

2019

Secondary Victimization of Young Adult Female Sexual Assault Victims

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SECONDARY VICTIMIZATION OF YOUNG ADULT FEMALE SEXUAL ASSAULT
VICTIMS

by

KRISTIN HUNTER

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Nursing
in the College of the Nursing
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

Spring Term, 2019

Thesis Chair: Maureen Covelli, PhD, RN

ABSTRACT

The response of community members and public institutions to the crimes of rape and sexual assault have been, historically, disappointing. Victims have felt forced into silence, ashamed to speak out about their experiences. More recently, with the rise of social media use and the *#me-too* movement, attention and interest has been garnered for this unique class of crimes and victims. It has been discovered that victims of sexual assault who report their assault to community members, police investigators, and health care workers are at risk of secondary victimization. This is a series of attitudes, behaviors, and practices that retraumatizes, shames, and blames victims of sexual assault. These behaviors contribute to increased levels of Post-Traumatic Stress Disorder (PTSD), depression, anxiety, shame, self-blame, lack of perpetrator prosecution, and more.

The purpose of this thesis was to evaluate the causes and effects of secondary victimization, its extent and prevalence, specifically how young adult females were affected by this issue, and any potential programs or solutions that may reduce or limit secondary victimization. This aim was achieved by reviewing and synthesizing thirty-two research articles related to issues of women's health, secondary victimization, and sexual assault or rape. Several programs were found to show promise for reducing this phenomenon, including sexual assault nurse examiner programs, victim advocates, professional counseling, and improving the education of police investigators and others involved in interactions with sexual assault victims.

DEDICATION

To all the young men and women who have suffered more than they ought. To all those who weren't believed when they should have been. To those who came before and bared the burden of shame and rejection alone. For the living and the dead, we must bear witness.

ACKNOWLEDGEMENTS

I would like to acknowledge my amazing mentor, Dr. Maureen Covelli for agreeing to be my Committee Chair and for sitting for hours with me discussing the intricacies of research and health care policy; you inspired me to attempt this endeavor in the first place. I would also like to thank my Chair Member, Dr. Susan Ricci, who always had great advice and turned this project into the cohesive thesis it is. Thank you, Dr. Victoria Loerzel, for helping all of the HIM students and guiding us down the winding road of research in Nursing! Thank you, Dr. Dawn Turnage, when I entered your Honors Nursing Research class, I didn't think I could craft a polished proposal, but you helped me prove myself wrong! Thank you to my sister, Nikki, for painstakingly reading each edited version of my thesis. Thank you to my family and friends for listening to me rant about this project for a full year and still cheering me on the whole way!

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CHAPTER 1: INTRODUCTION

Molly is attending a party. Molly is young, and this is a night of fun. The music is blasting, everyone has a drink in hand, including Molly. After hours of dancing and twisting to the beat, she goes upstairs in search of a bathroom. There is a man on the stairs, she recognizes him from a class. He tells her he can show her to the bathroom, flashing a sparkling grin. Molly smiles back, unable to help herself, she follows him. She trusts him. He was not worthy of Molly's trust. Instead of taking her to a bathroom, he corners her in a dark room. He sexually assaults her.

Now, Molly seeks out the appropriate resources for help. She contacts the police to file a report; she goes to the emergency room to receive treatment for her injuries, she participates in a forensic examination to collect evidence to convict the perpetrator. Despite cooperating, the police drill Molly about what she was wearing, how much she was drinking, and her prior relationships. The doctors are hurried and cold, throwing medications at Molly and spouting phrases she does not understand. In the end, the police tell Molly this case is not worth pursuing after all, the trial will be long and arduous, with more invasive questions.

Molly's story is the story of thousands of other young women in America today, and her treatment by the people delegated to help her is, unfortunately, all too common. The damage done by these seemingly simple interactions with the healthcare and law enforcement communities after such a devastating event leave long lasting marks on the victim. This unique and misunderstood phenomenon and this underserved population of crime victims deserves more

attention and investigation if there is to be any hope of improvement in their case management and community resource distribution.

BACKGROUND

Rape is defined as "...an unwanted act of oral, vaginal, or anal penetration committed by the use of force, the threat of force, or when the recipient of the unwanted penetration is incapacitated," (Campbell, 2008, p. 702). Sexual assault, on the other hand, "...refers to a broader range of contact and non-contact sexual offenses, up to and including rape," (Campbell, 2008, p. 702). Throughout this text, the terms victim and survivor are used interchangeably. However, "the term survivor conveys the strength of those who have been raped; the term victim reflects the criminal nature of the act," (Campbell 2008, pg. 703). The terms police investigator and detective are often used interchangeably throughout this text, these terms are meant to refer to the sworn police officer assigned to investigate a case, positions and titles vary across departments. This role is to be distinguished from the responding officer or first responder, this is the sworn police officer that first interacts with the victim, this can occur by responding to a 911 call or arriving first to the scene of a crime, this officer may not necessarily continue to investigate the case after taking the victim's initial complaint. The secondary trauma experienced by victims of sexual assault due to victim-blaming behaviors, attitudes, and practices engaged in by police, medical professionals, and other community resources is dubbed secondary victimization (Campbell, 2005).

According to the Rape, Abuse, & Incest National Network, or RAINN, approximately 8 out of 10 rapes are committed by someone known to the victim, of that 80%, 39% are committed by acquaintances and 33% are committed by a former or current dating partner (RAINN, 2019). Half of the perpetrators of rape are 30 or older, with another 25% between the ages of 21 and 29;

as well, most rapists are white (59%), an additional 27% are black (RAINN, 2019).

Overwhelmingly, rapes are committed by a single perpetrator, only 10% of sexual assaults involve two or more perpetrators (RAINN, 2019). Only 11% of rapes involve the use of a weapon, for instance a knife or gun (RAINN, 2019). Over half (55%) of all reported sexual assaults occur at or near the victim's home and about half (48%) of victims were sleeping or performing another activity in the home (RAINN, 2019). Essentially, the most statistically likely sexual assault is one perpetrated by a white or black male acquaintance or dating partner that is 21 or older, does not involve the use of a weapon, and occurs inside the home while the victims is sleeping or doing another at home activity. However, when police investigators determine if a victim is credible and whether to push a case through the system, they often choose cases in which the victim did not know the perpetrator, reported the rape within 2 hours, had a weapon used against them, and experienced physical injuries as a result of the assault (Patterson, 2011).

A victim of sexual assault has many decisions to make post-assault. A victim can choose to go immediately to the police department to report the crime, to the hospital for treatment of her injuries and completion of a forensic exam, to a rape crisis center for assistance in decision making during this difficult time, or the victim may choose not to report to anyone. A victim has the option of Jane Doe reporting, this means "the victim reports the incident and is given an exam with evidence collected anonymously. The reporter is not compelled to decide on whether or not to follow through on prosecuting..." (Gosselin 2019, pg. 145). If a victim chooses to go to the police, their first contact with the criminal justice system is often with a responding officer, who takes their initial complaint; this officer will pass the case to a detective to investigate the crime (Patterson 2011). The victim will be transported to a local hospital emergency room to be

seen by a physician for treatment of any injuries and completion of a forensic exam (Shaw 2015). The victim will be confined to an exam room where a medical provider will question the individual to obtain a relevant history, including a description of the events that took place, any injuries sustained, past medical history, allergies, and so on. Next, the medical provider will conduct a head-to-toe exam using the sexual assault forensic exam kit as the protocol; the patient's clothes will be collected, head and pubic hair is plucked, the body orifices and surfaces will be swabbed to collect bodily fluids transferred during the assault, fingernails may be clipped or scraped if the victim scratched the perpetrator, blood and urine samples are collected for DNA and drug analysis, pictures of visible physical injuries will be taken, and much more (Shaw 2015). The detective assigned to the case will either meet the victim at the hospital, depending on when the victim decides to report and involve law enforcement, or they will travel with the victim. Once the forensic exam is complete, the detective will interview the victim to obtain their official statement (Patterson 2011).

After the report is taken, the detective will investigate the crime. The investigation includes locating and/or analyzing the scene of the crime, interviewing suspects or witnesses, following up on evidence obtained during the forensic exam or collected from the scene of the crime, and more. Depending on several case, victim, and police officer related attributes, discussed later in this article, the case may be dropped or passed on to the prosecutor (Patterson 2011). Prosecutors will often conduct their own extensive interview with the victim, assessing victim credibility, reliability, and durability (Campbell 2008). Based on the victims' strengths and weaknesses, the prosecutor can decide to drop the case or press charges against the perpetrator; if the case makes it this far, the victim must attend several court hearings and

proceedings, and many are required to testify against the perpetrator (Campbell 2008). The prosecutor has the option to negotiate with the defense team, consisting of the perpetrator and their lawyer(s), known as plea bargaining. If the two sides can come to agreement on an acceptable punishment for the perpetrator the case is routed out of the system and the perpetrator is adjudicated appropriately. If the defense does not accept the plea bargain offered, the case is decided in a trial by jury; if the offender is found guilty, they are then sentenced, usually to prison (Campbell 2008).

Rather than receiving necessary assistance from police officers, healthcare professionals, and mental health professionals, victims of sexual assault face judgement, blame, and shame. Law enforcement officers engage in behaviors, such as discouraging victims from filing reports, refusing to file reports, and questioning the victim's choices and prior sexual history, which retraumatize rape victims (Campbell & Raja, 2005). Victims also reported similar behaviors in physicians, such as refusing to conduct a forensic exam, not explaining the procedures of the exam to the victim, and behaving in a generally detached or impersonal manner (Campbell, 2005). As a result of these behaviors, victims reported feeling guilty, depressed, nervous, violated, and distrustful of others (Campbell & Raja, 2005).

In other circumstances, instead of being seen in an Emergency Room or by an Emergency Department physician, a victim may be seen by a Sexual Assault Nurse Examiner, either in the hospital or an independent examining facility. Sexual assault nurse examiners are specially trained registered nurses on call 24/7, who use forensic techniques to collect evidence from victims of sexual assault. They serve as a liaison between the police and the victim, care for

the victims' injuries and other needs, and turn over any forensic evidence collected during the medical exam of a victim of sexual assault.

The Sexual Assault Nurse Examiner certification is an educational clinical program available to registered nurses or advanced practice nurses that includes 40 hours of classroom training in crisis intervention, injury detection, pregnancy and STI screening, evidence collection and use of specialized instruments, chain of custody procedures, and expert testimony (Shaw 2015). As well, 40-96 hours of clinical training in pelvic exams, sexual assault exams, and courtroom observation are required to become certified in SANE nursing (Shaw 2015). Current evaluations of SANE programs show much promise. Victims treated by sexual assault nurse examiners reported feeling fully informed throughout the forensic exam, victims were more likely to receive STI prophylaxis and emergency contraception, and rape cases with forensic exams done by SANE nurses were much more likely to be prosecuted (Campbell, 2008).

Victims may also choose to go to their local rape crisis center either before or after reporting their assault. Rape crisis centers are organizations independent of the police department and the legal system dedicated to providing resources for victims of sexual assault. These resources may include access to victim advocates or professional counselors, SANE nurses and sexual assault exams, housing or shelters if the perpetrator lives with the victim or if the victim is homeless, financial resources for lost wages or victim compensation, and more. The most available and readily used of these resources is the Victim Advocate. Victim advocates are individuals with degrees and certifications in trauma and psychology, with a detailed understanding of the investigation procedures of rape cases. They work closely with the sexual

assault victim to guide them through the criminal justice system as easily and painlessly as possible. Advocates typically hold a bachelor's degree in psychology, certifications in victim advocacy, and complete Advocacy Core Training (ACT), however specific requirements vary by location and organization. The duties of a victim advocate can include accompanying victims to the hospital, being present during the forensic exam with permission, providing information on what to expect during forensic and medical procedures, and making referrals to follow up services (Orner and Schnyder 2003). Limited studies exist on the effectiveness of victim advocates, but rape survivors have reported that advocates are supportive and informative, and victims who work with advocates have shown lower rates of PTSD (Campbell, 2008). There exists much debate around the practice of requesting assistance from victim advocates and sexual assault nurse examiners, specifically regarding their effectiveness in reducing secondary victimization. Several of the studies evaluated in this thesis discuss the benefits and disadvantages of these contemporary programs.

The effects of rape are numerous and varied, such as depression or anxiety, sleep disorders, eating disorders, sexually transmitted infections, pregnancy, and changes in lifestyle subsequent to the assault (RAINN, 2019). One of the most common conditions seen secondary to assault is post-traumatic stress disorder. This term refers to all the psychological sequelae frequently seen in survivors of the trauma of rape; the hallmark symptoms include persistent, distressing, and intrusive recollections of the trauma, numbing of responsiveness to the environment, avoidance or escape in the presence of trauma related cues, and a variety of autonomic or cognitive symptoms that persist longer than 1 month after the trauma (Muran & DiGiuseppe 2000). The majority of victims meet symptom criteria for PTSD at approximately 2

weeks post-rape, with about 94% of victims meeting symptom criteria; 50% meet the criteria at 3 months post-rape (Resnick, Acierno, Stafford, & Minhinnett 2003). Interestingly, 16.5% of victims still met the criteria for PTSD 17 years after the assault; this is nearly 1/5 of all rape victims experiencing lasting effects as a result of the trauma (Resnick, Acierno, Stafford, & Minhinnett 2003).

Rape myths reflect perpetrators' views of their crimes, rape victims' views of themselves, societies views on rape, and police officers', prosecutors', and jurors' system of assigning responsibility for rapes (Rich & Seffrin 2012). Acceptance of rape myths makes telling the story of their assault to family and friends so difficult for victims. The stereotypes and negative social connotations surrounding rape often lead victims to face judgement, victim blaming, and victim shaming when sharing their story with their closest and most trusted confidants. A common stereotype surrounding victims of rape is that rape victims precipitate the attack through their behavior or appearance and therefore must accept at least part of the responsibility for what happened (Krahe 1992). Other rape myths include rape is rare, women secretly want to be raped, some women are asking to be raped, rape is harmless, rape is a result of uncontrollable passion, all rapists are mentally ill or cognitively impaired, only certain kinds of women are raped, and a heterosexual man cannot be raped (Rich & Seffrin 2012).

PROBLEM

The narrative included in the introduction, or a story just like that one, was true for 321,500 Americans in the last year (RAINN, 2015). That number is terrifying, but here is an even scarier one: out of every 1000 rapes, only six rapists will be incarcerated (RAINN, 2015).

The system in place already lets perpetrators slip away, but victim interactions with the system also seem to be harmful. Eighty-one victims of sexual assault were surveyed after contacting the police and receiving treatment in an ER, 87% reported feeling bad about themselves, 73% felt guilty, 91% were disappointed, and, worst of all, 80% felt reluctant to seek help again in the future (Campbell, 2005). Due to a perceived risk of maltreatment when reporting sexual assault, many women wait to report or never report at all. An estimated 63% of rapes go unreported due to situations very much like the one described in the introduction (National Alliance to End Sexual Violence [NAESV], n.d.).

Of even more importance, it was found in a study by Campbell and colleagues that the more a victim encounters these secondary victimization behaviors, the more symptoms of post-traumatic stress they develop (2008). The more PTSD symptoms experienced and the more severe these symptoms are, the more negatively it affects the victim and the more it pervades and takes over other areas of their life. In another study, several interviews were conducted with rape victims to examine the relationship of secondary victimization behaviors related to case outcomes. In one such interview, a victim stated, "He [detective] made me feel like I was lying about it, and I wasn't...I would never report anything ever again, and I would never recommend anybody to [report]..." (Patterson, 2011, pp. 338). These services are offered to victims in the

hopes of helping them to recover from the violent act perpetuated against them and to convict the offender. Admittedly, these can be conflicting goals at times, but certainly these services should never be harmful, they should never be worse than doing nothing. Yet, there are countless reports and countless victim statements that clearly show current efforts to aide sexual assault victims are more harmful than not.

Rape and sexual assault do not take only an emotional toll, they take a financial one. Rape costs the United States 127 billion dollars each year, this is more than any other crime (NSVRC, 2017). The cost of a single rape is estimated to be \$151,423 (NAESV, 2017). Some of the costs included in this large number are lost wages due to missed work by victims, the costs of forensic exams, the wages of police and investigators who work to find justice for the victim, and the cost of time in court prosecuting the offender. In 2008, violence and abuse contributed up to 750 billion dollars in health care costs (NAESV, 2017).

The impact of a single sexual assault reaches far beyond the individual. The community must dedicate resources to treat the victim and apprehend the offender. It is the taxes of the larger community that pays for the salaries of law enforcement working on these cases; hospitals and rape crisis centers often pay for the sexual assault exam offered to the victim, all reducing resources that could be devoted elsewhere. This is without even beginning to take into consideration the lost wages to the victim, the loss of productivity and manpower to their place of employment, and the far-reaching effects of the assault on the friends and family members of the victim. The cost to human lives, the negative impact on communities, and the financial toll sexual assault takes is too much to pay any longer. There are many new, exciting programs to explore that hold promise for a different outcome for rape survivors. The Sexual Assault Nurse

Examiner's program, victim advocacy organizations, and mental health professionals may all be alternatives to the outdated, damaging system currently in place. As well, many of the studies examined for this thesis found that simply educating and improving the awareness of the general public, police officers, detectives, prosecutors, mental health professionals, and health care workers could make a drastic change in the amount and type of secondary victimization behaviors committed and therefore the health and legal outcomes for countless victims.

PURPOSE

The primary purpose of this literature review is to evaluate the causation and effects of secondary victimization in young adult female victims of sexual assault who report the crimes committed against them to law enforcement agencies, medical professionals, and mental health professionals. The secondary aim of this review is to evaluate current programs or potential experimental programs for effectiveness in reducing secondary victimization and increasing victim satisfaction with the investigation and forensic examination process.

METHOD

A search of the CINAHL database was conducted using the following search terms: (secondary victim* or secondary trauma*) AND ((MH "Rape") OR rape* OR (MH "Sexual Abuse") OR "sexual abuse" OR (MH "Sexual Assault Examination") OR "sexual assault" OR (MH "Sexual Assault Nurse Examiners")). A total of 250 articles was produced by this search, after duplicates were removed 170 remained. Each article was individually evaluated for exclusion and inclusion criteria. Exclusion criteria included those not in English, not directly related to the subject of secondary victimization in victims of sexual assault, those involving child or male victims, and any dissertations or theses. Once exclusion criteria were applied only 32 articles remained. The 32 articles meeting the inclusion criteria related to young adult, female victims who reported a sexual assault to legal, medical, or mental health professionals, secondary victimization experiences when reporting by this victim class, and programs designed to improve these victims' satisfaction with the criminal justice system. After the inclusion and exclusion criteria were applied, the remaining materials were individually evaluated for credibility and validity before being synthesized into this final thesis.

CHAPTER 2: REVIEW OF LITERATURE

The first aim of this thesis is the analysis of the cause and effects of secondary victimization. The effects and perpetrators of secondary victimization allows a better interpretation of the causes of secondary victimization and will thus be dissected first.

EFFECTS OF SECONDARY VICTIMIZATION ON VICTIMS

Rebecca Campbell, a professor at the University of Illinois in Chicago, is one of the earliest and foremost researchers on the subject of sexual assault, and particularly secondary victimization. In 2001, Campbell led a team of researchers to conduct interviews with 102 victims of sexual assault. These interviews were then analyzed to determine psychological and physical health outcomes of the victims after contact with community professionals and resources. In this sample, 75% of reported cases resulted in no prosecution, only 10% were tried and convicted, and prosecution was attempted more frequently for white women and for assaults that fit the stereotypical rape scenario (i.e. raped by a stranger, a weapon was used, assault resulted in physical injuries, etc.) (Campbell et al 2001). As well, hospital staff would refuse to conduct rape exams for victims who showered post-assault and less than half of the victims received information about pregnancy risk, the morning after pill, and STDs and HIV (Campbell et al 2001).

Overall, 52% of victims reported contact with the legal system as “harmful” and one third experienced the medical system as “hurtful”, on the other hand 47% of victims believed contact with the medical system to be “healing” and overwhelmingly victims reported contact with mental health professionals, rape crisis centers, and religious communities as “healing” (Campbell et al 2001). As a result, victims who rated their contact with the legal system and healthcare system as hurtful, particularly those whose cases weren’t prosecuted or didn’t receive HIV information or the morning after pill, exhibited higher psychological and physical health distress (Campbell et al 2001).

Another interesting note, it was discovered that victims of stranger rape, as opposed to acquaintance or date rape, were more likely to seek assistance from the legal system and medical care (Campbell et al 2001). This is believed to be because victims of stranger rape are much more likely to be believed and treated with kindness and understanding by the community. White victims were much more likely to reach out to rape crisis centers and professional mental health services than ethnic minorities (Campbell et al 2001). This may be due to a lack of resources available in ethnic communities or a lack of financial resources for ethnic victims to afford these services.

In another of Campbell's articles, a state-wide survey of mental health professionals, who work with rape survivors, was conducted to analyze the scope and impact of secondary victimization (Campbell & Raja 1999). Instead of surveying victims, who often do not want to participate in research or discuss intimate details of their assault or reporting experience, mental health professionals can be questioned and draw upon their collective experiences with rape victims to assess the extent and scope of secondary victimization. In the sample of 415 mental health professionals surveyed, 84% agreed that the practices of community professionals can be harmful, 81% believed contact with the criminal justice system is psychologically detrimental, and 89% believed the medical rape exam is traumatizing for survivors (Campbell & Raja 1999). Of particular interest, it was found that therapists who worked with lower socioeconomic status clients and women of color were more likely to agree that community professionals engage in harmful practices and contact with them can be detrimental to survivors, compared to therapists working with white women and clients with higher socioeconomic status, who were more likely to agree contact with social systems have a positive impact on clients (Campbell & Raja 1999).

In another study by Campbell, utilizing the same sample of 102 rape victims from the previous article, it was found that, regardless of individual and rape related variables, negative experiences with the legal and medical systems were associated with increased PTSD symptoms; those who returned with the highest PTSD symptoms were victims of non-stranger rape who received very little services from the legal or medical system yet experienced more secondary victimization (Campbell et al 1999). However, victims who sought and received mental health services post-assault reported reduced PTSD symptoms; it seems this service can actually undo some of the damage caused by secondary victimization and victim blaming behaviors (Campbell et al 1999).

PERPETRATORS OF SECONDARY VICTIMIZATION

One of the major flaws with some of the Campbell studies is that only the victim's account of events is collected, the researchers did not attempt to corroborate reports with investigators or prosecutors. Their results are then altered by the victim's bias and memory shortcomings, making it very difficult to determine the actual extent and impact of secondary victimization. In an attempt to gather more, unbiased information on secondary victimization, Campbell (2005) conducted a validation study with rape survivors and the medical and legal system. In this study, eighty-one women reported to the Emergency Room for a rape exam and were surveyed about their experiences; as well, the investigators, physicians, and nurses involved in the care of the victim were surveyed (Campbell 2005). There was 81% agreement between victims and police officers on what legal services were offered (police report, police investigation, and referrals) (Campbell, 2005). Victims and police officers both agreed, for the most part, on what services were offered or preformed (Campbell 2005). There was 73% agreement between victims and police officers on what behaviors occurred, including discouraged from filing report, reluctant to take report, told case was not serious enough to pursue, questioned the way they dressed, questioned behaviors and choices, questioned prior sexual history, and so on (Campbell 2005). On the other hand, interrater agreement on secondary victimization emotions was only 58% (Campbell, 2005). A little under half of the police investigators could not accurately predict how their behaviors and actions would affect the victim's emotional state (Campbell 2005).

Similarly, the doctors and nurses surveyed had high rates of agreement with the victims on which specific services were offered or preformed (rape exam, forensic evidence collection, information on risk of pregnancy or STDs, tested for pregnancy, provided emergency contraceptive, etc.) and which secondary victimization behaviors were exhibited (refused to conduct exam, did not explain procedures, questioned prior sexual history, questioned if resisted perpetrator, etc.) (Campbell 2005). However, again, doctors were not able to accurately predict how their behaviors and actions would affect victims emotionally (Campbell 2005). Nurses were the only ones able to accurately assess and predict the victim's emotional state as a result of the procedures and behaviors they endured (Campbell 2005). This study establishes that the medical and legal systems and victims can agree on what services and behaviors are being encountered, but the medical and legal system is grossly unaware of how these procedures and behaviors impact victims long after their encounters.

CHARACTERISTICS OF VICTIMS IN RELATION TO SECONDARY VICTIMIZATION

Secondary victimization is not equal across all victim or case types. Detectives will often facilitate the movement of cases through the system more efficiently if they believe that case has a higher chance of being prosecuted (Patterson 2011). Not only will detectives handle the case differently based on the chances of prosecution, but they will interact with victims differently. Interviews conducted with 20 rape victims showed a great disparity in their treatment by and their feelings about the criminal justice system based on whether their case was prosecuted or not (Patterson 2011). Victims whose cases were prosecuted reported that detectives treated them kindly and with respect, victims felt supported and believed (Patterson 2011). On the other hand, victims whose cases would not be prosecuted, reported that law enforcement treated them like criminals, blamed them for the assault, and treated them in a generally unsupportive and apathetic manner (Patterson 2011). Treatment by the detectives also effects the level of disclosure by the victim to detectives. Victims whose cases were prosecuted reported that the detective spent time building rapport with them before asking questions, allowed the victim to take her time answering questions, and generally made the victim feel safe and comfortable (Patterson 2011). As a result of this excellent treatment, the victim was able to recall more details of the assault and felt comfortable sharing the private, intrusive details of the assault with the officer; this gave the officer more information to solve the case and made the victim appear more credible, improving her chances of having her case prosecuted (Patterson 2011).

Unlike victims with prosecuted cases, victims with nonprosecuted cases felt the interview pace was rapid and forceful, the interview began with questions instead of rapport building, and

the officers expressed general disbelief in their stories (Patterson 2011). Instead of feeling comfortable, safe, and able to share their story, victims whose cases were ultimately not prosecuted felt reluctant to share details and had difficulty recalling details of the assault, making them appear less credible and reducing their chances of case prosecution further (Patterson 2011). Some other factors that determine risk of secondary victimization include victim or offender race, victim or offender ethnicity, victim or offender gender, victim involvement in the investigation process, length of time before reporting, use of a weapon, injuries sustained, and more (Patterson 2011).

The many flaws in the legal, medical, and mental health response to sexual assault have been discussed. Research shows that ethnic minorities, young adult females, victims of acquaintance rape, and others are affected by secondary victimization and that these victims are negatively impacted by secondary victimization, experiencing higher rates of PTSD and other poor health outcomes. Now, the root cause of secondary victimization can be evaluated in detail.

CAUSES OF SECONDARY VICTIMIZATION

Secondary victimization stems from how a victim is perceived by police investigators, medical personnel, prosecutors, jurors, and society at large. Of particular importance to the process of secondary victimization, is how blame is assigned in a rape case. Depending on certain victim, offender, and case related features blame is assigned to the victim, to the perpetrator, or both.

LANGUAGE AND BLAME ATTRIBUTION IN RAPE CASES

One study analyzed the language of three sex offenders and twenty-three police officers responsible for apprehending sex offenders, to determine how blame and responsibility for rape is assigned (Lea 2007). Two discourses, or dialogues, were identified: the discourse of desire and the discourse of commonsense. The discourse of desire “serves to locate rape within the realms of sex”, essentially women are very attractive and men can’t control their urges to have sex with attractive women (Lea 2007, pg. 503). The discourse of commonsense details how women put themselves at risk by making poor choices, such as wearing revealing clothing late at night all alone, by attracting male attention and making themselves vulnerable to sex attacks, blame can be partially assigned to the victim (Lea 2007). In their interviews, sex offenders would talk of how attractive their victims were and how they couldn’t control their urges, this makes their actions seem acceptable and reduces the amount of assumed responsibility for the event (Lea 2007). Unfortunately, professionals who work to catch these criminals also engaged in this discourse. Police officers would describe ways in which women made themselves attractive to

men, with the purpose of stimulating men's interest in them, thereby placing blame on the victim for being desirous (Lea 2007). Police officers tended to engage more in the discourse of commonsense than of desire, questioning why victims would engage in certain behaviors that, to them, seemed clearly unsafe. The discourse of desire and commonsense are based on rape stereotypes, which unfortunately permeate Western society and affect how the general public and professionals will respond to rape victims. It is important to differentiate rape from sex. Rape is not about sex, rape is about power. When rape is analyzed through this lens, it is clear the perpetrator should be assigned the blame, regardless of seemingly "unwise" choices made by the victim. It doesn't matter if the victim wore clothes that covered every inch of skin or none, if they walked alone at 3am or with ten people at midday, rape will happen regardless, because it is about power and not about sex.

RAPE MYTH ACCEPTANCE

Rape myth acceptance is a major contributor to secondary victimization. False preconceptions are especially dangerous when expressed by police investigators, resulting in unfounding cases, failing to investigate cases properly, or encouraging victims to rescind complaints (Rich & Seffrin 2012). In a survey of 429 police officers on rape myth acceptance, sexual assault training and education, and victim interviewing skill, it was discovered that rape myth acceptance had the strongest, most negative influence on knowledge of interview techniques, while knowing victims personally and sexual assault education was significantly positively associated with interviewing techniques (Rich & Seffrin 2012). Essentially, the more

training on sexual assault officers have, the better interviewers of sexual assault victims they make, while the more rape myths the officer believes, the worse they are at interviewing victims of assault.

Not unlike this study, Campbell and others analyzed police case records, corresponding to 400 sexual assault exam kits, for the presence of rape myths. The researchers identified three types of rape myths in the police case records, termed circumstantial statements, characterological statements, and investigatory blame statements (Shaw, Campbell, Cain, & Feeney 2017). Circumstantial statements referred to assertions in the police case records that suggested the sexual assault did not occur because of specific circumstances of the assault or the way the victim presented to law enforcement; 25.4% of the records analyzed contained at least one circumstantial statement (Shaw et al 2017).

Characterological statements referred to assumptions in the police case records that suggest the sexual assault did not occur on the basis of specific characteristics of the victim, for instance the victim was a regular drug user, a sex worker, has “done this before”, was “mental”, “promiscuous”, or “not credible”; 16.94% of the case records analyzed contained at least one of these statements (Shaw et al 2017). Forty-one percent of records contained at least one investigatory blame statements, which consist of comments in the case records that suggest the victim was to blame for the police conducting a less than thorough investigation, for instance the victim was not cooperating, did not provide enough information, was not able to be contacted, or was a “weak victim” that would not hold up well during trials (Shaw et al 2017). This study supports the assumption that police officers engage in rape myth acceptance and regularly include them in official police reports.

BELIEF IN A JUST WORLD

Belief in a “just” world can contribute to secondary victimization of sexual assault victims. Belief in a just world is the conviction that people get what they deserve for their behavior. It enables the illusion that our environment is a predictable place, therefore reducing anxiety and increasing feelings of security (Areh, Mesko, & Umek 2009). In one study, 166 individuals were surveyed on depth of belief in a just world, gender, and blame attribution to a victim based on four randomly assigned vignettes. In each vignette, the relationship between the victim and her assailant was altered (i.e: stranger, acquaintance, dating partner, or husband) to evaluate how this affected how blame is assigned to victims in rape cases (Stromwall, Alfredsson, & Landstrom 2013). The study found that the higher the participant scored on the Belief in a Just World Scale, the more blame assigned to the victim and the less blame assigned to the perpetrator, as well participants with a higher belief in a just world were less likely to rate the event described in the vignette as rape (Stromwall et al 2013). The participants also assigned the most blame to the stranger rape vignette; the acquaintance scenario was rated as rape to a higher extent than the dating or married scenarios (Stromwall et al 2013). The researchers believed the most blame was assigned to the victim in the stranger rape case due to the fact the vignette described the victim walking alone through a park at night, the participants likely believed this to be irresponsible and unwise behavior, according to their belief in a “just” world. This finding is contrary to the findings of many similar studies, in which the stranger rape victim is usually assigned the least blame and the married/dating partner scenario is usually assigned the most blame. This contributing factor to secondary victimization is especially dangerous because

the general public, potential jurors, police officers, prosecutors, and so on, may not even be aware of their own beliefs that can impact perceptions of rape victims, and therefore the course of the victim's trial.

Beliefs in a just world also has an impact in rape cases involving the consumption of alcohol. Victims who are intoxicated are consistently perceived as more responsible in cases of sexual assault than non-intoxicated victims (Ferguson & Ireland 2018). According to a "just" world, if the victim allowed herself to get drunk enough to not be able to protect herself from sexual assault, then she got what she deserved.

VICTIM AND OBSERVER CHARACTERISTICS LEADING TO SECONDARY VICTIMIZATION

Aside from rape myth acceptance and belief in a just world, there are several victim and observer dependent factors that influence secondary victimization. In one of the earliest studies on this topic, 123 college students were assigned randomly to two different groups, one group watched a video depicting a white Dutch woman reporting a sexual assault and the other watched a video depicting a black Surinamer woman reporting the exact same assault; one group was told to determine if the victim was telling the truth and the other was told to assess the impact of the rape on the victim (Mulder & Willem Winiel 1996). The students rated the black victim as less credible and more responsible for the assault than the white victim, as well, the subjects responsible for detecting the truth viewed the victims as less credible and more responsible for the rape overall, than the subjects told to think about the victim's emotions (Mulder & Willem Winiel 1996).

The same researchers conducted the same study again, this time with social workers and police officers instead of university students. The results showed that in general social workers made a more positive judgement of the victim, felt the consequences of the rape were more serious, and felt the victim was more credible than police (Mulder and Willem Winiel 1996). Not only does the victim's ethnic identity affect the perception of the crime, but the mindset of the person evaluating the victim, depending on whether they are thinking about the victim's experience or if they're trying to assess truthfulness. The job of a social worker is to empathize with the victim, providing unconditional acceptance and support. The professional lens of the social worker influenced how they viewed and treated victims. Police officers, on the other hand, view their job as determining truth from lies in order to apprehend criminals, thus they interpreted the victim's behavior differently from social workers.

A similar study was conducted by Frans Winkel in 1995, utilizing 286 victim assistance workers, who also watched two videos, one of a white woman reporting an assault and another of a black woman reporting the same assault, but instead the subjects were questioned on empathy for the victim, estimation of number of false rape reports, and conditional acceptance of forced sex. Again, the black victim was perceived as less credible and more responsible for the assault than the white victim, however, this time, subjects that estimated a high number of false rape reports and subjects that believed in conditions under which forced sex is acceptable, consistently supplied a more unfavorable impression of the victim (Winkel 1995).

Victim characteristics and observer characteristics can greatly affect how a victim and an assault are viewed and treated. Victim emotional presentation to the observer is another victim factor, aside from ethnicity, that can affect the assessment of a victim and the treatment of that

victim. In a study consisting of 137 participants, randomly assigned to two groups, one group watching a victim report her assault in an expressive manner and the other watching a non-expressive victim report her assault, the participants found the emotionally non-expressive victim to be significantly less credible (Hackett, Day, & Mohr 2008). A similar study was conducted using 130 senior police officers, who again were split into two groups, one watching an emotional victim testimony and another watching a non-emotional victim testimony, obtained the same results; the police officers found the emotional victim testimony more credible (Baldry 1996). Another interesting note, this study also assessed how victim empathy impacted victim responsibility and credibility, the more empathy the officer had for the victim, the less responsible and more credible she was judged (Baldry 1996).

SEXUAL ASSAULT NURSE EXAMINERS

Several causes of secondary victimization have been identified, for instance rape myth acceptance, the perpetuation of rape stereotypes by society, belief in a just world, the ethnicity of the victim, and the emotional presentation of the victim. Although the issue is large and expansive, there have been a few successful programs. One of the most successful programs of the twenty-first century, at least for victims of sexual assault, is the Sexual Assault Nurse Examiner. These specially trained registered nurses have been proven to be more helpful to victims emotionally, but also legally. Across multiple studies, all investigating the positive emotional impact of SANE nurses, survivors reported feeling respected supported, believed, and well cared for by their SANE nurses (Shaw 2015). In a survey of 70 patients in Minneapolis, 85% reported the nurses' listening to them was the one thing that helped them the most through their time of crisis (Shaw 2015). A study compared pre-SANE sexual assault cases to post-SANE sexual assault cases and found statistical improvement in medical service delivery, for instance rates of pregnancy testing went from 79% to 88%, rates of emergency contraception provision increased from 66% to 87%, and rates of STI prophylaxis use raised from 89% to 97% (Shaw 2015). Researchers seeking to evaluate the forensic impact of SANE nurses evaluated 279 sexual assault exam kits collected by SANES compared to 236 sexual assault exam kits prepared by non-SANES, and found the exam kits collected by SANES were significantly more likely to maintain chain of custody (81% vs 92%), to properly seal and label envelopes (75% vs 91%, and 88% vs 95% respectively), to supply the appropriate amount of pubic and head hair in samples (74% vs 88%, and 80% vs 95% respectively), to provide the correct number of swabs (71% vs

88%), to provide the correct number and type of blood tubes (80% vs 95%), to provide a sperm motility slide if relevant (72% vs 87%), and to provide a crime laboratory report (93% vs 97%) (Shaw 2015). In a study analyzing the effect of SANE programs on case progression through the criminal justice system, there was found to be an increase in the number of cases that ended in a guilty plea or conviction after the implementation of the SANE program (Campbell, Patterson, & Bybee 2012).

SANE programs have overwhelmingly been beneficial for victims of sexual assault and for the criminal justice system in general. SANEs have three primary roles: keeping victims calm, comfortable, and informed, complete and consistent evidence collection, and testifying as expert witnesses (Campbell, Patterson, & Greeson 2010). Researchers interviewed six SANE nurses regarding their role and career philosophies, the nurses strongly emphasized that their “overarching programmatic goal is to improve victims’ well-being by providing quality acute patient care” (Campbell, Patterson, & Greeson, 2010, pg. 20). The nurses feel their primary responsibility is to their patients, not the prosecution or investigation, they report the crime to the police, but inform the patient that it is their choice whether to participate in reporting or not (Campbell, Patterson, & Greeson, 2010).

SANE nurses play a crucial role in assisting victims cope with emotions of shame and blame. Nurses provide information about female anatomy to help survivors understand why injury during rape is uncommon; this can also provide the victim hope that the legal system will take their case seriously and encourage more cooperation in the reporting process (Campbell, Patterson, & Greeson, 2010). Of interest, SANE nurses mentioned during their interviews that police would often ask the nurses if the case was “real” or not. The SANE nurses respond by

refraining from offering personal opinions, instead letting the patient history and medical exam speak for themselves, while also educating police in female anatomy and physiology to challenge the misconceptions about the presence or absence of injuries (Campbell, Patterson, & Greeson, 2010).

VICTIM ADVOCATES

Aside from Sexual Assault Nurse Examiners, Victim Advocates have also had much success in helping victims of sexual assault. A victim advocate's goal is to offer emotional support and not question the victim's account of the assault. They assist the victim in navigating the legal system and provide resources or referrals as needed (Murphy, Banyard, Maynard, & Dufresne, 2011). Victims have reported overwhelmingly that advocates are supportive and informative; survivors who work with advocates also have lower PTSD scores than those who had legal system involvement without the support of an advocate (Campbell, 2008). As well, rape survivors who had an advocate present were more likely to have police take a report, were less likely to be treated negatively by law enforcement, and were less likely to be questioned about their sexual histories (Campbell, 2008).

SEX OFFENDER LAWS

Although sexual assault nurse examiners and victim advocates have been successful programs in reducing secondary victimization, some other policies have not been so effective. As a response to significant public outcry related to highly publicized cases of child molestation and murder, state and federal laws regarding sex offenses were enacted. These first statutes targeted “sexual psychopaths”, or the types of criminals who raped and murdered children (Bandy 2015).

The feminist movement in the 1970s and 1980s challenged the system to expand the focus of sex offender laws and increase attention to acquaintance rape and intimate partner violence, resulting in the creation of many federal organizations and resolutions to help the victims of sex-related crimes (Bandy 2015). In a study, eighteen victims of sexual assault and five state sexual assault coalitions were interviewed regarding their opinions on sex offender policies and what they actually wanted or needed from their government. Some of the key issues identified by the respondents included making it acceptable to talk publicly about rape and sexual assault, better education of the public about who actually commits the most sexual offenses and who is most at risk of being a victim, and lack of short term and long-term support services for victims (Bandy 2015). Another interesting issue raised during these interviews was how the escalation in sanctions against sexual offenses has led many victims to refrain from reporting because the offender was someone they knew and loved; more options in how to punish these offenders could encourage more victims to report (Bandy 2015). As well, sex offender laws perpetuate stereotypes that strangers commit more sexual offenses, leaving the general public unaware of the true offenders (Bandy 2015). Some victims even described feeling

as though certain classes of victims were being acknowledged as worthier of support in sex offender laws, the respondents would tell themselves “At least I don’t have it as bad as that girl” (Bandy 2015). The most interesting issue raised by some of the coalitions against sexual assault was the fact that many sex offender laws provide funding for treating offenders, but significantly less funding is available for victim aid, with victims struggling to find resources during the recovery period following their assault (Bandy 2015).

Sexual offenses are a unique collection of crimes, the victim and the perpetrator are usually connected, it cannot be solved as easily as making it a highly punishable offense, in this crime it is not uncommon for the victim to actually protect the perpetrator at times. Most of the laws target the wrong offender, focusing mostly on stranger rape, creating pictures of predators lurking in bushes in the public’s mind. The public does not want to hear about such grisly and disturbing crimes as sexual assault, so victims are shamed into silence with prejudice and stereotypes. Worst of all, shouldn’t the victims of these awful crimes have more funds devoted to them and their care, than the offenders who hurt them?

SPECIALIZED COURTS

State and federal governments have used more than just legislation to try to tackle the problem of sexual offenses, and particularly the secondary trauma experienced by sexual assault victims when participating in the criminal justice system. One attempt to deal with this problem was through the use of specialized court systems. Specialized courts focus on a similar class of offender or a narrow class of offenses, for instance sexual offenses (Walker & Louw 2003). The rationale behind these courts is that a degree of specialization is necessary in order to effectively address complex cases; they developed in response to increasing caseloads and congestion within the judicial system (Walker & Louw 2003). Some of the advantages of these courts include greater efficiency and higher quality service, the drawing of special attention to certain classes of offenses, allowing for intervention with and supervision of offenders diverted from the traditional criminal justice system, allowing better coordination of social and support services, and judges are expected to develop a higher level of expertise in a key area, therefore improving decision making (Walker & Louw 2003).

Specialty courts also utilize the principles of therapeutic jurisprudence, a concept that rests on the premise that not only the outcomes of the judicial process, but the process as a whole, can have a therapeutic effect on the victim, therefore a concerted effort is made to create a more relaxed and less imposing atmosphere for victims (Walker & Louw 2003). The main arguments against specialty courts include the loss of fairness and justice in favor of judicial efficiency, lack of uniformity and consistency of the legal system, increase in administration costs, lack of access for rural communities, and bias against certain classes of offenders (Walker

& Louw 2003). Despite these supposed shortcomings, specialty courts utilized in South Africa made an immediate impact in judicial efficiency, alleviating caseloads of courts, and improving conviction rates in sexual assault cases (Walker & Louw 2003).

SEXUAL ASSAULT RESPONSE TEAM

Similar to the idea of specialty courts is the concept of one, incorporated, team response to sexual assault. The team comprises police investigators, medical professionals, prosecutors, and social workers, all working closely together to meet all the needs of sexual assault victims in one convenient location. This system hopes to combat the isolation and lack of coordination typical of traditional service systems (Tien, Wu, Lin, & Wang 2017). This unique idea was tried for the first time in 2008 in Taipei City Hospital, termed the One-Stop Service for Sexual Assault Victims (Tien et al 2017). This service saves victims, witnesses, and offenders from many trips to many different departments and locations around major cities, eases collaboration among professionals, and provides improved continuity of care for victims (Tien et al 2017). The United States has trialed a similar task force, known as Sexual Assault Response Teams, or SARTs, which include police officers, SANEs, doctors, prosecutors, and social workers, all of whom will travel to meet victims of sexual assault and assist in meeting their needs. Although these programs improve collaboration and communication among professionals, there are still issues with blurred roles, differing obligations, confidentiality, and information sharing (Tien et al 2017).

Regardless of which type of criminal justice system employed or how offenders are being prosecuted, victim treatment and victim input matter. Victims of sexual assault are vulnerable and often subject to more negative treatment than any other class of victim. Certain aspects of the prosecuting process have been proven to help counter the negative experiences faced by victims, including when victims are given a voice in their case, accurate investigations and

reports of the crime, and proper treatment by police investigators and prosecuting staff (Laxminarayan 2012). The victim being able to voice her opinion and counter perceptions of blame is beneficial for recovery, insufficient investigations withhold evidence and convey to the victim that they are not taken seriously, and respectful treatment must be provided to all victims, especially those who may be vulnerable (Laminarayan 2012).

DISCUSSION

Secondary victimization is a pattern of behavior, practices, and attitudes that blame and shame victims of sexual assault. This practice is engaged in by mental health professionals, police officers, doctors, nurses, and community members. Young adult females, ethnic minorities, victims of non-stranger rape, victims without injuries, victims who wait to report the crime, and many others are all at an increased risk of encountering secondary victimization. Secondary victimization is dangerous. It leads to increased rates of PTSD, depression, anxiety, suicidal ideation, self-harm, shame, blame, and more in victims of sexual assault. Secondary victimization is caused by the perpetuation of rape myths by society, rape myth acceptance by police officers, doctors, nurses, prosecutors, jurors, and others, belief in a just world, the mindset of the observer evaluating the victim, and much more. When the practice of secondary victimization is engaged in by police officers, prosecutors, mental health professionals, and medical professionals, rates of case prosecution and offender conviction go down and criminals go free. Luckily, research has shown there are solutions to this problem. Sexual assault nurse examiners, victim advocates, specialty courts, and coordinated team responses to sexual assault have proven effective in increasing conviction rates and victim satisfaction.

Sexual assault is an extremely unique problem. The solution will not come overnight, and it will not be a simple sweeping wave of change. It takes a team of professionals and a socially conscious society to fully make a difference in this issue. Police officers, by themselves, cannot help victims of sexual assault. Police officers view their role as investigating crimes and apprehending criminals. It is not their job to hold the victim's hand or wait for them to finish

crying to ask a question. Sexual assault nurse examiners cannot investigate rape cases alone. Their role is to collect evidence and treat the injuries of the victim, internal as well as external. Their role is to educate victims, officers, and the public on the issue of sexual assault and what is “normal” post-assault. Victim advocates cannot heal a victim all by themselves. They need investigators to find the criminal so a victim can feel safe first and then start to recover. They need nurses to bring victims a degree of physical health first before they can tackle the emotional repercussions of assault. Victims need multiple professionals to receive the quality, holistic care they deserve.

The response to sexual assault is engrained in our society, in our upbringing, we face it every day. Blame in sexual assault has to do with culture, gender roles, societal norms, and many other unseen social processes present in everyday life. That is part of what makes the problem of secondary victimization and its solution so unique. This phenomenon cannot be blamed solely on the professionals who encounter these victims daily, and nor is it solely their responsibility to fix this problem. This problem falls on every single one of us. It is the responsibility of every member of this society to challenge stereotypes not founded in fact or supported by statistics. It is the responsibility of every human to stand by their fellow man and determine what is acceptable behavior towards another human and what is not, regardless of the circumstances. It is the responsibility of every individual to take into consideration their own beliefs and biases and still look at another’s story with open, unblurred eyes. The overall, resounding recommendation by countless professionals, victims, and even laypersons is that education could change this issue. Simply educating the public on the reality of rape and encouraging this topic to be talked

about, to be an acceptable public conversation, no longer whispered about only in secret, could revolutionize the way victims of rape are treated.

Rape and sexual assault thrive in silence. When victims feel they cannot come forward because no one will believe their story, offenders are winning. Even larger than the individual victim, but all sexual assault victims worldwide, need a caring, supportive, educated, listening society to voice their story to. A society that will hear them, believe them, and work towards change together. A place to stand, to belong, without fear, without shame, and without judgement. This issue is uncomfortable and it is scary. It puts people on edge. But it will continue to exist as long as no one will acknowledge it.

CHAPTER 3: RECOMMENDATIONS

IMPLICATIONS FOR NURSE PRACTICE

Throughout this research, nurses proved time and again to be a vital resource to the sexual assault investigation process and victim healing process. Even emergency department nurses, with little training or background in sexual assault, were able to accurately predict how victims of sexual assault felt after their interactions with doctors, nurses, and police officers. Police officers and doctors were not able to recognize how victims were feeling after their interactions nearly as well as nurses. Nurses with advanced training in forensic evidence collection, evidentiary chain of custody, and sexual assault exams are a key link in the community response to sexual assault. Forensic nurses are able to provide accurate exams and documentation for the investigation and prosecution of sex offenders, better than what emergency room physicians and nurses are capable of. As well, victims overwhelmingly report that sexual assault nurse examiners are supportive and helpful for the healing process after a traumatic assault. Nursing education, which emphasizes interpersonal communication, therapeutic communication, and a holistic approach to the client, may contribute to this profound ability to assist sexual assault victims in the healing process.

Unfortunately, sexual assault nursing is an extremely small field and not very well known, even amongst nurses. More attention and education should be provided to this important and unique subfield of nursing. Sexual assault is becoming more public, more victims are reporting the crime than ever before, sexual assault nurse examiners provide a unique response to this crime and these victims. This subfield of nursing should be utilized across the country to

combat the crime of sexual assault and education should be provided in nursing school about opportunities in forensic nursing.

RESEARCH

The amount of research into the crime of sexual assault, and secondary victimization in particular, is tragically small. It can be very difficult to recruit subjects for these studies. Many victims of sexual assault do not want to recount their experiences for the purposes of research. As well, the professionals who interact with these victims comprise of a very small group and are usually very difficult to approach for research opportunities. Due to the small population of the study subjects, it is difficult to get appropriate sample sizes for many research studies. Quantitative research is desperately needed in this field of study.

All of the articles analyzed for this thesis were qualitative studies, which provide a much lower level of evidence than quantitative studies. It can be difficult to perform any randomized controlled trials or double-blind experiments on this subject, due to ethical issues related to purposely giving a control group an experience that is known to be damaging, however other quantitative studies could be designed to better assess secondary victimization. Also, more research into police officers' perspectives of rape victims and rape investigations and the use of advocates would complement current research on victim and advocates' perspectives of police officers and the investigations they perform. More research on rape myth acceptance and how this directly correlates to secondary victimization, for instance which rape myths are most damaging to investigations' outcomes and progression through the criminal justice system, is essential to the progression of this topic. As well, many of the studies recommended instituting policies of increased education and specialized training for professionals who may have to interact with victims of sexual assault, however few studies exist on which methods of teaching

or which training programs are actually effective at reducing secondary victimization or rape myth acceptance. Several studies should be done to identify which types of training programs work best to educate professionals and reduce rates of rape myth acceptance and secondary victimization. Also, how these extra evidential factors that affect the perception of rape victims affect jurors responsible for passing down decisions on these cases has not been addressed. Are jurors subject to these same biases, do they impact their decisions when hearing cases? Would providing more information to jurors who hear rape cases lead to more impartial decision making?

SANE programs in general are also extremely new, more research will be needed into how effective they really are later on in their implementation and specific challenges related to these programs. Most of the studies analyzed the impact of the criminal justice system on victims, but few addressed how the system can be changed to meet the needs of victims, this would make for an interesting area of study. Perhaps the system in place is not suitable for dealing with victims of sexual assault and a whole new process could be developed that is more effective and efficient.

CHAPTER 4: LIMITATIONS

There are several limitations to the studies analyzed for the purpose of this thesis. The sample sizes for many of these studies were extremely small. It can be very difficult to recruit victims of sexual assault who want to tell their story for research purposes, even the number of professionals who work with these victims is small and they are often difficult to approach for research. This poses issues when trying to generalize the results of the study to other, more diverse populations. As well, there is some disagreement amongst researchers whether victims who respond to calls for research are fundamentally different than other sexual assault victims, and therefore not representative of the general population of sexual assault victims. All of the studies analyzed were qualitative in nature, based on surveys and questionnaires, this is a very low level of evidence that is subject to respondent's memory and personal bias.

Memory bias is particularly important for many of these studies, many studies utilized the responses of victims whose assault was several years prior, making the possibility of error or inaccuracies in their responses much higher. Many of the surveys utilized for these studies contained scales for assessing rape myth acceptance, belief in a just world, and so on. The rape myth acceptance scale, in particular, is subject to social desirability bias, meaning subjects may change their true beliefs on the scale to seem more polite or appropriate to the researchers. Several studies use victim statements about their experiences with the criminal justice system without corroborating the account with the detective or prosecutor or doctor who worked with that victim, meaning the information gathered only reflects the victim's perspective and is subject to their memory and personal biases. Studies that did corroborate accounts with

detectives, doctors, nurses, and so on did not involve direct observation, the subject's response was merely recorded in a survey. This again leaves room for the respondent's memory and personal bias and the falsification of data. Many of the studies were conducted in only one small area of the United States, for example one Midwestern state or one Northeastern state, and a few studies were conducted outside of the United States altogether. These studies pose issues when attempting to generalize the findings to populations in other geographic locations, especially the studies conducted outside of the U.S., as the impact of different cultures and societal structures on the findings cannot be determined. Many of the studies analyzed utilized a cross-sectional or retrospective study design, these studies are not suitable evidence to establish a causal relationship between two subjects, as the influence of the respondent's memory and personal bias as well as historical bias and confounding variables cannot be separated.

Paramount among the limitations of these studies is their age. There appears to be popular periods for research on sexual assault, namely the early 1990s and then again in the early 2000s. Many of the articles examined in this thesis come from either of these time periods, making some of the articles upwards of twenty years old. Societal response and investigatory practices towards victims of sexual assault are much different than they were. The relevance of these articles to the present day can be difficult to ascertain in those regards. However, given the age of these articles, one would expect more change in the system or the victim perception of the system if these problems were being tackled effectively, but even in the most recent studies, only months to one year old, there is not much separation in the sentiment of the magnitude and persistence of this problem. More current, up to date research is necessary for this subject.

CHAPTER 5: CONCLUSION

Rape. The word does not roll off the tongue easy. It is as harsh and abrupt as the act it describes. Once spoken aloud, instantly it hushes a room and gathers attention. It seems to make everyone uncomfortable, instinct and social decorum demands we shy away from it. Despite human comfort zones and social norms, this is an important and relevant topic to discuss.

Sexual assault is a traumatic experience for anyone. The victim experiences a loss of control over their bodily autonomy and intense shame over what was taken from them and the circumstances that put them in that situation. When victims of sexual assault report the crime to the community pillars responsible for investigating and prosecuting the crime, instead of getting necessary assistance, victims are at risk of being victimized a second time. This second trauma is termed secondary victimization. Secondary victimization is a series of beliefs, practices, and behaviors that seek to legitimize the crime of sexual assault by blaming and shaming the victim of the assault. Secondary victimization can take the form of a police officer refusing to conduct an investigation because a victim is a sex worker or questioning a victim's sexual history and appearance because they are a young college student. Law enforcement is not alone, secondary victimization can also come in the form of a prosecutor refusing to accept a case because the victim appears less credible than another or a physician questioning a victim's account of the assault because no injuries are present. Professionals who work with victims of sexual violence are not the only ones with false perceptions of rape victims. Society in general harbors many rape myths and engages in the shaming and blaming of rape victims by forcing victims to remain silent about their experiences and creating a hostile environment to those who try to speak out.

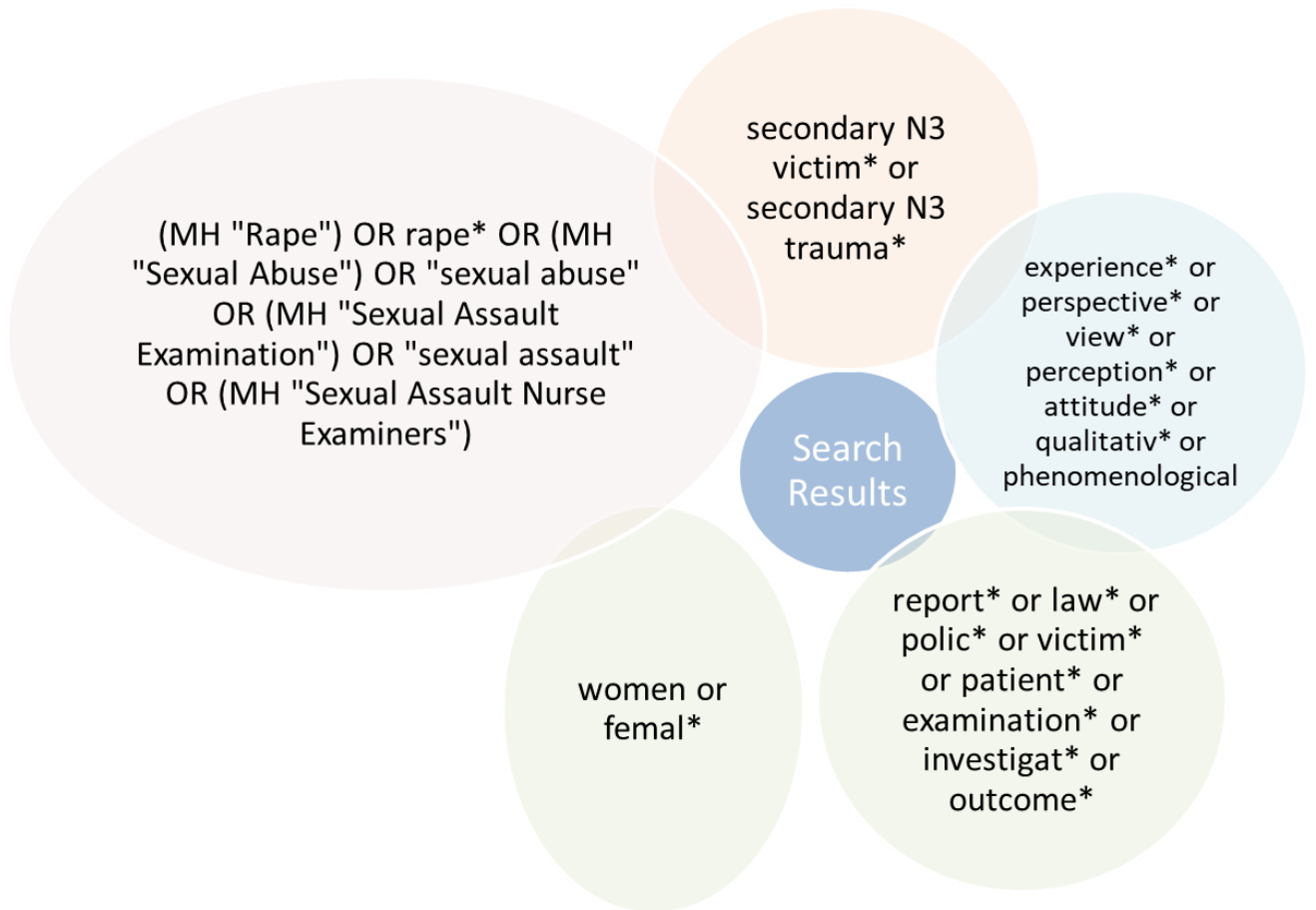
Secondary victimization is dangerous, it is not just the poor treatment of a vulnerable class of victims, but it leads to poor health and legal outcomes for these victims as well. Victims have increased rates of depression, suicide, guilt, self-blame, and PTSD when they experience secondary victimization by legal, medical, and mental health professionals.

There is a reason why rape is the most under reported crime in America, why only 6 out of every 1000 rapists is handed down a prison sentence. Overwhelmingly, victims are reporting that the system in place is ineffective and unsupportive. There are solutions to the problems posed by the criminal justice system and secondary victimization. Sexual assault nurse examiners, specialty courts, victim advocates, sexual assault response teams, and improved education and training in sexual assault have been proven to reduce secondary victimization and other damaging and stressful aspects of reporting a sexual assault. This solution, however, is not simple and consists of more than just enacting a new program or reshaping the criminal justice system.

This is a problem of society. As long as silence is the response to victims of sexual assault, as long as rape myths are accepted and perpetuated, as long as women normalize second class treatment, this issue will not get better. It doesn't matter what a man or woman is wearing, how late they are out, what they are drinking, or how many people they have had sex with before. These factors have absolutely nothing to do with sexual violence. Rape is a crime of power, rapists need control, not sex. Forced sex is not acceptable under any conditions. This information should be made widely available to the public, starting in sex education, and reinforced in professional trainings for those who wish to work with victims of sexual assault.

Sexual assault should be rare and the rate of prosecution for its offenders should be high. We are living in a society where the opposite is true. How long before we decide this shouldn't be allowed to stand?

APPENDIX A: SELECTION METHOD OF LITERATURE



APPENDIX B: TABLES OF EVIDENCE

Article Title	Author/Y ear	Design/Sam ple	Setting/Aim	Level of Eviden ce	Methods	Major Findings	Gaps/Limita tions
A Discursive Investigation into Victim Responsibility in Rape	Susan J. LEA 2007	The first of these two research projects examined the moral career of imprisoned sex offenders. The data for the study comprised transcripts of group therapy sessions held within a large state prison in the UK. The core programme of the SOTP, which involves 35–40 sessions of three hours each, constituted the focus of this research. Within these sessions, offenders confront their offences	The aim here is to contribute to the small body of alternative theory in relation to ‘victim responsibility’ in rape. By deconstructing the talk of sex offenders and those who work with them, it is hoped to shed light upon the social processes that ultimately allow most men to get away with rape, and which leave women blaming themselves	Low level of evidence, small sample size and qualitative study.	Audio tapes were made from the approximately 36 hours of videotaped material that these sessions generated. Detailed summaries were made from the audio tapes, and all sections in which the talk was oriented to the participant’s offence(s) were transcribed verbatim. Decisions were made by each of the original researchers independently about which sections of tape to transcribe, and these were agreed in a series of meetings. A qualitative analysis of the text was conducted using Potter and Wetherell’s (1987) method of discourse analysis combined with aspects of	Discourse of desire-engaged in by sex offenders, women was attractive and that is used as reason or excuse to move blame to woman’s appearance or actions and from offender. Discourse of common sense-engaged in primarily by professionals who work with victims of sexual assault, places partial blame with victim for their choice in clothing or poor decision making (being out late, drug or alcohol intake, etc.),	Small sample size, few other articles with similar method of study to compare

and engage in... not to re-offend and to enhance relapse prevention strategies. The core programme of the SOTP are videotaped by the prison for training and monitoring purposes. It was necessary to select certain sex offenders and their crimes from within the therapy group for analysis. All sex offenders due to participate in the next core programme were asked by prison staff whether they would consent to their contribution to the

conversation analysis and informed by a rhetorical approach to social psychology.

they make themselves attractive to men and want sex acts to happen to them.

		therapy group being used for research purposes. Three offenders final sample. The second of these two research projects examined the ways in which professionals and paraprofessionals construct the sex offenders with whom they work in the course of conversations about them. The sample consisted of six police officers who encountered sex offenders as part of their work... four police officers from a specialist child protection team, two					
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		assistant psychologist whose primary brief was to assess sex offenders, six probation officers and four prison officers who had extensive experience with sex offenders... and one social worker who dealt primarily with children involved in sexual abuse...					
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<p>The Sexual Assault and Secondary Victimization of Female Veterans: Help-Seeking Experiences with Military and Civilian Social Systems</p>	<p>Rebecca Campbell Sheela Raja 2005</p>	<p>The sample of predominantly low-income, African American female veterans and reservists seeking health care in a Veterans' Administration medical clinic were screened for a history of sexual assault since age 18. Two hundred ninety-eight female participants were recruited through a Veteran's Administration Hospital Women's Clinic in a large Midwestern city.</p>	<p>The purpose of the current study was to examine the extent to which female veteran sexual assault survivors encountered secondary victimization in their contact with the military or civilian legal and medical systems.</p>	<p>Low level of evidence due to survey use as method of asking questions (limited to respondent's memory and bias)</p>	<p>Clinic hours were divided into 10 weekly segments of 3 hours each (daily from 9 a.m. to 12 p.m. and 12 p.m. to 3 p.m.). Five of these segments were randomly chosen each week for over 8 months. Patients scheduled during these segments were asked to participate in a self-report written survey; if they agreed to participate, they completed the survey while waiting for their clinic appointment.</p>	<p>Most women reported assault outside of military service. Most women were assaulted by someone they knew, most were not injured, most did not have a weapon used against them, and most victims were not under the influence of alcohol or drugs at the time of the assault. Most victims were discouraged from filing a report, but this occurred more when trying to report inside military system. Legal system personnel refused to take the victim's report more often in military</p>	<p>Ethnic minorities and low income women primary sample Captured information only on one assault (either most recent and/or one which was reported to military or civilian agency)</p>
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						<p>system. Of the 70% of the sexual assault incidents that occurred during military service, victims were told by military officials that the assault was not serious enough to pursue; this problem was reported less often for victims reporting to civilian officials. Police officers more likely to question clothing at time of incident and prior sexual history. Victims reported similar emotions from result of secondary victimization regardless of reporting in or out of the</p>	
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						<p>military. More medical secondary victimization outside of the military and much less likely to receive information about pregnancy and STD risk. Victims reported higher negative emotions related to secondary victimization by medical personnel when they reported their assault inside the military system. High secondary victimization scores in either environment led to higher PTSD scores.</p>	
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<p>The Psychological Impact of Rape Victims' Experiences With the Legal, Medical, and Mental Health Systems</p>	<p>Rebecca Campbell 2008</p>	<p>This was a literature review of mostly seminal articles on the topic of secondary victimization.</p>	<p>The purpose of this article is to review the extant research on rape victims' experiences with legal, medical, and mental health systems and how those interactions affect survivors' psychological well-being.</p>	<p>Extremely low level of evidence as this is merely a review of literature, it is not a systematic review or meta-synthesis and no method of search is specified.</p>	<p>No search method was identified in the article.</p>	<p>Many victims reported investigators asking questions such as what they were wearing, their prior sexual history, and whether they responded sexually to the assault and these questions were rated as particularly traumatic. The legal relevance of such questions is minimal at best because all states have rape shield laws that limit information about the victims from being discussed in court. Younger women, ethnic minority women, and women of lower SES</p>	<p>No method of search or review for articles was identified. Author mostly commented on her own work and other seminal articles.</p>
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						<p>are more likely to have their cases rejected by the criminal justice system. Cases of stranger rape (where the suspect was eventually identified) and those that occurred with the use of a weapon and/or resulted in physical injuries to victims are more likely to be prosecuted. Alcohol and drug use by the victim significantly increases the likelihood that a case will be dropped. Victims of nonstranger rape whose cases were not prosecuted and who were subjected to</p>	
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						<p>high levels of secondary victimization had the highest PTSD of all—worse than those who chose not to report to the legal system at all. Law enforcement was more likely to take a report and less likely to treat victim negatively when a victim advocate is present. Victims reported less distress when advocate used. Victims gave positive feedback about the SANE program. This patientcentered care also seems to help victims' psychological well-being, as survivors reported feeling supported,</p>	
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						safe, respected, believed, and well-cared for by their SANE nurses. With respect to STI/ HIV and emergency contraception care, national surveys of SANE programs find service provision rates of 90% or higher	
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<p>The Linkage Between Secondary Victimization by Law Enforcement and Rape Case Outcomes</p>	<p>Debra Paterson 2011</p>	<p>Adult female rape victims who reported their rape to the CJS and received a medical forensic exam from 1999 to 2007 were the target sample for this study. The SANE program (who provides all exams for victims in the county) distributed a form to patients regarding the study. Victims were contacted 10 weeks after completing the form. Flyer advertising the study was distributed throughout the local county by posting advertisements at local</p>	<p>The primary purpose of the current study is to examine victims' experiences with secondary victimization by detectives, comparing how these experiences vary in cases that were ultimately prosecuted by the CJS compared to those that were not prosecuted.</p>	<p>Low level of evidence, data was obtained through interviews and surveys, small sample size</p>	<p>Interviews were conducted in person by one of three trained interviewers. The interviews were taperecorded and transcribed. Participants were paid \$30. Data was reduced to a manageable form by identifying transcript segments that pertained to the victim and detective interactions. The next step in the analyses involved three grounded theory-coding phases.</p>	<p>Prosecuted cases had a higher percentage of participants who reported within 2 hours of the rape compared to nonprosecuted cases. Victims whose cases were ultimately prosecuted were on average slightly older. Slightly more number of cases involving intimate partner rape were prosecuted whereas slightly fewer cases involving acquaintances were prosecuted. None of the cases involving minority victims were prosecuted.</p>	<p>Small sample that may not represent whole population of women who report to CJS. Interviews only from victim perspective, limited to victim memory and bias. Detective consistency in treatment of similar victims not verified.</p>
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		<p>businesses, human and health service agencies, and distribution through community-wide mailings</p> <p>The sample includes 20 female victims who met the study criteria.</p>				<p>In prosecuted cases, the participants reported that their detectives treated them kindly, with respect and sensitivity, which made them feel supported. Victims with nonprosecuted cases, expressed feeling hurt and confused when detectives blamed them for their victimizations. In one particular example, this participant felt like a criminal, not the victim, because the detective asked whether she was lying and warned her that she could be charged</p>	
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						<p>with false reporting. This woman believed that regardless of evidence, law enforcement would not protect her but instead hold her responsible for the rape. In addition, these victims predicted that they would never seek help from law enforcement again. In the current study, victims with nonprosecuted cases had many factors that are typically viewed by detectives as lacking credibility and these victims largely reported their detectives engaging in secondary victimization</p>	
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<p>What Really Happened? A Validation Study of Rape Survivors' Help Seeking Experiences With the the Legal and Medical System</p>	<p>Rebecca Campbell 2005</p>	<p>Rape survivors who sought emergency medical treatment were interviewed prior to discharge about what occurred during the exam and how they felt afterwards, corresponding account was then taken from police, doctors, and nurses. Two urban hospitals which were similar in policies and population served were selected and in total 81 female victims were interviewed.</p>	<p>Focus of study was on behaviors of medical staff and whether rape victims and these staff agreed on actions that happened</p>	<p>Low level of evidence due to use of surveys to gather information, however there was high correlation between victim and police and hospital staff response as to what occurred during an exam</p>	<p>Nurse would ask victim after exam and interviews with police were complete about doing a survey on ER experiences. Researcher would approach with consent and complete survey. After survey was done a validation assessment was completed with police officers and hospital staff that worked with that victim. Survey asked each group about whether certain events happened (filing a report, STI prophylaxis, etc.), whether certain secondary victimization behaviors happened, and whether secondary victimization emotions occurred.</p>	<p>Victims and police officers agree on what events occurred and what behaviors occurred. Police officers regularly underestimated the secondary victimization emotions felt by the victim. Doctors and nurses and victims agreed on what medical services were received, Doctors and nurses and victims were in mixed agreement on what secondary victimization behaviors occurred. Doctors underrated what secondary victimization emotions victims were</p>	<p>Relatively small sample size, only 2 hospitals were used to conduct survey</p>
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						feelings. Nurses could accurately assess the secondary victimization emotions victims were feeling.	
Blame Attribution and Rape: Effects of belief in a just world and relationship level	Leif Stromwel l, Helen Alfredsson, Sara Landstrom 2013	A between subjects experiment used a community sample of 166 participants to read a scenario and then answer questions about their beliefs in a just world, perpetrator blame, victim blame, etc.	The purpose of this study was to investigate the effect of belief in a just world, gender of participant, and level of relationship closeness between victim and perpetrator on attribution of both victim and perpetrator	Low level of evidence due to survey use as method of asking questions (limited to respondent's memory and bias), sample is also a	Each participant read a vignette of a rape scenario. The relationship between the victim and perpetrator varied between stranger, boyfriend, husband, and friend of mutual friends. In all scenarios woman said no and man forced himself on her. After reading the vignette the participant answered questions regarding participants'	Higher belief in just world resulted in more victim blame, less perpetrator blame, and the participant was less likely to classify the event as rape. Victims of stranger rape assigned the most blame, especially by females with a high belief in a just world (most	use of vignette means certain confounding variables in the hypothetical scenario can affect participant response, study conducted in Sweden so difficult to generalize to US culture, sample was of

			blame. The setting of this study was public locations such as train and busstations , libraries, and more in Sweden.	convenience sample and not representative of population as a whole	attribution of victim blame, perpetrator blame, participant classification of event as rape, and general beliefs in a just world.	likely because scenario depicted woman alone in park at night and then raped). Research usually shows males blame the victim more, but this study showed no major differences in blame attribution based on respondent gender (most likely because the study was conducted in Sweden and they have a more egalitarian society).	convenience , small sample size
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<p>Community Services for Rape Survivors: Enhancing Psychological Well being or Increasing Trauma?</p>	<p>Rebecca Campbell, Tracy Sefl, Holly Barnes, Courtney Ahrens, Sharon Wascro, Yolanda Zaragoza-Diesfeld 1999</p>	<p>Adaptive and snowball sampling were used to recruit 102 rape survivors. The survivors were then interviewed.</p>	<p>The purpose of this study was to examine how secondary victimization affects rape survivors' posttraumatic stress symptoms. The setting for this study was Chicago and its two closest suburbs.</p>	<p>Low level of evidence due to the use of interviews to gather data which are subject to respondents bias and memory, medical and legal system not consulted to corroborate stories of victims, small sample size, only Chicago area studied. This source is also extremely old so the</p>	<p>Adaptive sampling was used, recruitment efforts were focused on areas in which rape survivors are likely to congregate (crisis centers, laundromats, grocery stores, libraries, etc). Records of all recruitment efforts were kept to analyze if adaptive sampling was effective. 102 victims were interviewed in person, interviews were tape recorded and coded to identify common themes. Multiple checks of coding were done to ensure reliability and validity among coders and themes identified.</p>	<p>Higher levels of secondary victimization were associated with higher PTS scores. Individual and rape related variables were not predictive of PTS, but negative experiences with the legal and medical system were associated with increased PTS. Victims of nonstranger rape who received fewer services from the legal system had elevated levels of PTS as did victims of nonstranger rape who experienced more secondary victimization from the legal system. Victims of</p>	<p>Those who respond to calls for research may be different than general population of rape survivors, unable to determine how many rape survivors saw recruitment ads but did not call to participate, memory bias due to retrospective study, much variability in survivors in terms of how long ago rape was can affect PTS scores, small sample size, self report bias, cannot confirm services denied or delivered with community providers, those who developed</p>
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				<p>data might not be as relevant today.</p>		<p>nonstranger rape who received minimal help from the legal system, but were subjected to high levels of secondary victimization in the brief contact they did have with the legal personnel exhibited significantly elevated levels of PTS. Victims of nonstranger rape who received fewer services from the medical system had elevated levels of PTS, as did victims of nonstranger rape who experienced more secondary victimization from the medical system. Victims of nonstranger</p>	<p>PTS may perceive more secondary victimization than those who did not</p>
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						<p>rape who received very few services from the medical system but were subjected to high levels of secondary victimization had elevated levels of PTS. Nonstranger rape victims who received very little help from the legal system but who were subjected to a great deal of secondary victimization in their attempts to prosecute had the highest PTS scores. Survivors who received high mental health support had lower PTS scores than those who did not have as much contact with</p>	
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						the mental health system. In cases of nonstranger rape in which contact with the legal system had gone very poorly, subsequent contact with the mental health system may have undone some damage as exhibited by significantly lower PTS scores.	
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<p>Beyond Surveys and Scales: How Rape Myths Manifest in Sexual Assault Police Records</p>	<p>Jessica Shaw, Debi Cain, Rebecca Campbell, Hannah Feeney 2016</p>	<p>The written police records of 248 sexual assault cases were examined. Cases were coded via directed and conventional content analysis for rape myths.</p>	<p>The purpose of the current study was to determine the extent to which rape myths manifest in sexual assault investigations and develop a typology of statements that functionally operate as rape myth in official police records. The setting for this study was a large midwestern urban police evidence storage facility.</p>	<p>Medium level of evidence as it is using actual police reports to assess for the presence of rape myths, which is more reliable than a survey or questionnaire and not subject to the same biases, however sample size is relatively small and only from one area in the US</p>	<p>248 police records corresponding to 248 forensic sexual assault exam kits found in storage facility were analyzed and coded for rape myths. Codes were looked over several times by different researchers to ensure reliability and validity. Records were then examined again, this time to see what themes emerged from the data itself rather than specifically looking for a theme.</p>	<p>Over half the cases examined in the current study had at least one identified rape myth statement. The first type of statement identified was the circumstantial statement which referred to those that suggest the sexual assault did not occur on the basis of specific circumstances of the sexual assault or ways in which the victim presented to law enforcement. It was not a rape because the victim was lying, was not injured, consented, was not upset enough, or didn't act</p>	<p>Study relied on paper records that dated back nearly 30 years, police department moved 6 times during this period resulting in records being lost along the way, records represented cases that had not been investigated thoroughly in one area of US so will be difficult to generalize to other areas, more research should be conducted on the presence of these statements and effect on case outcome or progression</p>
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						<p>like a victim afterward. 63 cases had at least one circumstantial statement. The second type of statement identified was the characterological statements which referred to those that suggest the sexual assault did not occur on the basis of specific characteristics of the victim. It was not really rape because the victim was a regular drug user, was a sex worker, has done this before, was mental, was promiscuous, or was not credible. 42 cases included at least one characterological</p>	
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						<p>statement. The third type of statement identified was the investigatory blame statement which blamed the victim for the police conducting a less than thorough investigation . they blamed the victim for the investigation not advancing as far as it might have been able to other wise because the victim was determined to be unwilling or unable to participate because the victim was not cooperating, did not provide enough information, was not able to be</p>	
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						contacted, or was a weak victim who would not hold up well during trial. 102 cases had at least one investigatory blame statement.	
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<p>Attribution of Personal Characteristics to Victims of Rape- Police Officers' Perspectives</p>	<p>Igor Areh, Gorazd Mesko, Peter Umek, 2009</p>	<p>The sample in this study was 1000 Slovenian police officers. A questionnaire was used in this study and was translated into Slovenian.</p>	<p>In this study, researchers were primarily interested in how police officers contribute to the secondary victimization of rape victims by investigating which personal characteristics of a victim were most closely connected with attribution of blame and in which circumstances the blame attribution to the victim was the most obvious.</p>	<p>Low level of evidence due to the use of a questionnaire in this study, which is subject to respondent bias and memory, sample was Slovenian, may be difficult to generalize results to American police officers, questionnaire was translated into Slovenian which</p>	<p>Four different vignettes were used, in one the victim is not a victim but neutral, in another the victim is raped by her husband, in another she is raped by a stranger, and in the last she is burgled instead of raped. Personal descriptions of the victim are the same throughout each version of events. After reading the vignette, respondents rated each of the victims personal characteristics in a chart.</p>	<p>Empathy values are most negative for the personal story in which the victim is not a victim, which means respondents did not actually perceive her as a victim. The empathetic response increases in the case of the burglary and even more so in the case when she is raped by an unknown man. The highest empathetic response was observed in the case in which the victim was raped by her husband. Personal characteristics which seem to accord with blame attribution</p>	<p>This survey was translated which could lead to some error in interpretation of the questions, article was translated which could lead to misinterpretation of results, few other studies on personal characteristics of victims and blame attribution, study was conducted in Slovakia so results will be difficult to generalize to US</p>
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				<p>could have produced some errors or misunderstanding in the questions</p>		<p>to the victim are the most negative in the case where the victim was raped by an unknown man, and only slightly less so when the victim is not described as a victim, the least blame is attributed to the victim in these scenarios. In the case where the victim was raped by her husband the values are less negative, which means that blame attribution to the victim is most likely for this event. Even though respondents expressed the highest level of empathy in the case where the victim is raped by her</p>	
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						husband, they also attributed the most blame to the victim. the most blame was assigned to the victim in the case of the burglary. The lowest values of rejection of victims guilt were in response to the vignette in which the victim was raped by her husband. If blame attribution is a result of not being familiar with the family situation, it is likely that the effect will fade as the case is treated and the police officers learn more details.	
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<p>Defining the boundaries: How Sexual Assault nurse examiners balance patient care and law enforcement collaboration</p>	<p>Rebecca Campbell, Megan Greeson, Debra Patterson, 2010</p>	<p>Qualitative semistructured interviews were conducted with forensic nurses regarding their interactions with patients and members of the legal community. This was a mixed methods research design. Sample was 6 forensic nurses.</p>	<p>The aim of this study was to examine how SANES define their work with their patients, how they collaborate with law enforcement, and how they negotiate role differentiation. The setting of this study was a diverse county in the Midwest.</p>	<p>Low level of evidence due to interview design of this study, which is biased by respondents' opinions and memory, law enforcement and victim side of the story not corroborated, very small sample size</p>	<p>Interviews were conducted in person by a research assistant in a private space chosen by the participants. Interviews were tape recorded and transcribed. Four major topics were discussed: the nurses' philosophy on patient care, their views on victim reporting and participation in prosecution, their views on how patient care may or may not affect victim participation in the CJ system, and their perception of how the SANE program influences the work of law enforcement investigative practices. Interviews were then analyzed by two researchers to identify themes. Researchers then met and shared themes, discussed and clarified themes and codes multiple times until assertions were made that</p>	<p>Nurses strongly emphasize that their overarching programmatic goal is to improve victims' well being by providing quality acute patient care, SANES try to help victims feel safe and in control of their lives again. The nurses view their primary responsibility to be patient care, not the investigation or prosecution of cases, but they are mandated reporters. The nurses report the crime to the police, but inform their patients that it is their choice whether they want to actively participate in the reporting</p>	<p>Sample size was very small, nurses from only 1 SANE program were interviewed, more research on hospital based programs is needed</p>
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					could be independently verified and supported by interview data.	process. The nurse does not specifically tell victims to participate but instead brings up concerns about their safety., most of the time nurses focus on remaining neutral about the victims' decision to report and prosecute. One aspect of patient care is providing information about longer term advocacy and counseling services. It may be possible that victims are more likely to participate if there is an availability of formal support for victims while going through the	
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						<p>CJ system. Another way SANEs may indirectly affect victims' participation in the CJ system is by attending to survivors' emotions, particularly their feelings of guilt and blame. In addition to decreasing victims' feelings of guilt, the nurses will verbalize victims' strengths. Sustaining injuries from rape is not common, so therefore, the nurses also discuss how important it is to normalize the absence of injuries with their patients. Nurses provide information about female</p>	
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						<p>anatomy to help survivors understand why injury is uncommon, the nurses validate that what happened to them was indeed sexual assault and normalize the absence of injuries, it gives survivors hope that their legal case may be taken seriously and the victim may be more inclined to participate in the CJ system. It is very common for police to ask the nurses whether the case is "real", presumably to check whether the case is worth more investigation effort, the SANEs noted</p>	
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						<p>that they will not offer their personal opinions- their patient histories and medical forensic documentation can speak for themselves. It could be detrimental to the legal case if the police place too much stock in the nurses' opinions because what the nurse sees and hears is one piece of an intricate puzzle, it takes a full investigation for the entire complexity of a case to be revealed. nurses noted the second most common question they are asked by police is if the victim</p>	
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						<p>was really raped then why doesn't she have any injuries? One of the training goals is to provide medical information on female anatomy and physiology to challenge stereotypes and misperceptions about the presence or absence of injuries.</p>	
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The South African Court for Sexual Offences	S.P Walker, D.A Louw, 2003	This article is a review of the specialized court systems in relation to sex crimes in Africa and how effective or ineffective these courts are at dealing with sex crimes. The sample number of articles is not provided.	The aim of this article was to provide an overview of the specialization of court systems in Africa and around the globe, as well the benefits and disadvantages of these specialty courts are examined.	Low level of evidence, no method for article selection or research is provided, article focuses on Africa, which is very different from America and makes results hard to generalize to American culture	No method for searching or selecting articles in provided.	The definition of a specialty court system is a court that focuses on a similar class of offender or on a narrow class of offenses. This trend has been brought about, in part, because of the increasing complexity of the law and the legal system as a whole. The primary rationale for these specialty courts seems to be that a degree of specialization is required in order to effectively address cases which are legally and/or factually complex. Some benefits of specialty	Few other articles on specialty courts, more reviews of specialty courts and their effects in other countries would be helpful, especially a systematic review
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						<p>courts include they lead to greater efficiency and higher quality service, they draw special attention to a class of offense, help to transfer problematic classes of cases that would otherwise bog down the existing general courts, allows for judicial intervention and supervision of offenders diverted from the traditional CJ system, fosters innovation, experimentation, and further specialization, and created better coordination of social and support services by</p>	
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						<p>bringing all the parties involved together. judges tend to develop a higher level of expertise in substantive and procedural issues so decision making is improved. judges become more familiar with the procedures and statutes involved with that area of jurisprudence. Some disadvantages of specialty courts include the pursuit of fairness and justice may be lost in the trend towards ever increasing efficiency, judges in specialty courts might lose contact with the</p>	
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						<p>judicial system as a whole, excessive variation and undermining of the uniformity and consistency of the legal system as a whole, decrease in administrative efficiency and increase in administrative costs, located in more central and urbanized areas resulting in a lack of access to rural communities , may be seen to have lesser authority than general courts, and may lead to bias against certain class of litigants. In Africa specialty courts made an immediate</p>	
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						<p>impact in terms of improved efficiency, alleviating caseloads of other Magistrate's courts, and improving conviction rates in sexual assault cases.</p> <p>Therapeutic jurisprudence rests on the premise that not only the outcome of the judicial process, but the process as a whole, can have a therapeutic effect on one or more parties involved in the litigation, thus reducing secondary victimization of victims.</p>	
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<p>Social Workers' and Police Officers' perception of victim credibility: Perspective taking and the impact of extra evidential factors</p>	<p>Marienne Mulder, Fans Willems Winiel, 1996</p>	<p>Study 1 contained a sample of 123 students. Study 2 contained a sample of 286 white social workers and 170 white police officers. The study design was a questionnaire.</p>	<p>The setting of Study 1 was the coffee corner at the Free University. The setting for Study 2 was during a meeting organized by the National Organization for Victim Assistance and at several police trainings and police departments. The aim of both studies was to evaluate the effect of viewpoint (victim focused vs truth detection), ethnicity, and nonverbal behavior on perceived credibility of the victim,</p>	<p>Medium level of evidence, there are two studies to corroborate the results of the other, however both utilize surveys, which are subject to respondent bias and memory, small sample sizes for each study, and confounding variables in hypothetical rape scenarios can</p>	<p>In Study 1, participants were shown a video of a rape victim filing a report with a police officer in the Vice squad. The same actress played the role of the victim in every film, her ethnic identity was manipulated so in some videos she appeared like a Surinamer woman and in some videos she looked like a white Dutch woman. The nonverbal behavior of the actress was also manipulated in some of the videos so that in some videos the actress had "white" nonverbal behavior and in other videos the actress had "black" nonverbal behavior. The participants were instructed to either focus on the psychological implications of the victimization or to focus on truth detecting. Following the video, respondents were</p>	<p>The victim with black nonverbal behavior was perceived as less credible than the victim with the white nonverbal behavior. There was a tendency of subjects to attribute more responsibility to the victim with black nonverbal behavior than they did to the victim with white nonverbal behavior. Subjects who received the victim focused instruction perceived the victim as more credible and less responsible for the rape than students who received the truth</p>	<p>Future studies with different scenarios of rape (i.e., stranger rape as opposed to acquaintance rape) should be conducted to evaluate the effect of type of rape on viewpoint and perceived victim credibility, small sample sizes in both studies</p>
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			<p>attribution of responsibility to the victim, and perceived seriousness of the consequences of the assault.</p>	<p>impact perceived credibility of the victim</p>	<p>asked to complete a survey on perceived credibility of the victim, attribution of responsibility, perceived seriousness of the consequences resulting from the assault, and the interpretation of the perceived tension of the victim. In Study 2, ethnic identity, nonverbal behavior, and perspective of the observer were manipulated in much the same way as Study 1. The participants also filled out the same questionnaire as in Study 1.</p>	<p>detection instructions. Most of the subject who received the victim focused instruction interpreted the perceived tension of the victim as related to the difficulty of talking about the rape, while only 39.3% of subjects who received the truth detection instructions interpreted the perceived tension of the victim as related to the difficulty of talking about the rape. In the white nonverbal behavior condition no significant difference between the victim focused and the truth</p>	
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						<p>detection instruction emerged on the perceived tension of the victim, however in the black nonverbal behavior condition more respondents interpreted this behavior as tense, with the subjects in the victim focused condition thinking this was related to difficulty talking about the rape and those in the truth detection condition thinking the victim is tense because she is withholding the truth. In Study 2 social workers made a more positive judgement about the</p>	
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						<p>victim than police officers, they viewed the victim as more credible and the perceived consequences as more serious. Social workers perceived the Dutch victim as more credible, less responsible, and perceived the consequences of the assault to be more serious than for the Surinamer victim. Police officers attribute more credibility to the Surinamer victim when she displays white nonverbal behavior and they attribute more credibility to</p>	
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						the Dutch victim when she displays black non verbal behavior.	
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Attitudes Towards Victims and Perpetrators of Hypothetical Rape Scenarios Involving Intoxication: An Application to the UK	Kerry Ferguson, Carol Ireland, 2012	<p>The sample comprised 189 students. All were provided with a fictional rape scenario depicting varying levels of perp intoxication or varying extents to which an intoxicated victim was able to recall providing consent. Participants were then asked to rate their opinions of victim and perp responsibility. They were also asked to complete the ambivalent sexism inventory, the attitudes towards rape victims scale, and a measure to</p>	<p>The aim of this study is to investigate the influence of binge drinking behavior and ambivalent sexism on attitudes towards hypothetical victims and perpetrators of acquaintance rape.</p>	<p>Low level of evidence due to study being a questionnaire, which is subject to respondent bias and memory, sample is undergraduate students with limited experience with victims of rape, study uses hypothetical rape scenarios which often contain uncontrolled</p>	<p>Participants were approached and provided with questionnaire pack, pack contained 1 of 6 possible rape scenarios. Each scenario differed in terms of perp drunkenness and the extent to which the victim could remember providing consent. Participants then answered questions related to their attitudes towards victim of fictional rape scenario, victim and perp responsibility, respondent binge drinking behavior, attitudes towards rape victims in general, and attitudes about men and women and their relationship in contemporary society.</p>	<p>The intoxicated victim was perceived as more responsible than the victim who had not been consuming alcohol. Respondents did not attribute less responsibility to intoxicated perps. A perp that was portrayed as "merry" was held less responsible for the incident than a perp that had not been consuming alcohol. The respondents attributed the most responsibility to the perp in the very drunk category. Attributions of victim responsibility were not affected by</p>	<p>Further research should control for effects such as prior interaction and sexual activity with the perp, confounding variables (consenting sexual activity prior to the rape) could impact attributions of victim responsibility, few quantitative studies on this subject, definition of binge drinking is very broad and subjective which could affect how respondent reports their drinking behavior</p>
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		<p>assess respondent binge drinking behavior.</p>		<p>variables</p>		<p>respondents benevolent (assign traditional gender roles and expectations) and hostile sexist (negative stereotypes of women trying to control men) attitudes. Non sexist respondents had significantly more empathy for the victim than ambivalent sexists (mediate between benevolent and hostile attitudes towards women by assigning them into good and bad categories). Women did not attribute more victim empathy than male respondents. Respondents who engage</p>	
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						<p>in binge drinking behavior did not attribute less responsibility to the victim. Respondents attributed more responsibility to intoxicated victims as opposed to nonintoxicated victims. The current study found that intoxicated victims of acquaintance rape were held more responsible than nonintoxicated victims. It has been proposed that such attributions are a result of intoxication being viewed as an inappropriate sex typed behavior for women but not for men.</p>	
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<p>Advocates Speak Out on Adult Sexual Assault: A Unique Crime Demands a Unique Response</p>	<p>Sharon Murphy, Victoria Banyard, Sarah Maynard, Rebecca Dufrésne, 2011</p>	<p>Semistructured interviews were completed with rape crisis advocates to raise key points that might help in the development of new procedures and processes for how adult sexual assault cases are handled in the justice system. Sample included 14 crisis center advocates from 10 crisis centers. Communities were chosen by population size and a mix of urban and rural locations and were designed to be representative of the 10</p>	<p>The aim of this study was to add to the current literature by examining barriers to criminal justice responses to adult female sexual assault cases as viewed through the eyes of rape crisis center advocates. The setting for this study was one Northeastern US state.</p>	<p>Low level of evidence, study used interview design which is subject to respondent bias and memory, police officer and victims side of the story is not evaluated, small sample size</p>	<p>Graduate students from justice studies research methods course and work study students in social work were paired together to conduct structured interviews. Detailed notes were taken to capture participant responses. Questions asked included what do survivors experience in their interactions with the CJ system, what factors assist adult female sexual assault survivors in their decision to use or not use the CJ system, what has been most helpful to survivors negotiating the CJ system, and what do crisis advocates suggest for change? Heideggerian hermeneutic phenomenological approach was used to examine interview data. This method is concerned with the meanings that</p>	<p>The first theme was "We've come a long way but it's still hideous". Advocates remarked that the system is still extremely difficult for victims to navigate and relationships amongst police agencies, crisis centers, and the medical system is very rocky. Many said it depends on the luck of the draw, which police officer investigates the assault and which county it occurred in. Staff turnover in many agencies requires constant relationship building. Advocates also stated</p>	<p>Sample is reflective of homogeneity of residents of state and cannot be generalized to all sexual assault victims, researchers did not know how respondents were selected by the crisis center to speak with them</p>
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		state counties.			<p>individuals make of their experiences and acknowledges that meanings are embedded within a particular historical and cultural context. A team met often to discuss and interpret the 14 interviews until 2 themes and a constitutive pattern was uncovered.</p>	<p>sexual assault was extremely isolating, there's a pressure from society to be quiet about the crime and the CJ system almost feels pointless at times. Survivors often face emotional fatigue from their interactions with the system because of having to constantly retell their story, answer questions, being told they're a liar, and the process is extremely long. The second theme was "Sheer Determination". Avocates mentioned victim anger at</p>	
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						perpetrators and using that anger to take back power from the perp, when the system met victims need it helped them feel more powerful. Advocates felt that victims must have a desire to seek justice and closure after the assault and must have internal strength to rely on as they seek social change and to prevent further assaults. However, advocates also noted the extreme difficulty in pursuing cases in which the victim is known to the perp. Advocates also stated that the	
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						victims' interactions with first responders is the most important determinant of whether the victim will use the system or not. Outside support systems, such as friends and family, was also extremely important in helping survivors continue through the system.	
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Expectancy Violation and Perceptions of Rape Victim Credibility	Louis a Hackett, Andrew Day, Philip Mohr , 2008	Sample of 137 participants (undergraduate psychology students at the Magill campus of the University of Australia) were randomly assigned to observe a video of either an expressive or nonexpressive victim report her sexual assault. After the video, participants were given a 24 item self report questionnaire.	Setting of this study was the University of Australia, the Magill Campus. The aim of this study was to show a sample of students a video of a woman reporting a sexual assault and ask them to assess her credibility, thus evaluating the influence of victim emotional expressiveness on evaluations of victim credibility.	Low level of evidence due to this study being a self report questionnaire, which is subject to the bias and memory of the respondent, sample was psychology students who may know more than the layman about the effects of sexual assault on victims, and small sample size,	Participants watched a video of either an expressive or nonexpressive victim report her rape. One film showed a controlled victim, one showed a numbed victim, and one showed an expressive victim. The same actress is used for each video and the off screen police officer asking questions is a recording so the police woman's questions sound and are exactly the same each time. In the controlled video the actress was instructed to not cry, stare straight ahead in direction of police woman asking questions, not avoid eye contact, speak in a clear and confident tone of voice, and to not hesitate to answer questions. In the numbed video the actress was timid and nervous, she did not cry again, she avoided eye contact, and her	Participants with preconceived beliefs about the way in which rape victims typically behave perceived the victim as significantly less credible when the victim reported in an emotionally nonexpressive manner. Among participants with an expectation of typical victim behavior, an emotionally expressive victim was seen as more credible. For those participants with no expectation of typical victim behavior there was no significant difference between credibility	Sample size was small, sample was undergraduate students with limited experience in judging credibility of others, video shown and then given questionnaire, video content could influence ratings of expectations .
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				<p>settign was in Australia, may be difficult to generalize results to American society.</p>	<p>voice was hushed with some hesitation before answering questions. In the expressive video the actress was crying, maintained eye contact, and spoke in a choked, trembling voice. After watching one of the three videos, respondents answered a 24 item survey, the survey contained questions on the credibility of the woman in the video, the emotional presentation of the woman in the video and what this behavior meant to the participant, and how the participants thought rape victims normally acted after an assault.</p>	<p>judgements of an expressive or nonexpressive victim. Only if juror has prior expectations of how victims should act after a rape will they view a nonexpressive victim as less credible (approx. 45% in this study). Jurors and investigators should be educated on responses to rape to prevent biased decision making.</p>	
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<p>Police Interviews of Sexual Assault Reporters: Do Attitudes Matter?</p>	<p>Karen Rich, Patrick Seffrin, 2012</p>	<p>Sample was 429 police officers completing a written survey evaluating rape myth acceptance and knowledge of how to interview rape reporters. Sample was recruited through police related trainings and local police departments.</p>	<p>The setting for this study was Northeastern US. The aim of the study was to answer the following questions: a.) will rape myth acceptance be a significant predictor of interviewing skill when gender, age, years of experience, number of recent cases, rank, education, specialized training, and number of victims known personally is controlled, b.) will female police officers have a lower level</p>	<p>Low level of evidence due to this study being a survey, which is subject to bias and memory of respondents, victims side of the story cannot be corroborated, RMA scales are generally subject to social desirability bias, and sample is relatively small and only from NE US</p>	<p>429 sworn police officers from NE US were given survey to fill out and return. Participation was voluntary and confidential. Survey asked questions on knowledge of interview techniques (KIT), RMA, sexual assault education, number of sexual assault cases, victims known personally, years as a police officer, rank as police officer, general education, and agency type.</p>	<p>Female officers had higher average KIT scores, lower average RMA, and higher levels of participation in sexual assault education. Officers with higher rank with many years of experience are relatively better interviewers of rape victims, endorse lower levels of RMA than less experienced officers and are more likely to have attended sexual assault education sessions. RMA is significant and negatively associated with KIT, although sexual assault</p>	<p>Social desirability bias of RMA scales, small sample only from NE, self reports was the only means to test officer skill, findings may overestimate police officers effectiveness in cases involving sexual assault</p>
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			<p>of rape myth acceptance than male officers, c.) will female officers be better victim interviewers than male officers, and d.) what specific interviewing behaviors are strongly associated with rape myth acceptance ?</p>			<p>education and knowing victims personally is significant and positively associated with interviewing techniques. RMA has the strongest influence on KIT, followed by sexual assault education and years as a police officer. More than 60% of officers in the top rape myth quartile provided an incorrect answer to questions on the KIT scale that referred to the emotional state of the victim, victim's supposed motives for getting raped or assaulted, and general protocol for victim</p>	
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						interviewing (i.e., taking control of the interview). Officers from larger agencies had lower RMA than those from smaller and more rural precincts.	
Different Perceptions of Interprofessional Collaboration and Factors Influencing the One-Stop Service for Sexual Assault Victims in Taiwan	Lih-Chu Tien, Yi-Ling Wu, Tsai-Wen Lin, Samuel Shih-Chih Wang, 2017	Survey was conducted on 140 team members of Taiwan one stop service for sexual assault, including social workers, doctors, nurses, and police officers.	The setting for this study was Taipei, Taiwan, specifically Taipei City Hospital where a one stop service for sexual assault was established. The aim of this study was to explore the perceptions and influences of collaboration amongst	Low level of evidence due to this being a survey, which is biased by the respondent's opinions and memory, however since multiple professions were surveyed they	A cross sectional survey design was utilized to measure the perceptions related to collaboration among staff members at the Taipei one stop service for sexual assault. The survey was designed to identify existing difficulties and potential weaknesses in collaboration among staff members. Survey asked question related to gender, age, education, marriage status, agency names,	Social workers scored lowest on interdependence and had a lower reflection on process score than health professionals. The extent of collaboration perceived by social workers in relation to other team members was lower. Social workers and police officers'	Survey items related to collaboration were translated from Chinese, which could lead to some errors and misunderstanding to Taiwanese speakers filling out the survey, it is difficult to generalize results to apply to American culture and society, small

			<p>professional members from different fields at Taipei City Hospital.</p>	<p>are able to confirm perceptions amongst the respective fields. This article was translated which could lead to some mistakes or misunderstanding in the research. The study was conducted in Taiwan, it will be hard to generalize results to American culture.</p>	<p>professions, qualifications, years of service, types of training, service locations, caseloads, and 42 items translated from Chinese related to collaboration amongst disciplines. Instrument tested for validity and reliability, it was found to be both. No significant correlations among the demographic data to collaboration, revealing no extraneous variables.</p>	<p>scores in structural characteristics was higher than health professionals, but health professionals' scores was higher on personal characteristics. Impacting factors derived from professional roles, structural characteristics, personal characteristics, and history of collaboration were positively associated with overall perceived collaboration. Social workers perceived interpersonal collaboration was significantly lower than police officers and health professionals. Social</p>	<p>sample size, little other research exists on one stop services for sexual assault as they are a relatively new invention</p>
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						workers perceived a lower extent of trust, respect, and informal communication and understanding between collaborators. Health professionals had lower perceived support from their own organization.	
Interactional Justice, Coping, and the Legal System: Needs of Vulnerable Victims	Malini Laxminarayan, 2013	This sample consisted of 87 victims of serious crimes from the Netherlands. Victims were sent a survey through the mail (found because the victims receive assistance from compensation fund for victims of violent crimes in the Netherlands).	The aim of this article is to compare three groups (victims of domestic violence, victims of sexual assault, and victims of other serious crimes) and their perceptions about interactional justice (perceptions of the quality of interpersonal treatment	Low level of evidence, study is a survey, response rate was low (151/750), only victims who receive compensation from fund for victims of violent crimes approach	750 victims of violent crimes who receive compensation from the Compensation Fund for Victims of Violent Crime in the Netherlands were sent questionnaires asking perceptions of interpersonal justice and informational justice, type of crime committed against them, how satisfied they were with the outcome of their case, did they feel the outcome of their case represented the harm inflicted upon them, did	Victims of sexual abuse rated interpersonal justice as significantly lower compared to baseline group of nonvulnerable victims. Victims of domestic abuse rated that procedures during the investigation negatively impacted their ability to cope more compared to baseline group of	Study was cross sectional making it difficult to establish actual cause for perceptions of low interpersonal justice, sample was small and not representative, causal effect of crime category on one's ability to cope is not established, it may be the type of crime and

			<p>received during conflict resolution procedures) with police and the impact of the process on their ability to cope. The setting for this study was the Netherlands.</p>	<p>ched for participation, sample not representative of all violent crime victims in the Netherlands</p>	<p>they think the outcome of their case would prevent the perp from committing the crime again, whether or not they provided a victim impact statement, and effects of the process on their ability to cope. 151 victims returned the survey, 101 did not have their case dropped, the final considered 87 had no missing values on the survey. Multiple analysis were conducted weighing the given variables against each other after all data was collected.</p>	<p>nonvulnerable victims. Informational justice did not differ amongst the three groups.</p>	<p>not the procedure affecting victim's ability to cope, measure for ability to cope on survey was measured using only one item and in other research ability to cope is usually measured on a multiple point scale</p>
<p>"I Still Feel Like I Am Not Normal": A Review of the Role of Stigma and Stigmatization Among Female Survivors of Child Sexual Abuse, Sexual Assault, and Intimate Partner Violence</p>	<p>Angie Kennedy, Kristen Prock, 2016</p>	<p>Sample of articles obtained by searching Medline, PsycINFO, Scopus, and Social Sciences Citation Index, as well the reference lists of previously identified</p>	<p>The purpose of this review is to follow the available empirical research and focus on female survivors' self-blame, shame, internalized stigma, and</p>	<p>Medium level of evidence, this study is a literature review but not a systematic review, however</p>	<p>A search of Medline, PsycINFO, Scopus, and Social Sciences Citation Index was conducted, as well the reference lists of previously identified stigma-related studies and each issue of 10 leading violence journals were reviewed.</p>	<p>Self blame, shame, and negative social reactions leads to poor outcomes for victims (PTSD, depression, psychological and physical distress, affect dysregulation</p>	<p>The role of broader societal stigma should be examined in relation to sexual assault and internalized blame. Original research or qualitative interviews on the</p>

		<p>stigma-related studies and each issue of 10 leading violence journals were reviewed. A total of 123 articles were yielded. this study is a literature review of current research on child sexual abuse, intimate partner violence, and sexual assault related to stigma and stigmatization.</p>	<p>anticipatory stigma, as well as stigmatizing social reactions in response to survivors' disclosure. The setting for this research was the US.</p>	<p>er they did cover a lot of databases, journals, and articles in their search for articles on their topic.</p>		<p>n, and maladaptive coping). Self blame, shame, and anticipatory stigma are the main barriers to reporting. Self blame, anticipatory stigma related nondisclosure, and negative reactions of society predict sexual revictimization.</p>	<p>processes of stigma and stigmatization as related to sexual assault would be helpful. Research focusing on role of perpetrator (acquaintance vs stranger) related to stigma should be examined.</p>
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<p>"It's Not Just a Job. This is Where We Live. This is Our Backyard": The Experiences of Expert Legal and Advocate Providers with Sexually Assaulted Women in Rural Areas</p>	<p>Sandra Annan, 2011</p>	<p>This was a hermeneutic phenomenological study, meaning it was exploring the lived experiences of providers regarding their interactions with sexual assault survivors living in rural communities. Sample was 7 prosecuting attorneys, 6 sheriffs or police officers, 5 victim witness directors, and 4 social work directors who could speak English, were currently working in a rural area of Virginia, and had a recent experience assisting survivors of</p>	<p>The purpose of this study was to add to the understanding of providers' experiences in working with sexually assaulted women in rural communities. The setting for this study included seven counties in a given radius from the University of Virginia and were classified in the four most rural ERS (Economic Research Service) codes.</p>	<p>Low level of evidence, this is a phenomenological study, meaning it talks to a small sample about their lived experience, data is biased by respondent's opinions and memories, cannot be verified with the defense's side of the story or the victim's. Sample is very small. Sample is only</p>	<p>Interviews conducted with each participant. Interviews were then transcribed and checked for accuracy. Transcriptions were then analyzed for major themes and subjected to line by line coding which was then subjected to hermeneutic analysis. Final analysis resulted in identification of five significant themes.</p>	<p>Five themes identified were rural specific confidentiality issues, resource needs in a rural setting, connection between victim blaming and low levels of reporting, negative provider views of the community, and smaller communities provide better victim care. Rural barriers to care included confidentiality issues (everyone knows everyone), transportation (services are far), victim blaming ("red necks", poor, asking for it, false reporters, etc.), community</p>	<p>Small sample size, data biased by respondent's opinions and memories, only looks at rural communities in Virginia, insufficient outside research on rural specific issues related to sexual assault</p>
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		sexual assault.		from rural Virginia , making results hard to generalize elsewhere.		acceptance of rape myths (still deny women's experience of sexual assault, sexual assault or incest is sometimes expected or accepted in rural communities , etc.), and community support of perpetrator may be breadwinner or important community pillar). Positives aspects of rural care include the small community and small caseload, faster court system, and care can be more individualize.	
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Procedural Justice and Psychological Effects of Criminal Proceedings: The Moderating Effect of Offense Type	Malini Laxminaran, 2012	Sample participants are victims of serious crimes, including robbery, domestic assault, stalking, and sexual assault from either the Netherlands or New South Wales, Australia. 126 victims from the Netherlands and 64 victims from New South Wales made up the final sample. Participants sent questionnaires through the mail.	Purpose of this article was to examine the legal preference of victims of sexual assault in comparison to victims of non-sexual assault with regard to the effects of these preferences on their psychological well-being as a consequence of criminal proceedings. The setting for this study was New South Wales and the Netherlands.	Low level of evidence, study used questionnaire to gather information (questionnaires are subject to respondent bias and memory limitations), could not verify respondent's information with police investigators or prosecution, low response rate (190/700 or 21.6%).	Questionnaire mailed to homes of victims of violent crimes (found through agencies that give funds to victims of violent crimes). Survey returned in mail or online. Questionnaire contained questions regarding psychological effect of criminal proceedings, the amount of procedural justice they received (process and decision control, accuracy, respectful treatment, etc.), type of offense committed against them, gender, age, employment status, whether they knew the offender, and how favorable the outcome of the case was to them. Multiple analyses conducted to find effect of variables against each other	Victims of sexual violence valued procedural justice more than victims of other violent crimes. Voice, accuracy, and respect are key components of procedural justice, giving these things to the victim increases outcome favorability. Cross examination and other practices that limit voice, respect, and accuracy of investigation have harmful psychological effects on victims, likewise, practices that increase voice, accuracy, and respect can combat harmful	Sample was small, study cross sectional so difficult to generalize findings or to declare causation, response rate to questionnaire was low,
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						<p>psychological effects of the investigation . Victims who knew their offender reported the legal system had a more negative impact on them when compared to victims who did not know their offender. For victims of sexual assault, procedural justice was significantly associated with psychological effects, but for victims of nonsexual violent crimes the association was not as strong. Victim impact statements may be an important way to bring a voice to victims.</p>	
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<p>Preventing the "Second Rape": Rape Survivors' Experiences with Community Service Providers</p>	<p>Rebecca Campbell, Sharon Wasco, Courtney Ahrens, Tracy Sefl, Holly Barnes, 2001</p>	<p>These researchers tried a new technique for finding their sample, adaptive sampling (Typically used to study migratory animals, involves going to places animals are likely to migrate to, adapted this concept to women of sexual assault, recruited in places women of sexual assault were likely to congregate, such as public transportation, grocery stores, libraries, churches, etc.). Completed interviews conducted with 102 participants</p>	<p>The setting was Chicago and its two closest suburbs. The purpose of this study was to interview a survivor population with regard to their experience seeking postrape community services, The researcher wanted to know did this sample of survivors receive needed services, are there demographic or assault related characteristics that differentiate those who did and did not receive services, was the</p>	<p>Low level of evidence, subject to respondent bias and memory limitations because the study was interviews. Sample is representative of communities recruited from, but may be hard to generalize outside of Chicago. Could not corroborate respondent story.</p>	<p>Introductory materials and questions, participants asked to share their story of sexual assault in their own words, guided through semi structured questions pertaining to postassault community help seeking experience, and finally standard measures of health outcomes and demographics. The interviews were then analyzed to see who sought what help from where in the community, how helpful that community contact was, any barriers to community services, secondary victimization in community help seeking experience, and health outcomes related to services.</p>	<p>Negative community contacts result in poorer health outcomes. Ethnic minority women and victims of nonstranger rape are at particular risk for experiencing difficulty when trying to obtain needed services. Rape crisis centers are underutilized by victims, especially minority women, but rated as generally healing by those who do use their services. Legal system rated as generally harmful by most victims. Medical system rated as generally healing, but less so by victims who</p>	<p>Sample only representative of Chicago and its two closest suburbs victims of assault. Study is interview, cannot verify respondent's side of the story, small sample size.</p>
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		of 112 eligible for participation. Interviews were conducted with each participant	survivors' experiences helpful or hurtful, how did their perception of their experience influence health outcomes, and how did perceived secondary victimization affect health outcomes?			did not receive the morning after pill or information about STDs (particularly HIV). Medical system often provides antibiotics, but does not educate victims about their relationship to STDs. Survivors rate contact with mental health professionals, rape crisis centers, and religious communities as healing.	
Police Officers' Collaboration with Rape Victim Advocates: Barriers and Facilitators	Karen Rich, Patrick Seffrin, 2013	Sample of 429 regularly sworn police officers recruited at voluntary trainings on topics relevant to police work and through local police departments in northeastern US.	Setting was police departments and police trainings in Northeastern US. Aim of this study was to address a gap in literature by exploring which officers are	Low level of evidence, study used surveys, sample who completed surveys was not randomized	Survey contained questions on crime victim advocacy designed to assess an officers level of involvement with crime victim advocates, RMA scale questions designed to assess officers level of acceptance of and belief in rape myths, if the officer knew a victim of sexual	Main barrier to working with advocates was confusion about role and desire for complete control in interviews. Officers with more training on sexual assault and more years	Convenience sample, only officers from NE surveyed, survey was invented for this study and not test for accuracy on other populations, RMA scale subject to social desirability bias, scales

		<p>Surveys were filled out privately by respondents and placed in a collection box in convenient nonpublic location.</p>	<p>most likely to use advocates in their work with rape survivors. Researchers hypothesized better victim interviewers will collaborate more with advocates than less skilled interviewers, officers who attended more trainings on sexual assault will collaborate more with advocates, officers with less rape myth acceptance (RMA) will collaborate more with advocates, and knowing a victim of sexual assault personally will be</p>	<p>and was one of convenience. Sample was only from NorthEast, will be hard to generalize results to larger population.</p>	<p>assault personally, knowledge of interview techniques (KIT) which assessed an officers knowledge of how to conduct an effective nonstigmatizing initial interview with an alleged victim of sexual assault, amount of sexual assault education, number of sexual assault cases involved with in the past year, years as a police officer and rank, general education, gender, and police agency type (urban, rural, city, state, county, etc.). Each individual variable was then compared for most significance and most predictive of collaboration with advocates.</p>	<p>of job experience used advocates more. Personal factors (RMA, known victims, etc.) has less impact on using an advocate than professional factors (years of experience, training, rank, education, etc.).</p>	<p>on collaboration with advocates are also subject to social desirability bias as officers may want to seem more collaborative</p>
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			associated with more collaboration with advocates.				
Secondary Victimization of Rape Victims: Insights from Mental Health Professionals Who Treat Survivors of Violence	Rebecca Campbell, Sheela Raja, 1999	Systematic probability sampling was used to select 1000 cases for this project, one in every 14 Cook County professionals and one in every 14 non Cook County professionals were mailed written questionnaires. 415 participants returned the questionnaire, response rate was equivalent	Setting was Illinois, specifically the Chicago Metropolitan area and other counties in the state. The aim of this study was to question mental health professionals about their personal experience with victims of sexual assault and specifically if their clients had	Low level of evidence, study design is a mailed questionnaire. Although the sample is random, less than half the random sample returned questionnaires and many were	Questionnaire contained items about general harmful behaviors and practices of social system personnel, specific harmful behaviors and practices of social system personnel, negative impact of contact with social system personnel, and therapists' training and perceptions of sexual assault. The questionnaire also asked about professional training on sexual assault and experience with sexual assault victims. As well, there was demographic	In this sample, mental health professionals generally agree that secondary victimization occurs and is damaging to victims of sexual assault. Secondary victimization can occur through interactions with legal, medical, and mental health providers. Women of color and of low socioeconomic	Small sample size, those who responded could be more biased towards understanding victims of sexual assault, hard to generalize results to a more broader sample size

		<p>for both geographic areas. Respondents with no experience were excluded for a final sample of 286. Questionnaire contained items about general harmful behaviors and practices of social system personnel, specific harmful behaviors and practices of social system personnel, negative impact of contact with social system personnel, and therapists' training and perceptions of sexual assault.</p>	<p>disclosed any secondary victimization that may have happened to them while reporting their assault. As well, they wanted to survey mental health professionals to ascertain the extent to which they have concerns about their own profession's treatment of rape survivors.</p>	<p>excluded because of lack of experience with rape survivors. Level of training and experience with rape survivors may increase the likelihood the therapist would respond to the questionnaire or women may be more likely to disclose to these types of therapists.</p>	<p>questions on age, marital status, race/ethnicity, and therapeutic orientation (ex: Gestalt, feminist, self, behavior, cognitive, etc.).</p>	<p>ic status are particularly at risk, as therapists who cared for these populations, rather than those who cared for White middle class victims of rape, heard more encounters of secondary victimization. Few professionals feel community service providers are doing a good job treating victims of rape. More education is needed for all vocations in order to prevent secondary victimization. Feminist therapists and those with more training on sexual assault and more experience with treating</p>	
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				sts (feminist and with more training/experience). Limited number of questionnaire items addressed positive impact of community providers.		rape survivors agreed more that community service providers were harmful and likely to engage in secondary victimization .	
Prosecution of Adult Sexual Assault Cases: A Longitudinal Analysis of the Impact of a Sexual Assault Nurse Examiner Program	Rebecca Campbell, Debra Patterson, Deborah Bybee, 2012	Quasi experimental nonequivalent comparison group cohort design to compare CJ system outcomes for sexual assault cases treated in county hospitals 5 years prior to the implementa	Setting was a diverse county in Midwest. The purpose of this project was to build upon this prior work and examine whether adult sexual assault cases in a Midwestern community were more	Medium level of evidence, uses a quasi-experimental design because they are unable to randomly assign victims of sexual	Researchers gathered case files from police departments, as well as prosecutor notes and forensic medical exam report. Cases were grouped by the month they were processed to control for certain historical differences between cases. Dependent variable was case progression through CJ system before and after SANE	The SANE program does seem to be responsible for further case progression when compared to pre SANE cases, however the sample size was very small, only 1 SANE program was examined, and changes in	Small sample size, not RCT, historical bias, confounding variables (prosecutor, time of year, policy changes, etc.)

		<p>tion of the SANE to cases treated in the focal SANE program during its first 7 years of operation. Sample of cases fit the following criteria a.) victim was 18 years of age or older, b.) victim was assaulted in the focal county, c.) case was investigated by one of the five largest police departments, d.) a complete medical forensic was completed by either county hospital personnel (comparison group) or the SANE program (intervention group), e.) the exam</p>	<p>likely to be investigated and prosecuted after the implementation of a SANE program.</p>	<p>assault to pre SANE or post SANE period. Researchers also tried to account for possible confounding variables, such as police department, prosecutor election year, time of year, prosecutor, policy changes, and presence of DNA evidence.</p>	<p>intervention. Five predictor variables were also established; a.) law enforcement agency that handled the case, b.) presence of DNA evidence, c.) time/month in which the case was processed over the 12 focal years, d.) whether or not it was a prosecutor reelection year, e.) whether the case was pre SANE or post SANE.</p>	<p>prosecutor throughout the study could also be responsible for the results. Cases with DNA evidence were also more likely to progress, but could not test if SANE program increased DNA collection. Cases in December and during prosecutor election years were less likely to be pushed through the system. Police department also played a significant role in how far the case made it through the system, but in general all departments showed an increase in case progression</p>	
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		results were analyzed by the state forensic crime lab for DNA evidence. Final sample consisted of 156 cases for the comparison group and 137 cases for the intervention group.				pre to post SANE.	
The Impact of Detectives' Manner of Questioning on Rape Victims' Disclosure	Debra Paterson 2011	20 Adult female rape victims who reported their rape to the CJS and received a medical forensic exam from 1999 to 2007 were the target sample for this study. The SANE program (who provides all exams for victims in the county) distributed a form to patients. Also community	Setting was Midwest county. Aim was to explain how the interactions between victims and detectives can strengthen or weaken the investigation on itself	Low level of evidence, small sample size and qualitative study. Interviews source of obtaining information, subject to responder bias and memor	In person interviews conducted with 20 participants, interviewers met regularly to review transcripts and discuss emerging themes. Literature review informed protocol, legal and medical experts were consulted on interview protocol, and protocol was pilot tested on separate sample of 5 victims.	Victims with a case that was deemed more credible and that was easier to prosecute were questioned in a more caring and positive manner by detectives, causing them to disclose more details of their assault. Victims that were not as credible and had harder to prosecute	Small sample size, few other articles with similar method of study to compare. Relies only on victim account of what occurred, not corroborated with detective side of the story. No detective demographic information gathered. Qualitative study difficult to

		wide advertisements. Interviews were conducted in person with sample and tape recorded and then transcribed. Final sample 20 female victims who reported their rape in the focal county and were examined at SANE program.		by deficits		cases were questioned in a more rushed and inconsistent manner, causing them to disclose less to detectives, injuring the prospects of their case.	generalize beyond sample.
The Impact of Sex Offender Policies on Victims	Rachel Kate Bandy 2015	18 sexual assault victims were interviewed, as well as 5 community coalitions against sexual assault (CASA). Victims were convenience sample of acquaintances, CASAs selected from various geographic locations serving	Aim of this article was to identify what victims of sexual assault need and/or want from the community and its stakeholders, as well as how well sex offender laws have met these needs/wants.	Low level of evidence due to qualitative study, small sample size, and convenience sample not representative of general population.	In person or over the phone interviews conducted with all participants. Participants are asked about their experience of assault, reporting it to family and community members, what they wish had happened when they disclosed, and how they felt affected or supported by current sex offender laws. Participant reports were compared to	Immediate and long term support systems identified as important for responding to and recovering from the assault. Secondary victims (family, friends, etc.) affected by the assault may need these services as well.	Low level of evidence due to qualitative study, few research articles with similar research design, convenience sample unable to generalize to larger scale.

		<p>differing populations. All participants asked about their experience of assault, how it effected them, what they wish had happened differently, their experiences reporting to community and family, and how they felt current sexual offender laws impacted their experience.</p>			<p>identify several common themes.</p>	<p>Offender resources often get more funding than victim resources. Respondents as a whole wanted a better public response to their disclosure, control over how, when, and with whom their information was shared, input in how their perp is punished, a more infromed and educated public more accepting of hearing disclosures of assault, and believed that current sex offender laws did not have an impact on their case or made a difference in their case. Some respondents actually</p>	
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						cautioned that sex offender laws draw attention to and target some of the most rare offenders, causing the public to lower their guard around the real offenders. Also, some felt the laws created more empathy for certain victim classes or certain crime types than others. Previous research has showed little to no impact on victims based on sex offender laws, these findings were the same.	
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<p>Committing to Victims' Needs: Sexual Assault Nurse Examiner Programs</p>	<p>Jessica Shaw 2015</p>	<p>This article was a review of the history and overall effectiveness of SANE programs as a whole. It used evidence from several other studies which evaluated SANE programs across the US on the basis of psychological impact on victims, medical impact on victims health, forensic impact on case progression, legal impact on case outcomes in court, and community impact.</p>	<p>The aim of this article was to discuss the impact SANE programs have had on victims and their unique response to this unique crime. Evidence from other articles was used, the setting of the other articles varied widely across the USA.</p>	<p>Medium level of evidence, review of qualitative and quantitative studies on the overall effectiveness of SANE programs, but not a systematic review</p>	<p>Method for selecting articles is not described in detail.</p>	<p>SANE programs are proven to have a positive psychological impact on victims, result in more cases moving further through the CJ system than during the pre SANE period, result in more convictions than during the pre SANE period, and longer prison sentences than during the pre SANE period. SANE programs also have a positive community impact and are said to bring together many multifaceted resources under one roof, improving the collaborative response to</p>	<p>No method for searching articles was identified. Some articles are qualitative, which is a lower level of evidence. Generalizability of results from some studies difficult to determine.</p>
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						sexual assault.	
The Percieved Credibility of Rape Victims During a Police Interview: An experiement Among Victim Assistance Workers	Frans Winkel 1995	Random sample of 286 victim assistance workers, all subjects viewed a video of a vice squad officer interviewing a victim about her sexual assault. After the video, participants filled out a questionnaire.	The aim of this study was to examine the relationship between percieved credibility of a rape victim and two victim related features (skin color and ethnically determined nonverbal behavior) as well as various observer related characteristics. No setting was identified in this article.	Low level of evidence, this was a qualitative study. However, it did include a larger sample size than most other qualitative studies and the sample was random. This is a dated article, the results may no longer be	Participants exposed to either a video of a Surinamer woman reporting a rape or a white Dutch woman reporting a rape. The same actress was used for both videos, hairstyle, skin color, and nonverbal behavior were altered depending on which ethnicity the actress was playing. Participants then filled out a survey asking the percieved credibility of the woman, who was responsible for the assault, how serious the consequences of the assault are, the convincingness of available evidence, nonverbal	Black victims gave a less favorable impression than white victims, the black victim was percieved as less credible and more responsible for her assault, her personal behavior was blamed more as opposed to situational causes, and participants believed she suffered less serious damage from the assault as opposed to the white victim. Observers who believe in a high	The findings in this study contradict some previous research, black nonverbal behavior had no effect on impressions of the victim in this study, while in other studies it was proven to cause observers to form a more negative impression if the victim used black nonverbal behavior. However, this study used victim assistance workers as the sample and their

				relevant to today.	behavior seen, situational causes of the event, empathy for the victim, expected number of false reports, conditional acceptance of forced sex, cultural conceptions, and flexibility in interviewing victims of different cultures.	number of false rape reports and conditional acceptance of forced sex have less favorable impression of both victims.	training focuses on taking all victim statements seriously. Further studies should test the theory on police officers and whether the intent when watching the video (i.e if the observer's goal is to comfort the victim or to determine if they are truthful) has any effect on results.
Rape Victims' Risk of Secondary Victimization by Police Officers	Anna Costanza Baldry 1996	Sample of 130 police officers. Police randomly divided into 4 groups, one group saw controlled version of woman reporting rape, another saw the emotional version of a woman	Aim was to establish why rapes are so underreported, specifically in regards to which types of victims and perps police are more likely to believe or mistrust and how those	Low level of evidence, qualitative study with small sample size. Methods of recruitment and setting not identified	130 police officers watched a short film of an actor portraying either a victim reporting a rape in either a controlled or emotional manner or a man defending himself against rape allegations in either a powerful or powerless manner. After the video a survey was handed out asking the officer how believable the	An emotional victim is believed more than a numb victim. The higher the degree of empathy the officer had towards rape victims in general the more credibility was lent to the victim and the less	Small sample size, does not articulate gaps or limitations, no setting or recruitment method identified. More studies should be conducted in the future where participants hear both male and

		reporting a rape, another saw a powerful version of a man defending himself against allegations of rape, and the last saw a powerless version of a man defending himself against allegations of rape.	decisions relate to personal empathy for rape victims. No setting was identified.	ed. Gaps and limitations not identified. This is a dated reference, the results of the study may not be as relevant today.	actor was and who's fault the assault was. General demographic information was gathered, as well as general feelings towards rape victims (empathy). This data was then compared against each other to identify statistical significance of the dependent variables relative to the independent variables.	responsible the officer judged the victim for the crime. Manipulation of male testimony had no effect on credibility.	female testimony because this is how rape cases are heard in real life.
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