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Abstract

Many rape survivors seek help from the legal and medical systems post-assault. Previous studies have examined how social system personnel treat survivors, but less attention has been paid to how survivors attempt to shape their interactions with these systems. The purpose of this qualitative study was to examine rape survivors' agency—the active process in which they engaged to alter their experiences with the legal and medical systems. In-depth face-to-face interviews were conducted with 20 female rape survivors who had contact with the police and a Sexual Assault Nurse Examiner (SANE) program. Analytic induction was the guiding analytic approach. Findings indicate that this group of survivors engaged in three agentic processes in their interactions with the legal and medical systems: compliance in order to increase the likelihood their case would achieve what they deemed to be a successful outcome, defiance through noncompliance in order to protect themselves from further harm, and defiance by challenging the response to their case in order to alter the response to their case. Based on these findings, possible strategies for facilitating survivors' participation and agency during their help-seeking experiences (e.g., systemic changes to empower survivors, improving the responsiveness of system personnel to survivors' needs) are discussed. Implications may be of particular interest to rape-victim advocates and legal and medical personnel.

Keywords

rape, violent crime, agency, instrumentality, legal processes, legal personnel, law enforcement personnel, medical personnel, advocacy

National epidemiological data indicate that 17–25% of adult women have been raped in their lifetimes (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987; Tjaden & Thoennes, 2006). A substantial proportion of rape victims seek help post-assault from formal social systems, such as the legal, medical, and mental health systems (e.g., Ahrens, Cabral, & Abeling, 2009; Fisher, Daigle, Cullen, & Turner, 2003; Monroe et al., 2005; Rennison, 2002; Tjaden & Thoennes, 2006; Ullman, 2007). If survivors do seek help immediately after the assault, they are most likely to interact with the legal or medical systems (Martin, 2005). To date, most studies of the interaction between rape victims and social systems have focused on the behaviors of social system personnel and how they shape the cases they process (e.g., Du Mont & Parnis, 2001). The purpose of our study is to explore survivors' interactions with the legal and medical systems by examining how survivors expressed their agency (i.e., how they attempted to shape their experiences) within these two systems post-assault. First, we will discuss studies of the legal and medical systems' responses to survivors, next we will provide a theoretical discussion of the concept of agency, and finally we will conclude with a review of the few studies that have examined survivors' agency during their post-assault help-seeking experiences.

The existing literature on the legal and medical systems' responses to survivors has shown that typically most survivors'

experiences are more hurtful than helpful (Campbell, 2005; Campbell & Raja, 2005; Campbell et al., 1999; Ullman, 1996). In fact, survivors are frequently denied the very assistance they seek. Studies have shown that the majority of sexual assault cases are never prosecuted, and only a small proportion (approximately 12%) results in conviction of the offender (see Campbell, 2008, for a review). The medical system also exhibits gaps in services for rape survivors. Between 40 and 80% of rape survivors who seek help from traditional emergency departments do not receive basic services such as medication to prevent sexually transmitted infections or emergency contraception (e.g., Amey & Bishai, 2002; Campbell, 2005; Campbell & Bybee, 1997; Campbell & Raja, 2005; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Monroe et al., 2005; Rovi & Shimoni, 2002).

In addition to problems accessing the services they seek, many survivors are treated poorly by system personnel. This

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phenomenon has been termed *secondary victimization* and includes a variety of negative behaviors in which system personnel may engage and that serve to exacerbate the trauma of the rape (Campbell & Raja, 1999; Williams, 1984). Such behaviors include expressing disbelief that the survivor was raped, blaming the survivor for the assault, and failing to treat the survivor with empathy and/or treating her in a cold manner (e.g., Campbell, 2005; Campbell & Raja, 1999; Martin, 2005). Secondary victimization is quite common; most studies find that the majority of survivors experience at least some degree of secondary victimization and/or dissatisfaction in their interactions with legal and medical system personnel (Campbell, 2005; Campbell & Raja, 2005; Campbell et al., 1999; Ullman, 1996).

Various community-based intervention models have emerged to address these problems with the legal and medical responses to sexual assault survivors. One such model is Sexual Assault Nurse Examiner (SANE) programs. SANE programs are staffed by highly trained forensic nurses who specialize in providing comprehensive care to rape survivors, attend to survivors' physical and mental health needs, and collect forensic evidence (Ledray, 1999; Littel, 2001). Prior research has found that SANE programs are highly effective in providing comprehensive, compassionate health care to rape survivors. SANE programs have also been shown to improve the quality of forensic evidence collection and increase prosecution rates (see Campbell, Patterson, & Lichty, 2005).

The extant literature has documented the many struggles rape survivors face when they turn to the legal and medical systems for help. However, this body of work has not adequately explained how the survivors themselves purposefully attempt to shape their experiences within these systems. In other words, how survivors exert their own *agency* within their interactions with legal and medical system personnel is not well understood. Barnes (2000, p. 25) defined agency by stating, "for an individual to possess agency is for her to possess internal powers and capacities, which through their exercise, make her an *active* entity, constantly intervening in the course of events around her." There is an extensive debate regarding whether social structures or individuals' agency drive human behavior. Our study is based on the position that structure and agency are not mutually exclusive, but rather both influence individuals' behavior. In essence, agency occurs within the context of social environments that impact human behavior (Archer, 2003; Barnes, 2000; Messerschmidt, 1993). Put another way, agency refers to the behaviors in which a person chooses to engage in order to shape his or her experiences within social structures in light of his or her understanding of the social structures that surround and constrain his or her options (Messerschmidt, 1993).

If the systems themselves are more powerful, why should we be concerned with individuals' agency? It is important to recognize that although people may be oppressed, and this oppression limits their life options, they are agents who have

purposes and intentions of their own and can take action accordingly (Mahoney, 1994). Rape survivors are victimized by rapists as well as by the social systems to which they turn for assistance, and prior research has already captured this aspect of their help-seeking experiences. However, it is also important to study survivors' agency—their actions and agendas as they interact with the legal and medical systems—in order to understand them as survivors with strengths who pursue their own ends. It is particularly important to recognize agency within the context of rape survivors' interactions with the legal and medical systems because these systems revictimize women and continue to limit survivors' power over their help-seeking experiences.

Two key studies by Konradi (2007) and Frohmann (1998) have examined survivors' agency during various stages of the legal process. Konradi (2007) conducted qualitative interviews with female rape survivors to examine their agency throughout the legal process, from the reporting and investigation of the case through the final stages of prosecution and sentencing. Konradi found that during the initial stages of the legal system, specifically the investigation by police/detectives, survivors contacted the police to find out what was happening with their case and what was expected of them as participants in the criminal justice process. They sought to provide more information that could bolster the case and/or to put pressure on legal personnel to take action on their case. In addition, survivors utilized a variety of strategies in preparation for court appearances and during testimony (e.g., dressing to look like a "good victim," rehearsing their story, managing their emotions while they testified). Survivors engaged in these behaviors to foster a good impression so that judges and juries would see them as a credible witness and to bolster the evidence in support of their case in order to obtain a conviction. Furthermore, they sought to manage the negative emotions and further trauma they associated with testifying (Konradi, 1996a, 1996b, 1999, 2007). Finally, during their participation in plea bargaining and sentencing, survivors made conscious efforts to be a part of the proceedings in order to provide information about the impact of the crime on their lives and give input on what they felt was a just punishment.

While Konradi's (2007) study examined survivors' experiences throughout all stages of the legal system, Frohmann's (1998) ethnographic observational study focused on the complaint filing interview between female survivors and the prosecutors who handled their cases. In this study, prosecutors used the victim interview to discuss the case with the survivor and determine whether a case should move forward. During these interviews, some survivors challenged the prosecuting attorney when the prosecutor characterized what happened to them as something other than sexual assault. They rejected this reframing of their experiences and argued with the attorney to try to get them to charge the assailant with a sexual assault crime. These behaviors documented by Konradi and Frohmann can be seen as strategies that survivors utilized

in various stages of the legal system process. In other words, women engaged in these agentic acts to shape their experiences within the legal system.

It is important to note, however, that both of these studies sampled women whose cases were prosecuted by the legal system, but as stated previously, most rape cases never make it to the final stage of the criminal justice system. In addition, there is evidence to suggest that victims whose cases do not go forward are treated differently by system personnel (Frohmann, 1998). Furthermore, these women must contend with what it means that their cases were denied prosecution. Therefore, it is important not only to focus on women whose cases were prosecuted but also to examine the experiences of women whose cases were *not* prosecuted in order to understand the distinctive ways that they navigate the legal system. In addition, the Konradi (2007) and Frohmann (1998) studies focused exclusively on the legal system, and there is no known literature on survivors' agency within the medical system. The medical system is an important step in the help-seeking process because the collection of medical forensic evidence can influence the legal outcome of cases. Moreover, how survivors are treated by medical personnel may impact their participation in the legal system. As such, survivors' experiences with the medical system warrant further attention.

The current study sought to build upon prior literature by examining rape survivors' expressions of agency during the medical forensic exam and the early stages of the legal system (up until prosecution). Agency, for the purpose of our study, is defined as the active processes in which rape survivors engage during their interactions with the legal and medical systems in order to shape their experiences within those systems. A behavior was classified as agentic if there was evidence that the survivor chose to behave with the explicit purpose of trying to alter her experiences with these systems. When survivors participated in their case because they were swept along by the system, or felt like things they did were happening to them (as opposed to actions they chose to take), we did not classify their behavior as agentic. Such behaviors are natural and common reactions to trauma; we do not wish to suggest that these women lacked agency, but rather we want to illustrate that those acts themselves were not analyzed as expressions of agency in this study.

In the past, studies of survivors of violence against women have utilized narrow definitions of agency—for example, characterizing battered women who leave their abusive partner as agentic and women who do not leave as non-agentic. This approach is problematic because it presumes that one choice is inherently preferable for all survivors and that others who fail to make this choice are lacking. We wished to avoid placing such value judgments on survivors' behavior by categorizing some behaviors as adaptive (and therefore agentic) and others as maladaptive (and therefore non-agentic). In sum, we chose to utilize an inclusive definition of agency that emphasizes survivors' choices and their purposeful attempts to

shape their experiences, while recognizing that some agentic efforts may have been more or less successful at achieving the outcomes desired.

The current study extends the existing literature by addressing two main research questions: (a) What active processes do rape survivors report that they used during their interactions with the medical system and the early stages of the legal system in order to shape their experiences within these systems? and (b) What were survivors trying to achieve by exerting their agency in these ways?

Method

Paradigm and Method

Our study was informed by feminist and post-positivist paradigms. Consistent with feminist research (Przybylowicz, Hartsock, & McCallum, 1989), our study focuses on understanding women's strengths—in this instance how rape victims exert their own will within the context of constraining social structures. From the post-positivist tradition, we chose a qualitative methodological framework because it is well suited for exploring understudied phenomenon as well as for uncovering underlying processes and how and why these processes unfold. Given our interest in understanding how and why survivors expressed their agency, interviewing survivors to understand their subjective experiences of their interactions with legal and medical system personnel was methodologically preferable. We anticipated that survivors' subjective perceptions of how system personnel handled their cases would drive their actions.

Research Site

Our study was part of a larger project that examined the impact of a SANE program on a criminal justice system's response to sexual assault (see Campbell, Bybee, Ford, Patterson, & Farrell, 2009). The SANE program is located in a geographically diverse county in the Midwestern United States. A highly trained forensic nurse is available 24 hr a day, 7 days a week to provide comprehensive medical services (e.g., medication to prevent pregnancy and sexually transmitted infections) and to collect and document evidence of the assault (e.g., detection of injuries, swabbing for DNA) for survivors of sexual assault. SANE nurses specialize in gathering state-of-the-art evidence and in providing compassionate care that is sensitive to the emotional, physical, and forensic needs of rape survivors. In addition, victim-advocates work in tandem with the nurses by providing crisis intervention, emotional support, information, and referrals to survivors. This program's guiding philosophy is that providing high quality patient care, not promoting legal action, is of utmost importance. As such, staff members do not try to persuade survivors to report to police or participate in prosecution. Instead, nurses and advocates are trained to support whichever choice(s) the survivor makes. The SANE program

and the research team engaged in several collaborative research and evaluation projects prior to our study, including a study on patient care and a study on SANE cases' legal outcomes (Campbell, Patterson, Adams, Diegel, & Coates, 2008; Patterson & Campbell, 2009).

Recruitment and Participants

The target sample for our study was adult female sexual assault survivors who: (a) received medical/forensic services from the focal SANE program, (b) were assaulted in the focal county, and (c) reported the assault to the police. Participants were recruited through two primary mechanisms: prospective recruitment of survivors who received services during the course of the study and retrospective community-based recruitment of survivors who had received services since the program opened.

For prospective recruitment, SANE program advocates were trained by the research team to provide survivors with basic information about our study. The advocates asked survivors to provide their contact information if they were willing to be called by the research team about the study. Patients who agreed to be contacted were telephoned by a research team assistant approximately 10 weeks after the date of the exam, which allowed time for contact by the criminal justice system. The study was described by SANE advocates and the research team as an opportunity for survivors to share their experiences with the legal and medical systems during a confidential interview with a supportive, highly trained female interviewer.

It was expected that prospective recruitment would not yield a sufficient sample size, given the limited number of eligible patients who would likely be served by the program during the course of the study; therefore retrospective recruitment was also utilized. The goal of this recruitment method was to inform *former patients* who met eligibility criteria about our study. It was not possible to contact former SANE patients using contact information from program records because it would have been inappropriate and potentially retraumatizing to contact sexual assault survivors "out of the blue" about a study related to their assault. Therefore, in order to reach former clientele, the research team systematically posted fliers and brochures advertising the study across the county in locations where survivors might go in their day-to-day lives (e.g., laundromats, grocery stores, hair and nail salons); sent out recruitment mailings to community residences; and posted fliers and brochures at social service agencies, including the rape crisis center and domestic violence shelter. These advertisements and mailings outlined eligibility criteria and encouraged eligible persons to call the research team if they were interested in participating in a confidential interview with a trained, supportive female interviewer.

Participant recruitment and interviewing continued until the sample size allowed for saturation, whereby the same

themes were repeated, with no new themes emerging among participants (Starks & Trinidad, 2007). The final sample size was 20 participants (with 10 women recruited through each strategy), which is a reasonable size for a qualitative study examining phenomena in depth (Creswell, 2007; Sandelowski, 1995).

The majority of participants were White (18 of 20, 90%) and 2 (10%) were African American. The racial makeup of our sample is consistent with the demographics of the focal county, which is over 85% White (United States Census Bureau, 2010); however, the lack of racial diversity in the focal community is a limitation of our study. The participants ranged from 18 to 53 years old at the time of the interview ($M = 28.05$ years old). The majority graduated from high school (16 of 20, 80%) and 2 (10%) had a college degree. Most of the women (40%) were raped by someone they knew. Of the 20 survivors, 8 were raped by a current or former intimate partner, 8 (40%) were raped by a nonintimate acquaintance, and 4 (20%) were assaulted by a stranger. Just over half (11 of 20, 55%) of survivors' criminal justice cases were never prosecuted. Of the remaining 9 survivors whose cases were prosecuted, 5 cases resulted in a plea bargain or guilty verdict, 1 case was acquitted by a jury, and the remaining 3 cases were pending trial at the time of the interview.

Procedures

Semistructured interviews were conducted by the Principal Investigator (PI) of the larger project and two highly trained research assistants (see Campbell et al., 2009, for specific description of training procedures). All three interviewers have extensive experience and training in working with rape survivors. Briefly, training covered the proper administration of the interview guide, qualitative interviewing skills (e.g., probing, facilitating disclosure, eliciting sufficient detail), strategies for addressing the participants' emotions, and interviewer self-care.

During the interview, survivors were asked questions about the assault itself, their choices to seek help from the legal and medical systems, their interactions with legal and medical system personnel, and their feelings about those interactions. The interview concluded by asking basic demographic questions. As is common in qualitative research, the interviewer relied upon an interview guide that included broad questions that were intended to ensure that key topics were covered by the interview and to prompt the participants to discuss their experiences in their own words. Sample questions included "How did you come into contact with the police?" "How did you come to get a medical/forensic exam?" and "What was your experience with the police officer/detective/nurse like?" The interviewer was free to alter the wording and change the order of questions and was expected to ask follow-up questions and probe to elicit sufficiently detailed answers.

Interviews were conducted face to face at the rape crisis center's counseling offices. Throughout data collection, the PI and the interviewers held weekly meetings to monitor interviewing techniques and discuss emerging themes to explore in future interviews. Interviews typically lasted 2 hr, but ranged from 1.5 to 4 hr. At the end of the interview, participants received an informational packet on community resources and \$30 as compensation for their time. With the participants' permission, all interviews were audiorecorded and fully transcribed. At the end of the project, findings were shared with SANE program staff and other community partners who respond to sexual assault victims (including legal system personnel).

Data Analyses

The guiding approach for the current study was analytic induction (Erickson, 1986; Robinson, 1951), which was selected because it moves the analyst beyond descriptive analyses to explaining the processes of interest. Analytic induction involves development of preliminary hypotheses, or assertions, to explain the phenomena of interest; systematically testing these assertions against the data for negative cases and/or inadequate support; and modifying, discarding, or revising assertions until a set of well-supported findings remains. In this way, analytic induction recognizes that the qualitative researcher cannot approach the data with an entirely open mind, free of any preconceptions or value systems affecting their beliefs about the data. Rather, these influences are tempered by the dedicated search for negative cases.

In our study, the analyst began by systematically chunking the data thematically, consistent with Miles and Huberman's (1994) data reduction methods. This step was used to enhance the step of drafting preliminary assertions. The themes that we identified during the coding phase were developed into assertions that sought to address the primary research questions. The use of coding to develop the assertions ensures that these preliminary hypotheses are grounded in a close, systematic examination of the data. Once the primary analyst developed a set of preliminary assertions (e.g., "survivors who participated in the system actively did so in order to increase the likelihood of their case progressing through the system"), the primary and the secondary analyst independently examined the data for the types of evidentiary inadequacy outlined by Erickson (1986; i.e., inadequate amount of evidence, inadequate variety of types of evidence, faulty interpretation of the data, inadequate opportunities for disconfirming evidence, and/or inadequate discrepant case analysis). Then the analysts met to discuss and come to consensus about the problems that needed to be addressed (e.g., the previous assertion did not capture the experience of a survivor who participated but was not trying to get her case to move forward). The primary analyst then discarded and revised assertions to address the inadequacies that they had

identified. The new set of assertions was then tested against the data again, searching for disconfirming and inadequate evidence. This was an iterative process, and the analysts went through the process of developing, testing, and revising their assertions several times. This process continued until both analysts felt that the final assertions were well supported and there was no disconfirming evidence. The final set of well-supported assertions became the three key findings of this study, which are presented in the Results section.

Integrity of Findings

Consistent with procedures recommended by Lincoln and Guba (1985) for post-positivist qualitative research, we used several strategies to enhance the confirmability, credibility, and dependability of our findings. To ensure that the findings were grounded in the data (confirmability), we modified traditional analytic induction to include the use of open coding in developing the assertions. This step, as well as repeated readings of the transcripts and note-taking in the margins, ensured that the analyst achieved deep immersion in the data prior to developing any assertions. Furthermore, during the analyses, we repeatedly conducted a systematic search of all the data for disconfirming evidence (negative case analysis) as well as lack of sufficient evidence to support the assertions until only findings that were well supported and had no disconfirming evidence in our data remained. In addition, confirmability was enhanced by the use of the second analyst. Both analysts tested the assertions against the data to ensure that they were supported, and during their meetings, the analysts discussed whether cases and quotes presented as evidence for findings truly supported those findings.

Use of a second analyst and a thorough negative case analysis also promotes *credibility*. Another method of demonstrating credibility is through prolonged engagement in the setting. Although direct observation of program services (i.e., sexual assault medical forensic exams) by research personnel is not appropriate, both authors have extensive experience as community-based volunteer sexual assault advocates. In that role, we have become very familiar with the challenges rape survivors encounter in the legal and medical systems. In addition, the research team had worked on multiple collaborative research projects with the focal SANE program prior to the inception of the present study. Rape victims and community personnel provided input into the interview questions, and all interviewers had extensive experience and training in working with survivors and the community response to rape. Furthermore, throughout the study, research team members regularly attended SANE program staff meetings. Finally, *dependability* or the stability of the research process is typically demonstrated through an audit trail. The analysts kept an audit trail documenting the various rounds of assertions, the problems that were identified with the assertions, and the corresponding revision. This audit trail was peer reviewed by two colleagues who are well versed in

qualitative methodology and experts in the field of violence against women.

Results

Survivors' agency in their interactions with the legal and medical systems manifested in three key ways (Research Question 1). First, survivors expressed their agency by *complying with the system*, which occurred when they purposefully chose to participate as expected of them by social system personnel. Second, survivors expressed agency by defying the system. Defiance occurred when survivors acted contrary to the ways the system expected them to act. This defiance manifested in two distinct ways. *Defiance through noncompliance* occurred when they chose not to participate in the way in which the system expected them to participate. In addition, survivors *defied the system through challenging* how social system personnel were handling their case. We should note that these types of agency were not mutually exclusive. The same woman may have engaged in all three types of agency during her various interactions with the legal and medical systems over time. In addition, these types of agency were quite comprehensive. Our study found that 19 of the 20 survivors in our sample exhibited one or more of these types of agency.

How survivors expressed their agency was directly related to what they were trying to achieve within their interactions with these systems (Research Question 2). Survivors who complied with the system did so because they were trying to obtain a desired outcome from the system (the specific outcome that was desired varied across survivors). Survivors who defied the system by not complying with what the system expected of them did so to protect themselves from further emotional and physical harm. Survivors who defied the system by challenging how the system was handling their case did so to try to change how their case was being handled by social system personnel. The results of our study are organized by type of agency exerted rather than by research question because the ways in which survivors exerted their agency (Research Question 1) was interdependent with the particular aims they were trying to achieve (Research Question 2). Throughout the presentation of our findings, pseudonyms are used to protect survivors' confidentiality.

Compliance With the System

Definition and examples. Compliance with the system was a common way in which survivors exerted agency during their interactions with the legal and medical systems (exhibited by 13 of the 20 survivors). In order to successfully prosecute sexual assault cases, the legal and medical systems need survivors to participate in various systems-related processes such as the telling of what happened during the assault (typically during an initial interview with a detective), the medical forensic exam, and the ongoing investigation of the case

(Martin, 2005). For some survivors, complying with the systems' expectations and demands was a purposeful, agentic act. These survivors participated because they wanted to, not because they were swept up into the system and never had the opportunity to make a conscious decision to participate. The term "compliance" should not be interpreted as a survivor passively doing what the system wanted. Rather, the survivors who expressed agency through compliance had goals of their own and believed that the best way to achieve their aims was to behave in ways that were consistent with what the system wanted.

Amanda is a 21-year-old White nursing student who was raped in her home by her ex-boyfriend. She understood the legal system's expectation and need for evidence and cooperated by taking active steps to preserve evidence while waiting for the police to respond to her call:

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

For other survivors, compliance went even further than understanding the system's needs and choosing to meet them. For them, compliance was a conscious choice to submit to anything and everything that social system personnel asked of them. They believed that if they were going to engage with these systems at all, it would be best to comply with everything that was asked of them. This was the case for Melissa, a 23-year-old White survivor of stranger rape. She described how she was still reliving the assault at the time she received medical care, but she chose to give up control to the nurse: "If you want this to be taken care of, you're not going to tell [the nurse] no. They're not going to hurt you. You know that."

Cathy, a 45-year-old White survivor held a similar belief. She initially had reservations about going through the legal process and had considered not reporting the assault because she knew the man who raped her, a neighbor, was moving away and she would not have to see him again. After discussing whether or not to report with her friends, she decided that she should report the assault because she wanted to prevent him from hurting other women. She described how the decision to report influenced her feelings about participating in the legal system: "Well the minute I called the police, [I thought] might as well go through the whole thing. I'm not going to let this son of a bitch stop me. I'm just going to go for it." Later in the interview she said, "And like I said, I didn't want to do this, but I'm going to do it, I'm going to do it. And so I did what everybody told me to do and how to do it and when to do it."

As these quotes illustrate, some survivors committed themselves to complying with the system fully by making

an active decision to do whatever was asked of them. But, others exhibited compliance by doing only some of what was expected of them. These survivors were compliant during some systems processes and noncompliant during others (e.g., a woman who was not fully compliant during the interview with detectives but was compliant during the forensic exam).

Associated goal. Survivors who engaged in compliance at some point during their interactions with the legal and medical system did so because they believed compliance during that time was the best strategy in the pursuit of their goals, based on their appraisals of the legal and medical systems and the response to their cases. All of the survivors who engaged in compliance, with one exception, were trying to achieve the same goal: some form of justice, usually punishment and/or treatment of the rapist, often because they wanted to prevent him from harming other women. The only exception was a survivor who believed pursuing prosecution of the rapist was futile, and instead she was trying to obtain the results of her forensic exam because she wanted to know what drug(s) had been used to incapacitate her during the assault.

An example of engaging in compliance in order to achieve justice and prevent the rapist from harming others was provided by Laura. Laura is a White woman who was 53 years old when she was raped by her neighbor. During the interview, she spoke about how she was emotionally affected by the assault and that afterward she would have preferred to stay home and take a shower. Instead, she complied with the system by getting a forensic exam because of her overriding desire to get the offender “off the street:”

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

Laura perceived that in order to achieve the outcome that she wanted she needed to comply with the system by submitting to evidence collection.

Amanda, a 21-year-old White nursing student who was raped by her ex-boyfriend in her home described why she was willing to let the police take her personal items:

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

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

In sum, survivors who engaged in compliance were active participants in their cases. These women purposefully chose to cooperate with what the system wanted from them. They believed that the best way to get what they wanted from the system was to do what was expected of them. In this way, their cooperation with the system was a means to an end—increasing the likelihood that they would get what they desired from the system.

Defiance Through Noncompliance

Definition and examples. In sharp contrast to compliance, a second way in which women exerted their agency was to defy the system. The term *defiant* is sometimes used to represent a willful and self-defeating act. In our study, we chose to use the term *defiant* to illustrate that survivors had goals and needs that were in opposition to the way in which the legal and medical systems had responded to their cases. In light of this opposition, these women chose not to follow the system’s course of action or support the systems’ personnel’s goals and expectations, but rather they acted in ways that they believed would help them achieve their own goals. Of the 20 survivors, 7 exhibited defiant agency by choosing *not* to comply with the system’s expectations for her participation. The legal and medical systems rely upon survivors’ participation in order to process cases—they need survivors to participate in the detective interview, forensic evidence collection, and so on (Martin, 2005) and have expectations for how survivors should participate in the forensic exam and the ongoing investigation of their case. Survivors exhibited defiance through noncompliance when they resisted participating in the way in which the system expected them to participate, either by refusing to participate or questioning the expectation. Sometimes survivors refused to do something social system personnel explicitly asked them to do. For example, Carrie, a 41-year-old White woman was drugged and raped by her husband while they were in the midst of divorce proceedings. She felt that the police did not believe her and would not move her case forward after she heard the police talking and joking with her ex-husband about the case and after her detective told her she did not have a case. She then defied the legal system’s expectations when she refused to turn over her computer to a detective who requested it as part of the investigation of her case because she believed they were trying to show that she was trying to set up her ex-husband with a false accusation.

Participant: [The detective] was asking for my computer system. He wanted to see my computer.

Interviewer: For what?

Participant: Because apparently while (rapist) had been talking to the detectives, he told the detectives that I had been planning all this. That I knew what date rape drugs were and that I had already looked it up and researched it on the computer and that if they took my computer away from me . . . So, I mean, but

[the detective] is going, “well I need to collect your computer.” I’m going, “for what?” Bring him on over to my house, I’ll show him history. And besides that I know that [the rapist] has had access to my house. So, I don’t know if he has even done anything to my computer . . . so the answer is no.

In other instances, survivors did *what* the system wanted them to do, but expressed their defiance by not doing things *how* social system personnel wanted them to. There are a variety of expectations (some spoken, some unspoken) about how survivors should participate in each of these parts of the process. For example, during the initial interview with the detectives, women who have been raped are asked to tell their story in detail, and they are often expected to be willing to retell their story multiple times and answer every question the detective poses with complete honesty. Some survivors exerted their agency by resisting these expectations and participating “on their own terms.” This response is illustrated by Tina, a 19-year-old White survivor who was raped by a close friend. She felt pressured by her family to report the assault. She had positive experiences with the responding officer but felt that the detective treated her with disbelief and was insensitive toward her emotions. She exerted her agency during her first interview with the detective by not disclosing all of the details of the assault:

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

Some survivors exhibited defiance through noncompliance by questioning *why* the system expected them to participate in a certain way. They did what they were expected to do because they believed that they were required to do so; however, they showed defiance by questioning why the system wanted them to participate in that way. For example, Jennifer is a 32-year-old White woman who was raped by her live-in boyfriend/father of her children. The police and the Emergency Medical Technician (EMT) who responded to Jennifer’s 911 emergency call told her that they had to press charges and therefore she had to get a forensic exam and had to get pictures taken of her genital area. Jennifer did not want the exam and did not want the pictures taken. Instead of outright refusal, she questioned the social system personnel for subjecting her to these actions:

[The rapist] and I had spent the entire day together . . . We had had consensual sex [prior to the assault] that day . . . and it’s like they [either the police and/or the responding emergency medical technician, unclear] wanted me to go have a rape kit done that night, and I’m like, “What do you think you’re gonna find? I’m telling you I had sex with this man earlier this afternoon. It was completely consensual . . . They

[the police and/or the EMT, unclear] wanted me to go to the SANE Clinic, they wouldn’t let me take a shower, which I thought was, again, was ridiculous, since he’s the father of my kids, you know, I didn’t understand that. I would know if I was hurt down there, and most of the assault was to my body, not private area, you know, and the taking of pictures of down here, I didn’t think that was really necessary. That was pretty humiliating . . . But she [the EMT] said she had to do it. I’m like, “Why do you have to do that?”

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

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

She ultimately participated as expected by submitting to the exam and the pictures, but she was noncompliant because she questioned their expectations for her participation.

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

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

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

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

Whereas this survivor (and others) sought to protect herself from emotional harm, Kristen, a 20-year-old White woman, engaged in noncompliance in order to protect herself from *physical* harm. Kristen attended a party thrown by her

ex-boyfriend. At the party, she was drugged and raped by the ex-boyfriend's friend; she believed that her boyfriend had set her up to be assaulted. After the assault, she received threatening calls telling her not to talk about the assault to the police. Although the police had already been contacted, she and her parents decided not to comply with the remainder of the police investigation in order to protect her from retaliation:

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

By withholding information about the location of the assault, the survivor sought to protect herself from potential physical retribution.

In summary, survivors refused to comply with the systems' expectations fully at times when they perceived that complying with the system would have resulted in further harm (e.g., when they felt they were treated with skepticism). By questioning and failing to comply with expectations surrounding their participation, survivors rejected what the system wanted them to do and instead pursued an alternate course of action (noncompliance) in which they engaged for their own purposes (emotional and/or physical self-protection).

Defiance Through Challenging the System's Response

Definition and examples. Survivors exhibited defiant agency through noncompliance, and they also showed defiance by challenging the system's response to their case. These two types of defiance are quite different. In defiance through noncompliance, survivors resisted how system personnel expected them to behave. When survivors engaged in "defiance through challenging the system's response," survivors were dissatisfied with the system's response to their case in some manner, and questioned, or made an attempt to change, the system's course of action—a response exhibited by nine survivors in our study. Such defiant agency did not occur during the medical forensic exam; it only occurred when survivors were unhappy with some aspect of the legal system's response to their case (e.g., failure to send their case on to be prosecuted, lack of effort put into investigation of the case, failure to keep the survivor informed about the status of her case) and tried to change the way their case was being handled. Most often, survivors were not successful in changing the system; regardless of the outcome of their action, or whether their strategy was based on misinformation regarding the operations of the legal system, a behavior was coded as defiant if the intent was to question and/or alter the legal response to their case.

Some survivors exhibited this form of agency by confronting legal system personnel's actions. An example is provided

by Jennifer, the 32-year-old White survivor who was raped by her long-term boyfriend/father of her children in their home. The police officer who took the report of Jennifer's assault wrote in his report that she stated that she cried out to her children for help during the assault. Jennifer confronted the officer because she believed that statements were inaccurate:

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

Jennifer also identified other inaccuracies in the report and was frustrated because she felt that the police were painting a false image of her and her reaction to ongoing domestic violence. In order to confront this problem, she argued with the officer about the inclusion of the statement in the report.

Amanda, the 21-year-old White survivor also confronted a police officer for acting in a way that she believed was unfair. She had been raped by her ex-boyfriend who was still living with her at the time of the assault. The officers appeared to believe her rapist and implied that what happened to her was consensual. She described confronting them for questioning her story and bringing up the fact that they had a previous (consensual) physical relationship:

[The officers] kept focusing on what [the rapist] had told them and what, what my reactions were to what he was doing. I said, listen, this is, you know, 'cause my shirt had been ripped. I said, "this should be enough to show you domestic violence. The fact that I'm burning in [the genital region], my piercings are ripped. I don't appreciate that. And you're saying that I liked him to do this? If me and him were together (consensually), this wouldn't have happened.

The survivor described her frustration with the officers for not treating her case seriously and for acting like it was a "he-said, she-said" situation, as opposed to a crime that was committed against her. Therefore, she confronted the officers for questioning her involvement during the assault and for focusing on what the rapist said had happened.

Survivors also confronted the system by arguing with the system's justification for action and/or inaction, most commonly by challenging the system's rationale for dropping their case. Cathy, the 45-year-old White survivor who had been raped by a neighbor who was about to move away, challenged the police for waiting to apprehend the suspect: "So, the detectives asked me all kinds of questions and I kept telling them, you know, if you don't get down there, he is going to be gone." She urged them to do what she wanted: to search for the rapist while they knew where he was.

Carrie, the 41-year-old White survivor, who was raped and drugged by her ex-husband, challenged the detective for accusing her of lying and telling her that she "did not have a case:"

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

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

In addition to directly confronting the system's response to their case, some survivors challenged the legal response by monitoring how their case was being handled. These survivors felt that the system was failing to keep them adequately informed about their case, and they challenged that course of action by asking system personnel for the information they wanted—such as what was being done to detain the suspect, what actions were being taken to investigate the case, what evidence had been found, and whether their case was being referred onto the prosecutor's office. Jackie, a 22-year-old African American survivor who was raped by her ex-long-term abusive partner tried to get the legal system to provide her with information about the results of her rape kit: "I called the detective . . . Yeah. She never called me back. Even now, I try to get results to the rape kit but she still hadn't called me back."

By monitoring the system, survivors were attempting to stay informed about what was happening to their case. When a survivor was successful in getting the information she sought, she was able to challenge the response to her case in other ways if she was dissatisfied with what she discovered. In one example, Ashley, a 20-year-old White woman who was raped by a date was trying to monitor the system's attempts to rearrest her rapist (who had been apprehended, but was released because the police officer failed to file the correct paperwork in time). She kept tabs on the police officers in order to stay informed about whether the suspect was back in custody, and she questioned why they were not doing more to rearrest the suspect:

You know, don't make me have to call the police. I'm sitting there calling that night. I'm calling the next morning wanting to know what's going on . . . I'm going, "Oh my God, he's contacted someone else I know. Does this mean he's going

to contact me next?" You know? I'm flipping out and you know, when you call them, they're like, "well you're going to have to wait until the morning in order to talk to the detectives." I'm like, "I'm sorry, aren't there people who are supposed to be on this case 24/7 because this guy's on the loose? . . . Can't you transfer me to somebody who's working, trying to find him right now? Because I have a contact for somebody that he just called which means that if you get the records, you can subpoena them" . . . And I'm sitting there going, "And you can't transfer me to somebody because I have a lead on a case that I'm involved in, because I'm being contacted about this case?"

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

Associated goal. Survivors who used defiant agency to confront and/or monitor the system were doing so in an attempt to shape how the system was handling their case. They believed that the response to their case was unsatisfactory, and therefore they attempted to change that response. For example, Amanda, a 21-year-old White woman who was raped by her ex-boyfriend challenged the system's personnel to try to get them to charge her rapist with criminal sexual conduct, not just domestic violence:

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

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

Tina, the 19-year-old White survivor who was assaulted by a friend repeatedly challenged the system through monitoring her case. Her goal was to get the system to keep her informed about what was happening to her case:

Participant: I don't know if he [the rapist] ever took one [polygraph]. They never told me anything. I called so many times, and they just never told, and finally they just said there

wasn't enough evidence. They should have just told me that from the beginning.

Interviewer: . . . How would that have helped you?

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

This woman kept following up with the police because she felt that she had a right to know how her case was being handled. Despite her repeated efforts, her case was ultimately dropped.

In summary, survivors challenged the legal system when they were dissatisfied with the response to their case. They refused to accept the system's current course of action, in hopes of making the system more responsive to their needs. Importantly, this challenging was confined to the legal system and did not extend to the medical system.

Discussion

Prior research on rape survivors' post-assault help-seeking has focused on how systems' personnel respond to victims, but it has not explored survivors' choices and motivations during their interactions with social systems. To address this gap, we examined how and why female survivors of male violence exerted their agency during their interactions with the medical and legal systems. In doing so, we identified three active processes in which survivors engaged during their interactions with the legal and medical systems: compliance, defiance through noncompliance, and defiance through challenging the system. It is important to note that navigating the legal and medical systems was a complex process for these rape survivors. We found that survivors' expressions of agency were situational, such that their agentic behaviors were influenced by the systems (e.g., survivors were noncompliant when they believed the system was trying to get them to do something that was harmful) as well as the survivors' beliefs about the best ways to achieve their goals at that point in time (e.g., survivors who complied with the system felt that doing what the legal system wanted them to do was the only way to achieve justice). Thus, it is important to acknowledge both that survivors' expressions of agency were individually selected choices and that these choices were also constrained by the complex nature of the goals they were trying to achieve and the systems through which they pursued those goals.

A key finding of our study is that survivors not only complied with the system, but also defied it. Prior research has focused primarily on survivors' participation in the legal system (akin to compliance), with the exception of Konradi's

(2007) work, which also identified acts that constitute defiance and behaviors that survivors use to protect themselves from further harm. The current study builds upon Konradi's findings by providing a detailed analysis of multiple ways survivors defied the legal and medical systems and gives a richer examination of survivors' attempts at self-protection. Whereas the broader literature on sexual assault case prosecution tends to focus on survivors as resources to the legal system who aid in the successful prosecution of a case, our study highlights that this is an incomplete picture of the ways that survivors respond to the legal and medical systems. Survivors also act in ways that are in opposition to the system's goals in order to pursue their own aims. Our findings underscore the strengths of survivors by illustrating that they are willing to pursue their own ends when their agendas not only match the goals of system personnel but also are in direct opposition to them.

The finding that survivors engage in noncompliance as a form of self-protection may be of particular interest to nurses and police officers who rely upon survivors' participation in order to successfully process cases. Prior research has demonstrated that support provided by system personnel can positively impact survivors' participation decisions (e.g., Anders & Christopher, 2011). More specifically, our study suggests that medical and legal personnel may increase participation by routinely asking about concerns survivors may have about their physical safety (due to participating in the system), offering the survivor options that can be taken to protect her safety (e.g., safety planning), and taking the necessary steps to protect the survivor if she chooses an option that requires the system's involvement. Furthermore, police, nurses, and doctors could routinely ask about survivors' emotional well-being and offer her options to reduce emotional harm (e.g., offer to have family and friends there to support her, suggest she take her time and discuss details of the assault at her own pace, etc.). Overall, our advice suggests that system personnel may need to refrain from secondary victimization behaviors in order to maximize survivor's participation.

All three agentic processes we identified were strategies survivors utilized in pursuit of their own aims. Knowledge of these strategies may be useful to rape-victim advocates, whose responsibilities include assisting survivors as they interact with the legal and medical systems (Campbell, 2006; Martin, 2005). As advocates begin working with a survivor who is about to have contact with one of these systems, advocates could use the results from our study to help survivors identify strategies for exerting their agency. However, it would be important for advocates to note that some of these strategies were not always successful (e.g., challenging the legal system rarely resulted in a change in the legal process). In addition, it is important for advocates to be aware that sometimes survivors desire opposing goals and that pursuing one (e.g., self-protection via not participating in the system) may greatly diminish their ability to achieve another (e.g.,

justice). Ultimately, this type of interaction would empower survivors by providing them with information about the types of choices (and potential trade-offs) that are available to them during their interactions with the system in advance. By sharing information about survivors' agency, advocates can help give women ideas about how they can pursue their own agendas within these powerful systems.

Although survivors made attempts to influence their interactions with the legal and medical systems, it is important to acknowledge that often these efforts were not successful. Many survivors who cooperated in order to achieve justice did not do so, and survivors who tried to alter the legal system's response were typically unable to bring about change. It is even possible that some of their efforts backfired and negatively impacted their ability to alter the response to their case. To create broader change that both empowers survivors and helps systems effectively process cases, community stakeholders who respond to rape will need to consider implementing systemic and/or structural changes. One possible strategy is implementing a vertical advocacy model, in which a rape-victim advocate (e.g., from a rape crisis center) trained on the medical and criminal justice system response works with a survivor throughout the entire process—from medical/evidence collection and reporting through to the trial. In addition to being with the survivor during specific parts of the process (e.g., attending the interview with the detective), the advocate would meet with the survivor regularly to discuss her experiences and to work together in order to meet the survivor's needs. The advocate would be able to provide emotional support, give the survivor critical insight into these systems and her rights within them, and work cooperatively with systems personnel on the survivor's behalf in order to help her achieve her goals.

Another potential change to facilitate survivors' agency would be to create a formal mechanism whereby all rape survivors have the choice to meet with a supervisory figure within the criminal justice system at key points during the criminal process (e.g., after the detective interview, after the decision to refer/not refer for prosecution). This meeting would allow survivors to bring unresponsive officers to the attention of superiors within the system who can take corrective action. A complementary structural change would be to create a routinized informational system, such that survivors can call or log-in to a system that automatically provides them with basic information about actions that are being taken to respond to and investigate their case. This information line would help the many survivors who felt uninformed and allow them to advocate for themselves if they felt that the response to their case was inadequate. Of course, such strategies require the legal system to become more transparent and responsive to survivors' self-advocacy. In addition, community response models (such as Sexual Assault Response Teams) that educate system personnel about survivor-centered care and encourage them to be more responsive to survivors and their aims may facilitate survivors' agency.

It is important to acknowledge several limitations of our study. First, we focused on the experiences of rape survivors who had medical forensic exams in a SANE program. The SANE model of service delivery is very different from traditional hospital emergency department care for sexual assault survivors. In our study, survivors were mostly satisfied with their experiences at the SANE program (see Campbell et al., 2009), and thus the findings on survivors' agency within the medical system may have been different if the sample included survivors who had traditional hospital care. Indeed, it is also possible that their experiences in the SANE program (mainly receiving information from an advocate about the criminal justice process) could have influenced how survivors engaged in the legal system. Future research could compare survivors' expressions of agency in different types of medical and legal service programs.

Another limitation is that 90% of the participants in this study were White. Although this is indicative of the racial makeup of the focal county (over 85% White), the experiences of Women of Color are underrepresented in our sample. Research has shown that Women of Color have different post-assault help-seeking experiences (e.g., more negative reactions to disclosure; Ullman & Filipas, 2001), which may in turn influence how and why their agency is expressed (e.g., more negative reactions may increase their need for emotional self-protection and heighten noncompliance). In general, social location and life circumstances including race may constrain survivors' opportunities and impact their agency. For example, in the case study of Altamese Thomas, an African American rape survivor of low socioeconomic status (SES), Fine (1992) illustrates how Altamese's lack of social power influenced her assertion of agency and control after the assault: she chose not to disclose to loved ones or to seek formal help in order to protect herself and her family from further harm because she believed formal help was futile and potentially harmful. Further research could recruit more diverse samples to examine how various characteristics of survivors (e.g., race, alcohol use prior to the assault) influence the response to their cases and the options that are available to them, both of which impact their expressions of agency while they seek formal help.

A related limitation of our research is that the nature of the sample prevents us from a broader understanding of the context surrounding how, when, and by whom agency is expressed. The use of one site (and thus one legal and medical system setting) and the limited number of individuals in our study preclude further exploration of systemic and individual-level factors that influence expressions of agency. Future research could build upon Konradi's (2007) research in which she identified factors, such as social support and prior experience and/or knowledge of the legal system, which caused survivors to participate more actively in their cases. What other resources can help survivors to navigate these systems? What systemic characteristics (e.g., norms, actions, organizational policies, and structures) facilitate survivors'

agency? Which systemic characteristics constrain it? How do characteristics of survivors (e.g., race, SES, sexuality, drug use prior to the assault) influence potential options for expressing their agency? Answering these questions could help identify ways to empower survivors during their interactions with these systems.

Finally, because our study utilized qualitative retrospective interviews, the evidence supporting our findings is based on participants' post hoc reconstructions of their experiences and motives as relayed to the interviewers. It is likely that the data survivors provided are influenced by their interactions with the interviewers, as well as by their changing perceptions as they heal from the assault and reflect back on their experiences with the medical and legal systems. Despite this caveat, our research provides an initial understanding of how and why survivors express agency and is grounded in the experiences of the survivors themselves. To understand this phenomenon from another angle, future studies could use repeated observation to understand survivors' expressions of agency as they unfold over time without relying on self-report data.

The key contribution of our study is that it sheds light on how rape survivors negotiate powerful institutions that have great potential to aid survivors during their recovery. However, research has shown that most survivors have very negative experiences, with the system oftentimes victimizing them a second time. The findings of the current study do not contradict the conclusions of these studies, but rather counterbalance them. The dominant social narrative of rape treats survivors as helpless, broken victims. Narratives are influential (Rappaport, 1995), and such a one-sided narrative is consistent with responding to women who have been raped in paternalistic, disempowering ways. Scholars contribute to the narrative of what it means to be a victim survivor through the way they frame rape and rape victims in their speech and writings. This narrative can become more balanced by recognizing that despite experiences of victimization and oppression, survivors also demonstrate great resilience in the face of adversity and actively seek to shape their own experiences.

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