this approach does indeed promote healing. Some scholars view avoidance, trauma minimization, or suppression as a protective factor that allows survivors to find short-term relief and reduce their risk of revictimization (Bedard-Gilligan et al., 2014; Hofmann & Hay, 2018; Roth & Cohen, 1986; cited in Leiner et al., 2012); while others have argued that avoidance is a maladaptive behavioral response to trauma that contributes to survivors' inability to emotionally regulate, emotionally regulate and increases their risk for developing psychological disorders (Davis, Resnick & Swopes, 2011; Roth & Cohen, 1986; Wegner et al., 1987; cited in Littleton & Breitkopf, 2006). Whereas some scholars argue that avoidance is a maladaptive coping strategy, the findings of this study suggest a different perspective. For some Black women, deliberately avoiding their victimization was a clear, conscious choice and was in fact healing for them. Prior empirical research has found that avoidance is a widespread coping strategy for sexual assault survivors (Draucker et al., 2009; Littleton et al., 2007; Ullman et al., 2007). For instance, in Draucker and colleagues (2009) meta-synthesis on healing practices of sexual assault survivors, they noted survivors use of avoidance was to minimize the assault's impact and suppress intrusive thoughts to resume their daily lives. While this approach to healing is initially employed as a method to cope with distress, empirical research shows that avoidance of can have detrimental long-term consequences, including increased levels of self-blame, post-traumatic stress disorder (PTSD),

and anxiety disorders (Bryant-Davis et al., 2011; Najdowski & Ullman, 2009; Ullman et al., 2007; Ullman et al., 2014).

Despite its potential drawbacks and limited benefits, avoidant coping may have different meaning and utility for some Black women. True to Black feminist approaches, it is important to put these findings in the appropriate context. Survivors adopting this approach typically lacked support following their assault and their re-engagement with the criminal legal process failed to meet their expectations of justice. As noted previously, survivors' perceptions of justice can play a significant role in their healing process (Regehr & Alaggia, 2006; Regehr et al., 2008), so it stands to reason that if survivors did not find justice, they would need to reframe their healing journeys. Consequently, it is understandable for some Black women in this study avoiding and suppressing their victimization experience was healing. As described by Herman (1997) and echoed in her later work (Herman, 2024), survivors need to feel a sense of agency and choice in the healing process. Thus, choosing to avoid confronting the assault and not allowing it space in one's life can be viewed as taking back control, which for them is what constitutes healing.

**Healing is an Ongoing Process of Balancing Growth and Managing Distress.** In the third group, healing was viewed as an ongoing and dynamic process, marked by continuous growth and progress, while acknowledging the pervasive negative effects of sexual violence across multiple facets of their lives. Contrary to the predominant clinical- medical model focusing on minimizing distress and negative psychological symptoms (Hegarty et al., 2016; Lomax & Meyrick, 2022; Regehr et al., 2013; Vickerman & Margolin, 2009), this healing type underscores that survivors need more than the alleviation of negative affect to feel healed. For these survivors, healing goes beyond addressing psychological and emotional well-being, and also includes addressing broader domain such as physical health and sexual functioning

(Banyard et al., 2011; Loya, 2015; Martin & Macy, 2011; Murn & Schultz, 2022; Rin & Thomas, 2013; Vitek & Yeater, 2021; West, 1999).

Other studies have also found that healing is a holistic and dynamic journey (Smith & Kelly, 2001; Sinko et al., 2020). In Sinko and colleagues' (2020) study on survivors' healing processes, healing was described as a cyclical journey fluctuating between positive growth and managing challenging moments. Recognizing healing as a complex journey, incorporating numerous layers of impact from the assault, this group of survivors emphasized the importance of justice in their healing process. Justice not only brought them closure and a sense of safety but also fostered positive growth, increased self-assurance, and facilitated self-forgiveness.

However, it is important to note that while justice was a crucial component of the healing process for Black women in this study, it was not sufficient for survivors in this group who were severely impacted by the assault. As previously discussed, there is considerable debate on whether survivors' pursuit of justice through the current criminal legal system can support their healing and recovery (Julich & Landon, 2017; McGlynn & Westmarland, 2019; Mulla, 2014; Regehr & Alaggia, 2006). Justice may only address a portion of survivors' challenges, as injuries persist throughout their lives (Regehr & Alaggia, 2006). The findings of this study suggest that justice can facilitate healing to some degree, but additional support and resources are perhaps more critical for some survivors. Notably, survivors in this group engaged with various resources and coping strategies, including community organizing and activism, which significantly influenced their healing process. For example, research by Stidham and colleagues (2021) on the altruistic behaviors of survivors found that involvement in activism positively supported their healing journey. Likewise, other empirical studies have also found that diverse support mechanisms are utilized by survivors throughout their healing journeys and these varied methods

are often beneficial (Draucker et al., 2009; Guggisberg et al., 2021; Scoglio et al., 2021; Stidham et al., 2012).

**Healed and Embracing Life Beyond the Assault.** In the fourth group, survivors defined healing as a process of directly confronting their victimization experiences and leveraging multiple support resources so they could grow and become resilient. This approach is consistent with Herman's (1997) third stage of recovery in which survivors begin to shape a new future for themselves by processing their victimization experience and gaining a sense of empowerment. Similarly, Robinson (2003) refers to this phase as the 'integration,' whereby survivors process their victimization, undergo emotional upheaval, and gradually allocate less cognitive energy to their past experiences, allowing them to move forward and enjoy their lives. Of note, both Herman (1992) and Robinson (2003) conceptualize healing from sexual violence as a continuous, lifelong journey of personal growth, but in this study, the survivors in this group felt they had reached a clear endpoint in their healing journey. These survivors felt they had completed their post-assault healing and were now redirecting their focus towards other life pursuits.

Empirical research often highlights significant milestones in individuals' healing journeys, marked by achieving closure and gaining a deeper understanding of their victimization experience, but much of this literature does not endorse the idea of healing having a definitive endpoint, as was found in this study (Catabay et al., 2019; Draucker et al., 2009; Smith & Kelly, 2001; Pollino, 2023; Singh et al., 2013; Sinko et al., 2020). For instance, Draucker et al. (2009) identified personal growth, such as transitioning from a victim to a survivor identity, engaging in activities to counteract victimization, and reassessing one's self-concept, as critical aspects of healing. Nevertheless, these developments were not construed as signaling the conclusion of the

healing process but rather as integral components of it. It is important to note that this study examines survivors' understanding of healing at a specific time point, lacking the ability to determine whether they may need to revisit their revictimization experience in the future.

Nonetheless, the findings of this study suggest that survivors regard the healing process as having a clear endpoint, marked by redirecting their focus to other areas of their lives and forgoing deeper analysis and processing of their victimization experience.

The survivors in this group acknowledged a clear conclusion to their healing journey, whereby justice helped facilitate that closure. In addition to receiving justice, survivors in this group benefited from a robust support network consisting of therapists, family members, and legal professionals, which was already established following their victimization and re- engagement experiences. Previous empirical research highlights the significant advantages of comprehensive support systems for survivors recovering from sexual violence (Bryant-Davis et al., 2011; Leech & Littlefield, 2011; Lorenz et al., 2020; Scoglio et al., 2020; Ullman, 1999). These findings emphasize the importance of having such supportive systems in place, along with the ability to pursue and receive justice, in achieving a sense of complete healing.

### **Summary of Key Findings on The Impact of Institutional Betrayal on Healing**

The second research question explored in this study was: How did Black women's experiences of institutional betrayal by the criminal legal system--in both their initial experiences with the legal system and in their re-engagement experiences--impact their healing journeys and their current state of healing? Smith et al. (2014) referred to institutional betrayal as “wrongdoings by institutions against individuals who trust or depend on them” (p. 459). To date, institutional betrayal has been studied primarily in the context of how universities, the military, and workplaces have responded to sexual assault survivors (Andresen et al., 2019; Monteith et

al., 2016; McQueen et al., 2021; Smith & Freyd, 2013; Smith & Freyd, 2017), and this study expands this literature by exploring how betrayals by the criminal legal system impact Black women. All survivors in this study experienced some degree of institutional betrayal: all reported their assaults to the police and submitted to the collection of a rape kit, expecting that the police would investigate their cases and hold their perpetrators accountable. Instead, the police closed their cases with minimal investigation and put their untested kits in storage. In addition, most survivors experienced negative victim-blaming treatment by the police during their initial reporting experiences. However, some survivors had negative experiences during both the initial reporting experiences and their re-engagement experiences after their rape kits were finally tested. The ways in which institutional betrayal affected survivors' healing journeys varied based on whether they had negative experiences only at the initial report or whether they experienced additional retraumatization at the time of their re- engagement.

#### **Institutional Betrayal During Initial Engagement with Criminal Legal System.**

Survivors in the two of the healing groups, "Justice Creates a Pathway to Healing" and "Healed and Embracing Life Beyond the Assault," experienced institutional betrayal only during their initial engagement with the legal system. This consisted of insufficient and retraumatizing responses from law enforcement upon reporting their sexual assault.

Furthermore, legal personnel neglected to thoroughly investigate and process their sexual assault kits, which represents a failure of the criminal legal system that persisted for more than a decade. This institutional betrayal significantly impeded survivors' healing journeys, leading to many opting to forgo seeking additional support post assault. Survivors found themselves unable to progress or embark on their healing journey due to retraumatizing experience they had when they reported their victimization to law enforcement and the unresolved nature of their cases.

Consequently, they grappled with feelings of being undeserving victims, which deterred them from accessing potential support within formalized systems designed to address their victimization.

The deterrent effect of institutional betrayal on survivors help-seeking efforts is concerning given that prior literature emphasized the significant impact of survivors' first interactions with informal and formal support systems on their choices regarding seeking additional assistance (Kennedy et al., 2012; Lorenz & Jacobsen, 2024; Strazynski et al., 2005; Ullman, 1999). For instance, Kennedy et al.'s (2012) model of help attainment emphasizes that survivors weigh the potential risks and benefits associated with seeking help. The findings of this study are consistent with Kennedy et al.'s (2012) model in that the help-seeking efforts of women in this study were greatly impacted by the initial responses they received from either informal or formal support systems. Specifically, when faced with harmful responses by formal support systems, as in the case of institutional betrayal, survivors were highly discouraged, and it diminished their motivation to seek further support. For the survivors in the "Justice Creates a Pathway to Healing" group, the impact of institutional betrayal was minimized due to the responsiveness of legal actors when they re-engaged. Despite being treated poorly during initial engagement with the criminal legal system, survivors encountered a markedly different and more trauma-informed response during re-engagement, which facilitated their ability to begin their healing journey. In addition to finally testing their sexual assault kits and reinvestigating their cases, survivors noted how legal personnel exhibited increased transparency regarding the court process, demonstrated belief in their accounts of their victimization experiences, and offered additional resources such as transportation, court advocacy, and open communication. The actions taken by the criminal legal system personnel helped foster a sense of support and

validation among these survivors, enabling them to begin their healing journey. These findings offer support to the concept of 'institutional courage,' which Freyd and colleagues defined as when institutions seek to repair harm caused and offer support after committing an act of betrayal (Freyd & Becker- Blease, 2024; Smith & Freyd, 2013). Institutional courage consists of institutions taking responsibility for the harm inflicted, fostering trust within the community, committing to transparency, responding effectively, and demonstrating support for survivors (Gómez et al., 2023; Freyd & Becker- Blease, 2024; Smidt et al., 2023; Smith & Freyd, 2013). The findings of this study contribute to our understanding of institutional courage by illustrating how this concept, in practice, positively impacts survivors' healing process.

For the survivors in the "Healed and Embracing Life Beyond the Assault" group, their persistence in securing a substantial support system post-assault mitigated the effects of institutional betrayal. Despite experiencing institutional betrayal, members of this group were not deterred from initiating the healing process and addressing their victimization experience, indicating the resilience-enhancing role of strong support networks in navigating the aftermath of assault. These findings are enlightening given that prior empirical research highlights the importance of establishing a support system following victimization, which acts as a protective factor against negative mental health outcomes and maladaptive coping strategies (Borja et al., 2006; Bryant-Davis et al., 2011; Ullman et al., 2018). For example, Borja et al.'s (2006) study on positive and negative adjustment and social support revealed that having both informal and formal support systems in place correlated with reduced endorsement of PTSD and related symptoms. Similarly, Ullman et al.'s (2018) study found that survivors' support networks played a vital role in encouraging and facilitating survivors' utilization of coping strategies to address their safety needs. The current study's findings are consistent with this empirical research on the



importance of support systems. Moreover, they contribute to our understanding of how these social support networks can serve as a protective factor against the impacts of institutional betrayal. Specifically, such networks aid survivors in processing their victimization experiences and accessing necessary resources post-assault.

**Institutional Betrayal during Both Initial and Re-Engagement with Criminal Legal System.** As previously mentioned, every Black woman in this study experienced institutional betrayal in their initial interactions with the criminal legal system. However, some survivors experienced additional instances of institutional betrayal during re- engagement. Institutional betrayal during re-engagement involved legal actors misleading survivors, using personal records to discredit them, and employing coercive tactics to compel them to participate in the legal process. The institutional betrayal experienced during the re- engagement process significantly hindered the survivors' healing journey, leading to heightened discouragement, retraumatization, and ongoing avoidance of formalized resources. Importantly, survivors notably chose to opt-out of utilizing resources they had already accessed.

Despite the largely negative consequences of institutional betrayal during re-engagement, which led some survivors to discontinue their use of previously accessible formalized resources in their healing journeys, others were not deterred from seeking support to aid them on their healing journey given that they incurred substantial physical and mental health impacts stemming from the assault. For the group, “Healing is an Ongoing Process of Balancing Growth and Managing Distress,” their persistence in seeking support throughout the re-engagement process stemmed from their need to address the severe impact the assault had on their lives.

While some survivors may be discouraged from seeking support due to institutional betrayal, those who perceived their experience of sexual violence as life-threatening and were unable to cope adequately with the experience alone sought additional support. Prior empirical research is consistent with these findings whereby survivors are more likely to seek support based on the assessment of the severity of their victimization and its resulting impacts (Ameral et al., 2020; Fisher et al., 2003; Fisher et al., 2016; Wolitzky-Taylor et al., 2011). In essence, the severity of how the assault impacted their lives compelled them to seek support.

In addition, some survivors in the “Healing is an Ongoing Process of Balancing Growth and Managing Distress” group were inspired by their experience of institutional betrayal to explore alternative resources and strategies for healing, such as becoming involved in activism. These findings align with prior empirical research highlighting diverse coping strategies that include engaging in altruistic efforts (Draucker et al., 2009; Guggisberg et al., 2021; Scoglio et al., 2021; Stidham et al., 2012). Furthermore, emerging studies suggest that institutional betrayal can serve as a catalyst for involvement in activism endeavors. In a study conducted by Linder and Myers (2017), survivors expressed a sense of motivation to enhance institutional responses by actively participating in advocacy efforts, with the aspiration of fostering improvements for future generations. Although Linder and Myers' (2017) research was situated within a university context, the findings of the current study are in line with their work, as survivors in this study similarly recounted how their encounters with institutional betrayal inspired them to advocate for and provide support to other sexual assault survivors, aiming to prevent similar experiences for other individuals in the community.

## **Limitations of Study**

In any research study, the specific context of the project and its methodology constrains the generalizability of the findings. This study specifically focused on the experiences of cisgender Black women who chose to re-engage with the criminal legal system. Consequently, the findings likely do not extend to other groups of Black women survivors, particularly those who did not participate or declined the opportunity to re-engage with the legal system regarding their previously untested sexual assault kits.

Although a small subset of Black women with other gender and sexual identities were included in the study, a more diverse sample reflecting a range of identities would align better with Black feminist theory and Intersectionality, which emphasize the diversity within the experiences of Black women (Collins, 2000; Patterson et al., 2016). The focus of this study was to understand the healing experiences of cisgender Black women who engaged with the criminal legal system, recognizing this is a select subset of a far more diverse population of Black sexual assault survivors.

There are several methodological limitations of the study that must be noted. First, in this project, we interviewed Black women survivors after their court cases had been adjudicated, and our hope was to interview those whose cases were resolved by guilty pleas and those who went to trial. In the end, we were able to recruit survivors whose trials ended in convictions, but we were not able to interview many survivors whose trial ended in acquittals. Previous research has highlighted the challenges in locating survivors who engage with the legal system post-case conclusion, especially when those cases end in an acquittal (Campbell et al., 2024; Lorenz & Jacobsen, 2021). It is possible that survivors whose cases ended in acquittals had different experiences of institutional betrayal and different healing journeys. While it is plausible that

survivors whose cases ended in acquittal could have notably different healing experiences, it is important to note that a substantial number of Black women in the study expressed dissatisfaction with the criminal legal system. Therefore, it is conceivable that survivors with acquittal outcomes might have shared feelings and experiences similar to those survivors who were interviewed for this study.

Secondly, while this dissertation study was conceptually grounded in both Black Feminist and Intersectionality theory, there were challenges in analytically integrating Intersectionality theory as initially intended. This limitation stemmed from the nature of the data obtained from the broader study. Specifically, participants were not guided during the interviews to explore how their intersecting identities (e.g., race and gender) influenced their healing processes and experiences of institutional betrayal. While some participants did mention perceived differential treatment by law enforcement due to being Black women, the larger study did not delve deeply into this aspect concerning their healing journeys and experiences of institutional betrayal. Consequently, this study could only draw on Intersectionality theory at a conceptual level, rather than analyzing it in depth as initially envisioned.

Thirdly, the interview protocol employed in this study explored sexual assault survivors' experiences with victim notification, re-engagement with the criminal legal system, and advocacy. Although two interview questions assessed their healing journey at the upon resolution of their backlogged cases, the interview protocol did not prompt project staff to delve deeply into how specific strategies, resources, and supports (excluding advocacy) utilized by survivors contributed to their healing process.

Understanding this information for each survivor could provide valuable insights and potentially uncover further variations within the healing groups. While some survivors

voluntarily shared such details, there was no dedicated subset of questions or probes in the interview protocol to systematically gather information on how these strategies and resources influenced their healing journey.

Lastly, it is important to note that this study lacked a survivor member check session, which would have been particularly valuable given the nature of the secondary data analysis conducted. Member checking, as emphasized by Candela (2019), is essential in qualitative research for enhancing trustworthiness by allowing participants to validate the accuracy of the data and ensure their voices are accurately represented. Having a member check session would have provided an opportunity to further elucidate the groupings of survivors and ascertain whether participants agreed with the naming and grouping. However, I was not able to recontact survivors as the informed consent protocol used in this study did not ask survivors for permission to recontact them after the interview. Therefore, other strategies were used to address trustworthiness. As described in the Methods chapter, an independent researcher who did not participate in the development of the healing groups followed the outlined process of ideal-type analysis and identified the same groupings. Although this does not address whether survivors agree with the interpretation of the data, this alternative procedure does affirm that the primary investigator's methods were sound and replicable.

### **Implications for Future Research and Practice**

Despite these limitations, the current study has important implications for future research on Black women's experiences healing from sexual assault as well as practical applications for service providers.

**Future Directions for Research on Black Women's Healing.** The study's findings suggest several areas that merit further investigation. A central focus of this dissertation was to

examine the healing trajectories of Black women after the resolution of their backlogged cases. While the study revealed variability in these healing journeys, future research could delve deeper into certain modalities beyond those uncovered in this study. For example, exploring the role of religion and faith in the healing process of Black women from this population could yield valuable insights. Prior research has found that spirituality is an important component of how Black women cope with stresses and trauma (Ahrens et al., 2010; Bryant-Davis et al., 2011; Knapik et al., 2008). By shedding light on the significance of religion and faith in healing, future research can better address the imperative of “making visible the multiple realities of Black women and incorporating the interests and values of participants as a collective while fostering opportunities for self- determination and self- definition” (Collins, 2000; as cited in Patterson et al., 2016, p.58).

Furthermore, this study revealed a subset of Black women who did not avail themselves of therapeutic resources and instead employed strategies such as avoidance to navigate their experiences of victimization and institutional betrayal. Recognizing the need to move Black women’s experiences and ways of knowing from the margins and refraining from viewing their experiences through a deficit lens, it is evident that some Black women may perceive revisiting their victimization experience in a therapeutic setting as detrimental to their well- being. Therefore, future research should continue to explore how Black women who avoid therapeutic interventions or perceive revisiting their traumatic experiences as counterintuitive still achieve healing. Illuminating the diverse perspectives of healing for Black women, which may diverge from conventional frameworks, validates their experiences, enriches our understanding of healing within the field, and challenges “what the Western world has defined as the ideal for all women” (Duma et al., 2007, p. 9).

Furthermore, although the study did not extensively investigate institutional courage, future research focusing on Black women who have re-engaged with the criminal legal system and experienced institutional courage could significantly contribute to the field. Such research endeavors would provide insight into how Black women perceive institutional courage within the criminal legal system and identify strategies for how these institutions can better support Black women who choose to re-engage regarding backlogged cases.

**Implications for Practice.** This dissertation holds significant implications for practice, particularly regarding survivors' access to comprehensive support services beyond those provided by the criminal legal system. It emphasizes the need for enhanced wrap-around support for survivors and advocates for the establishment of informal community-based networks. This study highlighted the critical importance of establishing comprehensive support networks and addressing survivors' victimization experiences, irrespective of the response from the criminal legal system. These findings emphasize the need for a multidisciplinary approach to sexual assault response, ensuring survivors have access to a diverse array of resources and services independent of the criminal legal system (Mallios & Markowitz, 2011). For instance, Sexual Assault Nurse Examiner (SANE) programs provide survivors with crucial resources without necessitating involvement with law enforcement (Campbell et al., 2005). SANEs not only document forensic evidence but also offer essential mental health and medical support, comprehensively addressing the impact of the assault.

Moreover, they collaborate closely with community organizations serving sexual assault survivors, addressing their multifaceted needs (Fehler-Cabral et al., 2011; Zweig et al., 2021). As previously mentioned, survivors' engagement with responsive and supportive formal systems can mitigate harm from the criminal legal system and potentially prevent institutional betrayal.

Therefore, it is imperative for Black women who have experienced assault to access SANEs, which can provide immediate support in a trauma- informed manner and offer access to legal options if desired.

The findings of this study may also be helpful to clinicians working with sexual assault survivors who had backlogged cases. Firstly, the study provided empirical validation for the healing stages delineated in the works of Herman (1992) and Robinson (2003), suggesting that survivors tend to navigate through these stages of healing. However, it was observed that some survivors may not engage with these healing stages in a uniform manner, and some may not be accurately represented in these stages. For instance, the study revealed that some survivors found healing through avoidant coping, rather than actively confronting their victimization experiences. While scholars and clinicians may typically perceive avoidant coping as maladaptive, it is essential to contextualize its effectiveness for survivors. In this study, survivors grappled with a lack of control over how law enforcement handled their cases and investigations, as well as the legal process and the likelihood of receiving justice. Given this context and the broader understanding of how Black women have historically coped with systemic oppression, avoidant coping mechanisms could be interpreted as a means of reclaiming power and regaining control over their lives. By minimizing the intrusion of the assault in their lives, these survivors were able to heal and progress forward (Feinstein, 2018). As such, clinicians may need to re-interpret avoidant coping and re-consider how it may be helpful to survivors.

In addition to implications for clinicians working with this population, this study highlights the significance of recognizing and endorsing alternative healing approaches for Black women outside the purview of the criminal legal system. Tarana Burke's (2024) Survivor Agenda Initiative underscores the inadequacies of solely relying on the criminal legal system for



ensuring survivor safety, thus emphasizing the need for diverse avenues toward healing. Therefore, support providers are pivotal in assisting survivors in exploring these pathways, which may encompass engagement in social activism concerning sexual assault. While social justice activism represents one such avenue, other community-based solutions merit heightened attention and support. For instance, community-based collectives like survivor-led Philly Pissed and their ally-group Philly Stand Up have established enduring processes for engaging perpetrators of violence, fostering supportive and healing communities for accountability (Kelly, 2011). Likewise, survivor-led community collectives such as Creative Interventions have created process to engage and map out informal support networks tied to experiences of violence and help them work through options for addressing harm caused (Creative Interventions, 2012; Dixon, 2020). These approaches resonate with transformative justice practices that prioritize addressing harm without dependence on formalized systems or institutions (Armatta, 2018; Kim, 2018; Mingus, 2022). Elevating awareness and support for these community-based strategies to address sexual victimization enables others to envision the possibility of strength-based and survivor-led approaches to addressing harm. In alignment with bolstering these community-based solutions, Tarana Burke's (2024) Survivors Agenda Initiative advocates for increased funding for survivor-driven and community-based holistic healing strategies that prioritize survivors' well-being, healing, and pathways to achieving justice and accountability.

Additionally, this study's findings highlight necessary reforms within the criminal legal system regarding its response to institutional betrayal. Foremost among these reforms is the continued prioritization by legal personnel of processing and testing Sexual Assault Kits (SAKs) associated with the national backlog. This backlog represents a significant failure of the criminal legal system, inflicting harm on numerous survivors. Therefore, it is crucial for legal

jurisdictions across the United States to establish kit testing as a standard procedure to prevent such occurrences from recurring. An instrumental measure taken by the criminal legal system to address this issue and ensure it does not happen again is through the creation and implementation of the Sexual Assault Kit Initiative (SAKI) Project (Sexual Assault Kit Initiative, 2023). Through this government-funded project, legal jurisdictions across the U.S are provided support to properly test sexual assault kits, re-open sexual assault cases move forward with the prosecution of sexual assault backlogged cases (Sexual Assault Kit Initiative, 2023). In addition, SAKI provides training to legal personnel working on these backlogged cases to help them become more trauma-informed and victim-centered (Lathan et al., 2019). In Campbell et al's (forthcoming) study, survivors explained how SAKI team members can provide trauma informed support after experiences of significant institutional betrayal.

## **Conclusion**

This dissertation study offered a comprehensive exploration into the healing trajectories of Black women following experiences of sexual victimization, compounded by the institutional betrayal inherent in Detroit's rape kit backlog and encounters with the criminal legal system. By framing the study within a socioecological context of trauma and drawing on Black Feminist and Intersectionality theory, it has illuminated the nuanced challenges faced by Black women in their healing journeys. Through ideal-type analysis, the research identified distinct survivor groups and elucidated how institutional betrayal influences their paths toward healing. Moreover, this study fills a critical gap in the literature by examining how Black women navigate healing after re-engaging with the criminal legal system, underscoring the importance of support and justice in their healing processes.

Moving forward, it is essential to continue exploring the diverse experiences of Black women with backlogged cases and to integrate community-rooted healing modalities into sexual assault services. By recognizing and supporting healing approaches grounded in Black women's lived experiences, future research and practice can better address the complex needs of survivors and foster more inclusive and effective healing processes.

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APPENDIX A: IRB DETERMINATION OF EXEMPT RESEARCH –SECONDARY ANALYSIS

**MICHIGAN STATE  
UNIVERSITY**

**DETERMINED NOT “HUMAN SUBJECTS”  
Revised Common Rule**

September 15, 2023

To: Rebecca M Campbell

Re: **MSU Study ID: STUDY00009522**  
Principal Investigator: Rebecca M Campbell  
Determination Date: 9/15/2023

Title: Healing Experiences of Black Women Who Engaged with the Criminal Legal System Regarding their Previously Untested Kits: A Qualitative Exploration

The activity described in this submission was determined not to involve “human subjects” as defined by the Common Rule as codified in the U.S. Department of Health and Human Services (DHHS) regulations for the protection of human research subjects.

**Definition of Human Subject**

For DHHS, “*Human subject*” means a living individual about whom an investigator (whether professional or student) conducting research:

- (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or
- (ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.” [45 CFR 46.102(e)(1)]

**Determination**

You have indicated that private identifiable information will not be used in the study.

Hence, the activity does not involve human subjects.

Therefore, the federal regulations for the protection of human subjects would not apply to this activity and Michigan State University (MSU) Institutional Review Board (IRB) approval is not needed to proceed. However, please note that while MSU IRB approval is not required, other federal, state, or local regulations or requirements or ethical or professional standards may still be applicable based on the activity.

**Modifications:** If any of the activities described in this submission change, please contact the IRB office as the activity may involve human subject research and require IRB approval. For example, this determination is not applicable to activities that may be regulated by U.S. Food & Drug Administration (FDA), such as those involving drugs, medical devices, human food additives, color additives, electronic products, or any other test articles regulated by the FDA.



**Office of  
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Affairs  
Human Research  
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**APPENDIX B: VICTIM NOTIFICATION STUDY QUALITATIVE INTERVIEW  
PROTOCOL**

**CODIS HIT REENGAGEMENT  
SAK Victim Notification  
Survivor Interview Guide  
(Updated 8/22/2019)**

Participant ID Number \_\_\_\_\_ Interviewer ID Number \_\_\_\_\_

Date Interview Conducted \_\_\_\_\_ Length of Interview \_\_\_\_\_

**INTRODUCTION AND OVERVIEW**

*INTERVIEWER INSTRUCTIONS: Paraphrase this section.*

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

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

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

*INTERVIEWER INSTRUCTIONS: Keep all notes taken on this interview guide.*



**SECTION ONE  
INVOLVEMENT IN THE INTERVIEW**

*INTERVIEWER NOTES: ice -breaker, no in-depth probing needed.*

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

Q1. How did you hear about this study?

Q2. Why did you decide to participate?

Q3. Were there specific things that made you reluctant to agree to an interview?

*[if yes]*

a. How can we address those concerns as we go through the interview?

**SECTION TWO  
BACKGROUND ON THE ASSAULT**

**So, for this section I will be asking you some questions about the assault. I understand that you have had to tell this story many times and these questions are just to get background and context of the assault. You can share as much as you feel comfortable with.**

Q4. Will you tell me about what happened in the assault?

*INTERVIEWER INSTRUCTION: Ask all if not shared (Q4a-h)*

a. How long ago did the assault happen? \_\_\_\_\_

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

c. Did you know the assailant? If so, what was your connection to them?

1 = NONE, WERE STRANGERS

2 = KNEW EACH OTHER BY SIGHT

3 = FRIENDS, CASUAL

4 = FRIENDS, CLOSE

5 = DATING/RELATIONSHIP, CASUAL

6 = DATING/RELATIONSHIP, SERIOUS

7 = EX-INTIMATE PARTNER

8 = PARENT/GUARDIAN/STEP-PARENT

9 = GANG RAPE/ STRANGER

10 = GANG RAPE/ ACQUAINTANCE

11 = OTHER FAMILY MEMBER

12 = OTHER ( \_\_\_\_\_ )  
13 = DON'T REMEMBER

*[ask only if were in a relationship or it was family]*

- c1. Where you living with the assailant?  
1 = YES  
0 = NO

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

- c2. Was this assault part of an isolated incident or was it part of ongoing abuse?  
1 = SINGLE SEXUAL ASSAULT  
2 = MULTIPLE SEXUAL ASSAULTS  
3 = EMOTIONALLY ABUSIVE  
4 = NON-SEXUAL PHYSICAL VIOLENCE

- d. What was the assailant's race/ethnicity?  
1 = WHITE  
2 = AFRICAN-AMERICAN/BLACK  
3 = LATINO/HISPANIC  
4 = NATIVE AMERICAN INDIAN  
5 = ASIAN AMERICAN  
6 = ARAB AMERICAN  
7 = OTHER (Specify \_\_\_\_\_ )  
8 = DON'T KNOW

- e. In addition to the injury of rape itself, were there any other physical injuries you sustained from the assault?  
1 = YES (Specify \_\_\_\_\_ )  
0 = NO  
2 = DON'T KNOW

- f. Was a weapon used in the assault?  
1 = YES (Specify \_\_\_\_\_ )  
0 = NO  
2 = DON'T KNOW

- g. Was the assailant using alcohol at the time of the assault?  
1 = YES  
0 = NO  
2 = DON'T KNOW

- h. Was the assailant using drugs at the time of the assault?

- 1 = YES (*GO TO QUESTION h1*)
- 0 = NO (*GO TO QUESTION i*)
- 2 = DON'T KNOW (*GO TO QUESTION i*)

h1. Assailant was using \_\_\_\_\_ (fill in)

*INTERVIEWER INSTRUCTION: Ask if not shared (Q4i-j).*

**So, I would like to ask you about whether you were using alcohol or drugs at the time of the assault. Before you answer, please let me explain why we have included this question. What happened to you was in no way your fault. Regardless of your answer, you are in no way to blame for what you experienced. Again, we only ask these questions because sometimes people who were using alcohol or drugs when they were assaulted may be treated differently by police, medical staff, or others. Remember that if you do not wish to answer any of the questions in the interview, just let me know that you would prefer to move on.**

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

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

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

- 1 = YES (*GO TO QUESTION j1*)
- 0 = NO (*GO TO QUESTION 15*)
- 2 = DON'T KNOW (*GO TO QUESTION 15*)

j1. You were using \_\_\_\_\_ (fill in)

### **SECTION THREE EXPERIENCE AFTER THE ASSAULT**

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

*INTERVIEWER INSTRUCTIONS: Focus on post-assault disclosure. Make sure to ask about formal help-seeking immediately after the assault, as well (e.g., how they were treated by LE, medical staff, etc.)*

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

Q6. Who did you tell about the assault?

- a. Why did you decide to tell them? What were you hoping they would say or do?
- b. How did they react? What did they say or do that was supportive? Not supportive?

**SECTION FOUR  
CODIS HIT RE-ENGAGEMENT NOTIFICATION**

*INTERVIEWER INSTRUCTIONS: Keep focus on initial notification; clarify responses if needed.*  
**Now I would like to talk about what happened during your first initial notification that your kit had finally been tested. These first questions are about when you were first notified. I will have more questions later on about what happened after the notification.**

**SECTION 4A  
HOW DID NOTIFICATION GO**

Q7. Can you take me through what happened when you were first contacted about your kit finally being tested?

*INTERVIEWER INSTRUCTION: Ask specific questions if not shared.*

- a. Who contacted you?
- b. Did you meet face to face?
- c. Who else (if anyone) was involved?
- d. Was an advocate present?
- e. What was your experience with [the people who notified you] like for you during the initial notification? How were you treated when you were contacted by them?
- f. How did they explain the reasons that your kit had not originally been tested?
- g. How did they react? What did they say or do that was supportive? Not supportive?
- h. Was there anything that you wish they had done differently?

Q8. How did you feel when they explained that your sexual assault kit had not previously been tested?

Q9. How did you feel when you were told that your kit had now been tested, and had matched with DNA from the national database?

Q10. How did you feel about moving forward with an investigation right after you were notified?

**SECTION 4B**  
**HELP-SEEKING IMMEDIATELY AFTER NOTIFICATION**

**So now we are going to shift a little bit to right after you were first notified that your kit had been finally tested and what happened in the in the days or weeks right after you were notified.**

*INTERVIEWER INSTRUCTION: Keep focus on post notification; clarify responses if needed*

Q11. How did you feel after you talked to [the people who notified you]?

Q12. Who did you tell about being notified about the results of your kit?

Q13. Why did you decide to tell them?

*INTERVIEWER INSTRUCTION: Ask specific question if not shared*

- a. How did they react? What did they say or do that was supportive? What did they say or do that was not so good?

**SECTION FIVE**  
**CODIS HIT REENGAGEMENT EXPERIENCES**

**I'd now like to talk you now about your experiences working with law enforcement and prosecutor on re-investigation and prosecuting your case.**

**SECTION 5A**  
**INITIAL RE- ENGAGEMENT PROCESS**

Q15. How much time passed between when you were first contacted about your kit and when you had your next meeting with the people investigating your case?

Q16. What factors helped you to decide to re-engage in the investigation and prosecution?

Q17. What were your concerns about participating? How were those concerns addressed?

*INTERVIEWER INSTRUCTION: Ask if not shared*

- a. How did concerns about your own safety or well-being impact your decision about whether or not to participate?

Q18. What happened during the re-investigation of your case?

*INTERVIEWER INSTRUCTION: Ask if not shared.*

- a. What was it like for you to participate in the investigation?
- b. How were you treated during the investigation?
- c. Is there anything you wish had happened differently during the investigation?

Q19. What happened during the prosecution of your case?

*INTERVIEWER INSTRUCTION: Ask if not shared.*

- a. What was the final outcome of your case?
- b. What was it like for you to participate in the prosecution?
- c. How were you treated during the prosecution?
- d. Is there anything you wish had happened differently during the prosecution?

## **SECTION 5B HELP-SEEKING IMMEDIATELY DURING LEGAL PROCESS**

**Now we will be focusing on what community resources you reached out to after you decided to participate in the legal process. Some of these community resources may be the same as the ones you utilized after the initial notification, however, we will be referring to the time when you participated in the legal process and afterwards.**

*INTERVIEWER INSTRUCTION: Keep focus on help-seeking during legal process and afterwards; clarify if needed.*

Q20. Now I'd like to get a sense of what community resources you may have contacted from the time you were notified about your kit through the end of your case.

*INTERVIEWER INSTRUCTION: Walk through "Community Resources" sheet. Make sure all types of services or names of organizations were discussed. (i.e., ask about additional interactions before moving on).*

*If answered "yes" to contacting any type of service or name or organization, continue to Q21.*

Q21. I'd like to talk about your experiences with the community resources you contacted as a result of participating in your case. What was your experience with \_\_\_\_\_ like for you?

*INTERVIEWER INSTRUCTION: Ask specific questions if not shared. Ask for each service provider mentioned. Make sure to differentiate at what point in the notification/re-investigation process they used each resource, and for how long they engaged with each resource.*

- a. How were you treated when you contacted \_\_\_\_\_?
- b. What did they say or do that was supportive? Not supportive?
- c. Was there anything you needed from \_\_\_\_\_ that you didn't get? If so, what was it?

*INTERVIEWER INSTRUCTIONS: If participant contacted an advocate, continue to (d). If participant did not use advocacy, jump to Section 5C. Be sure to clarify timepoint (was this during notification or after notification during help-seeking process).*

- d. Was the advocate you contacted from WC-SAFE? Or, was the advocate part of the prosecutor's office or police department?

<p><b><i>If community based:</i></b></p> <p style="text-align: center;">↓</p> <p>d1. Did you understand that the advocate would keep your information confidential? How did you feel knowing that the advocate would keep anything you told her confidential?</p>	<p><b><i>If prosecutor office:</i></b></p> <p style="text-align: center;">↓</p> <p>d2. Did you understand that the advocate at the prosecutor office had limits to what they would keep confidential? How did you feel knowing that?</p>
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**SECTION 5C  
REFLECTING ON RE-ENGAGEMENT PROCESS AS A WHOLE**

**Moving now to the current day, I'd like to ask you a few questions about how you feel now about the whole experience of finding out your kit had not been testing and engaging in investigation (and prosecution) of your case.**

Q22. How long has it been since the prosecution of your case concluded? \_\_\_\_\_

Q23. Thinking about it now, how do you feel looking back at the process as a whole?  
(Probe: *If you could go back and decide whether or not to be notified about the outcome of your kit, would you choose to be notified?*)

- a. How do you feel about the outcome of your case?
- b. How do you feel about having the choice of whether or not to re-engage in investigation and possibly prosecution?
- c. Was there anything you wish had been done differently in this process, from being notified about your kit through the end of your case?

*INTERVIEWER INSTRUCTIONS: Ask about the investigator who notified them, the prosecutor, and any other social service agency they mention working with (e.g., advocate, etc.)*

- d. Some survivors have described being treated differently because of their race, ethnicity, gender, or other aspects of themselves. We'd like to ask you about times when you may have experienced that in your interactions with the different people you had contact with during this process. Thinking back over the different experiences you've had with [AGENCY/PERSON] throughout this whole process, can you think of any times where you felt like you were treated differently, unfairly, or made uncomfortable because of some aspect of your identity?
- e. How would you improve the notification process for other survivors whose cases are being re-investigated because their kit was finally tested?

Q24. Sometimes people say they want a process like prosecution to be survivor-centered. What does the phrase "survivor-centered" mean to you?

- a. To what extent would you describe the process of being notified as "survivor-centered"?

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

## **SECTION SIX DEMOGRAPHIC INFORMATION**

**Finally, I would like to ask a few quick demographic questions to learn more about the people being interviewed.**

Q26. What is your gender? \_\_\_\_\_

Q27. What is your race?

**MARK ANSWER THAT APPLIES**

1 = WHITE

2 = AFRICAN-AMERICAN/BLACK

3 = LATINO/HISPANIC

4 = NATIVE AMERICAN INDIAN

5 = ASIAN AMERICAN

6 = ARAB AMERICAN

7 = OTHER (Specify \_\_\_\_\_)

8 = DON'T KNOW

Q28. How old are you? \_\_\_\_\_

Q29. What is your educational background? \_\_\_\_\_



## SECTION SEVEN CLOSING

**We are nearly finished. I'd like to ask some final questions about your overall experience of this interview. We're always in the process of revising this interview, which is why I'd like to get your feedback on the interview. It would be really helpful for me if you'd be honest about what this was like for you. Don't worry—you won't hurt my feelings.**

Q30. What has it been like for you to talk about this experience with me?

Q31. How can we improve the interview?

**Lastly, I'd like us to circle back to something we talked about at the very beginning of our interview, which is the requirement that we share a copy of the anonymous transcripts with our funders both for their records and so that other researchers can learn from what you've had to say.**

Q32. Your safety and comfort is the top priority to us. In addition to names, dates, and locations, is there anything we talked about today that you'd like us to take out of the transcripts before we share them with our funders?

**The requirement that researchers share anonymous transcripts of their interviews is getting more and more common, and we want to make sure that you have a chance to share any feelings they might have about this requirement.**

Q33. What do you think about the requirement that researchers share copies of their anonymous transcript with their funder and with other researchers?

Q34. How important do you think it is that people have a chance to give input on what pieces of their transcript is and is not shared with funders and other researchers?

Q35. What do you think is the best way to let people know about this requirement?  
(*Probe: How could we improve this process in the future?*)

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