

WHY RAPE SURVIVORS PARTICIPATE IN THE CRIMINAL JUSTICE SYSTEM

Debra Patterson
Wayne State University

Rebecca Campbell
Michigan State University

After a rape, survivors may seek help from multiple community organizations including the criminal justice system (CJS). Research has found that few survivors report their assaults to the police and of those who do report, many withdraw their participation during the investigation. However, relatively little is known about the factors that lead survivors to participate in the CJS, and how other community services provided by forensic nurses or victim advocates may also help encourage survivor engagement. In the current study, 20 survivors who reported their victimizations to police within a large Midwest county were interviewed about the factors that influenced their involvement in the CJS. Further, we examined the role that the police, forensic nurses, and victim advocates played in their participation. Using qualitative analyses, our findings suggest that informal supports hold a strong role in the reporting process and formal supports are influential in survivors' engagement in the investigational process. © 2010 Wiley Periodicals, Inc.

Rape is as pervasive social problem as national data suggest: At least 18% of women will be raped in their adult lifetime (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). After an assault, survivors may seek help from multiple community organizations including the criminal justice system (CJS). Survivors may contact police to address their immediate safety concerns (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001), but recent studies estimate that only 16–36% of all sexual assaults are reported

This research was supported by a grant from the National Institute of Justice awarded to the second author (2005-WG-BX-0003). The opinions expressed in this document are those of the authors and do not reflect the official position of the U.S. Department of Justice.

Correspondence to: Debra Patterson, 4756 Cass, Detroit, MI 48202. E-mail: dt4578@wayne.edu

JOURNAL OF COMMUNITY PSYCHOLOGY, Vol. 38, No. 2, 191–205 (2010)

Published online in Wiley InterScience (www.interscience.wiley.com).

© 2010 Wiley Periodicals, Inc. DOI: 10.1002/jcop.20359

to the police (Kilpatrick et al., 2007; Rennison, 2002). The extant literature suggests that there are multiple reasons why survivors do not report the crime to the police. First, prior research shows that survivors who felt ashamed after the rape or blamed themselves for causing the rape were less likely to report (Starzynski, Ullman, Filipas, & Townsend, 2005; Thompson, Sitterle, Clay, & Kingree, 2007). Second, survivors were less likely to report when their victimization did not reflect a stereotypical rape (e.g., an assault committed by a stranger with the use of a weapon or force, resulting in physical injury to the victim; Campbell et al., 2001; Resnick et al., 2000; Starzynski et al., 2005). Third, survivors feared their assailants would seek revenge if they sought help from the legal system (Allen, 2007; Kilpatrick et al., 2007; Rennison, 2002). Survivors with these concerns often believed the CJS could not protect them from their assailant, and thus believe reporting could jeopardize their safety (Patterson, Greeson, & Campbell, 2009). Fourth, survivors may be reluctant to report because they fear that they will be treated poorly and/or blamed by the police for causing the assault (Du Mont, Miller, & Myhr, 2003; Kilpatrick et al., 2007).

Whereas most studies in the literature have focused on factors that prevent survivors from reporting, a few projects have explored why survivors do reach out to the legal community for assistance. In a national random sample, Kilpatrick and colleagues (2007) found that the most common motivating factor for reporting was to prevent the offender from raping other people. Survivors were more likely to report when they perceived that their life was in danger during the rape, had medical concerns (e.g., sexually transmitted diseases, injury), and identified the incident as rape. Reporting was also more likely if the offenders made a verbal threat or was a stranger to the victim. Some survivors (19%) consulted with other people (e.g., friends) about whether to report and approximately half were encouraged to make a police report.

Konradi (2007) conducted qualitative interviews with fifty survivors in the early 1990s and found somewhat similar findings as the Kilpatrick et al. (2007) project. The majority of survivors in Konradi's study reported for safety reasons. Less commonly, some survivors delayed their report because they did not identify the incident as rape because it did not conform to the stereotypical rape (e.g., no injuries, intimate partner). Instead, the survivors consulted with other people who helped them identify the incident as rape and strongly encouraged them to report the crime. In addition, Konradi found that in some cases survivors did not make their own report, but instead other individuals (e.g., family) contacted the police without their permission.

Overall, these studies show that seeking help from the legal community is a complex process whereby some survivors report immediately, but others may report later after seeking the advice from their social support system. Immediate reporting is critical in the successful prosecution of rape cases because it provides opportunity for the police to collect evidence at a crime scene, interview survivors while their memories are fresh, and locate the offender. Medical forensic evidence (e.g., DNA, injuries) can also be documented and collected from the survivor's body within 72–96 hours following the rape (American College of Emergency Physicians, 1999). In addition, survivors who delay their reports are often viewed as less credible by the police, prosecutors, and jurors (Frohmann, 1997). Because early reporting is so critical, it would be beneficial to understand why survivors do seek help from the legal system, particularly those who reach out for help very soon after the assault.

When survivors do report to the police, they begin what can be a long drawn out process. As such, it may be more precise to conceptualize survivors' participation in the CJS as two distinct elements—initial reporting and continued participation in the

investigation and beyond. For example, the initial report is taken by a patrol police officer, but then the case is passed on to a detective, which represents the first of many times the survivor will have to repeat their account of the victimization (Martin, 2005). After the survivor makes multiple disclosures during the investigation, a prosecutor then makes a decision about whether or not to charge the offender with the case (Martin, 2005). Unfortunately, most survivors who report their rape do not experience a sense of justice because only 14–18% of all reported sexual assaults are prosecuted (Bouffard, 2000; Campbell et al., 2001; Spohn, Beichner, & Davis-Frenzel, 2001). Research has suggested that a strong predictor of nonprosecution is survivors withdrawing their participation during the investigation (Frazier & Haney, 1996; Spohn et al., 2001). This is especially disconcerting as rape typically has no witnesses and thus, survivors' participation (e.g., testimony) is critical to the successful prosecution of rape cases (Konradi, 2007; Martin, 2005).

Yet, survivors withdrawing their participation may not be surprising given that numerous studies have shown the CJ process can be challenging and sometimes adversarial for survivors. For example, many studies have found that survivors often are treated by the police in ways that they experience as upsetting and victim blaming (Campbell & Raja, 1999; Campbell et al., 2001). However, Konradi (2007) found that survivors continued to participate even when they doubted the legal personnel's commitment to their cases. Unfortunately, there has never been a systematic study on examining the motivating factors that lead survivors to withdraw or continue their participation in the CJ process. Given that survivor participation is critical to the prosecution of rape cases, it is critical to examine what leads survivors to drop their cases and what helps survivors persevere through the process.

Furthermore, there are community services available to survivors that may help them endure the challenging nature of the CJS. For example, sexual assault nurse examiner (SANE) programs were created in the 1970s, and spread in rapid numbers throughout the 1990s, to provide postassault comprehensive medical care, and forensic evidence collection (Littel, 2001). In addition, emotional support and crisis intervention is provided to survivors by the nurse examiners and victim advocates. Preliminary research has suggested that SANE programs have been successful in providing a caring and compassionate response to survivors (Campbell, Adams, & Patterson, 2008). Given that survivors receive these services during the early stages of the CJ process, it may be possible that a positive experience at a SANE program encourages survivors to continue participating in the CJ process. However, it is unknown if and how these support services help survivors continue with the CJ process.

Because SANE programs provide services to survivors within 72–96 hours of the assault, collaborative research with these programs provides a unique opportunity to reach survivors who may have reported fairly soon after their victimization. Understanding the motivational factors of survivors who report soon after the rape is essential because the strength of the case often relies on the timing of the report. In addition, many studies have documented the challenging nature of the CJ process for survivors but relatively little is known about the factors that lead survivors to withdraw or continue their participation in the investigational process. Furthermore, it is possible that the interactions with the police, forensic nurses, and advocates contributed to their decisions to withdraw or continue their participation. Therefore, in the current study, 20 survivors who reported their victimizations and received an exam by a SANE program of a large Midwest county were interviewed. Specifically, we examined three key areas: (a) when, how, and why the survivors reported to the police; (b) the reasons

that survivors withdrew or continued participating in the investigational process; and (c) the specific role that the police, forensic nurses, and advocates played in their withdrawal or continued participation in the criminal justice process.

METHOD

Participants

The target sample for this study was adult female rape survivors who reported their rapes to the CJS and received a medical forensic exam between 1999 and 2007. To recruit participants, the sexual assault nurse examiner (SANE) program (who provides all exams for survivors in the county) distributed a form regarding the study to patients. Survivors were contacted 10 weeks after completing the form, which is typically enough time for survivors to have had experiences within the CJS.

Because some survivors might not be ready to talk about their assault, we anticipated that there would not be enough cases. With that possibility in mind, we employed an additional sampling strategy to recruit survivors whose cases had previously been examined in the SANE program. Using this retrospective recruitment technique, we distributed a flyer advertising the study through community-wide mailings throughout the focal county and by posting advertisements at local businesses and human and health service agencies (see Campbell, Sefl, Wasco, & Ahrens, 2004). Eligible survivors who contacted the research team were scheduled for an interview. Half of the participants were recruited through prospective sampling methods, and the other half from retrospective sampling methods. There were no differences in the findings of survivors recruited prospectively compared to those recruited retrospectively.

The sample includes 20 female survivors who met the study criteria. Participant recruitment continued until the sample size allowed for saturation, whereby the same themes were repeated, with no new themes emerging (Starks & Trinidad, 2007). This is a reasonable sample size for a qualitative study examining a phenomenon in-depth (Creswell, 2007). The average age of participants was 28 years old, with an age range of 18 to 53 years old. The ethnicity of the participants mirrored the focal county, with 85% Caucasian, 10% African American, and 5% Albanian. Most survivors were raped by someone they knew, with 40% having been raped by their partners (e.g., dating partner, spouse), and 40% having been raped by acquaintances.

Procedures

Three trained interviewers conducted the in-person interviews. The interviewers met regularly to review transcripts, discuss emerging themes, and identify topics that needed more exploration in subsequent interviews (Creswell, 2007). The interviews ranged from 1.5 to 4 hours in length, with an average of 2 hours. The interviews were tape recorded and transcribed. Participants were paid \$30. The procedures used in this study were approved by the Michigan State University, Institutional Review Board.

Measures

The semistructured interview protocol was developed in four stages. First, the interview was adapted, in part, from a prior study co-developed with advocates and rape survivors (Campbell et al., 2001). This work helped identify question phrasing that was understandable and supportive to rape survivors. Second, the protocol was

informed by the literature on law enforcement interactions with survivors. Third, we consulted legal and medical personnel and revised the interview protocol following those consultations. Fourth, we pilot-tested the protocol with five rape survivors (who were not in the sample) to assess the content and probes. The interview consisted of four areas: (a) the rape itself; (b) survivors' experiences with SANE program staff; (c) survivors' decisions to participate in prosecution; and (d) survivors' experiences with the police and prosecutors.

Data Analyses

Data analysis proceeded in a two-phase process. First, consistent with Strauss and Corbin's (1990) method of "open coding" and Miles and Huberman's (1994) concept of "data reduction," two analysts independently read the transcripts and identified a preliminary list of themes mentioned by participants. The analysts compared themes, discussed and clarified the meaning of the thematic codes, and revised the coding framework until there was consensus. Once the coding framework was finalized, the transcripts were independently coded by the two analysts.

In the second phase of data analysis, we used Erickson's (1986) analytic induction method, which is an iterative procedure for developing and testing empirical assertions in qualitative research (see also Patton, 2002). In this approach, an analyst reviews all of the data multiple times with the goal of arriving at a set of assertions that are substantiated based on a thorough understanding of the data. The next task is to establish whether each assertion is warranted, by going back to the data and assembling confirming and "disconfirming" evidence. The analyst must look for five types of evidentiary inadequacy: (a) inadequate amount of evidence; (b) inadequate variety in the kinds of evidence; (c) faulty interpretative status of evidence (i.e., doubts about the accuracy of the data due to social desirability bias); (d) inadequate disconfirming evidence (i.e., no data were collected that could disconfirm a key assertion); and (e) inadequate discrepant case analysis (i.e., no cases exist that are contrary to a key assertion; Erickson, 1986, p. 140). Assertions were revised or eliminated, based on their evidentiary adequacy, until a set of well-warranted assertions remained.

For this study, two analysts worked sequentially through Erickson's method, so that the second analyst could provide independent verification of the assertions. The first analyst developed a preliminary set of assertions, then tested them against the data, refined, and in some instances eliminated them. Once the first analyst had completed what was, in her opinion, a well-warranted set of assertions and assembled confirming evidence (i.e., interview excerpts), the second analyst then crosschecked those assertions against the data and added more detail and nuance to the assertions. The revised assertions were discussed by both analysts and the principal investigator to reach consensus on a final set of assertions that were well supported by the data.

RESULTS

Factors Influencing Reporting

The majority of participants identified one of three primary reasons that factored into their initial decisions to report the assault to the police. First, almost half of the survivors reported the rape to the police to prevent their offender from raping other women or themselves. Second, slightly more than one quarter of the survivors were

encouraged by other people to report the rape. Third, one quarter of the survivors were not offered the choice of reporting their rapes because other people contacted the police without their permission.

Preventing additional rapes. One major factor that influenced many survivors to report was preventing additional rapes from happening to other women or themselves. The majority of these survivors did not have concerns about whether the police would believe or blame them. Instead, the primary concern of these survivors centered on the safety of themselves or other women. As such, most contacted the police within a few hours after the assault when it became physically safe to seek help. For example, a few survivors reported immediately because they wanted to protect other women from being raped by their assailants.

I knew this guy was out on the streets and if he could do that to me, has he did it to anyone else? And will he do it to anyone else, if he thinks he can get away with it from me ... if I just let it go and not say anything, he was definitely going to do it to somebody else.

In these cases, the offenders were strangers who did not have knowledge of the survivors' location (e.g., home address, place of work). Thus, these survivors were not concerned about their safety, but believed their offenders would continue raping other women.

In addition, many survivors called the police to protect themselves from further harm by their assailants:

What he [assailant] said when he left really scared me. He stood right in my bedroom door, and said, "Now you're mine," ... I wasn't exactly sure what he meant by that, by calling me his And I didn't want to find out.

Because I was scared, that [reporting] is the right thing to do, it is the smart thing to do... He had where I stayed at and my current address, he had everything.

In some cases, the offenders were intimate partners who had been physically and sexually violent in the past. These survivors noted that the violence had been escalating recently and wanted their relationships to end. As such, the survivors sought help from the police to end the violence and relationship:

Because I could not take it anymore. And I thought, I went there [to the police department], I didn't know he's going to jail for that first of all, I didn't. I thought that they were going to kick him out at least....

I knew I was calling the police when he did it. There was no gettin' around me callin' the police... I was just trying to contemplate all these different things and what could I do. My mind was just so on could I go file the divorce? Um, this was where my mind was already at. I was done. I was done.

As noted, the survivors believed the police could help "remove" their partners from their homes. The intent of these survivors was to report the physical violence to the police but not necessarily the rape. When making the report regarding the physical violence, the survivors disclosed that they were "forced to have sex" before or

after the physical abuse. In some cases, the survivors did not realize the experience was considered rape. These survivors were not interested initially in the offenders being charged with rape; their ultimate goal of seeking assistance was to end the physical violence and the relationship.

Encouraged by social support system. Another major factor that swayed many survivors to report was being encouraged to report by their social support network. These survivors had multiple concerns about reporting their victimization to the police. Specifically, some survivors were concerned that the police would not believe them.

That was one of the reasons that it was like, I don't even want to go. I don't even want to report it. They're not gonna believe me, especially since I was in his basement there.

I thought they wouldn't believe me...."cause [I] didn't fight back.

In addition, some survivors were raped by people known by their friends and family. In these cases, the survivors were worried that their friends and/or family would not believe the rape occurred.

Shame, the guilt, nobody is going to believe me, it was just him and I, nobody heard anything.

I was scared to tell people because I didn't know if they were gonna believe me or just thought that I was like crazy and so that's the reason I didn't want to tell anybody....

In addition, some survivors did not understand if their experience qualified as rape because they did not physically fight back.

I know something happened, but I really wasn't quite sure if it was rape.... I thought it didn't constitute as rape because I didn't fight back.

Because of these concerns, the majority of these survivors waited up to 24 hours to contact the police. Instead of reporting immediately following the rape, these survivors contacted on average two to three informal (e.g., friend, family) or formal supports (e.g., hotline) before making a report. Their support people believed them, offered emotional support, validated their experience as rape, and encouraged them to report. In some cases, the support systems offered the survivors hope that they could seek justice through prosecution:

Knowing the System, even though it has failed people in the past, it helps to know that it does work in some of these cases.

In other cases, the supports suggested that it was the survivors' responsibility to prevent the offender from raping other women.

She kept saying, "you've got to call, you've got to call," "I'm not sure." "You've got to, he is sick. We got to get this guy off the streets." "Well what if I go through all this and he doesn't." "Well, we tried."

Upon hearing this advice, these survivors did not feel pressured, but instead felt hopeful that their participation in the CJS could prevent their offenders from raping again. Overall, the responses from the survivors' support system persuaded them to report their victimization to law enforcement.

Others made the choice. One quarter of the survivors were not given the choice of making a report to the police. In these situations, other people, primarily family members, contacted the police before the survivors could make their own decisions:

I managed to get back to my car and I drove back to my ex-husband's house and that's when he called the cops and EMS came.

Interviewer: Did you tell him, I don't want you to call the police?

umm-hmm [yes]

Interviewer: And he just went ahead and did it anyway?

Well, my face was really bad. I didn't realize how swollen or how everything looked.

These survivors expressed feeling angry and a loss of control when other people made the decision to report the crime without their consent. Some of these survivors predicted that they would not have reported the rape because they felt ashamed or feared the police would not believe them.

Influential Factors in Continuing With the Investigational Process

Survivors were asked what influenced them to continue or discontinue participating in the investigational process. Of the 20 participants, only one did not participate in the continued criminal investigation. This survivor believed that the offender would harm her and did not believe the legal system could protect her. Of the 19 survivors who continued with the investigational process, almost all of them identified multiple reasons that influenced their ongoing participation. First, similar to reporting, almost three quarters of the survivors continued with the investigational process to prevent their offenders from raping again. Second, more than half of the survivors noted that they became confident about their ability to endure the process and/or about the strength of their case after their interactions with the forensic nurse examiners and the police, which helped them continue. Third, less than one quarter of the survivors noted that being treated with respect by system personnel influenced their continued participation. Finally, four participants stated that they did not have a choice about whether they participated in the investigation. Each of these factors that influenced their continued participation was identified by multiple survivors in this study, and should not be considered mutually exclusive groups.

Preventing additional rapes. Similar to reporting, one common factor that influenced many survivors to continue participating with the investigational process was to prevent the offenders from raping again. These survivors believed that their offenders were capable of raping again and in some instances had heard rumors that their offenders had raped other women.

Just the fact that I don't want him to do it to other people. And then, what ultimately convinced me was the fact that he did this to his last girlfriend....

Like [if] I would have known that, I would never dated him, ever.

Furthermore, a few survivors felt responsible for stopping their offenders from harming other women, noting that they would have felt guilty if they did not continue with the process.

Because, since it happened to me, I feel like I am responsible to put him away because it happened to me.
How would I be able to live with myself mentally if I didn't continue, was how I looked at it.

Confidence. Some survivors also noted that their interactions with the police and especially with the forensic nurses and advocates helped them feel more confident about their participation in the criminal justice process. For example, some of the women raped by acquaintances made an initial report to the police, but began doubting rather quickly if reporting had been the right choice. In these cases, the forensic nurses, victim advocates, and the police reassured the survivors that they were making a good decision by participating in the CJ process. "It's [SANE program] reassuring about everything and I felt stronger about it to know that I was not wrong and that and it was okay to do the right thing."

In this case, the survivor felt guilty for reporting because the offender was a friend, which led to thoughts about dropping the case. However, she became confident in her decision because the nurse and advocate had reassured her that it was okay to continue with the case regardless of her affiliation with the assailant.

In addition, some survivors reported that system personnel helped them feel more confident about their ability to endure the prosecutorial process (e.g., investigation, future judicial proceedings). For example, one survivor described how an officer told her that she possessed the same strength as other women who had prosecuted their offenders.

Because knowing like he had been doing it for 17 years and he has seen what, what's going on and how things have turned out and seen people get through it and "I've seen this lady, she went through this, this and this and she got through this," so he is like "I look at you and your son... I know you can get through this." He says, "you are a strong person, you can do it."

As a result of these interactions, survivors expressed feeling stronger and more confident in their ability to withstand the challenging nature of the investigational process.

Furthermore, several survivors felt more confident about the convict-ability of their cases after being told by the forensic nurses that they had endured injuries (e.g., bruises, abrasions) from the assault. As such, this information gave them the courage to continue with the CJ process.

Because I would have that evidence, if there wasn't any then I wouldn't have the courage to go to the next step...
That's part of the reason I am [continuing] because I had evidence towards it.
Because that will just show that he did things to me, and I have proof.

These survivors believed that documented injuries would increase the likelihood of cases ending in a guilty verdict. That is, survivors believed that documented injuries would serve as “proof” that the rape occurred and this would lead to a conviction.

Additionally, the only survivor who declined prosecutorial participation noted that she would have continued to participate in the investigation if there had been medical forensic evidence to link the suspect to her rape.

Then I would have known I can take some action, I would have a leg to stand on. It would give me more confidence to like turn around and say to someone, you did this to me whereas right now, I don't.

Treated with respect. Although some survivors reported being treated with respect by the police and the forensic nurse examiners, some survivors described their interactions with these system personnel as hurtful. For example, some survivors reported that the police blamed them for their assaults and were aggressive with their questioning. Of the survivors who were treated respectfully, a few of them noted that being treated with respect and dignity helped them continue with the CJ process.

Being treated with respect each time I dealt with anybody from the system made me feel that, “Okay, the next person will be just as respectful,” and that, I think, made it, was one of the biggest things to help me through the process, is just being treated with respect and not being treated like I was somehow at fault.

As noted, being treated with respect by one system personnel gave this survivor faith that she would continue to be treated with respect by other system personnel. These survivors felt like the system personnel were on “their side” and thus, did not feel alone while going through the CJ process. In addition, these survivors identified that the SANE personnel helped them cope immediately with the rape, which made them feel strong enough emotionally to continue participating.

Of the survivors who was treated in a hurtful manner by system personnel, a few of them indicated that the negative treatment did not influence them to drop their cases. Although this negative treatment made survivors question if they should continue, the treatment did not dissuade the survivors from doing so.

It made me think about it more, if I actually wanted to go through with it. But I still wanted to go through with it just “cause the fact, I don't want him on the streets, I don't want him to think that he can just do this to anybody, even if they are his girlfriend, I don't want him to be able to do this.

Similarly, other survivors reported that preventing the offender from committing future rape motivated them to continue despite the negative treatment they experienced.

No choice. Finally, some of the survivors did not feel like they had a choice about participating in the investigational process. It is important to note that these survivors did not want to report the rape in the beginning of this process. For example, some

survivors disclosed to their family members who contacted the police without their permission. After the rape was disclosed to the police, some survivors stated that the police told them that they did not have a choice about continuing with prosecution. That is, it was no longer the survivor's decision once the rape became reported, "I didn't have a choice. They [the police] said I had to."

In other cases, the option of continuing with the CJ process was never discussed by the criminal justice personnel. Thus, the survivors assumed that they had to participate.

Once, once, the rape was mentioned, it was just, everything happened so fast. You know what I'm sayin' and like I said as months went on and was facing so many years, life in prison, I didn't feel he deserved life in prison for it. I don't know why I felt that. Is it because it was my husband, I'm sure. I mean, had it been a stranger I'm sure my feelings would have been totally different. This was somebody that I loved.

As noted above, the survivor indicated that the investigational process happened so quickly that she did not have time to consider whether she wanted to participate in the process.

DISCUSSION

Prior research has suggested that early reporting is critical to the successful prosecution of rape cases. Therefore, this study sought to examine the factors that influence survivors to report soon after their rape. This study found that almost half of the survivors reported the victimization on their own accord immediately following the rape. In these cases, the survivors' most pressing concern was to prevent the offender from raping other women or themselves. For example, survivors of intimate partner rape contacted law enforcement immediately because they were in imminent danger of additional violence by their partners. In addition, these survivors viewed reporting as a mechanism to end the abusive relationship. As such, safety was the most salient concern for these survivors.

Nevertheless, more than half of the survivors in this study were hesitant about or had no intentions of reporting because they feared law enforcement or their own social support network would not believe them. In addition, some survivors were uncertain if the incident was rape because they resisted verbally but not physically. These concerns could have prevented the survivors from reporting if their informal and formal supports did not become involved. In some cases, these supports encouraged the survivors to report, offered emotional support, validated their experience as rape, and believed them. Because of these conversations, the survivors made their own decision to contact the police and believed it was a good choice. However, some support providers did not discuss the option of reporting with survivors but instead, made the choice to report for the survivors, and this loss of control made them angry with their supports. One of the earlier stages of recovery from rape involves survivors regaining control of one's life (Lebowitz, Harvey, & Herman, 1993). The social support networks of survivors may have made the choice to contact the police out of concern for the survivors' wellbeing, but taking the choice of reporting away from survivors may unintentionally impede their recovery.

Similar to prior research, the findings of the current study highlights the important role of social support networks in rape reporting. Over half of the participants did not report without some influence by informal or formal supports. As such, it appears that social support networks serve as a bridge between survivors and the CJS. However, research has found that many support providers may not provide emotional support, and may engage in blaming and controlling behaviors (Ahrens, Cabral, & Abeling, 2009). As a result of these negative reactions, survivors may blame themselves, question if their experience qualifies as rape, and discontinue seeking help from community agencies including the CJS (Ahrens, 2006). Given the significant role of social supports in rape reporting, further research is needed to understand the role of social supports in rape reporting. For example, which survivors are encouraged or discouraged to report? Why and under what contexts do social supports encourage or discourage reporting? These findings also illustrate the importance of continued efforts to educate the public about sexual assault including what qualifies as reportable rape within their region. In addition, training support providers on how to support rape survivors effectively may reduce negative responses such as blaming and may increase the likelihood that survivors seek help from community agencies including the CJS.

This study also explored the factors that influence survivors to withdraw or continue their participation during the CJ process. Similar to our findings regarding initial reporting, this study found that preventing the offender from committing additional rapes influenced many survivors to continue participating with the CJ process. These survivors believed that their participation in the CJS could stop their offenders from raping again and some survivors felt very responsible for preventing further victimizations. This motivation to prevent further victimizations was so strong that some survivors continued to participate even when they were treated in a hurtful manner by law enforcement. It is essential to note that this motivation to prevent further rape occurred primarily without the influence or pressure from the survivors' social support network. Even when support providers advised survivors to participate to keep the offenders "off the streets," this advice was followed with discussions about the survivors' concerns and potential solutions for those concerns. As such, these survivors did not feel pressured and maintained a sense of control about their participation decision. Therefore, the findings of this study do not imply that informal and formal supports should hold survivors responsible for stopping their offenders from harming other women as this pressure may alienate survivors and leave them feeling guilty. Instead, it appears that discussing survivors concerns and offering solutions offers more promise of helping survivors participate in the CJS.

This study also found that formal supports (e.g., police, nurses, and advocates) can play a key role in survivor participation in the CJS. Given the popularity of television programming on the criminal justice system (Deutsch & Cavendar, 2008), survivors hold preconceived notions about the prosecutorial process. Therefore, these survivors questioned their ability to endure a process typically depicted as hostile and emotionally painful. As such, survivors felt more at ease about their participation when they were treated with respect by formal support providers. In addition, some of the formal supports helped survivors feel more confident about their participation in the criminal justice process by validating their decisions to participate, providing information especially about injuries, and identifying the survivors' strengths to endure the challenging nature of the CJ process. Survivors regarded these formal supports as experts; thus, they accepted their opinions and began feeling confident

about their ability to participate. This study illustrates the significant role that formal support providers can play in building the confidence of survivors. However, this was an exploratory study; hence, further research is needed to understand the role of confidence in survivor participation. For example, how many survivors worry about their ability to endure the CJ process and how often does this concern prevent them from participating? What types of strategies are effective and ineffective in building survivors confidence? In addition, these findings highlight the value of training formal support providers regarding survivors' common concerns about participating in the CJ process and how to respond effectively to those concerns. This is especially important given the heightened attention of criminal cases in the media, which may shape the survivors' views of the CJ process.

A few methodological limitations of this study merit consideration. The rape survivors in this study may not be representative of all survivors who report their victimizations to the police. Although this study actively recruited a diverse sample of rape survivors who were representative of the focal county, the choice to participate in this study was ultimately the survivors. Those individuals who agree to participate in research may differ from the general population of rape survivors. That is, survivors who self-selected into this study may have participated in the CJS for reasons different from those survivors who did not self-select into the study. In addition, the current study had a small number of participants, which is appropriate given the exploratory nature of the study. However, it is likely that the study did not capture all of the factors that influence survivor participation in the CJS. Still, participant recruitment continued until saturation of the key themes was reached and no new themes emerged. Finally, the findings of this study can only be generalized to survivors who reported the rape within a few days of the rape. The reasons for participating in the CJS process may be different in those cases in which a survivor reported the assault much later. Despite these limitations, our study provides emerging findings that informal supports hold a strong role in the reporting process whereas formal supports are influential in survivors' participation in the investigational process. Survivors' participation in the CJS can be promoted by educating informal and formal social networks on the needs of survivors and how to effectively support rape survivors.

REFERENCES

- Ahrens, C.E. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology*, 38, 263–274.
- Ahrens, C.E., Cabral, G., & Abeling, S. (2009). Healing or hurtful: Sexual assault survivors' interpretations of social reactions from support providers. *Psychology of Women Quarterly*, 33, 81–94.
- Allen, W.D. (2007). The reporting and underreporting of rape. *Southern Economic Journal*, 73, 623–641.
- American College of Emergency Physicians (ACEP). (1999). Evaluation and management of the sexually assaulted or sexually abused patient. Dallas, TX: Author.
- Bouffard, J. (2000). Predicting type of sexual assault case closure from victim, suspect and case characteristics. *Journal of Criminal Justice*, 28, 527–542.
- Campbell, R., Adams, A.E., & Patterson, D. (2008). Methodological challenges of collecting evaluation data from traumatized clients/consumers: A comparison of three methods. *American Journal of Evaluation*, 29, 369–381.

- Campbell, R., & Raja, S. (1999). Secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence & Victims*, 14, 261–275.
- Campbell, R., Sefl, T., Wasco, S.M., & Ahrens, C.E. (2004). Doing community research without a community: Creating safe space for rape survivors. *American Journal of Community Psychology*, 33, 253–261.
- Campbell, R., Wasco, S., Ahrens, C., Sefl, T., & Barnes, H. (2001). Preventing the “second rape”: Rape survivors’ experiences with community service providers. *Journal of Interpersonal Violence*, 16, 1239–1259.
- Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Deutsch, S.K., & Cavendar, G. (2008). CSI and forensic realism. *Journal of Criminal Justice and Popular Culture*, 15, 34–53.
- Du Mont, J., Miller, K., & Myhr, T. (2003). The role of “real rape” and “real victim” stereotypes in the police reporting practices of sexually assaulted women. *Violence Against Women*, 9, 466–486.
- Erickson, F. (1986). Qualitative methods in research on teaching. In M.C. Wittrock (Ed.), *Handbook of research on teaching* (3rd ed., pp. 119–161). New York: Macmillan.
- Frazier, P., & Haney, B. (1996). Sexual assault cases in the legal system: Police, prosecutor and victim perspectives. *Law and Human Behavior*, 20, 607–628.
- Frohmann, L. (1997). Discrediting victims’ allegations of sexual assault: Prosecutorial accounts of case Rejections. *Social Problems*, 38, 213–226.
- Kilpatrick, D.G., Resnick, H.S., Ruggiero, K.J., Conoscenti, L.M., & McCauley, J. (2007). Drug-facilitated, incapacitated, and forcible rape: A national study (NIJ report.2005-WG-BX0006). National Institute of Justice, 810 Seventh St. NW, Washington, DC 20531.
- Konradi, A. (2007). *Taking the stand: Rape survivors and the prosecution of rapists*. Westport, CT: Praeger.
- Lebowitz, L., Harvey, M.R., & Herman, J.L. (1993). A stage-by-dimension model of recovery from sexual trauma. *Journal of Interpersonal Violence*, 8, 378–391.
- Littel, K. (2001). Sexual assault nurse examiner programs: Improving the community response to sexual assault victims. *Office for Victims of Crime Bulletin*, 4, 1–19.
- Martin, P.Y. (2005). *Rape work: Victims, gender, and emotions in organization and community context*. New York: Routledge.
- Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Patterson, D., Greeson, M., & Campbell, R. (2009). Understanding rape survivors’ decisions not to seek help from formal social systems. *Health & Social Work*, 34, 127–136.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Rennison, C.M. (2002). Rape and sexual assault: Reporting to police and medical attention, 1992–2000 (NCJ 194530). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Resnick, H.S., Holmes, M.M., Kilpatrick, D.G., Clum, G., Acierno, R., Best, C.L., et al. (2000). Predictors of post-rape medical care in a national sample of women. *American Journal of Preventive Medicine*, 19, 214–219.
- Spohn, C., Beichner, D., & Davis-Frenzel, E. (2001). Prosecutorial justifications for sexual assault case rejection: Guarding the “gateway to justice”. *Social Problems*, 48, 206–235.
- Starks, H., & Trinidad, S.B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17, 1372–1380.

- Starzynski, L.L., Ullman, S.E., Filipas, H.H., & Townsend, S.M. (2005). Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims*, 20, 417-432.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: Sage.
- Thompson, M., Sitterle, D., Clay, G., & Kingree, J. (2007). Reasons for not reporting victimizations to the police: Do they vary for physical and sexual incidents? *Journal of American College Health*, 55, 277-282.