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Understanding Sexual Assault Survivors' Willingness to Participate in the Judicial System

by

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Abstract

This dissertation examined the relationship between support services for adult survivors of sexual assault and judicial outcomes. Specifically, this study explored survivors' willingness to participate in the judicial process. Although "victim unwilling to participate" is the primary reason given by the police for cases not progressing to prosecution, we know little about most aspects of survivors' willingness to participate in the judicial process, especially beyond initial reporting of the assault. The steps to prosecution are dependent on one another yet a survivor's willingness to participate in these steps is a fluid process. The primary research question explored was *Are there clusters of survivors according to their responses to specific items on a Willingness to Participate scale?* Additional research questions focused on differences among possible clusters of survivors. A semi-structured interview protocol was completed with 46 survivors of adult sexual assault. Cluster analysis was conducted and three clusters emerged. Findings suggest that support services were helpful to those who were highly willing to participate but that willingness was insufficient to influence judicial outcomes. Future research concerning judicial outcomes in sexual assault cases should focus on strategies to dispel myths about rape among survivors, within the judicial system, and with potential jurors as a means of improving both survivor participation and judicial outcomes.

Dedication

I dedicate this work to my Aunt Caroline who showed me that women's voices, both gentle and bold, have the power to inspire change.

Acknowledgments

This work could not have happened without the women who, with great courage, shared their experiences in hopes of improving how we respond to survivors. I want to thank the advocates and service providers across the state who helped me get the word out about the study and provided safe spaces to conduct interviews. I want to acknowledge Dr. Rebecca Campbell, Dr. Sarah Ullman, Dr. Kathleen Daly, and Dr. Nancy Perrin for sharing their tools and knowledge.

I want to thank the members of my committee for their knowledge and patience. They encouraged me to complete this work and helped me not to lose my voice. I am especially grateful for my chair, Dr. Barbara Friesen, for the countless hours of support she provided over the years. It was invaluable to have the opportunity to be mentored by someone whose work has significantly influenced the field of social work.

I have been influenced by many fabulous women over the years, especially my grandmothers, and namesakes (Mildred and Ann), who instilled in me the value of justice and importance of helping others. Mom, thank you for taking care of me and my family, for being a role model and for always being proud. Dad, thank you for your calls of encouragement, for keeping things in perspective and for emergency childcare services. To my siblings, thanks for setting a high standard of professional achievement.

I am grateful for my partner, Allan, who values the importance of this work and never questioned that I would complete this process. To my sons, Jackson and John Wesley, I thank you for reminding me why I am doing this important work--for a better tomorrow.

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Chapter 1: Introduction to the Study

The purpose of this research was to enhance both prevention and intervention strategies addressing sexual assault by expanding our knowledge about the relationship between support services for survivors and judicial outcomes. Rape is a complex social problem, and responding to rape is also complex. There are two desired outcomes when responding to rape: victim[1] well-being and offender accountability. Historically, rape response services have assumed responsibility for one or the other of these outcomes, rarely addressing both. This fragmented response system has often been unsuccessful at achieving either of the desired outcomes. Advocacy and medical- and mental health-based interventions are intended to promote victim well-being and recovery. However, limited resources, accessibility, and/or stigma prevent many survivors from seeking and receiving these services (American Civil Liberties Union, 2004; Campbell, 2006; Campbell, Greeson, Bybee, & Neal, 2013; Koss, 1993; Miller, Cohen, & Wiersema, 1996). Achieving the other desired outcome, offender accountability, has also been unsuccessful; rape is still grossly underreported and rarely prosecuted in the United States (Rand, M, 2007; Campbell et al., 2013; Daly & Bouhours, 2010; Kilpatrick, 2000; National Research Council [NRC], 2014; Stevenson, 1999).

The Sexual Assault Response Team (SART) model is a best practice that emerged in the 1980s to address the problems caused by the historically fragmented system. The

[1] The terms victim and *survivor* are used interchangeable throughout this study. *Victim* is used to represent the criminal aspect and because it holds a legal definition; *survivor* is used to acknowledge recovery and strengths. It is also true that persons who have experienced a sexual assault may identify with one term instead of the other.

purpose of the SART model is to better serve victims through a victim-centered, coordinated, multidisciplinary response. The SART model combines the best practices in mental health, advocacy, medical, law enforcement, and legal services. The SART model is the only intervention that attempts to simultaneously support the well-being of victims and hold offenders accountable by coordinating judicial interventions and survivor non-forensic services. This model is a community-driven intervention based on practice wisdom that a victim-centered coordinated response will more compassionately and effectively serve victims, use resources efficiently, and promote reporting and prosecution.

Although practice experience and wisdom inspired the model, limited empirical research to date has demonstrated the model's effectiveness in promoting either victim recovery or offender accountability (Campbell et al., 2013; Greeson & Campbell, 2012: Martin, 2005: Nugent-Borakove et al., 2006;). Measuring the effectiveness of rape response is a challenging endeavor because of the two equally important yet potentially conflicting outcomes. Because of this complexity, existing research has focused on understanding victim recovery or offender accountability even though the literature suggests that these outcomes are not independent and that it is not only important to know what variables promote victim well-being and offender accountability but it is also important to examine the relationships between these variables (Campbell, 2006; Campbell, Bybee, Ford, & Patterson, 2008; Daly & Bouhours, 2010; Du Mont & Myhr, 2000; Frazier & Haney, 1996; Frohmann, 1997; Kerstetter, 1990).

This study focused on this relationship, exploring how services that promote survivor well-being may also promote judicial outcomes. When a system is described as coordinated versus fragmented, it implies improvement; however in rape response efforts, it is unclear what *coordinated* means, and if it is an improvement, for whom and in what ways? Services related to sexual assault response include survivor recovery-related services (advocacy and mental health) and offender accountability-related services (medical, law enforcement, and legal). Historically, an adversarial relationship has existed between these two service categories fueled by the assumption that supporting one of these outcomes is at the cost of the other. For example, attending to a survivor's mental health needs will hurt a case in court or prosecuting a case will cause pain and suffering for the survivor.

In order to design and measure successful survivor-centered coordinated response models, a logical description of how supporting victim recovery simultaneously supports offender accountability must be articulated. For this study a conceptual framework that postulates the linkages between survivor support services and judicial outcomes was developed. The framework involved four assumptions:

1. Timely and high-quality non-forensic services reduce symptoms of trauma, increase safety, and educate survivors through support, advocacy, and mental health services.
2. When non-forensic services are timely and of high quality, survivors are more likely to report rape and participate in the judicial system.

3. An increase in victims' reporting of rape and participating in the judicial system will increase investigations, arrests, prosecutions, and sentencing.
4. An increase in sentencing will result in a reduced incidence of rape and consequently will increase public safety.

This study addresses Assumption 2 by exploring the relationship between victim recovery services and a survivor's willingness to participate in the judicial system. Researching all four assumptions was beyond the scope of this study.

Before elaborating on the conceptual framework, we will look at rape as a social problem and at a brief historical review of rape and theories of rape.

The Social Problem

Although not always considered such, rape is a social problem that causes negative psychological and physical consequences for hundreds of thousands of survivors each year. Estimates of the yearly incidence of sexual assault range from over 200,000 (Truman & Planty, 2012) to 632,000 (Kilpatrick, Edmunds, & Seymour, 1992) to 1,270,000 (Bachman, 2012; BJA, 2011), depending on how rape is defined and the methods used to collect data. Sexual assault is associated with negative physical and mental consequences including major depression, depressive symptoms, alcohol and drug problems, suicidal ideations, suicidal attempts, anxiety, somatization, post-traumatic stress syndrome (PTSD), weight regulation problems, and decreased social support (Descamps, Rothblum, Bradford, & Ryan, 2000; Golding, Wilsnack, & Cooper, 2002; Kilpatrick & Acierno, 2003; Koss, Gidycz, & Wisniewski, 1987; Thompson, Wonderlich, Crosby, & Mitchell, 2001) for more than 100,000 victims and their families per year

(Campbell, Sefl, & Ahrens, 2004; DOJ, BJS, 2005; Kilpatrick, 2000). What's more, it is reasonable to assume that interventions can help solve the problem. In addition to the consequences experienced by victims, extensive resources are used annually to provide forensic and non-forensic services. Strategies to prevent and respond to this social problem have changed dramatically over time, and they are influenced by how we define *sexual assault* as a result of beliefs and values, advocacy efforts, legislative interventions, and theories about why rape happens.

Three major forces have influenced how rape is defined: religion, Freudian theorists, and the radical feminist movement. Each of these contributors has dominated during a time in history when their theories were widely accepted and influenced practice and policies. During the colonial era (1600s-1800s), rape was defined as property damage caused by a woman's immoral behavior and her inability to preserve her integrity. This definition and theory were influenced by religion and embedded in the laws of the time as it was the institution of the church that governed the behaviors of the people (Donat & D'Emilio, 1998). From the late 1800s to the mid-1900s, Freud's theories of human behavior marked the first shift in the United States in redefining rape (Donat & D'Emilio, 1998). Freud concluded that rape was caused by the perpetrator's socialization of a strong maternal figure and weak paternal figure or a defective ego (Donat & D'Emilio, 1998). Freud's theories redefined rape as an act of sex instead of one of immorality or sin. Women were no longer blamed because they were victims of rape or provoked the rape; instead they were blamed because they were raising rapists.

The most significant influence on the definition of rape and response efforts came from the feminist movement. Beginning with Friedan's (1963) book *The Feminine Mystique*, followed by Brownmiller's (1975) landmark work *Against Our Will: Men, Women, and Rape*, feminists turned their attention to sexual assault. Between the 1960s and the 1980s, researchers using a feminist model discovered high rates of date rape and marital rape supporting the feminist theory that rape was caused by dominating cultural beliefs, not pathology (Donat & D'Emilio, 1998). Unlike previous theories on rape, feminist theory targeted societal norms and institutional values for causing widespread rape.

Feminist ideology and theories had the greatest influence and sustainable impact on redefining rape and initiating a plan of action to remedy the crisis. Koss et al. (1987) identified primary contributions by the feminist movement including the idea that rape is a result of patriarchy, which meant that all women were vulnerable to attack and change could only be made through collective action and legal reform. In addition, they acknowledged the trauma victim's experience while critiquing the public service system. The final major contribution of the feminist movement was the ability to organize large numbers of women to support the anti-rape movement (Koss et al., 1987).

Congressional interventions, influenced by the feminist movement, were instrumental in supporting the efforts of the anti-rape movement in the early 1980s. The National Center for the Prevention and Control of Rape (NCPCR) was started in 1976 with federal funds (Koss et al., 1987; Largen, 1985). NCPCR provided an information network for advocates and funding for research and training on issues concerning rape

(Koss et al., 1987), but the Reagan administration instigated the slow death of the NCPCR by moving it into the Center for the Study of Mental Health Emergencies where it lost autonomy and eventually closed (Koss et al., 1987).

In 1994 President William Clinton signed the Violence Against Women's Act (VAWA) after six years of debate in Congress (Stevenson, 1999). The feminist movement's success in redefining rape as an act of violence is illustrated in the purpose of the VAWA. That "all persons within the United States shall have the right to be free from crimes of violence motivated by gender" (42 U.S.C.A. 12981(b)). Major contributions of the VAWA included categorizing gender-motivated crimes as a violation of civil rights, giving victims the right to be heard in court proceedings, prohibiting those convicted of gender-motivated crimes from carrying firearms, and forcing states to recognize and fairly prosecute crimes of domestic violence and sexual assault (42 U.S.C.A. 12981).

The bill's constitutionality has proven the greatest threat to the applicability of VAWA. In 2000, the U.S. Supreme Court ruled that the provision in the act that would have allowed for private damage suits in federal court for victims of gender-motivated crimes was unconstitutional due to a lack of authority to enact the legislation under the Commerce Clause (Howard, 2001). The Supreme Court concluded that the evidence collected by Congress supported the provision that certain states were at fault for not providing equal protection, but evidence did not support nationwide violations and therefore the 1994 provision in VAWA was not necessary (Howard, 2001). The Violence Against Women Reauthorization Act of 2013, signed by President Barack Obama,

extended the Act's protection for gay, lesbian and transgendered individuals and provided more protection for Native American communities to prosecute cases and protect survivors on tribal lands. Other legislative successes related to sexual assault include the Drug-Induced Rape Prevention Act of 1996, Interstate Stalking Punishment and Prevention Act of 1996, the Jacob Wetterling Crimes Against Children and the Sexually Violent Offender Registration Act of 1994, and provisions in the Department of Defense appropriations bill outlawing female genital mutilation (Stevenson, 1999). In 2010 the U.S. Senate convened a hearing titled *Rape in the United States: The Chronic Failure to Report and Investigate Rape Cases* in response to several articles revealing mismanagement of rape cases and discrepancies in reporting the incidence of rape (Rape in the United States, 2010).

In 2011 the Federal Bureau of Investigation revised the definition of rape to include both males and females as either victims or offenders, to include the incapacity to give consent, and to reflect various forms of penetration (see Federal Bureau of Investigation, 2012). This was an extension from the previous definition of "carnal knowledge of a female forcibly and against her will" (Koss et al., 1987, p.1062). These terms depict the feminist movement's influence by categorizing the crime by the perpetrator's actions (degree of violence, intent, age) versus the victim's behavior (when the report was made, defensive wounds).

The anti-rape movement also influenced laws related to how cases are prosecuted. Using a victim's sexual history was the most appalling strategy used by defense attorneys. Michigan's Criminal Sexual Conduct Law of 1974 was the leading model for

sexual assault legal reform (Borgida & Brekke, 1985). Based on this model, some states have adopted rape shield laws, disallowing the use of past history or third-party information regarding the victim's sexual past (Borgida & Brekke, 1985). Reform efforts, ideally, relieved the victim from proving resistance and challenged judges who historically had instructed jurors to question the victim's reliability.

Theories on Perpetration

How we define rape and develop prevention efforts is influenced by our beliefs about why rape happens. Three prevailing theories about rape include a radical feminist theory, a social learning theory, and an evolutionary theory. Each theory is summarized here, followed by Ellis's (1989) synthesized theory about rape and how this supports a victim-centered coordinated response.

Radical feminist theory defines *rape* as a violent act where men use sex to establish or maintain dominance and control over women (Donat & D'Emilio, 1998). According to this theory, males' desire for dominance of sociopolitical and economic affairs, otherwise known as *patriarchy*, cause rape to occur. The act of rape, and the fear of rape, is used to oppress women and prevent their involvement in making decisions in either the political or the economic arena. A cycle then ensues in which women are not involved in making decisions regarding their own issues and therefore they remain dependent on men. The solution to rape within this theory is to replace the patriarchal structure with an egalitarian system.

Social learning theory (SLT) developed by Bandura in the 1970s assumes that aggression is learned primarily through imitation or modeling, and it is sustained largely

through various forms of intermittent reinforcement (Ellis, 1989). Bandura (1973) identified three modes by which aggression is learned: family and peers, our culture and subculture, and mass media. SLT attributes the cause of rape to cultural traditions instead of the sociopolitical and economic reasons seen in feminist theories, and it recognizes sexual desire as a motivation for rape. The solution to rape within this theory focuses on how we learn about sex, messages about consequences for violent behavior, and the pairing of sex and violence in media.

Evolutionary theory states that the goal of any species is to reproduce offspring that will prosper, such that they will reproduce offspring and transfer genes to the next generation. Rape is defined within this theory as an adaptation caused by natural selection pressures on males to produce offspring (Ellis, 1989; Thornhill & Palmer, 2000). This pressure experienced by males and the conflict between the sexes is caused by a sex disparity in the reproductive process (Thornhill & Palmer, 2000). Because females invest more of their lifetime in the reproductive process, they must be selective of a mate to ensure successful offspring. In contrast, males commit only the time it takes to inseminate. Therefore, the male's goal is to impregnate as many females as possible as a means of increasing his chances for offspring success. Because of these differences, conflict emerges between the sexes, and rape is a form of dealing or adapting to this conflict.

Ellis (1989) combined the strengths of these three theories to develop a synthesized theory of rape. His model uses four assumptions:

1. Two drives, not one, underlie rape: sex and the desire to possess and control.

2. Rape techniques are largely learned.
3. Males are favored by natural selection to learn methods to procure multiple partners through manipulation or force.
4. Varying tendencies of rape result from exposing the brain to various high regimens of androgens.

The first three assumptions are associated with each dominant theory supporting the influence of both genetics and the environment (Ellis, 1989). What is absent from these theories is an explanation for why all men are not rapists and how rape is maintained in the current culture, hence his fourth assumption regarding brain functioning. Ellis's proposed model for understanding rape addresses both the ultimate and proximate causes of rape.

A significant barrier to progress in rape response is the conflict between these different theories and how they define and respond to rape. For example, some rape crisis centers do not offer referrals for self-defense instruction because that would suggest that a woman can prevent rape, an assumption not supported by the radical feminist theory. Frequently, because they are based in social learning theory, offender treatment programs often do not include discussion of sexism or institutional oppression. Multiple variables affect rape; therefore, each theory makes a necessary contribution to the full understanding of this problem, and future endeavors should find how these theories can be used to provide a comprehensive and effective response to the problem of rape.

Chapter 2: Survivor-Centered Coordinated Response

Conceptual Framework

The framework for a victim-centered coordinated response of formal services and supports, the concept from which the SART model was derived is depicted in Figure 1 and explained throughout this chapter. This framework does not represent all of the variables associated with how victims make decisions about participating in the judicial process (such as informal social support, incident, survivor and offender characteristics); it only represents the relationship between formal services. Within this framework, it is assumed that when rape happens, both a trauma and a crime occur but that the survivor's well-being should be the system's priority. Within a survivor-centered framework, non-forensic services are offered to the survivor rather than waiting for the survivor to access services. Services may include providing information about the judicial system, accompanying the survivor to court, and/or providing mental health treatment, among others. The configuration of services depends on the survivor's needs and preferences, but at a minimum, the survivor should be informed of both the judicial process and services that are available.

The goal of non-forensic survivor services is to support recovery by promoting safety, reducing symptoms of trauma, and advocating for survivors' preferences in the judicial process. If this is accomplished, survivors should be able to make more informed decisions about participating in the judicial system rather than decisions based on the fear of harm, fear of judgment, lack of resources, or coercion.

This framework responds to both the trauma and the crime by supporting survivors in a way that also promotes reporting and investigating the crime. The survivor's needs are the primary focus and therefore are located in the center of the framework. The framework is built on the assumption that if survivors are provided effective non-forensic services, they will be more likely to report and participate in the judicial system, ultimately leading to more prosecutions and sentencing of perpetrators. Figure 1 illustrates the relationship between formal non-forensic services and judicial services and therefore the dual responsibility for all providers in the system to support both survivor well-being and public safety.

Although survivors enter and move through the service system in a variety of ways, within this framework, non-forensic services are assumed to be necessary to promote participation in the judicial system. The goal is not that every survivor will choose to report and participate in prosecuting the perpetrator. Instead, the assumption is that survivors, if provided with accurate information and timely, high-quality non-forensic services, will be better able to make an informed decision about reporting and participation. Thus, more but not all survivors may well choose to participate. Furthermore, if survivors choose to participate, it does not necessarily follow that the cases will be prosecuted and perpetrators sentenced because variables that determine these outcomes are beyond the control of survivors. However, if more survivors participate in the judicial process, more cases should proceed to prosecution (Campbell et al., 2013; Daly & Bouhours, 2010).

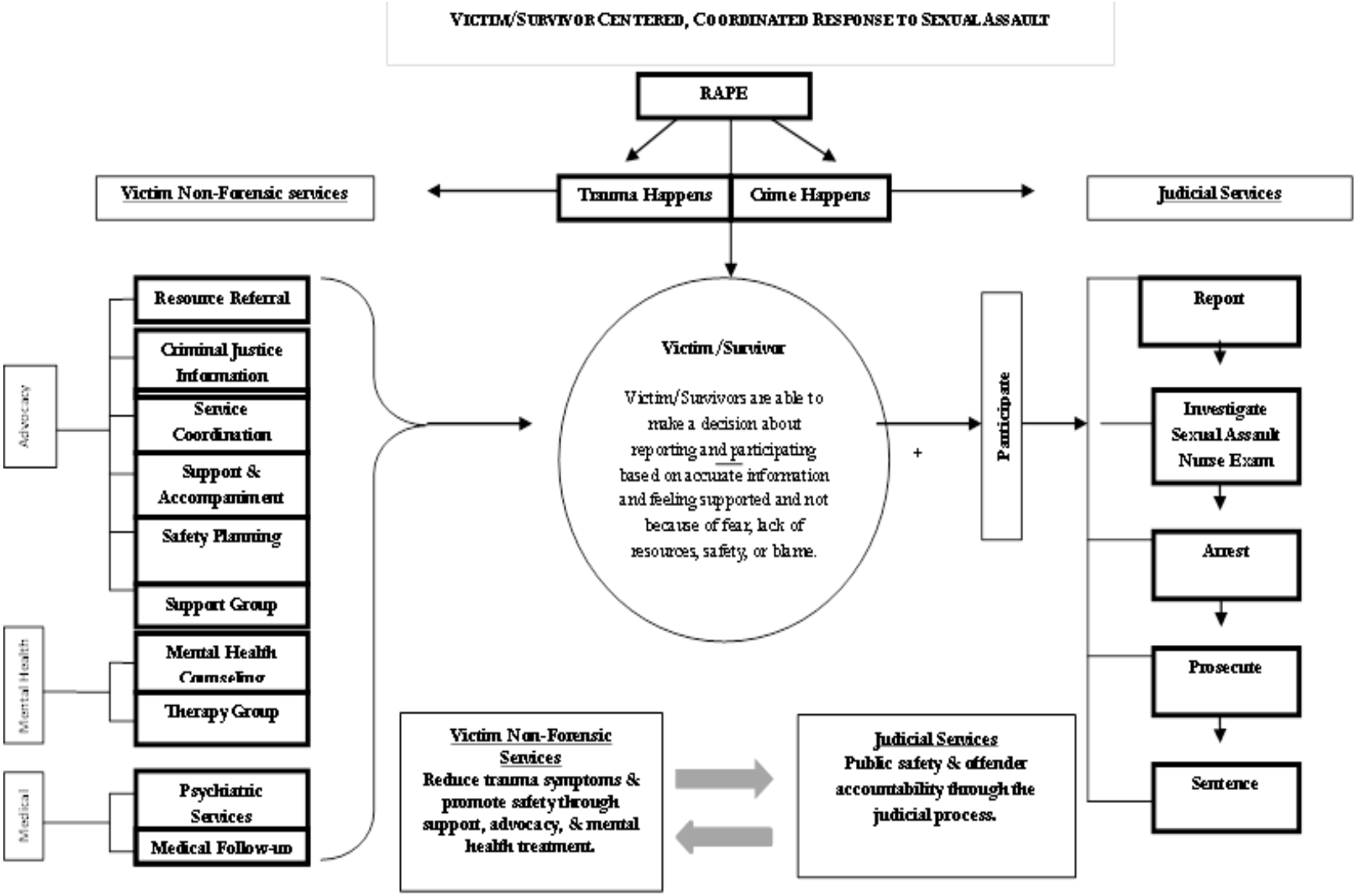

Figure 1. Survivor-Centered Coordinated Response Framework for Formal Services.

Within the judicial system, there are two events over which survivors conceivably have control: reporting the rape and participating in the investigation. Survivors can exert their control over the outcome at any point either by not reporting the rape and/or by choosing not to participate. *Participation* is defined as a survivor's willingness to complete several tasks in the judicial process such as completing interviews, answering questions, and testifying in court.

The framework presented here addresses the dual outcomes of survivor well-being and public safety. The logic underlying this framework is based on the four assumptions presented earlier:

1. Timely, high-quality, non-forensic services reduce symptoms of trauma, increase safety, and educate survivors through support, advocacy, and mental health services.
2. When non-forensic services are timely and of high quality, survivors are more likely to report rape and participate in the judicial system.
3. An increase in victims' reporting of rape and participating in the judicial system will increase investigations, arrests, prosecutions, and sentencing.
4. An increase in sentencing will result in a reduced incidence of rape and consequently will increase public safety.

Each assumption addresses part of the system, but the assumptions overlap, thereby illustrating the interconnectedness of the coordinated response.

An extensive chain of logic and events is necessary to link effective support services to a reduction in rape. First, a survivor receives non-forensic services such as

advocacy and mental health where he or she is provided information, accompaniment to meetings, tangible supports, coping strategies, and interventions to reduce PTSD symptoms. This increases the survivor's ability to emotionally regulate, leading to an increased sense of physical and emotional safety. Second, because the survivor feels more safe and supported, he or she is more emotionally, cognitively, and physically engaged in taking in information and making decisions and thus may be more likely to decide to report and participate. Third, simply by increasing the number of reports, it is expected that more cases will be investigated and prosecuted and more offenders will be sentenced. Finally, if we increase sentencing (frequency and length) of offenders, we will reduce the incidence of rape and increase public safety by removing the threat from society and by deterring potential offenders. Rapists are often multiple offenders, committing 7-10 rapes before being caught, and they are often diagnosed with sadistic and antisocial personality disorder for which no effective treatment currently exists (Abel et al., 1987; Berner, Berger, Guiterrez, Jordan, & Berger, 1992; Lisak & Miller, 2002; McWhorter, Stander, Merrill, Thomsen, & Milner, 2009; Quinsey, Khana, & Malcolm, 1998). Therefore, removing the threat of rape from society by incarceration will reduce rape (Hall-Nagayama, 1995). Some argue this does not reduce rape but simply changes the victim pool. However, based on deterrence/rational choice theory, reporting, investigating, and prosecuting rape cases is a deterrent for future acts and therefore should be expected to reduce rape. The deterrence/rational choice theory states that the decision to commit a crime is based on the perceived costs of committing the crime, and

evidence regarding prosecution and sentencing rates suggests there is little societal cost or sanction for committing rape (Bachman, Paternoster, & Ward, 1992).

If these assumptions are valid, non-forensic services would logically have an impact on judicial case outcomes, thereby supporting a coordinated versus adversarial response. Each of these assumptions has varying degrees of evidence to validate its claim. Social work has the most influence in Assumption 1 and 2, providing support and advocacy services. Because Assumption 2 is the link between support services and judicial outcomes, it is the focus of this research. More specifically, because *willingness to participate* is given as the most common reason cases do not progress in the judicial system and we know very little from survivors about their willingness, this research explores that topic.

Assumption

Assumption 2, the focus of this research, states *When timely, high-quality non-forensic services are provided, survivors are more likely to report rape and participate in the judicial system.* This assumption links survivor support services with judicial outcomes. Increasing survivors' reporting and participation in the investigation are typically considered only judicial outcomes, but this assumption posits a relationship between survivor well-being, reporting and participation, and judicial outcomes. This framework assumes a higher probability of reporting and participation based on variables associated with survivor well-being but it does not suggest that all survivors will report even if they express fewer trauma symptoms and are safe, better educated, and well

informed. Following is a review of what we know about reporting and participation of survivors in sexual assault cases.

Importance of reporting and participation. A survivor's willingness to report the rape and participate in the investigation is important for two reasons: access to services for him or her and successful convictions for the offender (Anders & Christopher, 2010; Seidman & Vickers, 2005). Survivors may need a variety of services that can be provided at low or no cost to them through a state's victim compensation program. The eligibility requirements to receive compensation include being an innocent victim of a non-property crime, reporting the crime within 48 to 72 hours, and participating in the investigation of the crime. Victims of rape can incur many expenses as a result of the crime; therefore, victim compensation can be essential for survivors to access needed services for recovery and safety.

Reporting the crime is also necessary for any judicial response to happen. But once the crime is reported, the participation of the victim throughout the judicial process is of paramount importance. Participation involves a range of activities necessary to prosecute a case, which include answering investigative questions, being interviewed, reviewing mug shots or observing a line-up, taking part in a forensic medical evidence collection, and testifying in court. At any point victims can opt out of participating by not showing up to requested meetings, not returning phone calls, leaving the area, refusing to testify, and/or refusing to identify the alleged offender.

Attrition and prevalence of reporting. Although reporting and participation are important for both the survivor and the judicial system, rape is still a significantly under-

reported and under-prosecuted crime in the United States (Campbell et al., 2013; Daly & Bouhours, 2010; Kilpatrick, 2000; Rape in the United States, 2010; Stevenson, 1999). Although there are different published rates related to variations in sampling and research design, it is clear that very few cases are reported and of those reported, only a small number of offenders are convicted (Daly & Bouhours, 2010; Frazier & Harney, 1996; Lonsway & Archambault, 2012; Maguire & Pastore, 2001; Rape in the United States, 2010). For example, of 714 sexual assaults, researchers found that 14% (100) were reported (Daly & Bouhours, 2010). Of those 100 reported cases, 70 were dropped by the police, 10 were dropped by the prosecutors, 8 went to trial (of which 4.5 were found guilty), and 8 pled guilty resulting in 12.5 who were sentenced (of which 7 got detention, and 5.5 were given other penalties like batterer's intervention programs) (Daly & Bouhours, 2010). See Figure 2.

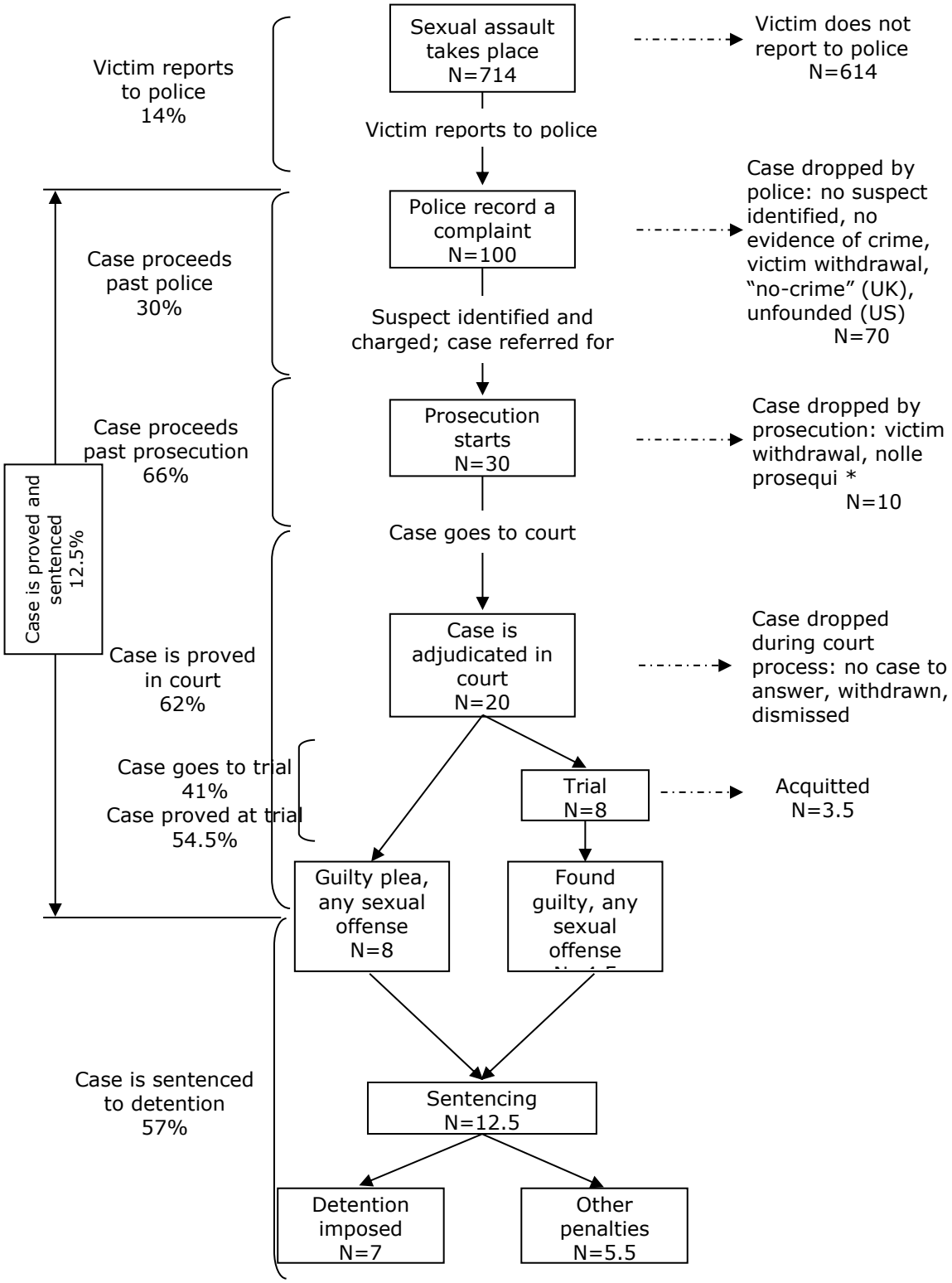

Figure 2. The Journey of 100 Cases Reported to Police, Five Countries, 1990-2005 (Daly & Bouhours, 2010) Reprinted with permission. **Unwilling to pursue.*

Table 1 compares the trajectory of cases through the judicial system as presented by Daly and Bouhours (2010) in the Journey of 100 Cases with the actual trajectory of cases in the current study. The recruitment strategy, designed to ensure the participation of survivors who had experience with the judicial system, resulted in an over-representation of survivors who reported their cases.

Table 1
Comparison of the Journey of 100 Cases with Current Study Sample

	Estimated Rapes (N)	Reported to Police (N)	Arrests Made (N)	Felony Charge (N)	Felony Conviction (N)	Prison Sentence (N)
Journey of 100 Cases	712	100	30	20	12.5	7
Percent of Estimated Rapes	----	14%	4.2%	2.0%	1.7%	.9%
Percent of Reported Rapes	----	----	30%	20%	12.5%	7%
Current Study Cases	46	30	10	9	8	5
Percent of Study Participants	----	65%	22%	20%	17%	11%%
Percent of Reported Rapes	----	----	33%	30%	27%	17%

It is important to note that the greatest attrition found is when a victim decides to not report (86%), but after a report is made, the most likely outcome is for police or prosecution to drop the case, recording the reason as "victim withdrawal" (Burgess, Lewis-O'Connor, Nugent-Borakove, & Fanflik, 2006; Daly & Bouhours, 2010).

Reasons for reporting and participation. Greenberg and Ruback (1985) presented a three-stage model to understand how victims of crime make the decision to contact the police. Their model suggests that after a crime is committed, a victim will not

take action unless he or she labels the event as a crime, which involves his or her personal definition of the crime and perception that the current situation is consistent with that definition (Bondurant, 2001; Greenberg & Ruback, 1985). Rape is rarely recognized as a crime unless it involves a stranger and significant force, and although this criterion is inconsistent with the legal definition of rape, it is often applied by survivors, the general public, and professionals (Bondurant, 2001). Greenberg and Ruback (1985) also pointed out that victims not only need to define the act as a crime but must be willing to identify themselves as victims of the crime to take action, and many survivors do not want to be victims and therefore will not label the act as a crime.

The second stage of decision making is based on the perceived seriousness of the crime. If victims perceive the crime as serious, they will experience greater distress and be motivated to take action to reduce this distress. The seriousness of the crime is based on the victim's perception of how unjustly he or she has been treated by the offender and how vulnerable he or she feels about future victimization (Greenberg & Ruback, 1985). In the final stage of decision making, Greenberg and Ruback (1985) identified four options for response: seek a private solution, re-evaluate the situation, seek help from the police, and do nothing. The decision to select a response option is determined by the victim's *stored knowledge* and *attitudes* about each option and the level of stress he or she experienced that impairs his or her ability to make thoughtful decisions (Greenberg & Ruback, 1985).

Similar to Greenberg and Ruback's (1985) model, Steketee and Austin (1989) described a framework specific to a rape victim's decision to report and/or participate.

The authors identified several variables that influence a victim's decision to do so, including the characteristics of the rape, demographics of the victim, psychological factors, social support networks, beliefs about the court process, and beliefs about self.

Context of rape. Studies of reporting revealed that survivors were more likely to report when the assailant was a stranger, when they sustained physical injury, or when the accused was in custody, the case was likely to be prosecuted, and threats were made to the victim or victim's family (Daly & Bouhours, 2010; Greenberg & Ruback, 1985; Kerstetter, 1990; Lizotte, 1985; Nugent-Borakove et al., 2006; Skelton & Burkhart, 1980). The relationship between rape characteristics and reporting is unclear. Survivors of stranger rape may be more likely to report and participate based on personal motivation; or because these cases are more successfully prosecuted, survivors of stranger rape may be encouraged and better supported by providers and support networks through the reporting and participation process.

Victim demographics. Known victim demographics that influence reporting include age, race, sex, income, and educational status. Victims who are from middle to upper socio-economic status, Caucasian, and female are more likely to report the crime (Fieldman-Summers & Ashworth, 1982). The relationship of race to reporting is worthy of further study. Lizotte (1985) suggested that the cause of lower rates of reporting by non-white victims is a product of the fear of labeling one's own race, historical negative experiences with the judicial system, and perceived negative response by the judicial system.

Psychological factors. Approximately 90% of survivors of rape meet the criteria for PTSD within two weeks post-assault (Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). Symptoms of PTSD include re-experiencing the trauma, avoidance of stimuli associated with the trauma, numbing, and symptoms of increased physiological arousal. These symptoms, experienced by the majority of survivors, not only influence the decision about whether to report but also influence the victims' use of non-forensic services and participation in the judicial process. For instance, a survivor with PTSD may be less likely to return phones calls and attend meetings with police, attorneys, and/or advocates as a way to avoid stimuli associated with the traumatic event. These avoidant symptoms of PTSD have been found to be determinants of a survivor's decision to report and/or participate in the investigation (Kilpatrick & Acierno, 2003; Steketee & Austin, 1989). In addition to the desire to avoid stimuli, Greenberg and Ruback (1985) found that greater psychological stress was associated with survivors' seeking immediate, short-term treatment to alleviate stress rather than engaging in long-term interventions to hold offenders accountable.

Issues of self-esteem, self-blame, and anger are also related to reporting (Cluss, Boughton, Frank, Stewart, & West, 1983; Littleton, 2007). Studies have shown that victims who experience rape by a stranger are more likely to express anger and victims expressing anger are more likely to report (Cluss et al., 1983). However, it is unclear if it is the feeling of anger or the response from the social and professional supports that motivates reporting of the crime. Cluss et al. (1983) reasoned that if a survivor feels angry, then the desire to seek revenge motivates the reporting of rape, regardless of the

type of rape. Another thought is that survivors of stranger rape, who are more likely to be angry, receive more support from the judicial system to report the crime. It is also important to consider the relationship of attributions of blame and reporting. Following the same logic, a person who blames himself or herself for the rape is more likely to experience shame rather than anger. Significant feelings of self-blame are often associated with rapes committed by offenders known to the victim because of the societal stigma and increased ambiguity about responsibility. These survivors may also be less likely to receive support to report their case to the police (Anders & Christopher, 2011; Cluss, et al., 1983).

Social support. Evidence about social support is limited, but existing research findings suggest that the beliefs and opinions of close family and/or friends may influence a victim's decision to report (Littleton, 2007; Steketee & Austin, 1989; Ullman, 2000). The reasoning is that if a victim has social support, he or she will have better social adjustment, increasing the psychological strength needed to report and participate in prosecution. Three studies found evidence to support this idea using hypothetical rape situations and interviews with district attorneys and advocates (Anders & Christopher, 2011; Bard & Sangrey, 1986; Fieldman-Summers & Ashworth, 1982). In victims who chose to prosecute, Cluss et al. (1983) found no difference in initial levels of social adjustment or support. Golding et al. (2002) found that victims were more likely to take the advice of a bystander if the advice was specific, the bystander was present while the victim decided what to do, and if the bystander committed to providing future support for the victim. It is unknown if the victim-participants in the Golding et al. study were

making decisions based on their needs or because of pressure related to the bystanders' presence. These findings are especially relevant with regard to the role of the advocate. It is apparent that providing support is important, but it is also important to be aware of possible pressure exerted by the presence of the advocate and other involved persons.

Belief about the judicial system. How a victim is treated by the judicial system is believed to be a factor in a victim's willingness to participate and report the crime (Steketee & Austin, 1989). Frazier and Harney (1996) reviewed the literature of victims' experiences in the legal system and found that victims' fears about how they will be treated by judicial professionals was a reason for not reporting the crime. The literature suggests that victims are satisfied with their treatment by police and attorneys initially but not once a case reaches the judicial system because there the offender has more rights than the survivor (Frazier & Harney, 1996). The primary complaints of victims about the system concern not being kept informed of the process and feeling that they did not have input into decisions about case outcomes (Frazier & Harney, 1996). A frequent reason given for not reporting is fear of retaliation (Steketee & Austin, 1989). Steketee and Austin (1989) suggested that victims do not feel the judicial system will protect them; therefore, a victim's confidence in the judicial system is one predictor of reporting the crime.

Willingness. A victim's unwillingness to participate is often the primary reason why a case does not progress in the judicial systems (Borgida & Brekke, 1985; Burgess et al., 2006; Daly & Bouhours, 2010; Frazier & Harney, 1996; Kerstetter, 1990; Nugent-Borakove et al., 2006; Spears & Spohn, 1996; Steketee & Austin, 1989). That a victim's

willingness to participate in the investigation is such a powerful determinant of case processing seems unreasonable. It is reasonable that the judicial system is dependent on a victim's participation to proceed, but it is unclear if participation is always at the will of the victim. How participation is defined and by whom has yet to be answered. Frohmann (1997) found that even though district attorneys based their decision to not prosecute cases on several variables (e.g., ability to win the case, victim's perceived credibility, victim's relationship to the offender), the top two reasons officially recorded were a lack of evidence and victim unwillingness. For instance, Ross and Randall (1982) found that significant decisions were made based on the official incident report taken at the time of the crime. This initial report, often taken by a uniformed officer (not a trained detective) and when the victim is in a state of significant distress, cannot provide a reliable assessment of a victim's willingness to participate. In another example, Kerstetter and Van Winkle (1990) interviewed police officers and found that police officials would persuade victims to press charges if the assailant was in custody because the officer did not need to do more work to close the case and they would dissuade victims from pressing charges when the assailant was unknown as this would require finding the suspect. Judging a victim's willingness may be more a product of the judicial system's interest than an accurate prediction of the victim's wishes (Frohmann, 1991; Kerstetter & Van Winkle, 1990).

It is also important to consider the professional environment of the law enforcement and judicial systems. Officers and district attorneys (DAs) are often promoted based on the number of cases they successfully close. For officers this means

finding a suspect and providing evidence to support the charge to the DA's office. For DAs, this means winning cases in court. Deciding if a case is winnable involves projecting how the case will be received by the trial judge and the jury based on prior experiences and the current legal and political climate in which the case is heard. This decision-making process often leads to plea bargains, which avoid the judge and jury altogether and which are considered successfully prosecuted cases. A common complaint about plea bargains is that victims are often not involved in this decision or in deciding the conditions of the plea arrangement. In addition, Frohmann (1991) found that when a district attorney felt a case was "unwinnable," he or she often would justify dismissing the case by citing discrepancies in the victim's story or by determining that the victim had ulterior motives.

Prosecuting only winnable cases is an approach that has both supporters and critics. One side of the argument asserts that proceeding with an unwinnable case can cause undue stress on the victim and the system; therefore, resources are better directed toward improving forensic techniques so that more cases are considered winnable. Critics of this approach suggest that even if a case does not conclude in incarceration, investigating the case will provide a deterrent to offenders and will demonstrate to survivors that their complaint was taken seriously. For example, Frazier and Harney (1996) found that survivors were more satisfied with the judicial system when their cases were investigated by police and referred for prosecution regardless of the outcome of prosecution.

Research on why survivors are willing or unwilling to participate in judicial process often involves examining correlations among several individual variables and doesn't account for the complexity of relationship among the variables (Anders & Christopher, 2011). Anders and Christopher (2011) addressed this complexity by testing a decision model that examines the interaction between assault characteristics and survivors' characteristics with social support from police, friends/family, and service providers. The authors wanted to determine whether these characteristics predict *initial aid decision* (reporting) and *final aid decision* (prosecution). Their results support a socioecological framework for understanding rape survivors' post-assault decisions: final prosecution decisions were related to overall support from *social ecologies* (police, family/friends, service providers), which were related to the interaction between assault characteristics (e.g., offender was a stranger, a weapon was used, victim had significant injuries, victim had an item taken) and survivor characteristics (e.g., survivor engaged in risky behavior, verbally resisted, physically resisted; survivor was not using drugs prior to the assault). An interesting additional finding was that the interaction between assault and survivor characteristics was not related to initial aid decision. The authors suggested this may be because often someone else is making the decision to report the assault and the stress of the initial report can influence a survivor's willingness to prosecute in that moment. Anders and Christopher (2011) recommended that future research gather information directly from survivors about their post-assault decision making.

The decision to report and participate is based on multiple variables including victim characteristics, incident characteristics, knowledge and beliefs about the process,

and the influence of both social networks and professionals. Although we have descriptive information about reporting and participating, further exploration into a survivor's decision making is warranted.

Chapter 3: Research Questions

This study explored survivors' willingness to participate in the judicial process because it is the primary reason given for cases not progressing to prosecution yet we know little about a survivor's willingness to participate, especially participation beyond reporting. This study also explored the proposition that service utilization by survivors of adult sexual assault contributes to a survivor's willingness to participate in the judicial system. Specifically, this research was interested in the relationship of advocacy services and the survivor's' willingness to participate.

The original primary research question was *Are there patterns in survivors' willingness to participate in the judicial system*? The tasks necessary to prosecute a sexual assault case are dependent and build on one another (a report is required to be able to have the case investigated and a case has to be investigated to be prosecuted), and in contrast a survivor's willingness to participate may be a more fluid process (she does not want to report but wants to preserve evidence). For this reason, it was important to know more than just how willing overall someone was and instead to know which tasks and where in the process he or she was willing to participate. For example, is there a group of survivors who don't want to participate after making a report and another group who stop participating after being interviewed by law enforcement officers?

Therefore the original question was changed to more accurately read *Are there clusters of survivors according to their responses to specific items on a Willingness to Participate scale?* The word *pattern* was exchanged for the word *cluster* in the following additional research questions:

- Are these clusters associated with forensic and non-forensic service utilization?
- Are clusters associated with how non-forensic and forensic services were experienced?
- What factors influence a survivor's decision to participate in the judicial system?

This study builds upon the work of Campbell (1998, 2005, 2006), who used cluster analysis to study service utilization and the impact on sexual assault survivors and judicial outcome; Daly and Bouhours (2010), who studied sexual assault case attrition rates; and Anders and Christopher (2011), who studied survivors' post-assault decision making. This study incorporates the recommendations of these authors by using cluster analysis (person-centered analysis), collecting data directly from survivors, and asking survivors about their willingness to participate.

Chapter 4: Methods

Plans for the pilot and primary research studies were approved by the Institutional Review Board of Portland State University prior to any recruitment or data collection activities.

Pilot

The interview protocols and measures were piloted with four survivors who had experienced the assault more than five years before and who, therefore, were not eligible for the primary study. Participants for the pilot study were recruited from a local agency that provides sexual assault services. Participants in the pilot identified as women and were assaulted between 1962 and 2000; one case was prosecuted, two did not report because they did not think it was rape, and one decided not to report after talking to a friend. As a result of the pilot program, the following changes were made to the interview protocol:

- Victim characteristics were moved from the beginning to the end of the interview.
- The method of mental health payment and the type of mental health services received was added.
- The words *doctor* and *nurse* were changed to *forensic doctor and forensic nurse*.
- *Law enforcement* was separated into *uniformed officer* and *detective*.
- *How helpful was law enforcement* was changed to *what did law enforcement do well and not well.*
- *Line-up* was changed to *photo laydown*.

Participants were asked about the process of being interviewed and their thoughts on having the interview recorded. One participant reported mild discomfort at the beginning of the interview but less so at the end. One participant said it would be fine to audiotape the interview and the other three participants said that it was not fine or that recording would change their answers. All participants said it would be distracting if the researcher used a computer during the interview process.

Sampling of the Main Study

The target population was persons who identified as survivors of adult sexual assault and who were not currently involved in reporting, investigating, or prosecuting a sexual assault case. Participants had to be able to communicate in English and had to reside in Oregon. For this study, *sexual assault* was defined as a non-consensual sexual act. A sexual act is non-consensual if it is inflicted upon a person unable to grant consent or is unwanted and compelled through the use of force, manipulation, coercion, threats, or intimidation (OSATF, 2002). For this study, incest was defined as sexual acts between persons, regardless of consent, who are related to each other within the degrees where marriage is prohibited by law.

Victims of incest were not included in this study because different laws govern the definition of the crime and response than in non-incestuous sexual assault cases. The cause and consequences of incest are also theoretically different, and it is not assumed that this model addresses these dynamics. Persons who were sexually assaulted when they were 14 years of age or younger were not included because they were considered children by service providers. They therefore received different medical forensic services

and were legally considered unable to make decisions for themselves. Although survivors who are between the ages of 14 and 18 years have access to the same services and laws for prosecuting rape, they were not included in this study because they were not legal adults; therefore, it is conceivable that decisions made about participating in the judicial system would have been more heavily influenced by family or guardians than might be the case for adult respondents.

Survivors who were in the process of making decisions about reporting or whose case was being investigated or prosecuted during the study period were excluded from the study since information obtained during the interview could be used in court. A criterion that the assault occurred in the past five years was originally employed to maximize memory recall of services received. Participants were asked during the initial screening whether the assault was within the past five years. All participants interviewed reported during the screening the assault had happened in the last five years; however, during the interviews, three participants determined it had been more than five years. The intent behind the five-year cut-off was to enhance memory recall, but the literature suggests that recall accuracy is more complex than just time between interview and event (Banyard, 2000; Hassan, 2005). For instance, a person's motivation to be in the study (will benefit self or others) and higher stress levels during the event improve recall accuracy (Lalande & Bonanno, 2011).

Strategies to improve recall accuracy include giving people time to answer questions and asking the question multiple times (Hassan, 2005; Schroder & Borsch-Supan, 2008). Both of these strategies were used in this study in addition to anxiety

reduction techniques. The three participants whose assaults occurred more than 5 years before the interview were assaulted between September 2007 and December 2007 making them four or fewer months beyond the cutoff. All three participants provided complete information and (did not say they "couldn't recall"); two reported the incident to the police and were involved in proceedings and intervention in 2008 and one participant who did not report provided quotes from friends and family and had been working with a therapist regarding the event so the event was current in her cognition. Because of the closeness to the five-year criterion, the completeness of data, and the ability to recall, the motivation to participate, stress during the event, and the limitations of retrospective data regardless of five years, these data were included.

Various recruitment strategies were used to reach eligible participants; however, because of the intensity of the topic and choice of interviewing as a data collection method, persons unable to verbally communicate in English were excluded from this study. Although it is quite important to include all survivors, the resources necessary to ensure proper translation and interpretation based on language or ability were not available for this research.

To reach this target population, a non-probability, self-selection sampling strategy was used (Sterba & Foster, 2008).This method limits the ability to generalize findings and is subject to selection bias but was necessary since no sampling frame exists from which to randomly select participants (Rubin & Babbie, 2005).

Recruitment

The two steps in self-selection sampling are marketing the need and approving the relevance of volunteering subjects (Sterba & Foster, 2008). A sampling goal was to reach both survivors who reported and those who had not reported the assault. Since most survivors do not report their assault, recruitment efforts were especially targeted to agencies and organizations that would have contact with survivors who had reported (e.g., district attorney advocates, non-profit advocates, and survivor groups).

Because of the sensitive nature of the topic and because of trust and safety concerns for survivors, it was important to employ the services of colleagues and organizations that were familiar with the researcher to assist in marketing the study. Recruitment materials included an informational flyer, Frequently Asked Questions, and an informational letter for providers who were willing to post materials. A packet of materials was mailed to organizations with instructions to disseminate and post the flyer in their agencies. The researcher also arranged to talk to survivor groups, provider meetings, and trainings throughout Oregon about the project. A website created for the study through Portland State University provided access to recruitment materials. The primary purpose for the website was to have a picture of the researcher available to enhance feelings of safety for potential participants. There was no communication through the website; possible study participants were directed to the researcher's contact information. After the initial mailings, emails requesting participation were sent to local and state organizations (see Table 2). Reminders about the study were emailed until July

2014 and requests to participate were taken through August 2014. The recruitment materials instructed those interested to call, text, or email the researcher.

Table 2
Description of Recruitment Sites

Entity	**Coverage Area**	**Method**
Learning Community	Portland and surrounding areas	Email
Sexual Assault Task Force	State listserv	Listserv
Trauma Recovery Empowerment Model facilitators (6 agencies including 2 culturally specific)	Portland and surrounding areas	Email, in-person, group talks
Homeless Youth Continuum	Portland	In-person
RRI/PSU	Portland	Email
Women's Resource Center PCC, PSU, Reed, UO	Portland, Eugene	Email
Clear Channel Radio	Public Service - African American target audience	Interview
Portland Tribune	Portland and surrounding areas	Interview – print media
Coordinating Council End Homelessness	Portland	In person presentation
Sexual Assault Resource Center	Washington County	Email, in-person
Bradley Angel	Portland	Email, in-person
Legal Aid of Oregon	Oregon	Email, in-person
Gateway	Portland and surrounding areas	Email
Crime Victims Law Center	Oregon	Email
Sexual Assault Directors list serve	Oregon	Listserv
Jackson County	Jackson County	In-person
Josephine County	Josephine County	In-person
Deschutes	Deschutes	In-person
Facebook	Various	Electronic
Volunteers of America Women's Shelter	Portland	In-person
Juvenile Justice	Multnomah County	In-person
Various	Various	Signature tag on email
Parole and probation	Various	Email

Between October 2013, when recruitment started, and August 2014, 62 messages via email, in person, or phone were received from potential participants. Forty-seven people were interviewed, nine could not be reached, two did not meet eligibility criteria (too young at the time of the assault and assault more than five years earlier), two decided that participating would be too upsetting, and two did not keep the interview appointment. Data from one participant were excluded in analysis because during the interview she found out her case was going to continue toward prosecution. That resulted

in 46 cases in the dataset. Table 3 describes how participants heard about the study. Of the 46 participants for whom data were used, 73% stated they decided to participate to help other survivors or to effect change in how survivors are treated. Other reasons given for participating included wanting to get help, hoping it would help bring closure for them, involvement in the anti-rape movement and believing in the need to speak out, and/or having had significant problems with reporting and wanting to share this.

Table 3
Number and Percent of How Participants Heard about the Study

Where participants heard about the study	Potential Participant Number (n)	Potential Participant Percent (%)
DV/SA non-profit	16	26%
Case manager/provider*	15	24%
Flyer hanging or email	9	15%
Unknown	9	15%
Researcher	7	11%
TREM facilitators	5	8%
College	3	5%
Total	62	100%

*Includes jobs program, shelter, housing case manager, police department, and counselor.

Data Collection

When potential participants made contact with the researcher, the study criteria were reviewed with them and they were asked whether these criteria were in line with their life experience. If they were eligible and willing to be interviewed, an interview was scheduled (either in person or by phone). At the interview and prior to any data collection, the researcher read the informed consent to the participant and they were asked to sign the consent form to demonstrate their understanding of the purpose of the study, that the study was voluntary, that they understood how information was protected and confidential, and about the potential risks of engaging in the interview. A copy of the

consent form was provided to participants. Participants were compensated with a $30.00 gift card for participating in the study and were reimbursed for transportation costs (parking and bus) when needed.

Data were collected using a semi-structured interview protocol and all interviews were conducted by this researcher. The majority of interviews were conducted in person at non-profit agencies around Portland, Oregon. Four in-person interviews were conducted in the participant's residence and four were completed on the phone. Participants were informed that they could bring a support person: two participants did. Interviews took between one and two-and-a-half hours. The researcher assessed any discomfort or concerns prior to the interview and again at the completion of the interview. Participants were offered water, mints, and breaks during the interview. Participants were encouraged to move around the room as needed and to use "fidget toys" that the researcher provided. After the interview was completed, the researcher reviewed all data.

Participants

One participant was unable to complete the entire questionnaire and for variables were her data is missing results are reported about 45 participants. Participants (N=45) ranged in age from 21 to 57 reporting a mean age of 33.49 (*SD* = 9.79). All participants identified as women and spoke English. The ethnic composition was as follows: 39 (69.6%) non-Hispanic Caucasian, 7 (15.2%) African American, 3 (6.5%) Hispanic, 2 (4.3%) Native American, 2 (4.3%) and Other including Chicano, South Asian, and multi-ethnicities (non-Hispanic Caucasian and Persian, Native American and German, African

American and West Indian). Of the participants, 39 (84.8%) reported having experienced more than one sexual assault. Participants shared their experiences about assaults occurring between 2007 and 2014 with 73.3% (33) occurring between 2010 and 2012. Four (8.8%) participants reported more than one assailant was involved in the assault. At the time of the assault, participants' highest level of education obtained was as follows: 3 (6.7%) with a graduate degree, 12 (24.6%) with a bachelor's degree or some graduate school, 17 (37.8%) with an associate's degree or some college, 7 (15.6%) with a high school diploma, and 5 (11.1%) who had completed the 11th grade or less.

Design

A mixed-method, cross-sectional design collecting retrospective data was used to explore the relationship between the rape survivor's experiences with forensic and non-forensic services and her willingness to participate in the judicial system. This study addresses a significant gap in the current literature by collecting data directly from survivors and including both survivors who participated and who did not participate in the judicial system (Violence against Women Act, 2000). The topic and the resources available for this study supported the use of a non-experimental, exploratory, cross-sectional design that used retrospective data.

This rigor of this design is limited because of sampling, the collection of retrospective data, and one person collecting the data. It would be ideal to use a prospective study, tracking data from the time of the assault through judicial decisions. Because rape is a severely traumatic and isolating event, a prospective study would be intrusive and possibly harmful to survivors. However, when Campbell (2005) compared

data about service provision events post-rape, she found high inter-rater reliability between service providers' and survivors' recall.

Variables. The dependent variable for this study was a survivor's willingness to participate in the judicial system. Participation was defined as the survivor's reported willingness, at the time of the assault, to cooperate with steps in prosecuting rape cases (see Appendix A). Willingness to participate, not participation itself, was the dependent variable because survivors have control only over their willingness to participate in tasks and processes requested by the judicial system.

The independent variables in this study included incident characteristics, survivor characteristics, services utilized, and the quality of services utilized. Incident characteristics included the relationship between the victim and offender, whether a weapon was used, whether the victim was injured during the assault, and whether alcohol or drugs were involved on the part of the victim, the assailant, or both. Survivor characteristics included age, race/ethnicity, relationship status, employment, number of children, education status, past assaults, and substance use at the time of assault. Services listed in the interview protocol were advocacy, mental health, forensic medical, non-forensic medical, law enforcement, and legal services. The quality of services was defined as the survivor's perception of the helpfulness of services, her knowledge of the provider, and whether the survivor felt that she received enough of the service.

Measures. Because this research fills a significant gap in the literature, there was only one existing standardized measure that could be used for this study. All remaining measures were developed by this researcher. When variables were the same, operational

definitions from either Campbell's[2] (1998) research or from the Center for Disease Control's data element definitions (Basile & Saltzman, 2009) were used so that findings could be built upon and associated with existing research. The measures in Table 4 are described below.

Table 4
Summary of Measures

Variables	Measure
Incident Characteristics	Questions included relationship to offender, use of alcohol or drugs by assailant or victim at the time of the assault, use of drugs to facilitate the assault, location, weapon use, injury, condom use and number of offenders.
Survivor Characteristics	Questions included age, relationship status, and employment, number of children, education status, and past assaults.
Service Utilization	Participants answered yes or no to receiving advocacy, mental health, forensic medical, law enforcement, or legal services.
Service Quality	Included nine statements about quality and respondents rated their agreement (1 to 6 scale).
Willingness to Participate	Questions asked how willing they were (1 to 4 scale) to participate in twelve steps in the judicial process.
Social Reactions Questionnaire	Standardized measure by Ullman (2000), 48 items measuring positive and negative reactions experienced post-assault.

*Incident characteristics.*Data about characteristics known to be associated with victim decision making were collected using the interview protocol and included the number of assailants, relationship between the offender and victim, physical injury sustained by the victim, and use of a weapon cduring the assault (Campbell, 1998; Greenberg & Ruback, 1985; Kerstetter, 1990; Skelton & Burkhart, 1980). Other incident characteristics for exploration included the ethnicity and age of the assailant, location of

[2] *Dr. Campbell provided a copy of her interview protocol to the researcher*.

the assault, and the use of drugs and/or alcohol by the survivor or assailant (DOJ BJA, 2005; Fieldman-Summers & Ashworth, 1982; Lizotte, 1985; Rothbaum et al., 1992).

Survivor characteristics. Victim characteristics at the time of the assault, associated with post-assault decision making collected in the interview, included marital status, age, education level, number of children, employment status, income level, and alcohol or drug use.

Service utilization. Service utilization was measured by asking participants if they had received advocacy, mental health, forensic medical (nurse and doctor), non-forensic medical, law enforcement, and/or legal services at the time of the assault (yes or no) and at a later time (yes or no). The victim-centered coordinated response model considers advocates, law enforcement, forensic nurses or doctors, and district attorneys as first responders and therefore core service providers (Campbell, 2005; Ledray, 1996; OASTF, 2002, 2006). Mental health providers are included because research has documented that their work with survivors can influence decisions to report or participate (Cluss et al., 1983; Greenberg & Ruback, 1985; Kilpatrick & Acierno, 2003; Steketee & Austin, 1989). The participants were provided definitions of services based on the literature about the role of core service providers in a victim-centered coordinated response model and services that have been shown to be effective in addressing survivor needs and concerns (Campbell, 1998; Ledray, 1996; OASTF, 2002, 2006).

In addition, the respondents were asked about the nature of their service utilization. Participants were asked how they made contact with the provider, what types

of services and information they received, who provided the service, when the service was provided in relation to the assault, and the frequency and duration of services.

Service quality. For each service provided, participants rated its quality on a 6-point scale (1 = Strongly Disagree to 6 = Strongly Agree). The *quality of services* was defined by the participant's perception that the provider did the following (see Appendix B):

- Was knowledgeable about sexual assault.
- Treated the survivor with respect.
- Was responsive to the survivor's needs.
- Provided the survivor with needed information.
- Provided helpful services.
- Kept the survivor informed about decisions, options, and the status of the case.
- Did what the survivor wanted.
- Provided enough service.
- Informed the survivor of her rights as a victim of crime.

These service characteristics were used to define quality because they are the tenets of a victim-centered versus system-centered model for response (OASTF, 2002, 2006). These service characteristics are also known to influence survivors' decisions to report and participate in the judicial system (Campbell, 1998; Campbell et al., 2013; Frazier & Haney, 1996; Greenberg & Ruback, 1985; Steketee & Austin, 1989). In addition to the above service characteristics, participants were asked about their overall satisfaction with each service provider. Cronbach's alpha for the 10-item scale was .97.

Willingness to participate. The dependent variable for this study was a survivor's willingness to participate in the judicial system. A scale was developed to measure *willingness to participate* in the judicial process (see Appendix A). Participants were asked, at the time of the assault, how willing they were (1= not at all willing, 2 =

probably not willing, 3 = probably willing, 4 = very willing) to participate in 13 different events related to the judicial process. *Willing* was explained as meaning that at the time of the assault, she would have been willing to complete this task, even if it was not offered in reality. The events selected for the scale are related to the legal steps for prosecuting a rape case such as reporting, identifying the assailant, completing a sexual assault nurse examination, having the case investigated, testifying, and giving a victim's statement. The events are sequential for prosecuting a rape case. There is no existing reliability or validity assessed for this instrument. Item 9, *Participate in a photo laydown*, was removed because it was confusing and redundant to item 2, *willing to identify the assailant*. The scale was highly reliable (12 items, $\alpha = .97$).

Social Reactions Questionnaire. The Social Reactions Questionnaire (SRQ; Appendix C) is a 48-item scale developed specifically for survivors of sexual assault; it measures positive and negative reactions a survivor experienced from others post-assault (Ullman, 2000). There are five negative reaction subscales (blame, egocentric, control, treat different, and revenge) and two positive reactions subscale (emotional support/belief and tangible support/information). In the current study, the SRQ was highly reliable ($\alpha = .90$).

Analysis

The overarching purpose of this research was to learn more about survivors' willingness to participate in the judicial process. The steps necessary to prosecute a sexual assault build upon one another; a report is required for an investigation to occur and an investigation is required to advance to prosecution. However, a survivor's

willingness to participate in this process is more fluid, where a survivor may want to report but not be interviewed or she may want a forensic exam completed to store evidence but may not want to make a report. A survivor's being willing to participate in one step does not predict her willingness in other steps. Because the steps to prosecution are interconnected and willingness to participate is a fluid process, cluster analysis was used to answer the research question: *Are there clusters of survivors according to their responses to specific items on a Willingness to Participate scale?*

If clusters emerge from the data, analysis proceeds to the next question: *Are these clusters associated with forensic and non-forensic service utilization?* To answer this question, ANOVA and chi-square tests were conducted to explore differences among the three clusters. This analysis was limited by differences in sample size of the clusters, resulting in small cell sizes. For variables where a significant association emerged among the three clusters or where cell values were too small because of a polynomial dependent variable, post-hoc tests and chi-square were used to further explore relationships between pairs of two clusters and the variables. To examine whether clusters differed based on how services were experienced an ANOVA was conducted to compare mean scores across three clusters for the overall satisfaction question for each service received.

The final question—*What factors influence a survivor's decision to participate in the judicial system?*—was addressed by quantifying qualitative data. Survivors were asked what top three factors most influenced their level of willingness and then they were asked to identify the most influential. There are three primary steps to analyzing qualitative data including data reduction, data display, and reporting findings (Frechtling

& Sharp, 1997). Responses were coded until there were mutually exclusive coding categories. As recommended by Furman, Langer, Sanchez, and Negi (2007), this researcher returned after at least one week and recoded the question responses again to validate the coding strategy. The primary reasons by order of frequency are reported for each cluster.

Because cluster analysis is the primary analysis for this research, details about each step are described below. Cluster analysis was used to answer the primary research question: *Are there clusters of survivors according to their responses to specific items on a Willingness to Participate scale? Cluster analysis* refers to a broad range of procedures used to create classifications (Aldenderfer & Blashfield, 1984). A *clustering method* is a multivariate statistical procedure used to create homogeneous subgroups based on similarities (Aldenderfer & Blashfield, 1984; Lorr, 1983). Because this study focused on exploring whether there were any patterns, or groupings, of survivors (not variables) based on their responses for each of the 12 items on the Willingness to Participate scale, cluster analysis was an appropriate method.

Cluster analysis is an exploratory procedure that involves statistical procedures to identify numbers of clusters and then validate the stability of the clusters (Aldenderfer & Blashfield, 1984; Mooi & Sarstedt, 2011). Because cluster analysis is exploratory, there is mostly guidance, rather than rules, about how to make decisions (Mooi & Sarstedt, 2011). Throughout the clustering process, it is important to ask whether the results make sense based on theoretical assumptions. For example, a researcher may choose four rather

than five clusters based on previous literature and the study's focus (see Mooi & Sarstedt, 2011).

The first step in cluster analysis is to identify the clustering variables and address any missing data and outliers, as cluster analysis is sensitive to both. Data from the *Willingness to Participate* scale from all study participants were used to explore whether clusters emerged from the data. The second step is selecting a clustering procedure, either hierarchical or partitioning methods or a combination of both (Mooi & Sarstedt, 2011). This determines how clusters will be created. The important difference in these methods is when a case is assigned to a cluster. In a hierarchical method, when assigned, the case stays in that cluster, as contrasted with the partitioning method where cases continue to rotate through clusters based on their influence on the within-cluster variability (Everitt, Landau, & Leese, 2001; Mooi & Sarstedt, 2011). Partitioning methods require the researcher to know how many clusters into which to assign cases. This study used a combination method, hierarchical first to determine how many clusters to use in the second phase, a partitioning method that maximizes cluster stability and similarities within clusters.

The most common hierarchical method is called *agglomerative clustering*, wherein all cases begin as an individual cluster and then are assigned to each other based on a measure of dissimilarity or similarity (Everitt et al., 2001; Cluster Analysis, 2014; Mooi & Sarstedt, 2011). For this study, Euclidean distance was chosen as the dissimilarity measure, since the data are ordinal, followed by Ward's method, where cases are added to a cluster based on their contribution to small within-cluster variance

(Aldenderfer & Blashfield, 1984; Campbell, 1998; Lorr, 1983; Rapkin & Luke, 1993). Ward's method was chosen to optimize the variance within clusters and is the recommended technique when similar size groups are expected and there are no outliers (Aldenderfer & Blashfield, 1984). The results of these steps of the clustering process are presented in the next chapter.

Chapter 5: Results

Descriptive Results

Incident Data

Most survivors in this study (N=42, 93%) were assaulted by someone they knew. Assailants were mostly friends and family members (N=21, 47%) followed by partners (N=9, 20%), ex-partners (N=6, 13%), first date/dating service (N=5, 11%), and strangers (N=3, 6%). One woman was assaulted by a service provider. Twenty-nine assaults were described as a single incident, nine were a part of pattern of violence, and seven were part of a pattern of violence, but this incident was the first time a sexual assault had occurred. Most assaults (62.2%) resulted in physical injury including a cut throat, sexually transmitted infection, pregnancy resulting in an abortion, bite marks, black eyes and cut faces, choking, a concussion, and bruising. In 26.7% (N=12) of these cases, a weapon was used, with a knife being the most common (N=5) followed by the perpetrator's hand/arms or body (N=2) and the remaining weapons include a pipe, belts, needle, and a journal. Twenty-two (48.9%) participants reported that drugs were used to facilitate the assault; alcohol was reported the most followed by rohypnol, vicodin, and methamphetamine. Assaults occurred mostly in the survivor's residence (N=15, 33.3%) followed by the perpetrator's residence (N=12, 26.7%), an outside location (N=4, 8.9%), a car (N=5, 11.1%), a motel/hotel room (N=4, 8.9%), and shared housing (N=4, 8.9%). One survivor was assaulted in multiple locations.

Assailant Data

The ethnic composition of assailants as reported by survivors was Caucasian 55.6% (N=25), African American 26.7% (N=12), Hispanic 8.9% (N=4), Arab 4.4% (N=2), and unknown 4.4% (N=2). Assailants' ages at the time of the assault, as reported by the survivor, were most often between 20-29 years (35.6%, N=16) followed by 40-49 years (24.4%, N=11), 50-59 years (17.8%, N=8), 30-39 years (15.6% , N=7), and older than 60 years (2.2%, N=1). Survivors reported that 34 (75.5%) of the assailants were drinking and/or using drugs at the time of the assault. Of those, 23 (51.1%) assailants had had some alcohol and four of these were described as drunk. Twenty-one (47.7%) assailants were reported to have been using drugs at the time of the assault.

Legal Outcome Data

Thirty participants (66.7%) reported the assault. Thirteen of these 30 cases were investigated, 10 arrests were made, and nine assailants were prosecuted. Of those prosecuted, six entered a plea before a trial was completed, two completed a trial (one case had two trials because the first resulted in a hung jury), and in one case the charges were dropped before trial. Five assailants were sentenced to jail/prison ranging from 72 hours to 17 years, and the remaining four assailants were sentenced to probation or a batterer's intervention program or a combination of the two.

Service Utilization Data

The most frequently utilized service was law enforcement services (62.2%, N=28) followed by mental health services (55.6%, N=25). Eighteen (40%) participants received services from advocates, and 18 (40%) received services from district attorneys. Twelve

participants were provided a forensic nurse exam and eight received services from a medical doctor.

Cluster Results

Using the visual display of data produced at this stage (dendrogram, agglomeration schedule, and icicle diagram) in combination with theoretical assumptions, three clusters emerged. The hierarchical method was re-run specifying three clusters to which each case was assigned. Cluster member totals at this stage were Cluster 1 = 7, Cluster 2 = 20, and Cluster 3 = 19. The differences in means were reviewed for each cluster and were consistent with the study assumptions.

The centroids from these clusters were entered into an iterative partitioning procedure, K-means, to reduce the limitations of the hierarchical agglomerative methods and refine cluster membership (Aldenderfer & Blashfield, 1984; Lorr, 1983; see Campbell, 1998). At this stage cluster member totals were Cluster 1 = 9, Cluster 2 = 19, and Cluster 3 = 18. One case each from Cluster 2 and 3 moved into Cluster 1 during this refining process. In examining these two cases, the variability and range in the responses were consistent with a move into Cluster 1, which was defined as *Mixed*; Cluster 2 was defined as *Unwilling* and Cluster 3 as *Willing*.

The reliability and stability of this three-cluster solution was supported using the split-half test (Campbell, 1998; Everitt et al., 2001; Mooi & Sarstedt, 2011). Half of the cases were randomly selected and the same cluster analysis procedures were performed. The same three-cluster solution emerged even with a small sample size suggesting that the cluster solution was stable (Campbell, 1998; Luke, Rappaport, & Seidman, 1991).

Further indications of stability were that only one iteration was necessary to complete clustering and cluster means changed minimally between the initial and final cluster assignments. Using this two-step process for defining clusters in addition to the visual displays of data and the interest of the study, this three-cluster solution was accepted.

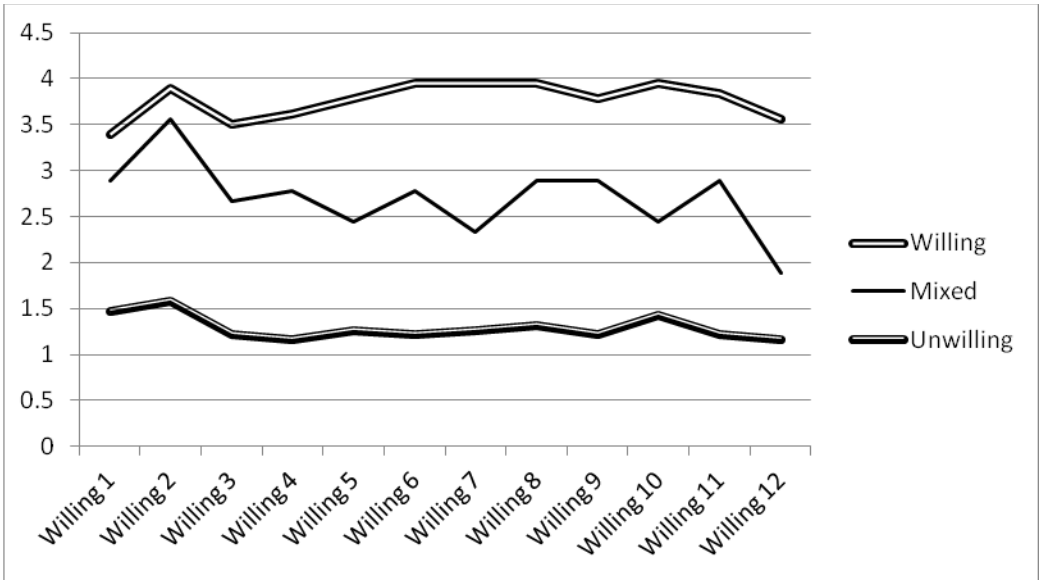

Figure 3. Willingness per Cluster.

Cluster Description

Willingness to participate. Cluster analysis was used to answer the primary research question: *Are there clusters of survivors according to their responses to specific items on a Willingness to Participate scale?* The cluster analysis revealed three groups of survivors differentiated by their patterns of responses for items on the *Willingness to Participate* scale (1=Not at All Willing and 4=Very Willing). The means and standard deviations for the total sample and each cluster are shown in Table 5. Per item mean scores for the entire sample ranged from 2.24 (SD = 1.27) to 2.87 (SD = 1.33). The activities that survivors were least willing to participate in were testifying in court

(M=2.24, SD=1.27), followed by having a sexual assault nurse exam (M = 2.39, SD = 1.34), and being interviewed by law enforcement (M = 2.43, SD = 1.31). Survivors were most willing to identify the assailant (M = 2.87, SD = 1.33) followed by having the assailant arrested (M = 2.65, SD = 1.34) and having the assailant sentenced to jail (M = 2.60, SD = 1.37).

Table 5
Mean and Standard Deviations for Each Item on the Willingness Scale per Cluster and Total Sample

Willingness to Participate	Cluster 1 N=19 Unwilling		Cluster 2 N=9 Mixed		Cluster 3 N=18 Willing		Total Sample N=46	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Have your case reported to LE*	1.47	.77	2.89	1.05	3.39	.91	2.50	1.24
Identify or describe the assailant	1.57	.90	3.55	1.01	3.89	.32	2.87	1.33
Have a rape kit completed	1.21	.42	2.67	1.32	3.50	.92	2.39	1.34
Be interviewed by law enforcement	1.15	.37	2.78	1.09	3.61	.70	2.43	1.31
Have charges pressed	1.26	.56	2.44	.88	3.78	.43	2.48	1.28
Have your case investigated	1.21	.42	2.78	1.09	3.94	.24	2.59	1.36
Have your case prosecuted	1.26	.56	2.33	1.00	3.94	.24	2.52	1.34
Have the assailant arrested	1.31	.67	2.89	.92	3.94	.23	2.65	1.34
Talk to the district attorney	1.21	.54	2.89	1.16	3.78	.55	2.54	1.36
Have the assailant sentenced to jail	1.42	.84	2.44	1.23	3.94	.24	2.60	1.37
Give a victim's statement	1.21	.42	2.89	1.27	3.83	.38	2.56	1.36
Testify in court	1.15	.37	1.89	1.05	3.56	.62	2.24	1.27

*LE = Law Enforcement

Cluster 1, with 19 members, is labeled *Unwilling* because the per-item mean scores for the 14 items on the *Willingness to Participate* scale were the lowest, ranging from 1.15 (SD = .37) to 1.57 (SD = .90). Cluster 3, with 18 members, is labeled *Willing* because per-item mean scores were the highest, ranging from 3.39 (SD = .91) to 3.94 (SD = .24). Cluster 2, with nine members, is labeled *Mixed* because unlike the consistency of scores across all items for the *Willing* and *Unwilling* clusters, this group of survivors had more variability with scores ranging from 1.89 (SD = 1.05) to 3.56 (SD = 1.01). Women in the *Mixed* cluster were most willing to described the assailant followed by having the case reported, having the assailant arrested, talking to the district attorney, and giving a

victim's statement. Survivors in this cluster were least willing to testify in court followed by having their case prosecuted, having charges pressed, and the assailant sentenced to jail.

Characteristics. The *Willing* cluster (N=18) is the only group where offenders included strangers. This group experienced more physical injuries and weapon use during the assault. Each survivor in the *Willing* group reported the assault and in eight (44%) of these cases an arrest was made. Assailants in these cases were more likely to get a sexual offense conviction and be incarcerated. This group received an average of 3.6 (range 0 to 4) services and similar to the *Mixed* group, they received an average of 1.22 (range 0 to 2) non-forensic services and an average of 2.38 forensic services (in contrast to an average of 1.7 of forensic services in the *Unwilling* cluster). Though the groups experienced a similar frequency of negative social reactions, the *Willing* cluster members reported the highest level (M=40.33, SD=11.03) of positive social reactions.

Similar to the other clusters, survivors in the *Unwilling* cluster (19 members) were mostly assaulted by a family member or a friend who was not considered a partner. Most assaults occurred in the survivor's or perpetrator's residence (77.7%). Only 6 (33.3%) survivors reported the assault and only one of these cases was prosecuted. This cluster received the fewest of services (M=.89, SD=1.02) and did not receive any forensic nursing services or medical services. The most frequent service utilized was mental health (38.9%). Only 11.1% (N=2) received advocacy services compared to 44.4% in the *Mixed* and 66.7% in the *Willing* clusters. Similar to the *Mixed* group, 55.6% respondents in the *Unwilling* cluster said that the offenders had been using drugs and/or alcohol at the

time of the assault. Like the other two clusters, more than 50 percent of the members of the *Unwilling* cluster experienced negative reactions post-assault while 33.6% reported positive post-assault reactions. Members in the *Unwilling* cluster reported the least amount of injury and weapon use and the most frequent reason given for their decisions about participation was the fear of not being believed by the system.

Compared to those in the *Willing* cluster, members of the *Mixed* cluster (N=9) were less likely to have experienced an injury (44.4%) or to have a weapon used in the assault (5.6%). Assaults most often occurred in the survivor' or assailant's residence (33.3%, N=3) followed by outside (22.2%, N=2), in shared housing (22.2%, N=2), in assailant's car (11.1%, N=1), and in a motel (11.1%, N=1). Most survivors in this cluster received mental health services (88.9%, N=8) followed by law enforcement (77.8%, N=7), district attorney (66.6%, N=6), advocate (44.4%, N=4), and forensic nurse (33.3%, N=3). Four survivors reported using some alcohol (44.4%) and only one survivor reported using drugs (11.1%) at the time of the assault. More than half (55.6%; N=5) of the offenders were reported as having used drugs and/or alcohol at the time of the assault. This group reported the most drug-facilitated sexual assaults (66.76%). This cluster also reported the highest frequency of negative post-assault reactions (59.77%) and the lowest frequency of positive post-assault reactions (26.88%).

Table 6
Variable Means and Percentages per Cluster

Variable	Cluster 1: Unwilling (N=18*)	Cluster 2: Mixed (N=9)	Cluster 3: Willing (N=18)	Total Sample (N=45)
Age of survivor	33.77	31.11	34.40	33.49
Offender known	55.6	44.4	38.9	93.3
Offender stranger	0	0	16.7	6.7
Injured	44.4	55.6	83.3	62.2
Weapon	5.6	22.2	50	26.7
Drug used to facilitate	44.4	66.76	44.4	48.9
Offender alcohol use	44.4	55.6	55.6	50
Offender drug use	55.6	55.6	33.3	46.7
Single assault	61.1	66.7	66.7	64
Residence**	68.4	44.4	50	60
Advocacy	11.1	44.4	66.7	40
Mental health	38.9	88.9	55.6	55.6
Forensic: SANE***	0	33.3	50	26.7
Forensic: medical	11.1	0	33.3	17.8
Law enforcement	22.2	77.8	94.4	62.2
District attorney	5.3	66.7	61.1	40
Reported assault	33.3	66.7	100	66.7
Survivor's decision to report	66.7	77.8	61.1	64.44
Assailant arrested	0	22.2	44.4	26.1
Case investigated	0	22.2	61.1	30.4
Case prosecuted	5.3	33.3	38.9	23.9
Percent of reported – prosecuted	17	50	39	36.67
Survivor alcohol	55.5	44.4	33.3	45.7
Survivor drug	22.2	11.1	11.1	15.2
Negative SRQ****	50.33	59.77	51.22	52.58
Positive SRQ	33.6	26.88	40.33	34.96
Total services received	.84	3.1	3.6	2.42
Total non-forensic services	.47	1.33	1.22	.96
Total forensic services	.37	1.7	2.38	1.47

*There are 19 members in Cluster 1 but only 18 had complete data. **Victim or assailant's residence. ***Sexual Assault Nurse Examiner and ****Social Reactions Questionnaire.

Cluster Comparisons

To explore relationships between the three cluster solution and several independent variables, chi-square or ANOVA tests were performed based on the level of

measurement for each variable. Table 7 summarizes the test results for each variable. No relationships were found among the three clusters for the variables of survivor race, negative social reactions, or difference in race between offender and survivor. Chi-square could not be computed for several variables because more than 20% of the cells had an expected count of less than five due to the small sample size and a polynomial outcome variable.

Results did reveal significant differences among clusters based on whether survivors reported the assault, were physically injured, and received advocacy, mental health, law enforcement, and district attorney services. A one-way ANOVA was conducted to compare the differences among the three clusters with five continuous variables including negative social reactions, positive social reactions, sum of services, sum of forensic services, and sum of non-forensic services. There were significant differences among clusters for all but the negative social reaction variable (see Table 7).

Table 7
Relationships between Variables and Three Cluster Solutions

Variables	χ2/F	df	p
Survivor Characteristics			
Assaulted >1 in lifetime	--	--	--
Employed	--	--	--
Race/ethnicity	.715	2	.699
Education status	--	--	--
Relationship to offender	--	--	--
Survivor alcohol use	--	--	--
Negative social reactions	.476	2	.624
Positive social reactions	4.183	2	.022*
Incident Characteristics			
Reported	18.00	2	.000**
Physical injury	6.003	2	.05*
Weapon used	--	--	--
Difference in race	5.398	2	.068
Services Received			
Advocacy	11.668	2	.003**
Mental health	6.075	2	.048*
Forensic nurse exam	--	--	--
Medical	--	--	--
Law enforcement	21.129	2	.000**
District attorney	15.667	2	.000**
Sum of services	19.364***	2	.000**
Sum of non-forensic	6.122	2	.005**
Sum of forensic	16.189	2	.000**

*p<.05, **p<.01, ***Welch statistic is reported because equal variances cannot be assumed; [--]statistic could not be calculated because of small sample size.

For variables that differed significantly among the three clusters, and for variables where sample size prevented analysis across the three clusters, further analysis was conducted. First post-hoc results for the ANOVA are presented in Table 8. Gabriel's procedure was selected because of different sample sizes across clusters (Field, 2009). Results from Gabriel's procedure were compared to other post-hoc procedures and results remained the same. Results indicated that members in the *Unwilling* cluster received fewer services compared to the other clusters but there was no difference in service utilization between the *Mixed* and *Willing* clusters. The *Mixed* cluster differed from the *Willing* cluster, with lower rates of experiencing positive post-assault social reactions.

Table 8
Post-hoc Comparisons

Comparisons	Mean Difference	Std. Error	95% CI Lower Bound	95% CI Upper Bound
Sum of Services				
Mixed vs. *Willing*	-.500	.658	-2.18	.982
Willing vs. *UnWilling*	2.722*	.478	1.53	3.93
Mixed vs. *UnWilling*	2.22*	.566	.741	3.70
Sum of Non-Forensic				
Mixed vs. *Willing*	.111	.292	-0619	.841
Willing vs. *UnWilling*	.722*	.239	.126	1.32
Mixed vs. *UnWilling*	.833*	.293	.103	1.56
Sum of Forensic				
Mixed vs. *Willing*	-.611	.437	-1.70	.479
Willing vs. *UnWilling*	2.00*	.357	1.11	2.88
Mixed vs. *UnWilling*	1.39*	.437	.299	2.48
Positive Social Reaction				
Mixed vs. *Willing*	-13.44*	4.76	-25.32	-1.15
Willing vs. *UnWilling*	6.72	3.89	-2.98	2.98
Mixed vs. *UnWilling*	-6.722	4.76	-18.61	5.15

Six variables (see Table 9) were significantly associated with the three cluster solution. Follow-up pairwise comparisons revealed that members in the *Willing* and *Unwilling* clusters differed on five of the six variables. The *Mixed* group differed from the *Willing* group only on whether the assault was reported, but the *Mixed* cluster differed from the *Unwilling* cluster with regard to the amount and type of services received. Survivors in the *Mixed* group received fewer mental health services and accessed more law enforcement and district attorney services.

Table 9

Pearson Chi-Square for Categorical Variables Associated in the Three Cluster Solution

Reported	X^2	df	p or Fishers Exact
Mixed vs. *Willing*	----	---	.029*
Willing vs. *Unwilling*	18.00	1	.000*
Mixed vs. *Unwilling*	2.70	1	.10
Physical Injury			
Mixed vs. *Willing*	---	---	.18
Willing vs. *Unwilling*	5.90	1	.02*
Mixed vs. *Unwilling*	---	--	.695
Mental Health Received			
Mixed vs. *Willing*	3.0	1	.083
Willing vs. *Unwilling*	1.00	1	.317
Mixed vs. *Unwilling*	6.08	1	.014*
Law Enforcement Received			
Mixed vs. *Willing*	---	---	.250
Willing vs. *Unwilling*	19.31	1	.000*
Mixed vs. *Unwilling*	7.67	1	.006*
District Attorney Received			
Mixed vs. *Willing*	.079	1	.778
Willing vs. *Unwilling*	13.15	1	.000*
Mixed vs. *Unwilling*	--	--	.001*
Advocacy Received			
Mixed vs. *Willing*	1.23	1	.268
Willing vs. *Unwilling*	11.69	1	.001*
Mixed vs. *Unwilling*	--	--	.136

Fischer's Exact reported when more than 20% of cells have expected count less than 5.

Variables where sample size prevented comparisons among three clusters were compared between each pair of clusters (see Table 10). Members in the *Willing* cluster differed from the *Unwilling* cluster but not from the *Mixed* cluster regarding the use of weapon, physical injury, arrest happened, and case prosecuted. Survivors in the *Mixed* cluster had significantly higher rates of forensic nurse exams than the *Unwilling* cluster.

Table 10
Results of Significant Relationships between Pairs of Clusters

Comparisons	X^2	df	P or Fischer's Exact
Weapon Used			
Mixed vs. *Willing*	1.92	1	.166
Willing vs. *Unwilling*	8.86	1	.003*
Mixed vs. *Unwilling*	--	--	.250
Forensic Nurse			
Mixed vs. *Willing*	.675	1	.411
Willing vs. *Unwilling*	--	--	.001*
Mixed vs. *Unwilling*	--	--	.029*
Arrest Made			
Mixed vs. *Willing*	--	--	.37
Willing vs. *Unwilling*	--	--	.019*
Mixed vs. *Unwilling*	--	--	.455
Prosecution Happened			
Mixed vs. *Willing*	.079	1	.778
Willing vs. *Unwilling*	--	--	.041*
Mixed vs. *Unwilling*	--	--	.093

Significant differences were found for several variables. The members in the *Willing* cluster more often reported the case, received advocacy, received a forensic nurse exam, and worked with law enforcement. *Willing* cluster members had significantly higher experiences with positive social reactions post-assault. The *Unwilling* cluster members rarely reported the assault and received the fewest of any services. The *Mixed* cluster members reported the least amount of positive reaction post-assault and received mental health services more than the *Unwilling* cluster. There were no differences between clusters regarding negative reactions experienced post-assault, but the *Mixed* (M=26.89, SD=9.09) and *Willing* (M=40.33, SD=11.03) clusters differed the most on positive reactions post-assault. The women in the *Willing* and *Mixed* clusters received

similar numbers of services (M=3.61, SD = 1.75 and M=3.11, SD = 1.54, respectively) versus the *Unwilling* cluster (M=.89, SD = 1.02).

To answer the research question *Are clusters associated with how non-forensic and forensic services were experienced?* a one-way ANOVA was conducted to test any differences in the mean score for the overall satisfaction question per each service received. Survivors were asked to measure their overall satisfaction with each service on a 1 to 6 scale with 6 being Very Satisfied. No significant differences were found among clusters (see Table 11) and no further analysis was conducted.

Table 11
Means and Summary of ANOVA Results For Overall Satisfaction per Service per Cluster

Cluster	N	Mean	SD	F (df)	P-value
Advocate 1					
Mixed	5	3.80	1.30	.15 (2)	.86
Unwilling	5	3.60	2.30		
Willing	12	4.16	2.21		
Advocate 2					
Mixed	2	4.50	2.12	.93(2)	.44
Unwilling	1	6.00	.		
Willing	7	5.57	.79		
Mental Health 1					
Mixed	8	4.00	2.33	1.41 (2)	.26
Unwilling	12	5.33	1.15		
Willing	11	4.91	1.81		
Mental Health 2					
Mixed	0	.	.	2.50 (1)	.67
Unwilling	3	4.33	2.88		
Willing	1	6.00	.		
Forensic Nurse					
Mixed	3	.67	6.81	1.71 (1)	.21
Unwilling	0	.	.		
Willing	10	3.50	1.71		
Uniform Officer					
Mixed	6	2.33	2.16	1.17 (2)	.33
Unwilling	4	2.25	2.50		
Willing	16	3.81	2.53		
Detective					
Mixed	5	4.40	2.70	.77 (2)	.48
Unwilling	1	1.00	.		
Willing	8	4.00	2.39		
District Attorney					
Mixed	3	2.66	2.89	.81 (2)	.48
Unwilling	1	6.00	.		
Willing	6	4.00	2.10		

Influencing Factors

To answer the final research question, *What factors influence a survivor's decision to participate in the judicial system?* survivors were asked to share three factors

that influenced their level of willingness to participate in the judicial process and to pick which of these was the most influential. These data were collected qualitatively and recoded into themes including safety concerns, not being believed or being judged, influence of someone else, no trust in the system or fear of the system, wanting offender held accountable, and other. The women in the *Mixed* and *Willing* clusters both reported safety concerns as the primary reason for their level of willingness to participate, and women in the *Unwilling* cluster was most concerned about not being believed or being judged by others (see Table 12 and Table 13).

Table 12
Frequency of Primary Reason for Participating per Cluster

	Unwilling % (n)	*Mixed* % (n)	*Willing* % (n)
Safety concerns	16.7% (3)	**33.3% (3)**	**29.4% (5)**
Not believed or judged	**33.3% (6)**	22.2% (2)	11.8% (2)
Influenced by someone else	11.1% (2)	22.2% (2)	23.5% (4)
No trust or fear of system	27.8% (5)	11.1% (1)	5.9% (1)
Holding offender accountability	5.6% (1)	11.1% (1)	17.6% (3)
Other	5.6% (1)	---	11.8% (2)

Table 13
Order by Frequency of Primary Reason for Willingness to Participate

Order by frequency	*Unwilling*	Mixed	Willing
1	Not believed or judged	Safety concerns	Safety concerns
2	No trust or fear of system	Not believed or judged	Influenced by someone else
3	Safety concerns	Influenced by someone else	Holding offender accountable
4	Influenced by someone else	No trust or fear in system	Not believed or judged
5	Holding offender accountable	Holding offender accountable	Other[2]
6	Other[1]	-------	No trust or fear of system.

[1]"I was worried about him" [2]"I felt he couldn't hurt me anymore" and "…because how strategic he was"

Chapter 6: Discussion and Conclusion

Summary of Findings

In response to the primary research question, results indicated that survivors do cluster according to their responses to specific items on a Willingness to Participate scale. Three clusters emerged: a group of survivors who were willing to participate in the entire judicial process, a group of survivors unwilling to participate in the judicial process, and an interesting although small group of survivors who were more varied across the tasks needed to participate in prosecution. Members in the *Willing* cluster differed from the *Unwilling* cluster in the number of services received, use of a weapon, and percent of cases prosecuted. These differences are consistent with previous findings that reporting a case is more likely when the survivor believes that the case will be prosecuted. An interesting finding is the differences in the members of the *Mixed* and *Willing* clusters. These groups differed only in the number of cases reported and positive social reactions experienced after the assault. The survivors in the *Mixed* cluster were more willing to identify the assailant, have him arrested, and talk to the district attorney more so than assisting in evidence collection or having the assailant incarcerated. It is important to note this is a small group (N=9) of survivors; however, based on their characteristics, interventions to increase members' willingness to participate could focus on addressing their physical safety while letting them know they will be believed and supported throughout the process. This is a group where advocacy services could change a survivor's participation level.

If clusters emerged, follow-up questions of interest focused on whether these clusters differed based on service utilization and how these services were experienced.

The women in the *Willing* and *Mixed* clusters received significantly more of each service than women in the *Unwilling* cluster. This finding requires further examination to disentangle the correlations between services. For example, all but two survivors who received advocacy received it within hours of the assault and they also received a sexual assault nurse exam. It is likely that going to the hospital for the forensic nurse exam prompted the availability of other services. Survivors who had forensic nurse exams also were more likely to have been injured and because of this, it is likely services were offered more often because it was a more prosecutable case. The final research question explored reasons that survivors participated in the judicial system. These findings support previous studies that suggested that participation is influenced by a survivor's belief in the system's ability to protect her and willingness to believe her. It is plausible that survivors who did not participate, especially considering the poor judicial outcomes, made the right choice for their safety and well-being.

Judicial outcomes for sexual assault cases have changed very little over the past few decades. Of non-property crimes, sexual assault is still the least reported, investigated, and prosecuted (Campbell et al., 2013; Daly & Bouhours, 2010). Likewise, the literature focusing on rape has not documented significant changes in societal attitudes or structural responses in the prevention, treatment, or accountability policies and practices related to sexual assault. Current theories about rape propose that political and cultural norms are key contributors to rape; yet public and private responses to sexual assault often assume the stance that sexual assault is caused by and impacts only individuals. Contextual factors remain unacknowledged. Redefining rape as a violent

crime perpetrated to gain power and control over another was an important contribution of the feminist movement in the 1960-70s (Koss et al., 1987). While this shift propelled sexual assault into the judicial system, there has not been a widespread change in social attitudes. The structure of the judicial system continues to be complicit in perpetuating the myth that a rape is "real" only when perpetrated by a stranger or when the victim physically fought back, was injured, reported immediately, and did all she could to prosecute the offender (Anders & Christopher, 2011; Frohman, 1991; Seidman & Vickers, 2005).

This myth is also reflected in "victim unwilling to participate in the prosecution process" as a common explanation for poor judicial outcomes (Anders & Christopher, 2011; Daly & Bouhours, 2010). The findings from the current study challenge this reasoning. The attrition literature (Daly & Bouhours, 2011) suggests that survivors drop out at different stages of prosecution, implying that there are multiple groupings of possible explanations for nonparticipation. However, the current study found only three distinct clusters of survivors: 1) survivors not at all willing to participate and who did not engage in the system; 2) survivors reporting the assault and who were very willing to proceed through all prosecution tasks; and 3) survivors whose willingness to participate varied across tasks in the prosecution process. The finding that when survivors report their assault they are mostly willing to aid in the entire prosecution process challenges the prevailing notion within the system that once sexual assault is reported, victims' unwillingness to participate is the primary reason for poor judicial outcomes.

An interesting observation in this current study is that even when victims are willing to participate in the process, judicial outcomes remain poor. These results point toward the limitations and failings of the judicial system as explanations for the high attrition rates of sexual assault cases, rather than the failings or lack of cooperation of victims. Instead of further documenting *victim unwillingness* as the primary reason for not advancing cases through the judicial system, research is needed to document systemic failures such as unable to gather evidence, locate offender, secure an admission, or effectively engage the survivor.

In addition to investigating the judicial system's inability to effectively engage survivors, a re-examination of the burden on survivors to participate is warranted. Suggestions have been made to refocus resources on improving methods, such as interviewing techniques and negotiation skills; and increasing incentives, such as restorative justice alternatives to incarceration, for early admission of guilt (Daly & Bouhours,, 2010; Koss & Achilles, 2008; Seidman & Vickers, 2005). This would reduce the pressure on survivors as the main (and often the sole) source of evidence.

Results from this study also indicate that survivors themselves subscribe to rape myths. Both the *Mixed* and *Unwilling* clusters reported that fear of not being believed was a reason for not participating in the system. As discussed earlier, the myth of "real rape" is pervasive as is the standard practice of burdening the victim with proof of "real rape" (see Anders & Christopher, 2011; Campbell, 2006; Daly & Bouhours, 2010; Koss et al., 1987). Survivors in the *Mixed* cluster were also concerned about safety while

participating. Both of these clusters reported low rates of positive post-assault responses from others.

Seidman and Vickers (2005) stated that survivors "deserve more from the legal system than just a prosecution" and that choosing to prosecute should not be more detrimental than not prosecuting (p. 47). Reframing outcomes to include, with equal standing, survivors' satisfaction with the process holds district attorneys, law enforcement, and service providers accountable in new ways and aims to rebuild a faulty system. If from the beginning, survivors knew they would be supported and cared for regardless of prosecution status, there could be an increase in both participation and survivor health and wellness. Provision of a comprehensive plan for supporting survivors should include but not be limited to economic stability, safe housing, immigration reform, and independent legal representation (see Seidman & Vickers, 2005). Survivor support would not be considered an auxiliary service but instead would be acknowledged as a necessary service to both care for the survivor and to aid in prosecution and would be required throughout the judicial process, post-adjudication, and/or when cases are dropped. Seidman & Vickers (2005) recommended establishing a national database that accurately documents reasons for the dismissal of cases as a means of further holding the system accountable.

There is a critical need to return to earlier efforts of the anti-rape movement, which centered on dispelling the myths about rape by finding ways to educate the public and thereby educate future jurors about sexual assault. Unless the judicial system takes a lead role in this education through changes in its own policies and practices, such efforts

will fail. Until social-cultural beliefs in rape myths are deconstructed and dismantled, advocacy must intensify to address victim well-being and offender accountability outcomes. Advocates have been found to be more helpful and available compared to other sources of support especially for survivors whose experience does not fit society's idea of "real rape" (Campbell, 2006, Campbell, et al., 2013).

Limitations

Although these findings contribute to our understanding about survivors' willingness to participate in the judicial system, this study has several limitations. Even though participants were recruited through a variety of methods including print, radio, and electronic media, those who were interviewed for the study do not represent the entire population of survivors and therefore generalizability is limited. Survivors who do not speak English and/or were not able to access the recruitment materials were not included. Also, recruitment strategies designed to assure that there would be some study participants who had experience with the judicial system resulted in over-representation of those who reported. Since most survivors never tell about their assault, it is likely that the study sample does not represent the population of sexual assault victims. The small sample size also limits generalizability and restricted the types of analytic procedures that could be used.

Furthermore, because of the exploratory nature of this design and the use of cluster analysis, findings should be used primarily to inform further research and cannot be generalized beyond the sample. There are many strengths of cluster analysis that are especially relevant for social work research including capturing the diversity and the

complexity of relationships between variables within a group of people. For example in this study, the *Mixed* cluster was noticed as a result of cluster analysis. Cluster analysis is also helpful for social work research by grouping people versus variables, being person-centered, and being more intuitive in the application to practice (Mowbray et al., 1993; Rapkin & Luke, 1993). For example cluster analysis can be helpful for social work programs, by grouping individuals, when deciding how to distribute resources to meet the greatest need. However, cluster analysis is limited to the goal of exploration because results are sensitive to the decisions made by the researcher at each step of the analysis, including variables chosen to include in the analysis, as well as missing data and outliers. It is important when using cluster analysis to have a theoretical foundation to guide decisions and to interpret results. Although these limitations prevent generalizing the results beyond the sample, cluster analysis can be used to better understand a population, inform future research, and with a large enough sample, clusters can be used as a dependent variable in regression analysis.

Other methodological limitations exist. Having only one person who collected and reviewed the data should be noted. Although it would have been preferable to have more than one interviewer to assess methods and interpret qualitative data, paying and training interviewers to conduct these sensitive interviews and to take care of themselves was beyond the resources of this research endeavor. Additional methodological limitations include investigator-developed measures and the use of retrospective data.

Implications

Future research should primarily focus on how the polices and practice of systems perpetuate myths about sexual assault and how this contributes to judicial outcomes. However, research that builds evidence to challenge the notion that survivors are responsible for judicial outcomes will continue to be necessary to change the attitudes and beliefs of those in the judicial system. Attempts to improve survivors' experiences with the judicial process should be guided by recommendations solicited directly from survivors about what was helpful and hurtful about this process. It may also be beneficial when considering reform efforts to know how survivors feel about whether their case progressed (or not) through the judicial system. Research about the outcomes of victim-centered coordinated response programs (such as a SART) continue to be needed. Outcomes would include not only survivor satisfaction and judicial disposition but also how/whether attitudes and knowledge of team members change as a result of working on a coordinated team.

Research about strategies that work to change attitudes and beliefs about sexual assault are of particular interest based on the findings of this current study. It is these changes in cultural norms that may have the most impact on survivor wellness outcomes and offender accountability. Research on restorative justice practices and the outcomes for survivors, offenders, and communities is also warranted but must incorporate the voice of survivors, especially related to the ethics of these practices. Finally, we need information about the impact of policy or legislative changes that increase accessibility to resources for survivors regardless of whether their cases proceed to prosecution.

Implications for social work practice include providing comprehensive services to survivors, challenging policies and practices that perpetuate rape myths, and refocusing research and practices to focus on changing cultural beliefs about sexual assault instead of on survivor behaviors. Social workers should consider advocating for the comprehensive plan proposed by Seidman and Vickers (2005), which outlines multiple micro- and macro-level interventions intended to protect survivors physically, emotionally, and financially. Until the justice system is able to adequately represent the needs and rights of survivors, social workers should be trained to advocate to protect these rights in the judicial process.

Interventions for survivors alone are not sufficient to improve organizational and system responses to this social problem. Social workers must also work to change policies and practices that create barriers to justice and services for survivors. For example, social workers can challenge policies that link the access to resources to a survivor's willingness to aid in prosecutions as is the case in all state victim compensation programs. In addition, social workers can advocate that law enforcement and district attorneys not be allowed to record *unwilling to participate* when closing a case without proper effort or documentation. They can also assist in developing standards for when *unwilling to participate* is an acceptable case disposition. For example in Portland, Oregon, a city audit on police response to sexual assault recommended that policies be revised to require "detectives to make one last attempt to contact victims after periods of inactivity before closing a case" (Griffin-Valade, Kahn, & Gavette, 2014, p. 18).

Social workers can also contribute to developing innovative strategies to address systemic prejudices and barriers for survivors. This includes researching the effects of restorative justice options as proposed by Koss and Acilles (2008) and Daly and Bouhours (2010). These strategies may be especially helpful in securing an earlier admission of guilt, thereby reducing the burden on victims. Alternatives to traditional judicial interventions may also be particularly helpful for survivors from cultures for which the justice system has historically been oppressive. Efforts to change societal beliefs and attitudes seem daunting. However, recent campus initiatives in response to increasing public concern about both the numbers of rapes reported on campuses and the lack of response by institutions are worthy of attention as a way to shift social norms. In particular is California's recent "Yes means Yes" law, which requires proof of consent versus proof of defense to define sexual assault (Chappel, 2014).

Final Thoughts

My motivation for this study was to generate knowledge that would contribute to ending rape and sexual assault. A widely discussed intervention strategy toward the accomplishment of this goal is to increase judicial interventions. This assumes that by combining judicial interventions with primary prevention efforts, sexual assault will be reduced. I was interested in studying victims' unwillingness to participate in the judicial process because it is the primary reason repeatedly identified for the failure of judicial outcomes and it is reasonable to assume that social work interventions can improve these outcomes. Exploration into this explanation of judicial failure has been both frustrating and enlightening. As a result of these findings, I must revisit the conceptual framework I

developed to consider if it is still helpful in understanding how to best respond to sexual assault. I do believe the framework is still a valid illustration of a coordinated response; however, its impact on reducing rape has to be called into question. What I have learned in listening to survivors' stories is that willingness is necessary but not sufficient for judicial interventions and positive supports are helpful to support willingness but are also not sufficient. Any improvement in outcomes is likely going to require a return to what the radical feminist movement was successful in illuminating: that change must start with the systems, not with individuals.

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Appendix A

Willingness to Participate Scale

SECTION 4: WILLINGNESS

The set of questions deal with your involvement (or lack there of) with the criminal justice system. First I am going to read out typical steps or events that happen in the criminal justice system and I would like to know if you wanted the event to happen and were willing to assist as needed and then if it actually happened.

At the time of the assault how willing were you to	Not at All Willing	Probably Not Willing	Somewhat Willing	Very Willing	Did this happen? YES	Did this happen? NO	Did this change?
1.Have your case reported to LE	1	2	3	4			
2. Identify or describe the assailant.	1	2	3	4			
3. Have a rape kit completed	1	2	3	4			
4.Be interviewed by law enforcement	1	2	3	4			
5. Have charges pressed	1	2	3	4			
6. Have your case investigated.	1	2	3	4			
7.Have your case prosecuted	1	2	3	4			
8.Have the assailant arrested	1	2	3	4			
9. Participate in a	1	2	3	4			

photo lay down.							
11.Talk to the district attorney	1	2	3	4			
12. Have the assailant sentenced to jail	1	2	3	4			
13. Give a victim's statement	1	2	3	4			
14. Testify in court	1	2	3	4			
Overall	**Not at All Willing**	**Only A little Willing**	**Somewhat Willing**	**Very Willing**			
Overall how willing were you to participate in the criminal justice system?	1	2	3	4			

Appendix B

Quality of Service Scale

Give the participant the rating scale index card. ***I am now going to read off statements about the services you received from the advocate and I would like to know how much you agree or disagree with each statement - 1 means you strongly disagree and 6 means you strongly agree.***

Advocacy	Strongly Disagree	Strongly Agree
The Advocate was knowledgeable about sexual assault.	**1……..2……..3……..4……..5……..6**	
The Advocate treated me with respect.	**1……..2……..3……..4……..5……..6**	
The Advocate was responsive to my needs.	**1……..2……..3……..4……..5……..6**	
The Advocate provided me with the information I needed to make decisions.	**1……..2……..3……..4……..5……..6**	
The services provided by the Advocate were helpful.	**1……..2……..3……..4……..5……..6**	
The Advocate kept me informed and updated about my case.	**1……..2……..3……..4……..5……..6**	
The Advocate supported my decisions.	**1……..2……..3……..4……..5……..6**	
The Advocate informed me of my rights as a victim of a crime.	**1……..2……..3……..4……..5……..6**	
The Advocate provided me with enough service.	**1……..2……..3……..4……..5……..6**	
	Not at All Satisfied	**Very Satisfied**
Overall how satisfied were you with advocacy services.	**1……..2……..3……..4……..5……..6**	

Summary:

Can you tell me about what was helpful about these services?
Can you tell me about what was not helpful about these services?
Do you feel you got enough of this service? If not why?
What could be done to improve services provided by an advocate?