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Sexual Assault: An Exploration of Survivors' Decisions Not to Report to Police

by

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ABSTRACT

According to a 1993 Statistics Canada study only 6% of adult female sexual assault survivors report to police. Based on interviews with nine adult female non-reporting sexual assault survivors, this study explores the decision-making process and factors that influence a survivor's decision not to report to police. The emerging themes and categories, as well as individual stories of sexual assault, are revealed through the verbatim descriptions provided by the research participants. The study findings are organized into an ecological model that depicts the complex interactions and relationships between intrapersonal, interpersonal, institutional and ideological factors and sexual assault survivors' decisions not to report to police.

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INTRODUCTION

Sexual assault in Canada is a crime of considerable proportion. In 1993, Statistics Canada conducted a survey of women's experience with violence. Approximately 12,300 adult women were randomly selected and interviewed about their experiences with physical and sexual violence since the age of sixteen. Only acts considered crimes under the Criminal Code of Canada were included in this survey. In reference to sexual assault, this involved unwanted sexual touching up to and including violent sexual attacks with severe injury.

The Statistics Canada (1993) study found that 39% of adult Canadian women have experienced at least one incident of sexual assault since the age of sixteen. Alberta had the second highest rate of violence against women in Canada with 58% of adult Albertan women having experienced at least one incident of physical or sexual violence since the age of sixteen.

Ten years prior to the Statistics Canada study, sexual assault legislation in Canada underwent a thorough and critical examination, the results of which were major substantive and procedural changes. One of the main goals of the legislative reform of 1983 was to increase the rates of reporting sexual assault to the police (Roberts & Grossman, 1994).

The new legislation was also intended to improve the treatment afforded sexual assault survivors within the criminal justice system thereby ensuring their interests were respected. New labels were given to old offenses in hopes that some of the myths and stigma surrounding the crime of sexual assault would dissipate (Chappel, 1983; Shilton & Derrick, 1991). The prior criminal law relating to 'rape' was replaced with three

categories of 'sexual assault'. The name change was intended to emphasize the violent aspect of the crime and de-emphasize the sexual nature. In addition, the new laws were broader in their definition and encompassed many forms of sexual molestation in addition to penetration.

Evidentiary rules, such as those related to the need for corroborative evidence and recent complaint, were repealed. Under the new legislation, evidence of the survivor's sexual history was not considered admissible in court, and could not be used by the defense to discredit the witness (Department of Justice Canada, 1991; Gunn & Minch, 1988; Roberts, 1994). Ultimately, the law reforms of 1983 were aimed at persuading women that they could trust in the criminal justice system.

Ten years following the legislative reforms, the results of the Statistics Canada (1993) study with respect to sexual assault were very telling. Only 6% of women who had been sexually assaulted reported the incident to the police.

Greenberg, Ruback and Westcott (1982) note that unless crime victims notify police their crimes are never investigated. These authors also point out that crime victims are the gatekeepers to the criminal justice system. Using this metaphor and according to the Statistics Canada study (1993), sexual assault survivors in Canada are choosing not to open the gate to the criminal justice system.

The dramatic under-reporting of the crime of sexual assault in Canada is evidence of a massive social problem that appears to have gone unnoticed by our criminal justice system. With the reporting rates as low as 6%, the true numbers of survivors are not represented in the judicial system. The small numbers of those who report do not influence the system to adapt to the needs of survivors. One of the major concerns that

arises from the low reporting rates is the obvious, but often overlooked point, that unless the survivor comes forward the offender will not be held accountable. This raises two key questions: Why do so few sexual assault survivors report to police?, and what factors influence their reporting decisions?

This study explores the decision-making processes of adult female sexual assault survivors from the moment of assault until she decides *not to report* the sexual assault to the police. The factors that influence her decision *not to report* her sexual assault to the police will also be examined.

Auspices of the Study and Role of the Researcher

I completed this research in partial fulfilment of my Masters of Social Work degree at the University of Calgary. I have worked and studied in the field of social work for over fifteen years and have concentrated my interests and activities in the field of violence and abuse since 1993. I have been affiliated with Calgary Communities Against Sexual Abuse (CCASA) for the past four years firstly, as a contract researcher and secondly, as a clinical practicum student. In the aforementioned capacity, I conducted a qualitative research study involving personal interviews with 16 sexual assault survivors about their experiences with professionals post-assault. For eight months, in the capacity of a graduate level social work practicum student, I counselled women who were in crisis and had been sexually assaulted either in adulthood or childhood.

I was also the primary researcher for the quantitative predecessor of this study (Tomlinson, 1999). In the previous study, 56 adult survivors of sexual assault in Calgary, Alberta were surveyed in order to determine the factors that influenced police-reporting decisions.

From these professional experiences, I am no stranger to the devastating and debilitating effects of the trauma of sexual assault. As a counsellor and researcher, I have already acquired ideas about what factors influence sexual assault survivors to report or not to report to the police. Putting my pre-conceived notions aside, I am committed to engaging with participants as a learner not an expert. I believe that each research participant is an authority on her own lived experience. It is my role as researcher to facilitate the telling and recording of these experiences.

My approach to this research is value-laden. I am a woman, a feminist and a social worker. As a woman, I have experienced gender-based inequities including abuse and the subsequent psychic effects of the internalization of these experiences. As a feminist, I am aware of how sexism has affected our social, political and cultural perceptions and treatment of women and girls. As a social worker, I have been trained to assess and analyse social problems from a multi-systemic perspective. Acknowledging all of these experiences was helpful to me in my role as researcher, as I took my personal and professional experiences, thoughts and feelings, and entered into the research arena on the same level as those of the participants.

From both my personal and professional involvement with this issue, I believe that this research topic is worthy of investigation. Since there has been relatively little research on the factors affecting survivors' decisions to report sexual assault to the police. I hope that the findings of this study will contribute to the scarce knowledge base. Study outcomes may be of use to social work and medical clinicians as well as law enforcement personnel who engage in crisis interventions with sexual assault survivors. Study

findings may also be useful for social agencies, legal and government institutions to employ as a guide in social planning and policy-making initiatives.

Organization of the Thesis

Chapter One examines the influence of current dominant societal values, attitudes and beliefs about sexual assault on survivors' decisions not to report to police and the effectiveness of the legislative reforms of 1983.

Chapter Two examines the responses that sexual assault survivors typically receive from significant others, both personal and professional, and their influence on survivors' decisions not to report to police. In addition, this chapter provides a description of the nature of the problem of sexual assault in Canada and outlines two conceptual frameworks that are useful in understanding the short and long-term effects of sexual assault on individual survivors.

Chapter Three provides a summary of grounded theory methodology and outlines the application of the methodology in the present study. A description of the process of participant recruitment, data collection and data analysis is presented.

Chapter Four presents the findings of the study, describing the themes that emerged from the data gleaned from participant interviews. Finally, Chapter Five discusses the significance of the findings, implications for social work practice, the strengths and limitations of the study and recommendations for future research and other professional initiatives.

CHAPTER ONE: SOCIETAL AND LEGISLATIVE RESPONSES TO SEXUAL ASSAULT

In 1983, the sexual assault provisions of Bill C-127 changed the Criminal Code of Canada in reference to the substantive, procedural and evidentiary aspects of the existing sexual assault and indecent assault laws. Crimes of sexual aggression were transferred to the section dealing with crimes against the person. This was intended to shift the conceptualization of the crimes of sexual acts to being perceived as violent acts. Evidentiary rules, such as those related to the need for corroborative evidence and recent complaints were repealed (Department of Justice Canada, 1991; Gunn & Minch, 1988, Roberts 1994).

A critical analysis of the sexual assault legislation prior to 1983 is telling in regards to societal perceptions about the credibility of women, specifically women who are sexually assaulted. Before 1983, corroborative evidence was deemed necessary to convict an alleged offender accused of sexual assault; juries were advised to regard a sexual assault survivor's testimony with suspicion; and, complaints were required to be reported as soon as possible after the sexual assault was committed. Myths and stereotypes about women and sexual assault informed these crucial evidentiary and substantial requirements reserved only for sexual assault crimes against women. Perceptions of sexually assaulted women as untrustworthy, unbalanced, bad or unchaste are among the many assumptions that may be interpreted from these unique embodiments of sexual assault legislation (Ellis, 1988).

The following chapter examines the issue of sexual assault in Canada from a macro perspective. The discussion includes an investigation of current dominant societal

values, attitudes and beliefs about sexual assault and the corresponding legislative reforms of 1983. The effectiveness of the legislative reforms and the influence of societal attitudes on the behaviors and actions of individual sexual assault survivors will be highlighted. Evidence derived from the literature suggests some relationships between these environmental and institutional factors and survivors' decisions not to report to police.

Dominant Societal Attitudes, Values and Beliefs about Sexual Assault

In her article entitled "The Incredible Woman: A Recurring Character in Criminal Law", Scutt (1992), an Australian feminist, wrote of how the legal system has been and remains generally doubtful about a woman's ability to tell the truth. She suggested that in law, "honesty appears to (have been) a sex-linked characteristic" (p.441), and concluded that our current legal system is constructed to protect men from women's falsehoods.

Our legal system is a reflection of dominant societal attitudes, values and beliefs about sexual assault that lead survivors to be blamed for being sexually assaulted. The legal system embraces these attitudes and beliefs by standing ready to "indict" women who complain of sexual assault. Evidence is preferable if it can be corroborated; survivor's consent and credibility is put to the test. Barrett and Marshall (1990) summarized:

> The attitudes that contribute to the miscarriage of justice in cases of sexual assault do not exist in isolation. They are systemic. They arise not from the bizarre reasoning of a few misguided people or extremists but from the general context of a society that protects men and relegates women and children to the status of second-class citizens (p. 25).

The following section examines the dominant societal attitudes, values and beliefs surrounding the issue of sexual assault. Several studies demonstrate the effects of dominant societal attitudes on our legislation and legal system with regards to cases of sexual assault. The influence of dominant societal values on the police reporting decisions of sexual assault survivors is explored.

Blaming the Victim

Over twenty-five years ago, William Ryan (1974) speculated that it is a societal norm to attribute more blame and responsibility for a crime to the victim than to the offender. This concept, entitled "Blaming the Victim", is still relevant today. It is not unusual for powerful and influential community leaders, including the judiciary, to attribute blame and responsibility for sexual assault to the survivor.

For example, in late 1989, a British Columbia judge gave a suspended sentence to a man who admitted to sexually assaulting a three year old girl; this decision was based on the judge's understanding that the survivor had been sexually aggressive (Marshall & Barrett, 1990). Two teenage Alberta boys were suspended from school for a year for sexually assaulting a teenage girl. The judge commented: "This community is well known to be sexually permissive. Too many women go around in provocative clothing. Should we punish a 15 or 16 year old boy who reacts to it normally?" (Gunn & Minch, 1988, p.18).

Judges' and politicians' comments are easily available for scrutiny due to the high profile and public nature of their profession, however these attitudes and perceptions of sexual assault are widespread. The Ontario Women's Directorate (cited in Marshall, 1991) conducted a survey of men and women in Ontario in 1988. Thirty-five percent of

the respondents surveyed said they concurred with the statement that most women agree to have sex and then later say that they were sexually assaulted (p.77). Another survey (Klemmack & Klemmack, 1989, cited in Manitoba Association of Women and the Law, 1991) reported that 92% of respondents believed that a sexual assault had occurred if a woman was attacked in a parking lot and physically beaten. Conversely, only 20% of respondents felt that a sexual assault had occurred if the offender was a date; if the survivor went to his apartment; kissed him and then said she wanted to stop (p. 5-7).

An American study (Frazier & Borgida, 1988) assessed and compared the knowledge of potential jurors and expert witnesses with regards to the epidemiology and after-effects of sexual assault. Several of the questions tested respondents' adherence to stereotypical beliefs about sexual assault. The non-experts believed that delays in reporting sexual assault raised some suspicion about the truthfulness of the survivor, and that there were more false reports about sexual assault than other crimes. The experts fared better with these questions, however only 68% answered correctly (p.114). To their credit, both groups disputed the myth that survivors who blame themselves are partially or fully responsible for their sexual assault.

The above examples from the media and the three studies cited suggest that a fairly substantial proportion of individuals believe myths that attribute blame to the survivors of sexual assault.

Survivor Resistance to Sexual Assault

Two studies exploring the relationship between survivors' resistance to sexual assault and the attribution of blame or responsibility mirror the dominant societal attitudes of 'blaming the victim'. Renner, Wackett and Ganderton (1988) explained the

dilemma in which sexual assault survivors often find themselves at the time of the assault. In a very short space of time, the survivor must decide whether she will resist the sexual assault and risk physical injury. If she does not resist, following the assault others will judge her:

> These "after the fact" judgments provide the social context within which the victims must cope, and are negatively related to what the victim in fact did. When the victim does not resist, the social expectation is that she should have resisted more: if she does resist, particularly to the point of injury, the judgment is that she need not have done so (Renner et al., 1988, p.168).

Renner et al.'s findings revealed that this negative relationship was strongest for those survivors who took their case to court. In a more recent article, Renner (1994) likened the experience of a sexual assault survivor resisting injury to that of a robbery victim - "take anything you want, just don't hurt me" (p.48). The difference, he explained, is that the sexual assault survivor displaying no physical evidence of resistance is held partially responsible for the crime.

Towson and Zanna (1983) examined survivor's retaliation against sexual assault. They found that women reacted more positively than men did towards survivor retaliation. Women also perceived the sexual assault as more psychologically damaging to the survivor than did men, and perceived the survivor as less responsible for the sexual assault.

Survivor Relationship to Offender

The biases evident in our societal perceptions and attitudes towards sexual assault were also apparent in the results of a study conducted by Yurchesyn, Keith and Renner

(1992). In a comparison of clients served by a Halifax sexual assault centre and cases that appeared before the Halifax Law Courts, the researchers found two very different survivor profiles. The sexual assault centre records showed "large numbers of adult women who (were) sexually assaulted in the context of pursuing normal and expected heterosexual social activities, and of many children who (were) abused in their homes largely by family members" (pp. 81-82). In the courts, the relatively small number of cases seen for the same time period indicated that the assaults were infrequent. Court records revealed sexual assault cases where "adult women (were) seen who (were) violently assaulted by atypical men, and children who (were) abused largely by those outside of the family" (p.82). This is particularly critical given that the 1993 Statistics Canada study found that over 85% of sexual assault offender were known to the survivor prior to the assault.

In their comparison study of acquaintance sexual assault and stranger sexual assault, Renner and Wackett (1987) reviewed some of the cultural values that contribute to the under-reporting of acquaintance sexual assault. They cited several studies (Burt, 1980; Seligman, 1984; Shotland & Goodstein, 1983; Williams & Holmes; 1981) that found widespread cultural acceptance of two beliefs: forced sex is often acceptable and cannot always be defined as sexual assault; and, women are often responsible for their own sexual assaults. Of the 231 cases of forced penetration of a woman by a man (Renner & Wackett, 1987), someone known to the survivor committed 66% of the assaults. One-third of these survivors waited more than a year before contacting the Sexual Assault Victims' Service in Halifax. Approximately, one-half of the survivors did

not seek medical attention or report to the police (pp. 51 - 53). The researchers concluded that:

> (V)ictims of (acquaintance) rape ... in contrast with victims of stranger rape... are (less) likely to receive assistance and attention from others, such as friends and the police, at the time of the assault (p.52).

Attributions of Survivor Culpability

A number of studies have evaluated observer attributions of sexual assault survivor culpability and credibility (Nelson, 1978; Schult & Schneider, 1991; Towson & Zanna, 1983; Yarmey, 1985). These studies universally found that men attribute more responsibility for sexual assault to the survivor than do women. Nelson (1978) also found that women jurors who held more egalitarian views of sex roles more often gave a guilty verdict than women who did not; whereas egalitarian views of sex roles did not make a difference among the verdicts of male jurors.

Two studies compared perceptions of survivor responsibility with the perception of survivor provocativeness (Schult & Schneider, 1991; Yarmey, 1985). Yarmey (1985) found that study respondents attributed more responsibility for the sexual assault to the survivor if she was perceived as provocative as compared to demure. Schult and Schneider (1991) found that the amount of blame assigned to the survivor increased relatively with the degree of provocativeness demonstrated by the survivor. Both researchers concluded that observers judge survivors who display provocative behavior and dress as responsible for instigating the sexual assault.

Jacobsen and Popvich (1983) took a slightly different approach as they explored the effects of physical attractiveness on both survivor and defendant culpability when the

details of the case were unclear. Their findings indicated that the less clear observers were about the details of the case, the more they attributed responsibility to the survivor based on her attractiveness. Likewise, observers were also more biased in favor of an attractive defendant, finding him less likely to be guilty of sexual assault. The authors noted the "double jeopardy" herein for women. They postulated that unattractive women would be less likely to be believed because of their less than adequate physical attributes and conversely, attractive women were held more culpable due to their "irresistible" physical attributes. In both situations, societal values, attitudes and beliefs are biased against sexual assault survivors.

Willis and Wrightsman (1995) took a novel approach and examined the effects of survivor gaze behavior and prior relationship between the survivor and defendant on the attributions of culpability. When the survivor's gaze avoided the defendant during the identification portion of the trial, respondents rated survivor credibility as lower. Likewise, they rated the defendant as less culpable and recommended a lighter sentence. When the survivor was acquainted with the defendant prior to the assault, attributions of culpability increased for the survivor and decreased for the defendant.

In summary, it remains a norm in North American society to attribute more blame and responsibility for a sexual assault to the victim than to the offender. This norm is reflective of dominant societal values, attitudes and beliefs about sexual assault and women that are deeply embedded in our social culture. Lonsway and Fitzgerald (1994) label these dominant societal values and beliefs about sexual assault 'rape myths' and define them as "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male aggression against women"

(p.134). Dominant societal rape myths could result in the re-victimization of sexual assault survivors within the criminal justice system and as such, may have a direct effect on the low reporting rate of sexual assault. Survivors themselves may ascribe to the same myths and stereotypes that they fear others will use to assess the veracity of their cases and this may be a reason that women do not report sexual assault to the police.

The 1983 Canadian Legislative Reforms

Prior to the Bill C-127 amendments, many inequities existed within the legislation (Manitoba Association of Women and the Law, 1991). The former legislation referred to two crimes of sexual aggression differentiated by the labels 'rape' and 'sexual assault'. The term rape implied penile/vaginal penetration, and the latter term was reserved for acts of gross indecency or indecent assault; charges considered less serious in nature. Rape could only occur between a male offender and a female survivor, and a husband could not be charged with raping his wife.

Under the former legislation, evidence of the survivor's sexual history was admissible in court, and used to support or challenge her credibility. Her chastity or virginity was a measure of a survivor's credibility. The "recent complaint" rule asserted that in order to be deemed credible the survivor had to report the offense at the first possible opportunity. In reality, this was impossible for many survivors. If the survivor's testimony stood alone in court without corroborating evidence, it was considered to be suspicious; in fact, it was common practice for judges to advise jurors not to convict an offender of sexual assault based solely on evidence provided by the survivor. A survivor's evidence needed to be corroborated in order to prove her credibility.

Modeled closely after the legislation for crimes of non-sexual assault, the new legislation defined the crimes of sexual aggression as one of three types of sexual assault.

> At the first level, a sexual assault may be punished by summary conviction carrying a maximum penalty of six months or by way of indictment in a superior court with a maximum penalty of ten years imprisonment. The second level includes sexual assault with a weapon, threats of bodily harm to third parties or bodily harm to the complainant. The maximum penalty is fourteen years. Aggravated assaults consisting of wounding, disfiguring, maiming or endangering the life of the complainant are included in the third level (Dawson, 1986, p.40).

One of the major goals of the sexual assault reform legislation of 1983 was to increase the rates of reporting, as well as arrest, prosecution and conviction rates. The revised legislation:

> "Was not aimed so much at attempting to reduce the incidence of sexual assault... but rather at increasing the number of crime victims who report to the police (Roberts & Grossman, 1994, p.58).

It was also hoped that by substituting new labels for old offenses, some of the myths and stigma surrounding the crime of sexual assault would abate (Chappell, 1983; Shilton & Derrick, 1991). By amending procedural and evidentiary requirements, the new legislation was intended to improve the treatment afforded survivors within the criminal justice system, ensuring their interests were respected. Ultimately, the reform was aimed at persuading women that they could trust the criminal justice system, and to influence them to report the crimes of sexual assault.

Critics of the Reform

Several critics denounced the reforms for not providing a specific definition of sexual assault (Chase, 1984; Dawson, 1986; DeKeseredy & Hinch, 1991; Ellis, 1988; Marshall, 1991). Critical research analysts protested that the vagueness of the meaning behind the new sexual assault laws left them open to individual interpretation (DeKeseredy & Hinch, 1991). A ruling by the Supreme Court of Canada in 1987 attempted to further articulate the legal definition of sexual assault, but even so still left police officers, judges and juries a great deal of discretion in how they chose to interpret the meaning of sexual assault within the legislation.

Marshall (1991) criticized the 1983 amendments because the same standards used to evaluate physical assault cases are applied to sexual assault. She noted that under the old rape laws, physical injuries were required as evidence to support a survivor's lack of consent. She argued that by drawing definitional parallels between ordinary assault and sexual assault, the courts continue to equate the absence of physical injury with consensual sexual relationships.

Dawson (1986) observed that "whether 'sexual assault' is assault modified, or indicates a distinct, albeit related concept is left unclear" (p.40) in the 1983 legislative reforms. To exemplify her argument, she cited, among others, a judicial decision in the New Brunswick Court of Appeal in R. v Chase (1984),55 N.B.R.97. In this instance, an assault on a fifteen year-old girl by a forty year-old visitor to her grandparents' home consisted of grabbing of her shoulders, arms and breasts. The judge interpreted the word sexual in the Criminal Code of Canada to be limited to genitalia only, and held, therefore,

that this incident which involved breasts (or so-called secondary sexual characteristics), did not constitute sexual assault.

Both Dawson (1991) and Ellis (1988) contend that, ironically, the legislative reforms of 1983 with their gender-neutral focus have alienated female survivors from the crime of sexual assault. The "objective" interpretations of sexual assault, as with the former legislation, have not given voice to the perceptions and experiences of the survivor. Ellis (1988) suggested that the focus of the legislative reform on the treatment of the survivor by the criminal justice system divided the effect of sexual assault from the cause of sexual assault:

> The re-definition of rape, which emerged through this protracted debate, supplanted much of the initial feminist analysis of rape as a political act, an act rooted in sexual specificity. No one was, of course, under any illusion that gender-neutral legislation would alter the genders of the perpetrators or of the victims. Men would still continue to rape women. That fact, however, was removed from the legal definition, only to resurface, its meaning distorted, in the subtext of judicial decisions (p.99).

Another major criticism of the 1983 legislative reform was the retention of the "honest but mistaken belief" defense. During trial, if the alleged offender can prove that he honestly believed that the survivor was consenting to sex, then he may be found not guilty.

> This result is based on the fact that the Canadian criminal justice system does not, by and large, punish a person for an activity which was not done with a guilty mind (Manitoba Association of Women and the Law, 1991, p. 7 - 2).

Ordinarily, the accused does not admit to sexually assaulting the survivor, but claims either that she consented to have sexual relations with him or that he believed she was consenting. Popular societal myths and stereotypes about female sexuality, especially with regards to previous sexual history, may prejudice criminal justice personnel and jurors against the credibility of the survivor.

The reforms of 1983 have not been the only significant legislative changes with regard to sexual assault. More recently, in 1991, the Supreme Court of Canada struck down section 276 of the Criminal Code of Canada which limited questioning survivors about their past sexual history (Roberts, 1994; Shaffer, 1992). This appeared to be a regression to the days when judges would admit a survivor's sexual history as evidence when it was clearly not relevant. In reaction to this, Kim Campbell, the then Minister of Justice, responded with Bill C-49; a new set of legislative amendments in 1992. These focused on three areas: 1) new criteria by which a judge may admit questioning with regards to a survivor's sexual history; 2) a definition of consent as it relates to sexual assault; and 3) some restrictions to the "honest but mistaken belief" defense. It was hoped that these newest legislative changes would help to foster women's confidence in the Canadian justice system with regards to with sexual assault.

Evaluating the Effects of the Legislative Reforms

Did the new law meet its objectives? Has the focus of the criminal justice system shifted from the character and behavior of the survivor to the crime committed by the offender? Has the treatment of sexual assault survivors improved thus prompting more survivors to report the crime to the police?

One of the first reported Canadian studies (Sajpaul & Renner, 1986) to test the effects of the legislation was very optimistic. Sajpaul and Renner compared data compiled by Statistics Canada for the ten-year period prior to the new law with data collected during 1983. They found a significant increase in reporting in 1983 and concluded that "the new law apparently had one of its intended effects" (p.409).

Two years later, Sajpaul and Renner (1988) examined and compared the questions asked of survivors of sexual and physical assault by the prosecutor and defense in court. They found that strategies used by both the prosecutor and the defense required the survivors of sexual assault to answer more negatively-toned questions that treated them in a disrespectful way and raised doubts about their story and moral integrity. The conviction rate of sexual assault was also still significantly lower than that of physical assault. They concluded that the new legislation had not had its intended effect.

At the same time, Ronald Hinch (1988) from the University of Guelph, cast some doubt on Sajpaul and Renner's (1986) previous findings. He hypothesized that the increases in reporting observed by Sajpaul and Renner may have been due to other factors: possibly the increased public profile of child sexual abuse. Hinch found an increase in the age distribution from older to younger victims between 1982 and 1984. This, coupled with a fairly constant number of penetration offenses and a decrease in the number of other sexual assault offenses, led him to conclude that there had been no significant change in rates of reporting due to the legislation.

The Department of Justice Canada (1991) undertook a six year study aimed at evaluating the impact of the sexual assault provisions of Bill C-127. They found that, since 1983, there had been a steady increase in the number of sexual assaults reported to

the police across Canada; significantly higher than the number of non-sexual reports made during the same time period. Despite these statistics however, very few survivors of sexual assault were aware that the laws had been amended. The authors concluded, therefore, that the survivors must have been influenced otherwise in making their decision to report. The authors speculated that an increase in the number of sexual assault centres and specialized sexual assault units within police forces combined with a changing social climate may have made it more amenable for survivors to come forward and report sexual assault to the criminal justice system.

Horney and Spohn (1991) conducted an impact evaluation in six different American jurisdictions following similar sexual assault legislative reform in the United States. They found that the most significant increase in reporting rates occurred in the jurisdiction that had passed the most radical reform. They concluded that legislative reform may affect reporting rates, but only if the changes are broad enough and well publicized.

Roberts and Grossman (1994) examined recent trends in the number of sexual assaults reported to the police using data collected from the Canadian Uniform Crime Reporting System. Their findings showed that a highly significant increase in reports of sexual assault to the police began in 1983 and not before, and that the increase was significant in comparison to the police reporting of non-sexual assaults.

Interestingly, these authors also found that the greatest increase in the reporting rate of sexual assaults occurred in the least serious category (Sexual Assault 1). They reported a decline in the reports filed in the most serious category (Sexual Assault III), and little or no change to the reports categorized as Sexual Assault II. Roberts and

Grossman interpreted this to mean that the legislation had had its effect and more survivors of less serious or less stereotypical sexual assaults were coming forward, or police were simply recording complaints differently.

This same study also identified considerable variation in reporting rates by province or territory. Roberts and Grossman speculated that this could be due to a similar variation of non-specific crimes across the country, but were more confident that these differences were a result of differing attitudes towards reporting and different police responses to the crime of sexual assault. They supported their hypotheses with the results of several studies including a 1988 Canadian survey (Clark & Hepworth cited in Roberts & Grossman, 1994) that was designed to examine public attitudes and intentions with regards to reporting sexual assault. The study found that people in Quebec (the province with the lowest official reporting rate) would be least likely to report to police if they were sexually assaulted. This provided credence to their theory regarding differing criminal justice responses by province.

Spohn and Horney (1993) examined the impact of legislative reform in Detroit, Michigan on the outcome of sexual assault cases. They found that women whose characteristics did not conform to the stereotypical sexual assault survivor were more likely to report the crime to the police following the reform. For example, in the post-reform period, more sexual assaults were reported in which the survivor and offender were acquainted, the survivor engaged in some kind of risky behavior at the time of the assault or there were questions about the survivor's moral character.

Gunn and Linden (1991) examined the Department of Justice (1991) evaluation findings from one evaluation site - Winnipeg, Manitoba. Like Spohn and Horney (1993)

in the United States, these authors also found an increase in the number of non-stereotypical sexual assaults reported. More prostitutes reported sexual assaults in the post-reform period and more assaults not involving violence and strangers were reported. "Respondents felt that many of the 'less serious' cases (were) now being prosecuted, as well as incidents that were reported long after they occurred" (Gunn & Linden, 1991, p.81). An increase in the reporting of these types of sexual assault was evidence that the reform had had at least some of its intended effect.

In 1988, the Department of Justice Canada surveyed the Canadian public about their knowledge of sexual assault and the new legislation (Roberts, 1994). Although only 18% of survey respondents knew the new term for rape, a much greater percentage were aware of the more substantive changes within the legislation (e.g. the inadmissibility of evidence regarding the witness' past sexual history and that husbands can be charged with sexually assaulting their wives). The researchers concluded that this knowledge of legislative changes may have positively affected reporting rates. This is important because it implies that survivors may be aware of the legal response to sexual assault.

An experimental survey conducted in 1990 in Ontario (Grossman, 1990, cited in Roberts, 1994) studied differences between women's views of the crime labeled rape and the crime labeled sexual assault. The findings indicated that the different labeling had little effect on respondent's reactions to the crimes. Survey respondents reacted more to the nature and the social consequences of the crime than to the label that had been ascribed. For example, respondents said they would be more likely to report to police if the assault was committed by a stranger than by an acquaintance.

In summary, the reporting trends of sexual assault crimes since the 1983 legislation show a significant increase. From public opinion surveys, it appears that the change in terminology did not bring about the increase. The more substantive changes in the legislation, however, may have resulted in a change in attitudes and behaviors towards reporting. This is evident in several studies where an increase in the reporting of non-stereotypical sexual assaults is noted. This change may also be due to a change in social climate resulting in an increase in victim assistance units within police forces and increased availability of sexual assault centres (Department of Justice Canada, 1991). Although, it is difficult to pinpoint the specific factors that led to an increase in reporting sexual assault, study findings imply that survivors are aware of the legal response to sexual assault and suggest that legislation may influence survivors' decisions to report to police.

Summary of Societal and Legislative Responses to Sexual Assault

Dominant societal attitudes and perceptions towards sexual assault are reflected in our legislation and legal system and are primarily survivor-focused. Much less attention is paid to the characteristics of the offender. Survivors, on the other hand, are rigorously scrutinized with regards to their credibility and moral character. It appears the goal of this societal adjudication is to determine the degree to which the survivor is responsible for her sexual assault. Survivor moral character, survivor sexual provocativeness, survivor physical attractiveness, survivor retaliation, survivor physical injury, and survivor relationship with offender are among the many attributes used to support the majority bias towards survivor culpability. These societal beliefs that influence sexual assault

legislation and legal proceedings stem from prejudicial myths and stereotypes about women and sexual assault. They will not easily be erased.

CHAPTER TWO: INTERPERSONAL AND INTRAPERSONAL RESPONSES TO SEXUAL ASSAULT

The previous chapter examined the influence of dominant societal values, attitudes and beliefs and the effects of sexual assault legislation on survivors' decisions not to report to the police. Deeply ingrained myths and stereotypes about women and sexual assault contribute to the dominant societal notion that survivors are at the very least partially, if not totally, responsible for being assaulted. Renner et al. (1988) elaborated further on this notion to include the survivor's internalization of these oppressive attitudes resulting in the aforementioned statistical evidence of under-reporting of sexual assault incidents:

> ...[T]o the extent that victims themselves share these same beliefs because they also share the same social and cultural context, then we may better understand the basis of the self-blame and guilt so often reported. ...In this way social factors help to prepare a woman to be an accomplice to her own social and psychological victimization after the assault (p.164).

No one is immune from the powerful influence of dominant societal values and beliefs. In addition, though the following chapter discusses the responses that survivors typically receive from significant others, both personal and professional, and their influence on survivors' decisions not to report to police. A further section utilizes two conceptual frameworks, Rape Trauma Syndrome (Burgess & Holmstrom, 1979; Remer, 1986 cited in Worell & Remer, 1992; Sutherland & Scherl, 1970) and Post-Traumatic Stress Disorder (American Psychiatric Association, 1994), to discuss the short and long-term effects of sexual assault on adult female survivors. The effects of sexual assault

survivors' intrapersonal responses to trauma will be presented in regards to their influence on survivors' decisions not to report to police.

Social Network Response to Sexual Assault

Survivors in crisis are particularly vulnerable to the initial reactions and influences of others. The following section examines the responses that sexual assault survivors receive from significant others, both personal and professional, to whom they disclose, highlighting the possible influence of significant others' responses on survivors' decisions not to report to police.

The Influence of Significant Others

Only three studies examined the influence of significant others on police-reporting decisions specifically relevant to the crime of sexual assault (Collings, 1987; Feldman-Summers & Norris, 1984; Gunn & Minch, 1986). In interviews with 75 sexual assault survivors in Winnipeg, Gunn and Minch found that the response the survivor received from the first person she told of her assault had a significant impact on whether she reported to the police. The incidence of reporting to the police doubled for survivors who had received a sympathetic response from the first person they told. The researchers concluded that the attitudes and judgments of significant others in a survivor's life seriously shaped her decision to report.

In Seattle, Feldman-Summers and Norris (1984) surveyed 175 female sexual assault survivors who reported and did not report to police. The research team utilized Fishbein's model of behavioral intentions and differentiated between two predictors of the intention to report: normative expectations and perceived outcomes of reporting. Perceived outcomes were characterized as the benefits and drawbacks to reporting and

normative expectations were characterized as the influence of significant others on the women's decisions to report.

Normative expectations, regardless of respondents' ethnic identities, were more predictive of intentions to report sexual assault than were perceived outcomes. Study findings implied that many survivors do not report to public agencies for fear of a negative response (Feldman-Summers & Norris, 1984). The researchers suggested that it is, therefore, important to convince survivors of sexual assault that a decision to report to police will be supported by significant others, especially close male friends. They recommended public education and promotion campaigns to strengthen societal attitudes and beliefs that support intentions to report.

In South Africa, Collings (1987) analyzed the written narratives of 54 survivors of unreported sexual assault to determine the reasons why sexual assault survivors fail to report to public agencies. He examined barriers to reporting at three levels of abstraction: intrapersonal, interpersonal and institutional. Interpersonal barriers such as fear of offender retaliation and further victimization by family and friends constituted the most significant deterrents to reporting in the majority (63%) of cases. In conclusion, Collings advocated for public awareness programs designed to change attitudes among the general public and those to whom survivors turn for help.

In summary, the three studies provide evidence that significant others can have a weighty influence on the reporting decisions of sexual assault survivors.

Professional Responses to Sexual Assault

Like family and friends, professionals may have a significant influence on the behaviors and actions of survivors following sexual assault. Interestingly I located no

literature reflecting the positive treatment of sexual assault survivors by professionals. Conversely, much had been documented about the phenomena of the 'secondary victimization' of sexual assault survivors. Secondary victimization refers to the negative treatment a survivor of sexual assault receives from service-delivery professionals. Dye and Roth's (1990) study on attitudes towards sexual assault cited numerous examples of how societal myths and prejudices about sexual assault survivors (such as 'she wanted it', 'she liked it' or 'she deserved it') negatively influenced the attitudes and responses of police, judges, juries, attorneys, and medical personnel.

By endorsing societal myths about sexual assault, professionals and survivors alike may perpetuate the social and psychological re-victimization of survivors of sexual assault. The following section examines literature about what we currently know of the influence of police, criminal justice, medical and mental health professionals on the behaviors and actions of survivors following sexual assault. Do the attitudes and behaviors of professionals have an influence on the reporting decisions of sexual assault survivors?

Responses from Law Enforcement Professionals

The literature reflects a commonly held societal perception that police mistreat sexual assault survivors. Much of the criticism was targeted at police about the process of 'founding' sexual assault cases (Statistics Canada, 1993). Police 'found' a complaint when they officially record the incident as a crime; to 'unfound' a complaint is to treat it as either never having occurred or as a non-criminal event. In 1982, the unfounded rate for sexual assault was five times higher than the unfounded rates for the general category of

violent crimes. This provided support for the notion that reports of sexual assault are treated differently by the police than reports of physical assault.

One of the aims of the Canadian legislative reforms of 1983 was to decrease the reports of sexual assault that were pronounced by police to be unfounded (Statistics Canada, 1993). However, since 1983, there has been little change in the rate at which police declare reports of sexual assault as unfounded (p.31). Three research studies (Gunn & Minch, 1988; Kerstetter & Van Winkle, 1990; McNickle & Randall, 1982) focused on the discretionary powers of police regarding the processing of sexual assault cases.

The most recent study (Kerstetter &Van Winkle, 1990) addressed two questions: whether the complainant's willingness to testify was subject to police influence and why police attempted to influence complainants. The findings indicated that the police strongly influenced the survivor's willingness to testify. Significant factors in both stranger and acquaintance assaults, such as whether a witness was present, whether a weapon was used, whether the survivor destroyed evidence or violated traditional sex role norms, or whether the survivor was under the age of eighteen or married, indicated that the decision to prosecute was not based solely on the wishes of the survivor. The following citation from Kerstetter and Van Winkle (1990) exemplifies how police can influence the complainant:

> If detectives decide that they would like to unfound a case so as not to carry it on their record as an unsolved crime, they may attempt to convince a complainant that it is not in her interest to pursue the case. Detectives may graphically portray the personal costs involved - ...humiliation by the defense counsel, and the like. Conversely, if detectives wish to pursue a case but the complainant seems

ambivalent, they may attempt to strengthen her resolve by talking about the need for her cooperation to prevent an attack on another woman (p.270).

Kerstetter and Van Winkle (1990) also concluded that what most motivated police to influence survivors in both stranger and acquaintance assault cases was their judgment of whether a case was likely to succeed in court. This decision was based on the existence of sufficient evidence and other circumstances that, in the judgment of police, might be viewed with disfavor by the judge and/or jury. Another significant motivation, at least in stranger assault cases, was whether the reputation and/or actions of the survivor might by viewed by a judge and/or jury as inappropriate female behavior. In this scenario, a police officer is called upon to make moral and subjective judgments about the survivor (such as whether or not the survivor met the offender in a bar) in order to determine the legitimacy of her case.

Gunn and Minch (1988) showed that over 70% of the charges laid against sexual assault offenders in 1976 and 1977 were filtered out of the Canadian criminal justice system before trial, and concluded that societal attitudes which blame survivors for the offense extend into the legal system. Like their American colleagues, Kerstetter and Van Winkle, their results support the premise that police motivations for unfounding a complaint in Canada were both subjective and practical. In many cases, the police predicted that the prosecutor would have difficulty proceeding with the charges due to lack of evidence and corroboration. However, in other cases, the police showed evidence of bias in their judgments. Some police made decisions based on the attractiveness of the survivor and their assessment regarding the degree of emotional trauma the survivor was experiencing. In their conclusion, Gunn and Minch (1988) quoted another source that

described the police as "an elaborate screening device, a highly selective filter through which only the 'best' of even the founded cases proceed" (Clark & Lewis, 1984, cited in Gunn & Minch, 1988, p. 57-58).

Finally, McNickle and Randall (1982) analyzed over 600 reports of sexual assault during a six-month period in an American metropolitan police department. They concluded that the police officers under scrutiny made decisions about whether a case should be pursued subjectively not based on legal criteria about survivor credibility, survivor consent or offense seriousness and survivor characteristics. The factors police used to determine survivor credibility included the length of time between the assault and the report: whether or not the survivor underwent a medical exam; the degree of emotional trauma experienced by the survivor; and her willingness to cooperate with officials. These factors tended to be taken as "general indicators as to whether the victim has behaved in a manner such that she is deserving of serious attention" (p.29).

The researchers concluded that the criteria police officers used to determine case legitimacy with regards to survivor consent were much broader than that described in the legal code. Unless the survivor was quite young, seriously ill, or severely disabled, officers felt that there must be evidence that the survivor actively resisted the assault in order to proceed with founding. The officers also incorporated factors related to the survivor's character and/or circumstances in determining whether or not consent took place. Prostitutes, barmaids, and strippers or women who placed themselves in considerable risk by consuming alcohol/drugs, hitchhiking, and/or walking alone at night needed to provide strong evidence that the assault took place in order for the police to found their complaint. Other factors, such as use of a weapon, the survivor's age

(teenagers and young women were likely to be viewed as more suspicious than children and elderly women), occupation, marital status, class and race were also taken into account by police when determining survivor's credibility and consent. McNickle and Randle were careful to note that the officers took all factors into account before making a dispositionary decision, and were capable of changing their initial assessment after an intensive interview with the complainant.

Winkel and Vrij (1993), two researchers from the Netherlands, reviewed a body of international literature published after 1980, and concluded that the risk of secondary victimization by police is not as great as it once was. In fact, Winkle and Vrij are not convinced that secondary victimization of sexual assault survivors has ever existed. In their article, they cited Leuw (1985) who described the phenomena of secondary victimization as only the "unavoidable frustration associated with reporting" (p.283). The above studies provide contradictory evidence to this point of view.

The literature generally supports the commonly held societal perception that police employ dominant societal attitudes, values and beliefs in their treatment of sexual assault survivors. Anticipation of this prejudicial treatment would certainly deter a sexual assault survivor from reporting her crime to the police.

Responses from Medical Professionals

Two research studies completed in the late nineteen-eighties found that most survivors of sexual assault do not seek services from mental health professionals, sexual assault centres or victim assistance programs (Kilpatrick, Saunders, Veronen, Best & Von, 1987, cited in Kimerling & Calhoun, 1994). In fact, according to one source,

survivors are more likely to seek help from general medical practitioners (Koss, Koss &Woodruff, 1991, cited in Kimerling & Calhoun, 1994).

The bulk of the literature reviewed on the medical response to sexual assault concentrated on the collection of evidence and controversies concerning the delivery of the sexual assault exam (Martin, DiNitto, Maxwell & Norton, 1985; Ledray, 1992; Pisarcik-Lenehan, 1991). Approximately, 60 forensic sexual assault examinations are conducted every year in Calgary, only a small percentage of the cases reported (Reister, 1995). Martin et al. (1985) noted that many of the controversies associated with the delivery of the sexual assault kit exam arise from the fact that it serves different purposes for different professionals within one system that serves sexual assault survivors. Medical professionals are concerned with the physical well being of the patient; law enforcement professionals are concerned with the collection of evidence; and sexual assault counsellors and advocates are concerned with the mental health of the survivor. The literature revealed numerous issues surrounding the delivery of the sexual assault kit exam. but primarily centered on issues of where the exam takes place, and who should deliver the exam.

In Gregory and Lees' 1994 American study, the medical examination delivered to sexual assault survivors was described as a "horrific endurance test" and "utterly degrading" (p.87). The researchers recommended specialized survivor-sensitivity training for physicians who perform forensic sexual assault examinations.

Two studies rated the helpfulness of various sources of social support for sexual assault survivors (Golding, Siegel, Sorenson, Burnam & Stein, 1989; Popeil & Susskind, 1985). In Golding et al. (1989), physicians and police were considered the least helpful in

comparison to sexual assault crisis centers, legal professionals, mental health professionals, friends, relatives and clergy. In Popeil and Susskind (1985), police were seen as supportive and helpful while doctors were criticized as less supportive than they should have been. Again, the authors recommended sensitivity and awareness training for physicians similar to those programs undertaken in some cities with police officers.

The following quote illustrates the need for sexual assault education and awareness training amongst physicians:

> A family physician in Eastern Ontario recently told a forum on sexual assault that she did not see a single victim of incest during her first seven years of practice; after she attended an in-depth conference on the subject and became aware of the symptoms, she was shocked by how many cases she came across (Marshall & Barrett, 1990).

If sexual assault survivors are to be encouraged to report to police, then physicians and nurses need to be alerted to the physical symptoms associated with sexual assault, and medical treatment responses need to include attention to both physical and psychological care.

Responses from Criminal Justice Professionals

Following a report of sexual assault, the police investigation and medical examination, the police make their decision to 'found' or 'unfound' the case. If the case is 'founded', charges are laid. The charges are assessed by the Crown prosecutor and are either dropped or proceed to trial as laid. Like the commonly held perception that police mistreat sexual assault survivors, the treatment of survivors in court is typically believed to more a process of re-victimization than one of seeking justice. The following review

supports the commonly held perception that sexual assault survivors have negative experiences in the courtroom.

A 1992 study conducted by the Law Society of British Columbia reported negative comments from women about the courtroom environment. The women described a lack of sensitivity from courtroom personnel and cast doubt on the impartiality of the Canadian criminal justice system. One sexual assault survivor wrote:

> I am writing to tell you that the judges in British Columbia were not sensitive to my situation and that they caused me great distress by the way they said things (Law Society of British Columbia, 1992, p. 4).

The researchers noted that the behavior and comments of both judges and Crown prosecutors were often gender-biased:

> ... (T)here is a bias about how women dress in court and the words that they use. For example, in one case a young woman said that the offender touched her "tit" and that, according to the Crown, seriously prejudiced the case because she was seen as being street-wise (Law Society of British Columbia, 1992, p.4).
>
> In (the Crown Prosecutor's) talk (to potential courtroom volunteers) he ... said ... most victims have less than normal IQs. ... If this is a good Crown counsel, I do not want to run into a bad one (Law Society of British Columbia, 1992, p. 4).

In a recent qualitative study conducted by the author for the Sexual Assault Centres in Edmonton and Calgary (Tomlinson, 1996), most of the sexual assault survivors who went to court described their experiences as scary, humiliating and embarrassing. Many felt that the system had let them down, and that they, as the survivor,

were put on trial. They also commented about their frustration with delays and long waiting periods between rescheduled court dates.

Half of the sexual assault survivors who had met with the Crown prosecutor prior to their trial found him/her to be impersonal and very rushed in his/her approach. The survivors felt that the Crown prosecutors lacked knowledge related to the dynamics of sexual assault, and that this often resulted in insensitive behavior towards the survivors.

> At the trial, the Crown prosecutor showed my Victim Impact Statement to the offender and his lawyer. He came back to me and said, it was a joke (Tomlinson, 1996, p.65).
>
> I felt like they already put me on the stand, and if that was their way of preparing me, then there should be someone there for me. I mean, I'm the victim here (Tomlinson, 1996, p.65).

In personal interviews, 26 British sexual assault survivors (Gregory & Lees, 1994) described their experiences with the courtroom environment as appallingly inadequate. They commented on meager furnishings, sparse heating and insufficient canteen arrangements. The survivors unanimously anticipated being in the same room with the suspect with great trepidation and dread.

By tracking every sexual assault survivor (N = 408) who was treated at a large American urban hospital over a period of two years, Chandler and Torney (1981) examined the decisions and processing of sexual assault survivors through the criminal justice system. Their review of police and prosecutor files revealed a male bias towards acceptable female behavior. Following are examples of some of the quotes found in the files:

> No injuries except a large bump on her head. ... Woman is a known prostitute. ... Woman was bra-less and let the guy put suntan oil on her back. ... Girl is a lesbian. Better plea bargain.

In addition to "good girl" behavior, the criteria that seemed to predict the likelihood of sexual assault cases being brought to trial included: use of weapons during the assault, physical injury to the survivor, and no prior relationship between the survivor and the offender.

The selective over-representation of sexual assault cases in the courts involving physical force and stranger assaults was also a theme in the Canadian literature (Renner et al., 1988; Renner & Yurchesyn, 1994; Yurchesyn et al., 1992). Renner and Yurschesyn (1994) concluded that the disproportionately high number of sexual assault cases charged at the serious levels in our court system was due to a filtering-out process of cases that involved little or no physical injury. They added that the problem was complicated by the fact that survivors, due to their perceptions of a negative response from the criminal justice system, were more likely to come forward and report their assault if the offender was a stranger.

Yurchesyn et al. (1992) concluded that within the criminal justice system:

> ...(T)here is a selective process which determines how many and which cases of sexual assault become a matter of public record. It is the result of a filtering process based upon and consistent with prevalent cultural beliefs and attitudes. It begins with social judgments and is reinforced by the court process, the end result of which is a distortion of the true nature of the offense (p.82).

In summary, the above-cited studies support the notion that sexual assault survivors are treated negatively in the courtroom. It may be that the anticipation of potential re-victimization within the criminal justice system deters sexual assault survivors from reporting their crimes.

Responses from Mental Health Professionals

Frazier and Cohen (1992) suggest that sexual assault trauma is quite common among female clients who seek counselling, and that the detrimental effects of these experiences may underlie clients' presenting problems or initial symptoms such as depression, sexual concerns and phobias. They speculated that trauma symptoms go unnoticed for the most part or are ascribed an etiology other than sexual assault. Therapists experienced in treating sexual assault survivors comment on how often their clients present with a past history of several psychiatric episodes complete with numerous different diagnoses, but never acknowledge sexual abuse. Such women have been inaccurately labeled by mental health professionals as personality disorders, hysterical or simply difficult (Barrett & Marshall, 1990).

It is not uncommon for sexual assault survivors to report unsatisfactory experiences with mental health professionals and Downing (1988) conclude:

> Adequate training on these issues is imperative because uninformed mental health professionals, although well-intentioned, can inadvertently contribute to the "secondary victimization" of those they are trying to help (cited in Frazier & Cohen, 1992, p. 143).

Conversely, professional training and knowledge in the area of sexual assault has the potential be used against the client. As will be discussed in the following section, over

the last ten years, the rape trauma syndrome has become associated with sexual assault survivors. In addition to assisting clinicians in developing more effective treatment plans for survivors, this knowledge has been used in ways to de-legitimize sexual assault survivors. During disclosures of abuse, survivors often explore their role in the abuse situation. This exploration may involve the survivor blaming herself for the abuse that has taken place, or questioning or doubting her own credibility. These feelings of self-blame have been well documented as part of the rape trauma syndrome and must be expressed in order for true healing to occur. Knowing that the rape trauma syndrome often involves survivor's self-assessment of blame, defense lawyers have requested access to survivor's personal counselling records to attempt to prove survivor consent. However, it can be quite damaging to the credibility of the complainant if these discussions are introduced into the courtroom.

Dye and Roth's (1990) review of research from 1985 to 1990 reported that some counsellors have negative attitudes towards sexual assault based on common negative societal perceptions and, if left unexamined, their attitudes may have a negative impact on the sexual assault clients they treat. Nevertheless, Dye and Roth's study of psychotherapists' attitudes towards sexual assault clients, concluded that most therapists:

> had some knowledge about how to work with victims of sexual assault and showed generally sympathetic, understanding and helpful attitudes toward sexual assault victim clients (p.209 - 210).

These authors concluded that, while psychologists and social workers, female therapists and younger therapists were more likely to have positive attitudes towards survivors, other therapists revealed negative and discriminatory attitudes. Interestingly, and perhaps

unexpectedly, therapists with negative attitudes were just as likely as therapists with positive attitudes to focus on sexual assault as an issue in treatment. However, they were also more likely to use treatment strategies that involved blaming the survivor for the sexual assault. In their conclusion, Dye and Roth (1990) recommended further sensitivity and awareness training for therapists so that they may examine and evaluate their feelings and attitudes towards sexual assault survivors.

Like other forms of secondary victimization, negative responses from mental health professionals may discourage sexual assault survivors from reporting to police. Furthermore, if sexual assault survivors are aware that the lawyer for the defense can subpoena their personal therapy records, they may choose not to seek counselling, leaving serious mental health needs untreated.

Intrapersonal Responses to Sexual Assault

The 1993 Statistics Canada study, previously cited, not only reported on the incidence of sexual assault in Canada but also collected descriptive data on the nature of the sexual assaults committed. For example, almost 60% of women who experienced sexual assault were the targets of more than one such incident (not including childhood sexual abuse). Forty-three percent of those who had experienced a sexual attack and 57% of those who had experienced unwanted sexual touching (grabbing, kissing or fondling) stated that it had happened to them more than once. Most of the women who were sexually assaulted (89%) experienced little or no other physical injury.

Canadian women face the greatest risk of sexual violence from men that they know. Strangers were the assailants in only 13% of sexual assaults reported to the police in 1992 (Statistics Canada, 1994). All other assaults were committed by someone known

to the survivor with the highest proportion of acquaintance assaults (35%) committed by a casual acquaintance of the survivor. Five percent of offenders were currently or previously married to the survivor.

The previously cited study did not examine the psychological injuries that the women incurred, but both clinical and research writings have demonstrated that the after-effects of sexual assault are painful and enduring. The following section utilizes two conceptual frameworks, Rape Trauma Syndrome (Burgess & Holmstrom, 1979; Remer, 1986 cited in Worell & Remer, 1992; Sutherland & Scherl, 1970) and Post-Traumatic Stress Disorder (American Psychiatric Association, 1994), to discuss the short and long-term effects of sexual assault on adult female survivors. Although it is not noted in the literature, it is evident from the outline of symptoms that a survivor's intrapersonal response to sexual assault can have a profound influence on the course of action she chooses to take following her assault thereby effecting her police-reporting decision.

The Effects of Trauma on Sexual Assault Survivors

Although individual reactions to sexual assault vary, survivors are at risk of developing a range of symptoms and maladaptive behaviors. Two theoretical applications predominate in understanding the phenomena of sexual assault and the short and long-term effects of trauma on survivors: Rape Trauma Syndrome and Post-Traumatic Stress Disorder. Both frameworks employ detailed descriptions of the after-effects of sexual assault trauma which in most cases etiologically corroborate with survivors' negative police-reporting decisions and at the very least justify a delayed reaction to police-reporting.

Rape Trauma Syndrome

Several writers have developed stage by stage conceptual frameworks of the after-effects of sexual assault. In the seventies, Burgess and Holmstrom (1974) and Sutherland and Scherl (1970) developed two and three stage models respectively for understanding survivors' short and long-term reactions to sexual assault. Burgess and Holmstrom's first stage is the "Acute Phase" which lasts for several weeks and is characterized by crisis and disruption in the survivor's life. Their second stage, "The Reorganization Phase" lasts for the remainder of the recovery period and encompasses the survivor's process of reorganizing her disrupted life. Sutherland and Scherl's first stage, "Acute Reaction" is similar to Burgess and Holmstrom's first stage. Their second stage, "Outward Adjustment", represents the survivor's attempt to regain normalcy in her life and is often characterized by repression or the denial of healthy, albeit painful, reactions to the assault. Sutherland and Scherl's final stage, "Integration and Resolution" involves a dismantling of the denial of the second stage. During this stage, the survivor experiences all the emotions related to experiencing assault and if successful, navigates her way through this final stage to recovery or integration.

Later, Remer (1986 cited in Worell & Remer, 1992) developed a six stage model that included a pre-assault stage and a stage involving the assault itself. The last four stages of Remer's model are most similar to the stages proposed by Sutherland and Scherl (1970). Sutherland and Scherl (1970) and Burgess and Holmstrom (1974) labeled their models "Rape Trauma Syndrome". Remer called her model "An Empowerment Model for Counselling Rape Survivors".

According to Remer (1986 cited in Worell & Remer, 1992), the first or 'pre-assault stage' includes all of the life experiences, gender-role socialization experiences and societal perceptions of sexual assault that a woman has had before the incident takes place. Remer believes that these will influence a survivor's behaviors and feelings during and after the sexual assault.

The second or the "assault event stage" takes into consideration all the events preceding, during and after the assault. Remer found that survivors often reported feeling confused during an assault especially if the offender was a trusted acquaintance. These feelings of confusion contribute to a range of resistive reactions from the survivor (active physical resistance, no resistance, dissociation) and that often leads to survivors feeling blame or guilt following the assault.

Remer labeled the third stage, found in all three models, as "crisis and disorganization". This stage is characterized by the survivor feeling shock, helplessness, confusion, shame and guilt. A survivor's affect during this stage may range from stoic numbness to hysterical crying and can last from a few hours to a year. During this stage, Remer described the survivor as particularly vulnerable to negative, blaming reactions by others.

Stage four, labeled "outward satisfactory adjustment and denial", represents a survivor's attempt to regain normalcy in her life. Survivors often avoid thinking of or dealing with the assault through various coping mechanisms such as denial, suppression and minimization. Survivors may experience this stage for a few months or many years. During this time, survivors frequently experience depression or recurring nightmares.

The fifth stage, "reliving and working through", involves erosion of the denial found in the previous stage. The avoidance experienced in stage four is gradually replaced with intrusive nightmares or flashbacks about the assault incident. A survivor's response to the reliving of the assault is a delayed emotional reaction similar to that found in the "crisis and disorganization" stage. In this stage however, in order for recovery to begin to take place, the survivor is required to face her past trauma and work through her emotional reactions.

The final stage in Remer's model is "resolution and integration". During this stage, the survivor makes sense of the trauma, gains mastery over the assault experience and increases self-esteem. Remer stressed that the survivor does not recover from the sexual assault, rather she integrates it into her current life.

Post-Traumatic Stress Disorder

In contrast to the stage by stage framework proposed by the aforementioned clinician-researchers, the second framework, post-traumatic stress disorder (APA, 1994), utilizes categories of symptoms to conceptualize the short and long-term effects of trauma on survivors. In 1980, the term post-traumatic stress disorder (PTSD) was first described in the Diagnostic and Statistical Manual of Mental Disorders - III (DSM-III) (American Psychiatric Association [APA]). Post-traumatic stress disorder is the development of psychological symptoms following a severe traumatic event. Van der Kolk and McFarlane (1996) aptly describe traumatic experiences as having the ability to:

> alter people's psychological, biological and social equilibrium to such a degree that the memory of one particular event comes to taint all other experiences, spoiling appreciation of the present (p.4).

Sexual assault is one particular event that can evoke such a trauma reaction in the individuals who survive it.

Research suggests that PTSD is commonly experienced: 40 to 75% of the general adult American population will experience exposure to at least one traumatic event in a lifetime. Of those individuals exposed to trauma, 25% will develop PTSD. In comparison, the rates of PTSD for women who have experienced sexual assault are significantly higher. The lifetime PTSD rate for women who have been sexually assaulted is as high as 80% (Green, 1994; Meichenbaum, 1994, cited in Vonk & Yegidis, 1998).

In the more recently revised DSM-IV (APA, 1994), PTSD includes three groupings of common symptomatology: re-experiencing the trauma (e.g. memories, nightmares, flashbacks), avoidance of reminders and numbness of response (e.g. memory loss, avoidance of people, places that evoke memories of the trauma), and arousal (sleep disturbances, hyper-vigilance). PTSD symptoms must last at least one month in order to be diagnosed. PTSD is considered acute if symptoms last less than three months, and chronic if symptoms last more than three months. PTSD may also present with a delayed onset of symptoms at least six months after the traumatic event.

Van der Kolk and McFarlane (1996) utilize an information processing perspective to understand the symptoms of intrusion, avoidance and arousal. They identify six critical issues, some of which are not included in the DSM-IV conceptualization, that affect how people with PTSD process information. Intrusive memories, nightmares and flashbacks are often as vivid as when the first trauma occurred. They may also activate other memories of previous trauma. For example, a sexual assault in adulthood may evoke

memories of childhood sexual abuse. Over time, the intrusive thoughts may affect how the survivor responds to situations that prompt memories of the trauma. In the case of sexual assault survivors, this may be any other intimate or sexual encounter no matter how loving or consensual.

Paradoxically, trauma survivors are often drawn to compulsively re-expose themselves to situations reminiscent of the trauma they experienced. In these situations, the survivors may take the role of offender or victim. Van der Kolk and McFarlane (1996) identified three types of re-enactment of the trauma. Firstly, research studies have demonstrated that violent criminals were often survivors of childhood physical or sexual abuse. By committing violent crimes, the survivors are re-enacting a trauma similar to the one they have experienced. Secondly, studies show a significant relationship between childhood sexual abuse and self-destructive behaviors (self-mutilation, suicide) later in life. In these situations, survivors are theorized to be re-enacting the trauma they experienced upon themselves. Finally, sexual assault survivors are more likely to be assaulted again and survivors of childhood sexual abuse are more likely to be assaulted in adulthood. Although this phenomenon is not fully understood, sexual assault survivors often find themselves involved in multiple repetitions of the original assault they experienced.

Van der Kolk and McFarlane describe the many different forms that avoidance and numbness may take. For example, survivors may engage in drug or alcohol abuse, dissociate or simply avoid reminders of the trauma. Interestingly, people with PTSD not only withdraw from situations specifically related to the trauma, but in their attempt to avoid the overwhelming emotions of intrusive memories, some survivors gradually

withdraw from almost all stimulation. People with PTSD often describe themselves as 'dead to the world'.

Trauma survivors with PTSD also often experience intense negative arousal to even minor reminders of the trauma. They experience sleep problems or, when awake, react to situations with intense anger or fear. In general, they experience their environment as threatening and unsafe. Following trauma, many people regress to earlier levels of coping. In adults, this is expressed as excessive dependence or an inability to independently make decisions.

Trauma survivors with PTSD may be easily over-stimulated and distracted. They often have difficulty distinguishing relevant information from irrelevant information and compensate for this intrusion and arousal with avoidance and numbness of response. Sometimes, this involves a withdrawal from ordinary, everyday life. Unfortunately, such withdrawal frequently leads to a more prolonged focus on the traumatic event.

In an attempt to gain a sense of control and autonomy, many trauma survivors blame themselves for having been assaulted. Trauma is often accompanied by intense feelings of shame and humiliation. The shame of being sexually assaulted is related to losing control or letting oneself down. For some survivors, this can be so painful that it is repressed or dissociated. Even in its repressed state, the shame is capable of dominating all survivor interactions with the environment.

In summary, sexual assault is a social problem of major proportions and the lasting effects on survivors have grave consequences for the mental health of our society. Whether the Rape Trauma Syndrome (Remer, 1986 cited in Worell & Remer, 1992) or the Post-Traumatic Stress Disorder (APA, 1994) framework for understanding the short

and long-term effects of sexual assault is used, the list of trauma symptoms are lengthy and have considerable effects on the behavior and actions of the survivor following sexual assault. Of importance to this study, are survivors' reactions of denial, minimization, avoidance and numbness of response included in both frameworks. Although not noted in the literature, these symptoms would undoubtedly have a negative effect on survivors' police-reporting decisions. It would make sense that in order to be motivated to report a crime, a victim must first fully and openly acknowledge that a crime has taken place. For sexual assault survivors, this may not occur until months or years after the assault has taken place; too late to report a crime of sexual assault to the police.

Summary of Interpersonal and Intra-personal Responses to Sexual Assault

In summary, crime victims and sexual assault survivors frequently disclose to and seek support from significant others. Social influence figures as an important determinant in survivor willingness to report to police. A major factor in positively or negatively influencing survivor reporting by significant others is the attribution of blame, and a more sympathetic response to survivors results in greater reporting outcomes. Overall, the normative expectations of significant others greatly affects survivor/police reporting.

A prevalent trend in our society is blaming the survivors of sexual assault for their own victimization. Unfortunately, law enforcement, criminal justice, and medical and mental health professionals may also respond to survivors in this manner. "Rape is not just the victim's problem, but it is also the problem of those who compound and secondarily victimize her" (Renner et al., 1988, p. 171).

Like the interpersonal responses of the survivor's social network, the survivor's intrapersonal response to sexual assault can have a profound influence on her police-

reporting decision. Extreme shock, self-blame, denial, minimization and avoidance can prevent a survivor from disclosing her assault to anyone much less the police. This coupled with the anticipation of a negative response from significant others, both personal and professional, makes it unlikely that a survivor would come forward to report the crime of sexual assault.

Rationale for Current Study

The previous review of the literature reveals five themes that may be relevant to why a majority of sexual assault survivors do not report to the police. These include societal attitudes towards sexual assault, sexual assault legislation, the influence of significant others, professional secondary victimization, and the effects of trauma on sexual assault survivors. Generally, the studies included in the review focus on one or two potential reporting determinants rather than taking a broader view of all the possible deterrents to reporting sexual assault to the police.

Only four studies, three of which were cited earlier, have directly explored why a majority of sexual assault survivors fail to report their crime to the police and/or other public agencies (Collings, 1987; Feldman-Summers & Norris, 1985; Gunn & Minch, 1986, Lizotte, 1985). All pre-date 1988, and only one is Canadian.

Feldman-Summers and Norris (1985) delivered a questionnaire to 175 female sexual assault survivors who reported and who did not report to a public agency. The women who reported were more likely than non-reporters to believe that reporting would result in medical treatment and a sense of psychological well being. Also, reporters were more likely to have been influenced by expectations of family and friends to report. In

addition, women who reported were more likely to have incurred physical injuries from the assault and less likely to have been assaulted by an acquaintance.

Lizotte (1985) analyzed data collected from the National Crime Survey in the United States to contrast the factors that influence women to report sexual assault in comparison to other violent crimes. The data was collected between 1972 and 1975 and included an analysis of 13,500 cases, 650 of which were attempted and completed sexual assaults of women. Study findings indicated that factors that make a strong case for prosecution are more powerful predictors of reporting sexual assault than for reporting physical assault. Sexual assault survivors reported to the police when the probability of conviction was high. The probability of conviction was not as important for reporting physical assault to the police.

Collings (1987) analyzed the written narratives of 54 survivors of unreported sexual assault, finding that the most commonly identified barrier to reporting sexual assault (63%) was interpersonal. Respondents described interpersonal barriers such as fears of an unsympathetic response from family and friends and fears of being blamed or disbelieved by close family members. He stressed the important role played by significant others in the decision to report a crime.

The one Canadian study conducted between 1982 and 1983, interviewed 75 female sexual assault survivors about their willingness to report to police (Gunn & Minch, 1986). They concluded that:

> Women were more likely to report assaults to the police when (1) they received a supportive response from the first person they told about the assault, (2) they blamed the assailant (3) the attack was perpetrated by a stranger (4) they had not

> experienced any physical or sexual violence in their background (5) there were visible injuries (6) they resisted vigorously and thus contributed to the injuries they sustained (p. 48).

Although the findings of the above investigations are informative and contribute greatly to a scarce knowledge base, more recent investigations are required. Societal values, attitudes and beliefs change over time. This is especially true for Canadian research in this area. Although published after the legislative reforms of 1983, the last relevant study (Gunn & Minch, 1986) collected data one year prior to the adoption of the reforms.

As is evident from the preceding literature review, the issue of why sexual assault survivors do not report to police is extremely complicated. Two of the four studies utilized either survey questionnaires or the secondary analysis of crime statistics. One might question to what degree these methodologies can capture and portray the depth and intricacy of sexual assault survivors' reporting dilemmas. Like the Gunn and Minch study (1986), this current study will utilize a qualitative analysis gleaned directly from in-depth interviews with sexual assault survivors.

None of the previously cited studies explored the effects of trauma on the reporting decisions of sexual assault survivors. The current study utilizes a social work person-in-environment analysis. In order to gain an accurate understanding of why most sexual assault survivors do not report to the police, a thorough assessment of all systemic levels: intrapersonal, interpersonal, institutional and environmental, will be made. This study not only bases its assessment on the behavior of individuals but also takes into consideration the forces within the environment that act upon individual's behavioral

choices such as societal values, attitudes and beliefs, legislative and institutional change and social network responses.

Unlike the Gunn and Minch study (1986), the current study focuses solely on the responses of women who chose not to report to the police. In-depth interviews will allow for the complexity of responses necessary to do justice to the elaborate interplay of factors influencing survivors' reporting decisions. Given that the Gunn and Minch (1986) data was collected over seventeen years ago in 1982, one year before the legislative reforms took hold, a second Canadian study utilizing a similar sample and methodology is both justifiable and timely.

The data collected from the recent Statistics Canada study (1993) presents sexual assault as a substantial social problem. The fact that only 6% of sexual assault survivors report to the police is an issue of great concern for social work as well as many other professional disciplines such as law, medicine, law enforcement and nursing. Further research is this area is essential.

CHAPTER THREE: METHODOLOGY

As mentioned in the previous chapters, little theoretical explanations currently exist to explicate the low police-reporting rates of sexual assault survivors. Few studies have been conducted that delineate police-reporting determinants and even fewer have based their findings on the lived reality of survivors. This study focuses on the first-person narrative descriptions of the actions, interactions and social processes of sexual assault survivors. The following chapter provides a summary of grounded theory methodology and will outline the application of the methodology in the present study. Ethical considerations are raised and accounted for and a description of the process of participant recruitment, data collection and data analysis is presented.

Research Questions, Definitions and Terminology

The research questions and the nature of the phenomenon under investigation influenced the method employed. The research questions are:

> How does a female adult sexual assault survivor arrive at the decision *not to report* her sexual assault to the police?
>
> What factors influence a female adult sexual assault survivor's decision *not to report* her sexual assault to the police?

These questions directed the researcher to systematically examine the decision-making processes of sexual assault survivors. For the purposes of this study, adult female sexual assault survivors includes any woman who is 18 years of age and over and identifies herself as a sexual assault survivor and/or victim. This study focuses on the survivor's most recent sexual assault incident experienced since the age of eighteen years. The decision-making processes under examination include those occurring from the moment of victimization up until arrival at the survivor's current decision *not to*

report sexual assault to the police. Influences affecting a survivor's reporting decision include any external or internal factors identified by the survivor as having a positive or negative effect on her reporting decision.

The term 'sexual assault' is used throughout this document except when citing direct quotes or referring to outdated interpretations of the crime. In these cases, the term 'rape' will be used. Likewise, when referring to the crime of sexual assault, the term 'survivor' will be used, and when referring to other crimes (e.g. physical assault, robbery) the term 'victim' will be used.

Rationale for Qualitative Design

The aims of this study were to understand and describe a basic social process and account for a pattern of behavior. Unlike a quantitative study designed to result in the verification or testing of hypotheses, a qualitative method was chosen to examine and discover the essence of a survivor's decision-making process. Very little has been written on this topic to date and, the inquiry guiding the study is open-ended and exploratory. A qualitative methodology enabled this investigation to uncover the, "...meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions..." (Berg, 1998, p.3) of the participants' decision-making processes.

In quantitative studies, the researcher predetermines the categories of inquiry. Given the scarce existing knowledge base, it would be premature and presumptuous to predetermine categories of inquiry. A qualitative methodology directs the researcher to approach "...the work without being constrained by pre-determined categories of analysis..." (Patton, 1990, p.24). In this way, the sexual assault survivors themselves are given the opportunity to reveal the true meaning of their experiences.

It was anticipated that the decision-making processes of sexual assault survivors would involve complex and often confusing behavioral, emotional and cognitive social interactions that would be difficult to capture within the parameters of a quantitative design. Through interviews and transcripts, the participants' verbatim descriptions of being faced with the reporting dilemma could be recorded. This depth and detail of the data collected is more likely to reveal the scope and nature of the lived experience of sexual assault survivors. (Glesne & Pleshkin, 1994; Strauss & Corbin, 1990).

Why Grounded Theory?

Grounded theory study is a qualitative method used to develop a theory about how people engage in a process in response to a social or psychological phenomenon. As such, it was an appropriate methodological fit with the purpose of this study. As Glaser (1992) stated "...grounded theory research is the study of abstract problems and their processes..." (p.24). A grounded theory analysis of the data should reveal plausible relationships among the concepts and categories of concepts. This study examines the relationship between internal and external influential factors on sexual assault survivors' decision-making processes and is, therefore, congruent with the grounded theory approach.

Grounded theorists stress that the theory generated is grounded in the reality of the participants (Strauss & Corbin, 1990). Theory must emerge, not be forced from the data. Although previously published materials may be read and used throughout all the phases of the study, all emerging concepts, categories and relationships must be scrutinized to ensure their allegiance with the primary data (Strauss & Corbin, 1990). From its conception, the intent of this research study was to allow the voices of sexual

assault survivors to be heard and recorded. It is only through an accurate portrayal of their stories that a message of truth will be conveyed.

Grounded Theory Methodology

The grounded theory approach is a qualitative research methodology that utilizes systematically applied techniques to generate a theory about social and psychological phenomena (Glaser, 1992; Strauss & Corbin, 1990). Grounded theorists emphasize inductive strategies of theory development as opposed to theory based on hypotheses and generated by logical deduction . As Glaser (1992) stated, "Grounded theory is for the discovery of concepts and hypotheses, not for testing or replicating them" (p.32).

Grounded theory is a general methodology that can be used successfully by researchers from many different disciplines. Grounded theory originated through the collaboration of two sociologists: Barney Glaser and Anselm Strauss (1967). Their work, although seminal in nature, continues to evolve. Despite recent impassioned and sometimes vitriolic disagreements on the application of methodological techniques, Glaser and Strauss currently remain the leading authorities on grounded theory research and methodology (Glaser, 1978; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1990; Glaser, 1992). Together, Glaser and Strauss developed a comprehensive and technical process for substantive theory development emphasizing both rigor and scientific credibility.

Four criteria are considered essential for a grounded theory (Glaser & Strauss, 1967; Glaser, 1978). They are fit, understanding, generality and control. Firstly, the theory must fit with the everyday reality of the participants and be cautiously induced from a diverse data set. Secondly, the theory should be understandable and conceivable to

both the research participants as well as professionals practicing in the field. Thirdly, the theory should be comprehensive and general enough to be relevant to a variety of contexts in which the phenomenon under study may be found. Finally, the criterion of control dictates that the theory should be applicable and relevant to the phenomenon and therefore accurately lead to hypotheses and additional investigation.

Theoretical Underpinnings

The major theoretical perspective underpinning grounded theory is symbolic interactionism. Herbert Blumer (1969), influenced greatly by the works of Dewey (1930), is considered to be the founder of symbolic interactionism and contributed greatly to the development of grounded theory. Symbolic interactionism purports that people create shared meanings or symbols through their interaction and those meanings become their reality. Therefore, symbolic interactionists and grounded theorists both believe that only through direct contact and interchange with people in their natural environments can a researcher come to understand the symbols or meaning that research participants have attributed to their social interactions (Patton, 1990).

Blumer (1969) explained:

> The meaning of a thing for a person grows out of the ways in which other persons act toward the person with regard to that thing. Their actions operate to define the thing for that person; thus, symbolic interactionism sees meanings as social products formed through activities of people interacting (p.5).

Therefore, in order to understand behavior, the researcher must first understand the meanings and social or psychological interactions through which the behavior has been created. Grounded theorists strive to understand the reality of research participants

from the individual's perspective. They seek to comprehend how individuals attribute meaning and significance to situations or objects and therefore engage in a process in response to a social or psychological phenomenon.

Theoretical Sensitivity

Grounded theorists acknowledge that all researchers bring their own biases, preconceptions, values and beliefs to the research arena. This is especially true if the researcher has had considerable professional and personal experience with the phenomenon under investigation. As such, grounded theorists recognize and value what they term 'theoretical sensitivity' (Glaser, 1978). Theoretical sensitivity enables researchers to formulate theory that is as faithful as possible to the reality of the participants' lived experiences. Strauss and Corbin (1990) suggest that this can be achieved in two ways. Firstly, the researcher must be well grounded in the literature as well as their own professional and personal experience. Secondly, the researcher must strive to distinguish between what is real and that which is colored by the researcher's own perceptions, knowledge and experiences. Strauss and Corbin (1990) suggest specific techniques to help combat potential outside influences on the interpretation of data. In addition to these, it is important to acknowledge the auspices of the study and the role of the researcher in an attempt to ameliorate some of the influences they might have on the data analysis process.

Calgary Communities Against Sexual Abuse (CCASA) housed and sponsored the current study as part of a larger study. The author was employed in the direct implementation of the study. CCASA provides sexual abuse counseling services free of charge to males and females over the age of eleven regardless of their sexual orientation,

ability, race, religion, color or socioeconomic status. Specific programs include both individual and group counseling and involve crisis intervention services, court and hospital accompaniment and short-term counseling with supportive referral follow-up.

Within qualitative research designs, the researcher is often the primary instrument of data collection The role of researcher is one of personal involvement and partiality, and the researcher stance is empathic (Glesne & Peshkin, 1992). Throughout their book, Kirby and McKenna (1989) stressed the vital role that "accounting for" the researcher's personal experience plays in the unfolding drama of the research process. They called it, "conceptual baggage" (p.21), and described it as, "... information about the researcher that places her/him in relation to the research question and research process in an immediate and central way" (p.21). As mentioned in the introductory section of this document, as a woman, a sexual assault counsellor, a feminist and a social worker, I approached this research with a particular value and knowledge base. Throughout the data collection and data analysis processes, the challenge for me as a researcher was firstly to acknowledge my own values and experiences and secondly to remain open to the values and experiences of the research participants, especially when they were different from my own.

Participant Recruitment: The Use of a Theoretical Sample

A theoretical sample of research participants was recruited by deliberately defining the criteria or concepts outlined as follows. With theoretical sampling, the researcher recruits participants based on their potential to represent important theoretical constructs (Patton, 1990). In a purist grounded theory approach, theoretical sampling takes place conjointly with data collection and analysis. Participants are recruited based on the burgeoning theory as it emerges during data collection. Glaser and Strauss (1967)

described theoretical sampling as "... the process of data collection for generating theory whereby the analyst jointly collects, codes and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges" (p.45).

In order to implement this sampling method, grounded theorists have developed systematic techniques of sampling that coincide with the three stages of constant comparative data analysis (Strauss & Corbin, 1990). Some theorists suggest that subsequent to the analysis of the theoretical sample, a second more heterogeneous sample should be selected and subjected to the same conditions of data analysis. The purpose of this second sample is to confirm or disconfirm the constructs on which the initial theory is based (Creswell, 1998).

True to theoretical sampling, participants were initially recruited based on their potential to represent potential theoretical constructs. Given the silence and stigma surrounding the issue of sexual assault coupled with the potential psychological fragility of the survivors, participants were recruited only once at the beginning of the data analysis process and a second more heterogeneous sample was not selected to test the theoretical constructs.

Participants for the proposed study were recruited from respondents who volunteered to complete a questionnaire distributed through a preceding quantitative study conducted by CCASA. Participation in the preceding study was voluntary and respondents self-selected for participation in the quantitative study through advertising among relevant client-serving agencies in Calgary, in the local media, and through counselor contact with CCASA agency and crisis-line clients. The questionnaire included

a final question addressed to those survivors who decided not to report sexual assault to the police. Interested and applicable respondents were asked to leave their names and telephone numbers if they were willing to participate further in a personal interview.

Volunteer participants were telephoned to confirm that they met the criteria of the theoretical sample as outlined below. During the telephone call, participants were advised of the study's auspices, the purpose of the study, the time frame and location of the interview, attempts to maintain participant anonymity and confidentiality, as well as potential risks to the participants. If participants were still willing to be interviewed, the researcher scheduled an appointment at a mutually convenient time and place.

Interview participants were: (1) female; (2) over the age of seventeen years; (3) self-identified survivors of *adult* sexual assault such that the incident occurred when they were older than seventeen years; (4) survivors who decided *not to report* their *most recent* sexual assaults to the police.

The first criterion was selected to narrow the focus of the research study and ensure a greater degree of homogeneity of results. Recent clinical experience at CCASA indicates that a greater number of male survivors are coming forward for counselling although the numbers still represent a limited portion of the total client population. A small body of research conducted in recent years indicates that approximately 6-10% of non-incarcerated adult American men have been physically coerced or threatened to have sexual relations (Struckman-Johnson & Struckman-Johnson, 1994). It may be assumed however, given the unique social context in which men are raised as boys and exist as adults, that male survivors have very different reasons for not reporting sexual assault to the police from those of women. An exploration of this subject is worthy of its own

investigation. This study, therefore, concentrated on an exploration of a *woman's* experience of not reporting sexual assault to the police.

The second criterion was established to protect the confidentiality of research participants and to release the duty of the researcher from her legal obligation to report the sexual assault of a minor to the police and/or a child protection agency. Even within consensual relationships between an older child (14-17 years) and a person upon whom they are dependent or who is in a position of trust or authority to them, a report must be made (Wells, 1990).

The third criterion is based upon the assumption that a child's disclosure of sexual assault would involve a very different decision-making process and influential factors than would the reporting of sexual assault in adulthood. Children are vulnerable and dependent, and have far fewer choices about reporting than do adults. Children may base their reporting decision on threats or bribes from the perpetrator. Children rarely have the opportunity to disclose directly to the police or child protection workers, and are dependent on others, who for their own reasons may wish to deny children's claims, to report.

The third criterion does not include an operational definition of sexual assault, but allows survivors to define whether or not they have been sexually assaulted. As mentioned in the introductory section of this proposal, the Criminal Code of Canada definition of sexual assault involves unwanted sexual touching up to and including violent sexual attacks with severe injury. In courts of law, lawyers for the prosecution and defense will defend and attack the strength and weakness of a survivor's case based on her consent, her credibility, and the existence of corroborative evidence. This sets up an

adversarial situation where the validity of the survivors' lived experience is always in question. In order to set the stage for a collaborative and cooperative relationship to develop between researcher and respondent, each survivor's subjective interpretation of the definition of sexual assault was accepted as truth.

Several studies have provided evidence of the increased risk of re-victimization for women molested as children (Russell, 1986; Finkelhor & Browne, 1984; van der Kolk, 1989). In order to narrow the focus of the study and ensure greater accuracy of results, criterion four requests that participants refer only to their *most recent* sexual assault when engaged in the interview. Criterion four was also selected to narrow the focus of the study to sexual assault survivors who had decided *not to report* their assault to police. According to Statistics Canada (1993), this sample represents the largest and presumably least documented portion of the population of sexual assault survivors (94%). An in-depth and detailed examination of the decision-making processes of sexual assault survivors who do not report to the police will make a valuable contribution to the existing body of literature.

Ethical Considerations

The primary ethical considerations of this study were informed consent, management of information, confidentiality and potential risks to participants. The proposal was reviewed and approved by the Faculty of Social Work Ethics Committee, University of Calgary.

Although participants were informed that they might withdraw from the study at any time before, during or after the interview process, they were given a formal opportunity to confirm or withdraw their participation at three separate junctures

throughout the research process. Firstly, participants were asked to indicate their willingness to participate when they filled out the questionnaire associated with the preceding quantitative study. Secondly, upon telephone contact for the purpose of scheduling a research interview, participants were given a full description of the purpose and nature of the study including potential risks. Participants were once again given the opportunity to withdraw at that time. Lastly, before the interview began, the researcher reviewed the consent form (see Appendix I) with each participant and had her sign and date the form to indicate her willingness to participate.

The management of information was outlined in the consent form. All interview transcripts and audio-tapes were kept in a locked file and the tapes were destroyed within three months of the completion of the research study.

Maintaining the confidentiality of participants was addressed in a number of ways. Participants were asked to only include their first name and telephone number on the sheet attached to the questionnaire from the preceding quantitative study. The researcher met a second time with each participant to present the categories and social processes generated from the study and to ask for participant confirmation of the researcher's interpretations. After these meetings had taken place, the sheets containing names and phone numbers of participants were shredded. Interview transcripts and accompanying audio tapes were assigned an identifying number or code. The professional transcriber was sworn to an oath of confidentiality and was asked to remove personally identifying information within the transcripts during transcription. During the telephone call to schedule interviews and prior to all interviews, participants were informed of the four limits of confidentiality as outlined in the consent form.

The fourth limit of confidentiality is of special consideration given the population of this sample and also represented a potential risk to study participants. According to Sections 278.1 to 278.9 of the Criminal Code of Canada, a judge has the right to order that any personal record of the survivor may be subpoenaed by the defense lawyer on behalf of the accused and may be used to discredit her. Each participant was clearly advised that if she should reverse her previous decision, and decide to report her sexual assault to the police, the lawyer for the defense could subpoena the interview transcripts and audio tapes.

Another risk for research participants was the potential re-awakening of feelings associated with the sexual assault. Each participant was warned of this risk and advised prior to her interview that she may choose not to answer any question and could stop the interview at any time. In addition to this, all participants were offered counseling services at CCASA, and were also encouraged to call CCASA's 24 hour crisis counseling line at any time.

Data Collection

The data was collected in the form of personal interviews using an unstructured format. The unstructured interview format allowed for an informal conversation-like atmosphere in which questions could be individualized according to the issues raised by the participants. This approach gleaned in-depth information and richness of detail (Patton, 1990; Rogers & Bouey, 1996). The interviewer was highly responsive to individual differences including wording of questions and areas of emphases, and was prepared to follow unexpected leads that were presented in the course of the interview (Berg, 1998; Glesne & Peshkin, 1992).

At the beginning of the interview, the participants were informed of the general topic areas to be explored (Appendix II). The subsequent questions emerged from the participants' reactions to the broad issues introduced by the researcher (Lincoln & Guba, 1985; Rogers & Bouey, 1996). The development of questions or topics for investigation evolved throughout the series of interviews. The responses from one interview became questions that were included in subsequent interviews (Rogers & Bouey, 1996).

Nine interviews took place before saturation of the categories occurred.[1] Interviews took place at the offices of CCASA and the homes of research participants. Because CCASA is a counseling agency and some research participants were counseling clients, participants were advised of the differences between a research interview and a therapeutic interview prior to the interview process (Rogers & Bouey, 1996). All interviews were audio-taped and the researcher took notes of observations and highlights after the interview to avoid destroying the spontaneity and flow of the conversation-like atmosphere.

Following each interview, a small amount of demographic information was collected and recorded on a demographic sheet (Appendix III). Demographics collected included: age, marital status, race, sexual orientation, disability, first language, annual income and level of education. The demographic data was used for descriptive purposes only and the researcher did not assume the analytic relevance of any variable until the data suggested it to be so (Berg, 1998).

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[1] Saturation of the categories occurs when no new information can be found that adds to the data already collected (Creswell, 1998).

Data Analysis

Participant interviews were audio-taped by the researcher and transcriptions of the interviews were produced by a professional transcriber. The transcriptions were verbatim and also included researcher observations (body language, facial expressions) in bracketed sections throughout the text. The data analysis process began immediately following the first interview and therein influenced the questions and conversational flow of subsequent interviews. Memos were used to record the researcher's initial reactions and observations following interviews as well as researcher hunches and intuitions about initial codes.

Following the completion of all nine interviews, the researcher listened again to each of the tapes in succession and continued to make memo notes regarding preliminary codes of information. The transcripts of each interview were then reviewed and codes were recorded as they emerged from the data. The open coding process initially revealed substantive codes, all of which were descriptive in nature.

Transcripts were reviewed a second time and the emergent codes were refined and organized until the point of saturation was determined. A third review of the transcripts involved a comparison of categories collectively rather than individually and the identification of relationships amongst codes and emergent categories or collective meaning units. The researcher continued to use memo notes and preliminary diagrams to visually represent the rationale used to translate codes into categories.

A fourth review of the transcripts began to reveal complex interrelationships between the categories. From an examination of these relationships, an even broader set of categories was developed. At this point, the coding process began to move to a more

theoretical and abstract level. Core categories were discovered during this process and the social processes as described by the participants began to emerge. Throughout the processes of coding and categorization, memo writing was used to record categories as they developed and the rules or decisions associated with the development of each category. The memos were helpful in assisting the researcher to organize her analysis and also acted as an audit trail, tracing the developmental history of the data analysis.

The Constant Comparative Method of Data Analysis

Grounded theory uses systematic procedures for data analysis (Creswell, 1998; Strauss & Corbin, 1990). These involve three phases of coding: open coding, axial coding and selective coding. The first phase, open coding, involves labeling similar events and incidents and grouping them together to form categories. The researcher does this by asking questions and making comparisons of differences and similarities between each event and incident. These categories are composed of sub-categories called properties and are dimensionalized along a continuum. These small sets of themes characterize the action or process being investigated.

The second phase, axial coding, involves defining a single category as the central phenomenon of interest and then relating sub-categories to the central phenomena in a set of relationships. These sub-categories of relationship involve the causal conditions that lead up to the central phenomenon; the context in which it takes place, the intervening conditions, the action/interactional strategies employed to respond to the phenomenon and the consequences of any action or interaction that takes place.

The final phase, selective coding, involves the integration of all of the data analysis work. In this phase of analysis, the researcher creates a model that portrays the

interrelationship between the axial coding categories and the central phenomenon. A theory emerges and may be developed. Grounded theories are often visually represented by way of a diagram.

Throughout all three phases of data analysis, the researcher utilizes memos and diagrams to record thoughts, ideas and assumptions about the information under analysis. In this way, the researcher is able to keep an on-going account of the analytical process (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

Methods for Verification

Trustworthiness of the study was established through the implementation of specific strategies aimed at increasing credibility, dependability, confirmability and transferability (Coleman & Unrau, 1996; Krefting, 1991; Lincoln & Guba, 1985).

Credibility refers to the degree to which the study findings accurately represent the reality of the participants and the phenomenon under investigation. A major threat to the credibility of a qualitative study lies in the closeness of relationship between the researcher and the respondents (Krefting, 1991). For this reason, the researcher deliberately did not select any research respondents who had been her counseling clients. As mentioned earlier, in an attempt to reduce the influence of the researcher's previously formed professional and personal biases, these were initially declared and continued to be noted throughout the data analysis process in the form of memos.

Another threat to credibility lies in the research study's dependence on verbal reports as the only source of data. There is a risk that participants may not accurately recall information or may be inclined to tell the researcher something that is not necessarily accurate, but that they feel she would like to hear. Like the memos, member

checks were used as an effective tool for establishing credibility. Following data analysis and with the prior consent of the participants, the researcher met a second time with each participant to present the categories and social processes generated from the study and to ask for participant confirmation of the researcher's interpretations. Based on the degree and nature of the feedback received, study results were amended to more accurately reflect the participants' experiences.

Memo-writing was used as a tool for establishing dependability as well as credibility. Dependability refers to the potential for the study to be replicated. Glaser (1992) profoundly stated that "Theory is too fluid and changeable in time and space" (p.116) to replicate. Strauss and Corbin (1990) argued that another researcher upon replication of the study should be able to come up with similar theoretical explanation about the phenomenon.

Regardless of the outcome of replicating a grounded theory study, the dependability of the study relies on whether there is enough information available for future investigators to be able to replicate the research process. This information was made available through the provision of an audit trail. Methodological notes and analytical insights were recorded on an on-going basis throughout the research. The memos' evidence of the systematic and uniform process of data collection and analysis served to support the study's degree of dependability. The audit trail provided a recounting of the sampling methods utilized, detailed descriptions of data collection and data analysis methods and a written record of the decision-making processes employed to reveal the categories of information.

The criterion of confirmability refers to the ability of the researcher to remain objective or value-free in her interpretation of study findings. As mentioned earlier, the researcher in this grounded theory study does not claim to be value-free. Rather, researcher biases along with influences from the literature and her personal and professional lives have been declared. The researcher has attempted to bracket her values as much as possible in order to allow the experience and perceptions of the participants to emerge. Verbatim transcriptions, along with the memo-writing and the use of member checks provided adequate measures through which the confirmability of this study may be assessed.

Transferability refers to the generalizability of the results of one study to another context. The theory generated through a grounded theory methodological application is only relevant to the specific set of respondents recruited to participate in the study. Lincoln and Guba (1985) noted that the transferability of a qualitative study could only be assessed externally. It is the researcher's job to provide an adequate database to allow transferability judgments to be made by others. The proposed study provided thick descriptions (including demographics) with liberal use of direct quotations so that an outsider may contemplate the possibility of transferability. This is not to say that the findings of this study do not apply to other contexts, but only future investigators will be able to verify its transferability.

Summary

In summary, this study was conducted according to the methodological procedures outlined in this chapter. A rationale for utilizing a qualitative methodology and the grounded theory approach was proposed. Ethical considerations were raised and

strategies were implemented which would best protect the interests and safety of the respondents. Following this a detailed description of participant recruitment strategies, data collection and data analysis methods were described. The study was further strengthened by adherence to four methods of verification: credibility, dependability, confirmability and transferability.

CHAPTER FOUR: RESULTS

The data analysis procedures yielded five central themes. The first theme, the decision-making process of each of the women, was punctuated by common critical junctures. In addition, the women articulated three themes which included external influences on their decision-making processes: the influence of significant others, lack of faith in the criminal justice system and dominant societal values, attitudes and beliefs. Finally, the participants identified the after-effects of the trauma that influenced their intra-psychic abilities to report to police. The following chapter presents these themes and categories as revealed through the verbatim descriptions provided by the research participants. It also introduces each of the research participants and their unique stories as well as an ecological model for understanding the influence of internal and external factors on sexual assault survivors' decisions not to report to police.

Introduction of the Research Participants

The rich descriptions presented in this chapter were derived from the narratives of the nine women who participated in the study. While this anthology of data provides a verbatim account of many of the experiences of the participants and the demographic information presented hereafter accurately describes the group, it does not do justice to the devastating sexual assaults committed against these women. As follows, a précis of the circumstances surrounding each woman's story of assault hopefully provides an understanding and appreciation of the trauma each participant experienced and the courage she demonstrated in coming forward to share her story. Steps, such as changing names and locations, have been taken to protect the anonymity of each respondent while attempting to maintain the essential elements found in the narrative descriptions.

Carla

Carla was 20 years old when she was sexually assaulted. She was working in the tourism industry and living in a dormitory provided for staff by the management. It was common practice among staff who worked long and erratic hours not to lock the dormitory doors. The dormitory consisted of four bedrooms with a common kitchen and washroom facility. A man, also a subordinate of Carla's manager, occupied the bedroom beside her.

One night, her manager walked into her bedroom. Carla was asleep, wearing only her nightclothes when he entered the room and she awoke, disoriented. Her manager said that he just wanted to talk and he turned on some music. Later, Carla thought that he played music so the man in the next bedroom could not hear him. Soon, he slowly began making sexual advances that Carla persistently rejected. She remembers...

> The long and short of it is that we had this mental battle with this tape, the same tape playing over and over again for three and a half or four hours before I finally...he was just getting more aggressive. He wasn't physically hurting me in any way but he was slowly wearing me down. And after about three or three and a half - hours I just said, "Okay fine, if this is the only way you are going to leave then this is the only way you are going to leave".

Looking back on the last 11 years since the assault, Carla realized that she has experienced difficulties being intimate within trusting consensual relationships. The same feeling of powerlessness that she experienced the night of her assault haunts her with current partners. She has sought counselling and is continuing to heal.

Sharlene

Sharlene was 19 years old at the time of her assault when her sister introduced her to a man at a pub that she knew from work. Her sister had dated him herself several times and Sharlene and her new friend seemed to hit it off. After a few drinks at one pub, they

decided to move to a second bar, when Sharlene's new friend asked to stop at his house and change his shirt before they went to the next location. Sharlene went into his home with him to wait. He took her up to his room and sexually assaulted her using a knife, inflicting serious injuries to her vagina. Sharlene remembers...

> ...Begging him to just let me give him a blowjob so that he wouldn't hurt me anymore. If that's all he wanted - was to get off - I'd do anything if he just left me alone. And he wouldn't.

Over the past 13 years since her sexual assault, Sharlene has experienced a myriad of physical and psychosocial problems. She contracted herpes from the offender and will be on medication for this for the rest of her life. Her vagina was so scarred from the assault that she has been unable to comfortably participate in vaginal intercourse with her husband and has had five operations to date to try and correct the effects of the mutilation. As a result of her illnesses, she had to leave her job and remains unemployed.

Sharlene suffers from chronic depression and, shortly after the assault, tried to commit suicide. Later, in an attempt to deal with her uncontrollable anger at the world, she went to a store and shoplifted. She was arrested and now has a criminal record. Nevertheless, Sharlene finds solace in music and is hopeful for the future as she continues down the road to her recovery.

Jody

Jody, as a young girl, experienced sexual abuse by her stepfather. When Jody was 18 and had just graduated from high school, she went to a party and met a young man. She hadn't been formally introduced to him but had often seen him previously because they knew the same circle of friends. They enjoyed a good time at the party and left

together, going to his house. He was the first man that Jody had kissed and he sexually assaulted her. Jody remembers...

> He held me down. He basically said, "You can suck my dick or you can fuck me. It's your choice and you're not leaving until you do." Then he pinned me down on the couch and pinned my arms behind my head with his knees and he said, "Okay, it's your choice." There was no one around.

Ten years later, Jody, now a successful professional, is still aware of the effects of her assault. She has difficulty trusting others, especially men. For quite a few years, she was in a pattern of developing unhealthy and emotionally abusive relationships with men. At the time, she was unaware of this pattern and, therefore, unable to stop. She still experiences an uncontrollable panic response to certain situations with men who are in positions of power or authority. She explains:

> When I'm in a room with someone that's older than me and male, I sweat and I get a real panic response. I've had professors before and they'll close their office door and I'll start to sweat and I'll be clutching the chair. It's very difficult for me and I try to rationalize it away, but it doesn't go away, it just stays there.

An integral part of Jody's healing journey has been to volunteer for sexual assault crisis lines and to educate children and teens about sexual abuse.

Roberta

Her brother sexually abused Roberta during childhood. At the age of 17, Roberta had a part-time job soliciting for magazines. Like many of her work-mates, Roberta had a slight crush on her boss, an attractive young man in his mid-twenties. He announced at work one day that he was moving into a new apartment and was giving a housewarming party. Roberta was invited, but when she arrived she was the only guest in attendance. They had a few drinks. Roberta remembers...

> ...Going from having a drink on his couch with him on the other couch to holding onto the walls and screaming. And this is an apartment building you know? I was

> screaming at the top of my lungs and holding onto the walls and he pulled me from one wall to the next wall and to the next wall. ... I was still a virgin...it was really important to me. ... I remember when he finally got me into the bedroom and forced me on the bed. I gave up when I knew I had lost it. I gave up fighting then.

Thirty-one years later, after much counselling and personal growth work, Roberta still experiences the effects of her assault:

> It still comes back for reruns. I'll go for eight years, five years, ten years and it's great and then, all of a sudden, it will hit again.

Following the assault, a heavy blanket of depression and shame handicapped Roberta. She describes the pain as 'unbearable'. She turned to alcohol and food abuse to numb the pain and she attempted to take her life. As part of her recovery, she now often helps other women and children detect and free themselves from abusive situations.

Corey

Corey, age 17, was at a party in the country when she was sexually assaulted. There were no washrooms, so guests who needed to relieve themselves simply walked further out into the bush. When Corey did so, three men jumped her and all three sexually assaulted her. She believes that they were waiting for her and feels sure that she wasn't the only woman they sexually assaulted that night. Immediately following the assault, she got herself together and disclosed to one male friend, swearing him to secrecy. He organized a ride home for her with two other friends. Corey remembers...

> I had no clues who these guys were. By the time the third guy was on me I was fighting so much that he couldn't penetrate me and all I could think after was maybe if I'd fought harder I could have prevented the other two, too.

Twenty years ago, Corey's initial reaction to the assault was denial and she closeted herself away in her house. She followed this with a pattern of heavy alcohol abuse and promiscuous meaningless sex:

> I started drinking more because that's my escape. As I went out, if a guy talked to me, I'd almost always sleep with him. It was really bad. I hated myself but I hated myself for hating them.

Recently, at the age of 36, a family friend sexually assaulted Corey. This time she reported the assault to the police with intent to prosecute to the fullest extent of the law. However, her experience with the criminal justice system was unsuccessful and she is currently pursuing a civil case.

Rachel

Multiple male offenders sexually assaulted Rachel at the age of 15. When she was 23 years old, an acquaintance, who she had seen previously at the gym where she worked out, offered her a ride home from a club. He walked her to the door and came in. She wasn't worried because her two girlfriends, who were babysitting her infant son, were there. However, when she returned from the washroom, her friends had left and he remained. Later, she found out that he had told her friends to leave and they believed that she had wanted to be alone with him. Rachel became afraid of him the moment she realized that they were alone. She was also mindful of her infant son asleep in the next room. Rachel remembers...

> He got rid of my friends and then there he was towering over me and then I was kissing with him on the couch and then I said, "I'm not comfortable with this. No, no, stop, stop, stop!" And he said, " Yeah, right. You don't say no. I know about you." And I kept saying "No". And he used other things on my body and that's what hurt me.

Four years after her most recent sexual assault, Rachel is still in therapy. She describes herself as greatly fearing intimacy and commitment. She has been engaged several times. Nevertheless, she is working hard to "turn over a new leaf". She has a good

job, has quit drinking and taking drugs and is almost ready to stop smoking. Despite her past struggles and the long road ahead, she radiates health and renewal.

Angela

Angela was sexually abused many times during childhood by a number of different perpetrators both extra-familial and intra-familial. Later, as an adult, her supervisor sexually assaulted her during an out-of-town business trip. At the time of her most recent sexual assault, Angela, at age 33, was in the last years of a ten-year abusive marriage. She had been sleeping on the couch for a while and finally decided to return to her marriage bed. Angela was asleep when her husband woke up in the middle of the night, ripped off her clothes and sexually assaulted her. Angela remembers...

> He grabbed me by the crotch and hauled me across the bed. He pulled my panties down as I cried. I knew this wasn't husband and wife lovemaking. I started wearing all kinds of clothes to bed and putting the sheets around me and building walls with the blankets and pillows. But, I guess, I don't know, I still have a hard time thinking about it as rape because it was my husband. That kind of stuff made up the whole last year of my marriage or at least the last nine months.

Three years since the end of her marriage and her most recent sexual assault, Angela recalls some of the effects of being sexually assaulted by her husband.

> I didn't raise any of this for the longest time but I was shutting down bit by bit. I had zero desire, zero emotion. I was on autopilot. I was performing day to day functions robotically. It was just my body walking around. I have no idea where the rest of me was. I couldn't have been triggered more from my past.

Angela regularly attends a support group for survivors of sexual abuse. She and her new partner are currently seeing a counsellor for sex therapy. Angela still sometimes expresses her unbearable inner pain through self-mutilation. Despite her past, Angela courageously and persistently continues on the road to recovery and is hopeful for her future.

Corrinne

At age 18, on her wedding night, her newly wed husband told Corrinne that it was dirty to sleep with a girl and refused to have sexual relations with her. Ashamed and embarrassed, Corrinne tolerated a sexless marriage (except for the purposes of procreation) for 21 years. Corrinne was 40 years old and recently divorced at the time of her sexual assault. She met a good-looking clean-cut fellow in a cabaret and danced with him two or three times. She had seen him in there before and had no reason to believe that he had a bad reputation. This particular evening, he asked her to go for coffee with him. They took her car and on the way he suggested they pull over and talk for a while. It was then that he sexually assaulted her. Corrinne remembers...

> I didn't actually get penetrated with his penis but with his hands. But I think that was because we were in the car and he just couldn't. He was a great big guy, about 6'4" and that's probably all he could do. But I learned something. First of all, I learned that my training was greater than my ability to try to defend myself. You're just supposed to love everybody and not be angry. There were only two opportunities when I could have hurt him. There was an opportunity when I could have just bitten his cheek right off. Or I could have pulled his hair off his head. I never attempted to do either. I could not have physically hurt him. When I was struggling, he went berserk. When I would just be quiet and still, he never would let me go and he would continue but the berserk was gone. I would just talk to him. He would listen. I knew he was hearing what I was saying but it never changed what he was doing.

Eighteen years following her most recent sexual assault, Corrinne has found great strength in her Christian faith and the love of her children. She remembers feeling totally helpless within a spiral of uncontrollable emotions and she was suicidal.

> The only reason I never committed suicide was because of my kids. I had the pills and I kept them with me in my purse or I had a hiding place so nobody could take them away. Every time I took them out, I just thought of my kids and I would stop.

She credits her children with giving her the strength and motivation to get counselling and become well. She now has a wonderful relationship with her children who have followed in her footsteps of health and wellness.

Virginia

At age 40, Virginia was flattered when an attractive muscular man in his mid-twenties asked her to dance at the bar. They had drinks and danced together for most of the evening. Virginia, a non-smoker, needed to go outside and get some fresh air. She was impressed when her new friend offered to accompany her and was pleased when he held her hand as they walked. They approached his van in the parking lot. Virginia remembers...

> All of a sudden, I got this big knot in my chest and I said, "Okay, well I'm going back in now." He grabbed me and he said, "Oh no, you're not." He slammed me up against the van and threw me in. He beat me quite severely and cracked my ribs and I had huge vaginal tears. I was trying to kick and punch and the more I struggled, the more he slammed me into this metal thing on the floor of his van. He kept smashing my head against that and then I'd try to get up and I'd fall back and my back would go into it. He was holding me down so tight that he broke my ribs, and then after awhile I gave up trying. I was so scared, I thought he was going to kill me. I just froze after that. When it was over, I gathered myself together and got my clothes on and staggered out. I went into the bar and went to the washroom and fixed my hair and my face and stuff and went back and sat with my friends. Weird.

Five years later, Virginia is still recovering from the effects of her sexual assault. She has had limited, if any, support from her family and friends. Mostly they expressed anger at her for not reporting the assault to the police. She eventually lost her job because of her difficulty coping with the effects of the assault. She hopes to one-day take self-defense classes to enhance her sense of personal power and she is still looking for an older female counsellor that she feels she can trust.

Demographics of Research Participants

Each of the women's stories is unique yet it is of interest to examine the demographic characteristics of the group as a whole. The current ages of the nine women who were interviewed ranged from 27 to 58 years. Six of the participants were in their thirties or forties.

The sexual assaults that the women experienced were both recent and historical ranging from five to 31 years ago. Three of the women were sexually assaulted within the last five years, another five between ten and twenty years ago. A final participant was sexually assaulted thirty-one years ago. Seven of the nine women were assaulted after the legislative reforms of 1983. At the time of the sexual assaults, two-thirds of the women were between the ages of 17 to 23 years. Two of the women were in their forties and a third woman was in her thirties.

In terms of sexual orientation, one of the women was bi-sexual; the others were heterosexual. The current partner status of the women varied. Two women were single, three were divorced or separated and four were either married or living common-law. At the time of the sexual assaults, six women were single; two were divorced or separated; and, one was married to the perpetrator, her husband. Seven additional offenders were acquaintances with the exception of one of the assaults that involved three strangers.

All of the women spoke English as a first language and none considered themselves to be part of a minority group. Three women identified themselves as a person with a disability. The onset of the three women's disabilities (two with mobility impairment, the third with a mental health concern) occurred after the assault had taken place.

The majority of the group was highly educated. Seven of the respondents held degrees or diplomas from universities or colleges. The remaining two women were high school graduates.

Five of the women's annual income levels were below $25,000 and two of these respondents earned less than $5,000 per year. The remaining four earned over $25,000 per year with one of these participants earning in excess of $45,000. Five of the women were the sole earners for their families. The other four participants lived with household members who supplemented their incomes to equal in excess of $45,000 per year.

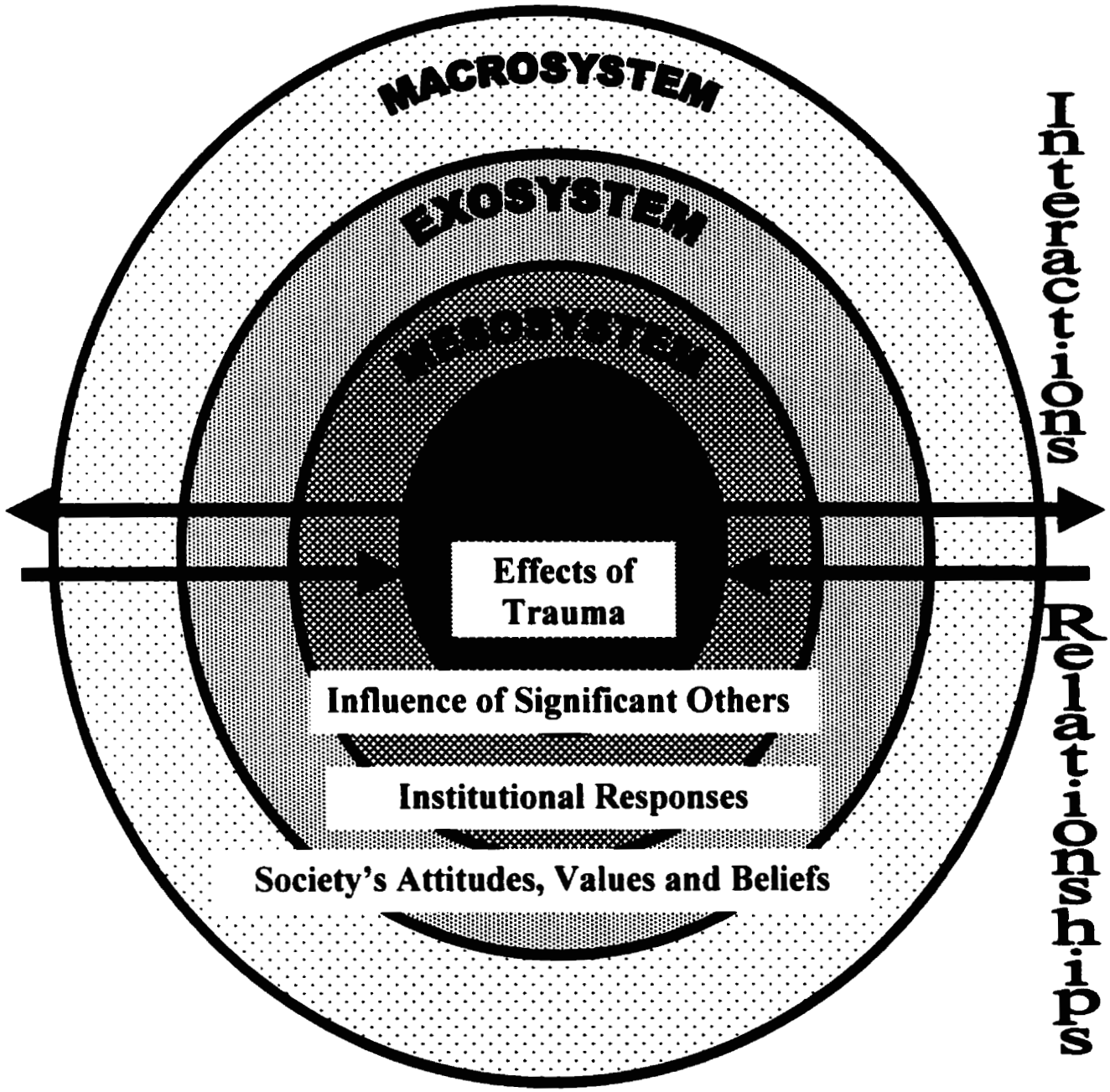
Study Results

The themes that emerged from this qualitative study evolved into a theoretical model that depicts the complex interactions and relationships between intra-personal, interpersonal, institutional and ideological factors and sexual assault survivors' decisions not to report to the police. The model is based on the same principles as Bronfenbrenner's (1977; 1979) systems model originally designed to explain the general process of child development. The systems approach to child development considers the relationship of individuals as being influenced by the context of the family within the broader context of the community and culture. Such an ecological model provides a framework for incorporating both individual characteristics and environmental factors. It portrays individual behaviors and actions as an individual's accommodation to the immediate environments within which she/he directly interacts. These interactions are inseparable from the overall influence of the interplay of all other systems described within this model.

The model, as presented in Figure 1, is represented using concentric circles. Each concentric circle represents a system of interaction. The central circle or 'microsystem' represents the sexual assault survivors' intra-psychic responses to their experiences of trauma. The next concentric circle or 'mesosystem' represents all of the interacting social units or significant others that influence the sexual assault survivors' attitudes, behaviors and expectations regarding reporting sexual assault to the police. The next concentric circle or 'exosystem' represents the surrounding set of environments that influence the sexual assault survivor either directly or through mesosystem components. The survivor may not participate directly in these settings (especially if she decides not to report to police) but is nevertheless affected by them. For example, law enforcement agencies, the criminal justice system, health care and social agencies can all influence a survivor's reaction to reporting to police. The outermost circle or 'macrosystem' is composed of society's attitudes, values and beliefs about sexual assault and reporting sexual assault. These values and beliefs shape the interactions within the inner micro, meso and exosystems that are contained within the culture.

Not only do interactions and relationships occur within the systems but also between systems. These are represented by the arrows on the diagram in Figure 1. Just as external factors can influence the decision-making processes of sexual assault survivors so individuals can influence the external factors. All levels of the ecological model interact. Thus, institutions, values, attitudes and beliefs can be affected and perhaps altered by individuals and groups of individuals.

Figure 1. The Ecological Model of Intrapersonal, Interpersonal, Institutional and Ideological Factors Influencing a Survivors Decision to Not Report Sexual Assault to the Police



How each woman responded to and interacted within and between each of the systems of the ecological model determined her decision-making process. The experience of sexual assault irrevocably altered the lives of the nine women in this study and, likewise, the decision to not report sexual assault to the police has remained alive in their minds. For some participants, the decision to not report to the police occurred soon after the sexual assault incident and yet self-doubt and questioning persisted, keeping the decision-making process alive. Other women made no conscious decision and their experience has been one of on-going reflection, doubting and discovery.

Despite the diversity of decision-making processes and interactions and relationships with the intrapersonal (micro), interpersonal (meso), institutional (exo) and ideological (macro) systems, five significant themes emerged that were common in all participants' stories. Firstly, the decision-making processes of each of the women although unique with regards to some aspects of timing and proceeding were punctuated by common critical junctures. Secondly, the participants collectively identified the after-effects of the trauma of sexual assault (intrapersonal) that had a distinct effect on their intra-psychic abilities to report to police and the timing of their actions. Finally, the women articulated the external influences on their decision-making process including the influence of significant others (interpersonal), lack of faith in the criminal justice system (institutional) and dominant societal attitudes, values and beliefs (ideological).

The following table presents the five central themes and their corresponding categories as described by the nine sexual assault survivors.

Table 1.

Central Themes and Categories

Central themes	Categories
The decision-making process	• Making the decision • I was in shock... • The first person I told... • Then I realized the truth... • Second thoughts about reporting • A second meeting • He's probably still out there doing it to other women • If my testimony could help another woman I would definitely come forward
Effects of Trauma (Microsystem)	• The cumulative effect of multiple traumas • Minimizing the assault • Avoidance • Promiscuity • Shame, embarrassment and humiliation • Anger and fantasies of revenge • Feelings of powerlessness
Responses from Significant Others (Mesosystem)	• Sabotage and support • Protecting others from the painful truth • Responses from medical and mental health professionals

Table 1.

Central Themes and Categories

Central Themes	Categories
Institutional Responses Lack of Faith in the Criminal Justice System (Exosystem)	• The survivor is put on trial • Discrediting the witness via her sexual history • Credibility of the witness • Equating prior relationship with consent • The need for corroborative evidence
Society's Attitudes, Values and Beliefs (Macrosystem)	• The myth of survivor culpability • Gender role socialization • The influence of the media • Lack of healthy sexuality education

The remainder of this chapter presents a detailed description of the model derived from the present study. In order to stay true to the research respondents' lived experience there is frequent utilization of participant quotes as transcribed from the audio tapes of the research interviews.

The Decision-making process

Making the Decision...

Six of the women interviewed do not remember making a conscious decision to not report to police. Two of these six women did consider reporting, but not until much later.

> I don't know that I made it a decision. The thought to report never even entered my head at the time. It wasn't until a lot later that I even considered it. Because at the time, I thought, this is no big deal. And it just never entered my head at all to even consider reporting.

> It wasn't really a conscious decision on my part, ...perhaps the situation where I could have reported it was about four or five years later. I think now if I'd brought it before the police five years later, they would have shrugged at me and asked "Well, why are you doing this now? What's the deal? How can you expect to remember this? How do you know...?"

Another of the participants was too ashamed to report and a fourth felt that reporting would have embarrassed or humiliated her children.

> It was a matter of not telling anybody, it was so shameful.

> It wasn't that cut and dried because I just knew I wouldn't. I could decide to make it rougher for my children or not. So, it was something I would never have considered. Because in protecting myself or getting justice for myself, I would have destroyed those children.

Thirteen years ago, another respondent felt that reporting to the police was not a viable option for her because her assailant was her husband:

> It wasn't even an option I guess because it was my husband. It didn't even cross my mind really. Even as bad as it got, I didn't consider reporting. It just wasn't even an option because he was the husband.

Three of the women remember making a conscious decision to not report to the police. One of these three described her decision-making process as clearly one-sided. It was never an option for her to report to police:

> It was a conscious decision. The reason that I remember is because I had to go to the hospital. I was physically injured as well. So they asked me if I was going to make a report and I said no, and they said, "Well, we'll document this just in case you change your mind." I decided not to. Actually, I shouldn't say I decided not to, it wasn't an option, I would have never. I knew I wouldn't go to the police. I don't think calling the police ever came into my mind.

Another participant was presented with an opportunity to report to police almost immediately following her assault. She clearly remembers choosing to not disclose.

> I was getting a ride home with my ex-boyfriend and three other guy-friends. The police were out there and there was a check-stop. Of course everyone was stopped and I thought "If I get out and tell these guys what happened, I could probably stand here with them for the rest of the night and ID the three guys." But, my ex-

> boyfriend was there and I was in shock. I did think about getting out but then I thought "No." I didn't. My one friend knew and that's all I wanted to know at the time. I don't remember my friend telling me I should go to the police but with the window down, he did give me a look. I remember that, you know. And, I did think about getting out but then I thought, "No". I didn't. Basically I just didn't want anybody to know. But, I do remember that very well.

A third respondent described her decision-making as an unfolding process.

> It kind of unfolded. I didn't even really realize I was in shock for about two days. And I didn't realize even what had happened to me and when it finally hit me, then I went in stages from there. It was kind of a process to decide not to.

I was in shock...

All of the nine women characterized the days immediately following the sexual assault as tumultuous and confusing. They described themselves as in shock, unable to think clearly or even feel. From the following descriptions, it is evident that the survivors were immobilized by the shock of the trauma they had just experienced.

> I was a zombie. I was in my own world, and my sister who was little at the time kept saying, "What's the matter with my sister?" to a friend and...I think I must have been just like a zombie.

> You're not even thinking. It's like you're just in a whirlpool and just spiraling around and you really feel totally helpless.

> I was in shock for about two days. I went on with my life like normal, did everything totally normal. And then how it even came about is that my girlfriend was over and I was getting changed. We were going to go out. But I had my shirt off and you know, I just had my bra on but I had my shirt off. And she said, "Oh my God, what happened to you?" And I looked in the mirror and I was just black and blue. And I had cracked ribs and was all bruised, and I looked in the mirror and I thought, "Oh my God" and I looked at her and I said, "I've been raped." She said "What?" And I just...I...that's when it just hit me but I had totally ignored out, just gone about my business, just pretending nothing happened, really weird.

The first person I told...

Three of the survivors lived in almost total silence and secrecy and disclosed to no one or only one person until almost four or five years following the assault.

> Before I said anything about the rape it was four to five years. I didn't even tell my best friend.
>
> My guy friend actually saw that I wasn't doing too well. So I kind of blurted out what happened and he said, "Let's go." He offered to get me out of there. My ex-boyfriend was driving, so my friend made up something to tell my ex- that I was going to catch a ride. We never talked about it. I didn't want to talk about it. He got me home safely. Yeah, my friend was the only one who knew for four years.
>
> I didn't go out of my way to tell anybody, I think. I might have discussed it with the one girl who lived in that unit. But very briefly, it wasn't something that we really talked about.

Four of the women disclosed to at least one individual soon after the assault. Although the responses to the disclosures were generally positive, none of the people encouraged them to report to the police.

> She just said, "What happened the other night?". And I said, "Look"...cause it wasn't really a big deal in my head, you know, so it wasn't a big deal to tell her. It was just like, whatever, kind of thing. And she said you should say something about this, you should do something about this. And I said, you know, it's not worth it. I don't know if she meant that or if...I don't know exactly what she meant at the time.
>
> I remember all three of my girlfriends being there, like the two that had been babysitting my son and the one that drove me to the hospital. None of my friends told me I should report.
>
> The response from my counsellor was very affirming. But nobody, not my counsellor or my support group said that I should report to the police.

Two of the participants received negative reactions from the first person to which they disclosed.

> It's really interesting what you put up with in this world because the next day when I did get together with my boyfriend, the guy who didn't show up that night, and I told him what had happened, you know what his first remark was, "How well was he hung?" It wasn't, "Gee, I'm sorry. I should have been there."
>
> The friend that was there, that saw the bruises, and then another girlfriend of mine who immediately told her boyfriend. They came over to my house and the three of them sat there and yelled at me for not reporting this to the police. And "How

> could I?" "This guy should be shot and he should be this and he should be that and blah, blah, blah." And I'm just, "Like thanks for your support."

Then I realized the truth...

Five of the nine respondents clearly remembered a moment when they finally became aware firstly, that a crime had been committed against them and secondly, of the severity of the crime. For some women, this happened days after the assault; for others, it was years later that they fully realized the grievousness of their experience.

> A couple years later I found out that he had done this exact same thing to three other girls that worked at the same place. And the thing is, at that point I was angry at him. I was starting to get angry...how could you abuse me in such a way? Again, I kind of put it out of my mind. It was maybe a year or two later that I started to go, wait a minute, if he's done this to me, he did this to the other girls. This is assault.
>
> Then I got married and we both went for counselling. I finally told my counsellor that I had been...I'd had this awful sex experience and I was wondering if I was raped. And she said, well, could you tell me about it? I told her about it and she said, "Well, you were raped. Nobody uses a knife on somebody".
>
> So, I don't remember when the shame ended, the logic took over and the realization that it was a crime. But definitely once the realization of the crime came, I mean to this day I hear all the time of things the judges have said and you think, "Ha, if you were raped, would you have a chance?"

Second Thoughts About Reporting...

Seven of the survivors were still unsure about whether not reporting to the police had been the right choice.

> I keep going back to, what would I gain from it now. And I always think, well there's a good possibility that he's done this to other people and he's still doing it and that's the only thing that I can think of that would even make it remotely worthwhile. Other than that, I just see that I have way more to lose than I have anything to gain by it. I just think in terms of my self image and in terms of my head space, it's just something I can't afford to do.
>
> I feel like I started a new life when I was 30. That's about the time that I started to think I should find him and do something. That kind of goes up and down with me.

> Well, my head tells me "yes" but my heart says I still have a lot of the same fears. I'd still be afraid of going through the talking about it to a stranger. I've never been to court so all I know about court is what I see on T.V. So I think you're sitting up there in front of a roomful of people and you have to tell them these horrifying things and, I don't know if I want to deal with that. I can't tell you if I would or not. Like my head tells me "yes".

Two of the nine participants were confident that the decision to not report sexual assault to the police was in the best interest of themselves and their families.

> No, it's over and done with. You just can't go back.

> You know I look back and I'm still glad that I never charged the first fellow. Because of all the hell my children went through and it was me that caused it.

A Second Meeting

Seven of the nine respondents had contact with their assailant following the assault, including the one woman whose assailant was a stranger. One of the second meetings was purposeful, initiated by the survivor.

> I actually went back to him about two months later and took him back to my room again. After we had sex I just burst into tears. I was just completely distraught, completely upset. Not even knowing why. I couldn't explain why I was feeling so upset. I mean now I look back at it and I can understand why all that was going on. Anyway, that was the end.

The other six women had second meetings that were accidental or coincidental. During each of the second meetings, the women felt fearful, confused and powerless. These experiences negated any second thoughts about reporting the assailant to the police.

> I was dating someone at the time and he was really good friends with this guy and he hadn't seen him for quite a few years and then this guy was in town and the guy I was living with invited this guy over for supper. So, I cooked supper for him, and I played the little hostess and I cleared his plate and I sat in the kitchen. My boyfriend at the time knew what he had done and he still invited the guy over and I still let him into my house and I still played hostess to him. It was just the ridiculousness of the whole thing...

> So, I walked up to this guy and I said, "Hi, you remember me?" And he goes "No, am I supposed to?" and, I go "Yeah, ya fucking asshole, you raped me" and I threw my drink in his face. Now I'm thinking I should have hit him over the head. I was just so shocked you know. He just looked me and I said, "Do you remember 1981?" And he just kind of looked at me and I said "Well, you should cause I'm never going to forget it." You know and I just said, "Fuck off!" and threw my drink in his face. And then we ran out and I said to my girlfriend, "Run!", because I didn't know what was going to happen.

> I was sitting in a restaurant with another girl. He came in the restaurant and he sat down in the booth, you know, not too far away and once his eyes caught mine and I just stared at him, you know, I hated him. And he got up and he came over and he sat down at our table. And he asked me if I would give him a ride somewhere. What do you do? Of course I didn't take him.

He's probably still out there doing it to other women...

Six of the nine respondents spoke of their difficulty knowing that the man who offended against them might still be offending against other women.

> I always think, well there's a good possibility that he's done this to other people and he's still doing it and that's the only thing that I can think of that would even make reporting remotely worthwhile.

> But how many other people has he raped over the years? Had I done something back then, I might have helped some other people but now it's too late. It's too bad.

> He lived there and I didn't report it. So the next lady he did that to can blame me.

If my testimony could help another woman, I would definitely come forward...

Despite the reluctance of the nine women interviewed to report their own sexual assaults to the police, they unanimously agreed that if their testimony could help another woman convict the same offender they would definitely report.

> I would file a report with the police without any intention of following up on it to bring him to trial. If they could use my testimony against him in order to put him away or to get him to stop doing what he is doing. I would report to prevent it from happening to somebody else.

> I'd love to get him off the streets, and that's so selfish, but I can't be the one to do it. I would back up anybody in an instant if they did it because two of us would

> be believable. Two people are not going to report a guy if he is not actually doing it. I think now I wouldn't be treated badly by the legal system if there was somebody else that brought it up,
>
> I would support her but I would try to do it anonymously. If I had seen him with anybody else after that, I would have gone to that person and I would have done everything to protect somebody. Except, except to protect myself.

Effects of Trauma (Microsystem)

All nine participants experienced a wide range of symptoms associated with rape trauma syndrome. Many effects of the trauma, such as minimization, denial, and avoidance further prevented the women from reporting to the police.

The Cumulative Effects of Multiple Traumas

Five of the nine women interviewed, over half, experienced at least one prior sexual assault. Four women had been sexually abused as children. One of these four women had also been assaulted as an adult prior to the current sexual assault and a further participant had been previously sexually assaulted in adulthood. Each time a woman experiences sexual assault trauma, not only does she increase her vulnerability to further abuse, but the effects of the trauma become more difficult to reverse.

> Probably the biggest thing is that when I was a kid I was sexually abused for a number of years. Then I had just basically stayed away from the male species in general.
>
> I had actually been sexually abused when I was younger but I was still a virgin.
>
> It wasn't the first time and I just wanted to get past it, forget about it. No, it was when I was a teenager. I was pretty young, I was 15 years old, I think. No. (I didn't report that one either). I only ever told one person.

Minimizing the Assault

Six of the nine women had not initially acknowledged or understood the seriousness or the criminal aspects of the assault against them. Some of the survivors

attributed this to naïveté; several of the respondents blamed their lack of knowledge of the criminal code and sexual assault. Whatever the etiology, minimizing the seriousness of the crime fit with the participant's decision not to report to police.

> It wasn't until about four or five years later that I realized it was sexual assault. Naiveté certainly played a part in it. And just not being aware. Had I known about acquaintance assault, I think I would have seen it more as a crime.
>
> It was probably a year before I realized it was rape. Or that it was a rape that you would report. I mean, it was very violent. But thinking that maybe it was a problem with me, maybe I didn't understand sex. I had only ever had sex once prior to this. So I didn't know. He used a knife and he cut up my vagina really bad. And I just thought, maybe that's what people do. Maybe that's where they get their excitement. Maybe there's something wrong with me.
>
> There was a consciousness that I had been violated, definitely. The thought came to me: it wasn't his penis, is that rape?

Avoidance

Six of the nine women avoided thinking about the assault or acknowledging the emotional reactions. This helped them to continue on with the normal functioning of their lives but it also prevented them from dwelling on the details of the crime that had been committed against them. As such, the process functioned as a coping mechanism.

> Anyway, that was the end. I realized that I wasn't thinking about this right. And I kind of put it aside and forgot about it.
>
> I tried for a really long time to not think about it. It was one of those things that almost didn't happen.
>
> I just wanted to forget about it and get on with my life. It wasn't the first time and I just wanted to get past it, forget about it.

Promiscuity

Five of the survivors spoke of becoming sexually promiscuous following the assault. As is true with many sexual assault survivors, the women found themselves trapped by their tendency to recreate their traumatic past. Although this may have

assisted the women in regaining a sense of control over their bodies and their sexuality, it also reinforced the survivors' notions of self-blame and low self-worth.

> I remember I'd bring home a guy every night and fuck him, you know. And I remember not even knowing what to do with my legs. Like, I remember lying there and thinking, "What do I do with these legs?" Do they go like this? So I became very promiscuous, I think at the last count there were 40 guys I slept with.
>
> For a long time, after the first time I was sexually assaulted..., I did what I think..., I don't know about anyone else..., I can only speak for myself but I think this isn't the norm. Tell me if I'm wrong, you probably know more than I do. But I became freer with sex. Because I didn't respect my body anymore. See I thought I was strange, I thought that I should be inhibited and scared but I wasn't. I was just like whatever. Yeah, I just lost respect for my own body and my own self and that was a tough way to live.
>
> Because having had your sexuality taken from you on so many occasions, it's no longer yours anyway. That is the only way I know how to relate to men is, you know, "You want this? Then I am in a position that I can give it or let you take it. What the hell? It doesn't matter, it's just, it doesn't matter."

Shame, Embarrassment and Humiliation

The themes of shame, embarrassment and humiliation were prevalent in the interviews with all nine women. The natural human reaction to shame is to hide and keep secrets, anything to avoid having the shame be exposed to others. In this way, the women's feelings of shame correlated with their decisions not to report sexual assault to the police.

> It was a matter of not telling anybody, it was so shameful.
>
> I'd have to firmly believe that it's far too shameful and humiliating a process to go through, that reporting it to the police just screams more shame, more humiliation, you know. You don't get to be anonymous, you have to prove your, your story. It's your word usually against someone else's.
>
> It is very personal and, I know I guess my sexual abuse past makes it just a dirty little secret. You know, it's just dirty laundry.

Anger and Fantasies of Revenge

Six of the nine respondents experienced feelings of great anger that continued years after the assault had taken place. Many of the women have had and still have fantasies, sometimes quite violent, of revenge. It is interesting to note that these same women did not choose the criminal justice system as a means of vindication.

> I have fears that someday somebody will try and rape me again. And I've always said that one of us will not walk away. One of us will die, whether it's him or me. I can't go through it again. I mean, I would do awful things to prevent it from ever happening again. That scares me that I have such strong of feelings on something.

> Because I can think of the close calls and there was one that, ... I remember thinking, "If I had a knife", I know now conclusively...that if I was being raped, I could kill a person easy.

> I have been kind of, in a sick sort of way, kind of looking for a violent attack from a stranger so that, you know, I could, I could kill him. So I could let a bunch of rage out and kill him.

Feelings of Powerlessness

Accompanying the feelings of anger and revenge, five of the nine participants identified feeling powerless, fearful and anxious. In order to face the offender within the adversarial criminal justice system, survivors are best equipped with courage and steadfastness. On the contrary, feelings of powerlessness and fear engender inaction and escape.

> I guess you have certain feelings of powerlessness and they're hard to deal with, your sense of your own weakness. You try and cover it up any way you can and for me covering it up was saying, well that's what I wanted.

> But he still had this power over me that I was helpless, I didn't like being helpless I don't know how to say how I felt, but I definitely felt dirty and like it was my fault. So how do you report that?

> I was afraid of the person, afraid of him and thought that if I caused him problems, that he may cause me more problems.

Responses from Significant Others: Sabotage and Support

Three of the nine women waited three to four years before telling anyone they had been sexually assaulted. The remaining six women told at least one person within a week of the assault. The nine women interviewed received a variety of responses from the family members, friends and professionals to whom they disclosed. Negative responses served to strengthen the respondents' reasons for not reporting to police. Positive responses, on the contrary, did not influence women to report to police.

Sabotage and Support

Survivors received both supportive and non-supportive responses from their parents, family and friends.

> Even when I did tell Mom she just hugged me.

> I told (my friend) at the time and she had said that she knew this guy fairly well and that she wasn't surprised. My big thing was I needed to apologize. I needed to say sorry and I should've just not put up a big fight and everything else and she said that I was being ridiculous and she was really helpful through it all. ...she kind of kept me on track.

> I told my Mom at some point too and she said, "Oh, it serves you right for hanging around with those kind of people", my boss, right? But, it wasn't a crime to her either, you know?

> I had family and friends who I eventually opened up to and all they did was yell at me and tell me that I would be responsible because I didn't report it.

> I thought in my head, "Okay, I'm going to do this. I'm going to tell my Dad." Maybe this will bring us together. And my Dad was thoroughly disgusted that I didn't tell him in the first place. He was angry that I didn't come to him first and he got up and left the room and went to bed.

Protecting Others from the Painful Truth

Three of the nine participants were hesitant to tell their parents, partners or close friends for fear that the burden of the knowledge would be too much for them.

> After many years, I said, "Mummy, I was raped." I never wanted to tell them that because I thought it would hurt her. You know, I'm her baby. I didn't want to do that to her.
>
> I just thought it would create problems for my parents if I told them. They were not getting along that well at the time anyway. And I do have a difficult brother and my parents have had a hell of a life with him.
>
> My ex-boyfriend was sitting there but we had just broken up and he was having a tough time with his health. So many other things were going on and this was only affecting me so I thought I could deal with it.

Responses from Medical and Mental Health Professionals

All of the nine women interviewed had sought help from at least one medical or mental health professional regarding the effects of their assault. Some made contact immediately following their assault; others did not reach out for assistance until many years later. The responses from professionals were mixed. Like the responses from family and friends, negative responses from professionals reinforced survivors' non-reporting decisions while supportive responses from professionals did nothing to influence survivors to report. Some professionals, while responding empathetically, did not suggest reporting to police.

> I've been really lucky cause in the past few years I've had some really wonderful doctors that had compassion.
>
> Because I tried to commit suicide, they put me in some counselling program and the girl that counselled me was an absolute waste of skin. She wouldn't even talk to me. She expected me to come in for my hour and tell her all my problems and go home and be better. It didn't work. So I never told her about the assault.
>
> My one doctor was treating me for genital herpes and he never asked me anything about why the scarring on my vagina was so bad.

One of the respondents had cumulative negative experiences with both medical and mental health professionals. As such, they are worthy of special note:

I phoned the doctor's office and said, "You know, I've been sexually assaulted. I need to see my doctor now." "Your doctor's not in, you'll have to see somebody else." I'm thinking, "Okay, I'll do that." So I saw the person who was on call and I got to the doctor's office and she started to examine me and she was like in shock, writing down all these things like "beaten pretty badly" and she says, "I just can't deal with this. I'm not sure if this is what I should be doing. Just hold on." So I'm laying there with nothing on, with a stupid little sheet in the doctor's office for about an hour and a half while they decide what to do with me. And then she came and she said, "Well, what we need you to do is go down to the hospital to their sexual assault thing that they've got going there." And, I'm just saying, "Okay, fine, whatever." So she wrote down her findings so far and then I went down to the receptionist and I said to her, "Well are they going to phone ahead or are you going to do something so they know? I don't want to be dealing with any more of this when I get there."

So I got to the hospital and the lady at the desk was just awful. And I said, "I was sent here by my doctor. You should have a file or something for me or a number. This is my name." "Well, what's it for?" And I said, "You should have a file. I do not want to discuss this." "Well, how can I help you?" really snotty-like, "Unless you tell me what it's for?" And I said, "Fine then I'll tell you. I was raped, okay? Can I go and see somebody now?" And I started to cry.

So then they finally took me down this hallway and put me in this little room where there was a couch and a phone. "Well, we'll just have to wait for the doctor to get here. It's going to be awhile." Two hours go by and I still haven't heard anything. I'm just sitting in there. Somebody finally comes back in and says, I was never offered anything to eat or drink or anything till at that point and she comes in and I go, "Can I have something to drink, like just water? Can I get out there and move or, like what I am doing here? I have no idea what you people are doing." "Well, we're waiting for the doctor." I said, "Yes, I know. I've been waiting two hours for doctor. That's fine." "Well do you want us to call the organization where they send people out to counsel you?" I said, "Yes, that would be great." "Is there somebody we can call, they said, who can come and sit here and be with you?" And I said, "No, there's nobody, there really isn't." And I said, "So, you know, I'll just hang out here by myself, that's okay." So they did ask me if there was somebody they could call to sit with me

And then this girl came in. She looked like she was 16 or 17 and she came in and she was all nervous and upset. She said, "I've just taken this program and I just want you to know that I'm not sure what I'm doing so you'll have to kind of help me along with this. But, here's some information." And she started flipping through this binder and I'm just way out in another different space completely. I was 38 at the time and I'm thinking, "Excuse me, but how can a 17-year-old relate to a 38-year-old?" I know it's all the same, we've all been assaulted, da, da, da, da, but this is, I can't talk to her about this. My daughter is the same age. I'm not going to talk to my daughter about this in detail. You think I'm going to talk

> to her in detail about it? I don't think so. And then she was like, "Well, I'm not really sure." And I said, "Don't worry about it, it's okay." That's not what I needed at that point.
>
> Then it was another two hours or so, I think, before the doctor finally came in. She was a very nice doctor and I liked her very much. She was very good, made me feel very, very at ease and very comfortable. It wasn't her fault, but just the way the place had been set up. It was right in the mix of the hospitals all changing and this one closing down and that one closing down and this being here and that being there. And she couldn't even find a rape kit thing. And then she said, well, anyway, first of all she started to chat with me and took the information and everything like that and then said, "Do you want to report this?" And I said, "No, I do not." So she didn't even do the rape kit part of it. She did everything else.

Institutional Responses – Lack of Faith the Criminal Justice System (Exosystem)

The narratives of the nine women indicated little faith in the current Canadian criminal justice system, a highly influential factor in their decision not to report the sexual assault to the police.

The Survivor is Put on Trial

Seven of the participants felt that survivors were put on trial as much as the offender and were, therefore, victimized a second time by the criminal justice system.

> You go up there and they would say, well you admit you had coffees with this guy, you admit you had drinks with this guy, you admit that you were attracted to this man. And now you're saying this was assault? Well, we think you invited it. Why was the door unlocked? Could be all kinds of questions and they would pick out every single one of them.
>
> He is innocent until proven guilty, but I'm guilty until I can prove that I'm innocent. It's wrong. You shouldn't have to feel that way; you're a victim. You do not feel like you're an innocent victim. I think it's different if somebody breaks into your house. You're innocent. You didn't invite them in. But if you were raped, you have to prove that you were raped and that you're not a bad girl.
>
> They make it pretty scary in courts with the ability for them to bring up your counselling records. They bring in so much (pause) almost against you. It's like, instead of defending him, they'll attack you. If there could only be a way they could defend him without attacking her. Go on the merits of him only. But they don't. It all comes down to this business of "should have known better".

Discrediting the Witness via her Sexual History

Despite the prohibition on the admissibility of evidence regarding a survivor's sexual history, seven of the nine women were afraid that their past sexual history would be brought into court should they decide to report.

> I've heard horror stories about how they drag you're entire sexual history through the mud. I didn't have a sexual history to drag through the mud, but I don't know what they're going to dig up. I don't want to be subjected to that, it's like being raped all over again.
>
> I also think that if you ever go to court everything gets all dragged up. Not that there was anything to drudge up on me really, but you know what I mean.
>
> There was the thing about how you can't go into a person's past or something... well. I don't believe them.... What you said is the law now, but I'm always worrying that they're going to try to bring up something that will get me, will allow them to go into my past.

Credibility of the Witness

Six of the nine respondents feared that their reputation in their families or communities would be used by the defense lawyer to destroy their credibility.

> I was always the black sheep. And I was the black sheep, not only within our own family but also the whole extended family because they were all from Ontario, which is quite a staid and conservative province. Uh-huh. I was the wild hippie granddaughter.
>
> That was another thing too, I was a single Mom. And I was a single Mom since he was born basically.
>
> I think another reason also was the type of work that I do. I'm a massage therapist. It's been a struggle since I started doing this even though I've worked in physiotherapy clinics and chiropractic clinics. It's all medical settings. It's the kind of massage that I do. People still have a thing about massage out there. It's a sleazy, whatever, thing.

Equating Prior Relationship with Consent

Eight of the nine women were acquainted with the offender before the assault. Some simply knew of the offender or had seen him before; several survivors had danced or kissed with the assailant prior to the assault; and one woman was married to her assailant. Whatever the prior relationship, the respondents felt that this could raise doubts in court as to the consensual nature of the assault.

> It was somebody I knew. Somebody that I guess I had been flirtatious with in the past, however I didn't invite him in. I was somewhat attracted to him and we had spent a bit of time together only in very public areas. We had coffee or had a couple drinks with friends.
>
> I went to his house. This little...almost a virgin went to a guy's house that she met in the bar. Yes my sister knew him, but what a stupid thing to do.
>
> Well, certainly with the husband thing, I would think that they would laugh and say, "For heaven's sakes, it's your husband."

The Need for Corroborative Evidence

Seven out of the nine participants felt that the lack of corroboration, either witness or material evidence, would place their case in jeopardy in court. As with many sexual assaults, none had witnesses and the women asked 'why would anyone believe me'?

> In the end it was my word against his. I really do think that I would have had the word of the guy in the room beside me against me as well.
>
> It's your word against his word. You're a fine upstanding citizen but he might be too. So who are they going to believe?
>
> I knew that it was going to come down to my word versus his word. I knew in my head that I wasn't strong enough to stand there and say, yeah he did this. I knew that if he started going on, I didn't do this or whatever, I would back down on it.

Six of the nine respondents had incurred physical injuries as a result of the sexual assault and three of the six had required and sought medical attention. Regardless of the

existence or degree of seriousness of the injury, the survivors were still not confident to come forward and report.

> If I was physically hurt more I probably would of (reported the assault). But I was able to hide it. Like I had bruises and stuff, but I've always had bruises with the sports I've played.
>
> I was injured. I couldn't move and I was bleeding and I needed to go to the hospital. I ended up having to have stitches internally. It was physically very very painful.
>
> I was beaten quite badly. I was ripped and torn. I was passing lots of blood.

Society's Attitudes, Values and Beliefs (Macrosystem)

All of the survivors commented frequently about the effects of certain aspects of the dominant societal ideology on their decision-making process. The following section describes categories that were most prevalent amongst the participant's descriptive narratives.

The Myth of Survivor Culpability

The strongest and most influential societal message affecting the outcome of the reporting-decisions of the respondents interviewed in this study was the myth of survivor culpability. Unanimously, the women felt that they were somehow responsible for the crime that had been committed against them.

> Well I didn't really know the guy and I chose to give him a ride home, I think that could be judged. He asked me in and though I hesitated for a long time about it. I went in to his house. That I figure could be judged. I was kissing him for a while before the fact. I figured that could be judged. And I guess I also thought of, like if I'd gone that far, then who's to say...you always hear, oh people say that they were raped after the fact because they don't like what they did. And so to cover it up they cry rape and I figured that was going to be a likely judgement placed upon me. I thought I'd gone this far, then maybe I'd gone all the way and then decided, oh well maybe I shouldn't have done that so now I'll just cry sexual assault or whatever and then take the blame off of me.

> Well I shouldn't have been at that party. It was an outdoor party; I hung around with a bit of a wild crowd. If I didn't hang around with those kind of people, then it wouldn't happen. I wasn't loaded or anything. But I had alcohol in my system. The third guy didn't penetrate me - couldn't penetrate me because I was fighting so much and I thought maybe I could have prevented the other two if I'd started fighting sooner.
>
> The more I thought about it, the more I was feeling guilty that I brought this on myself. I almost totally blamed myself for this. I should have never gone to the bar. I was with my friends but I should have never gone to a bar and drank. I should never have danced close with this guy, and never in a million years should I have been stupid enough to go outside with this guy ever, or walk hand in hand with him. I don't even know him. I've just been punishing myself for being so stupid.

Gender Role Socialization

Three of the survivors spoke of the influences of gender-role socialization on their decision not to report to police.

> A lot of it has to do with how I was brought up and ideas of how a woman should be and what a woman should be is basically to serve her man. Regardless of whatever strides women have made over the last 30, 50 or 100 years. There is still a sense out there that women should do as asked in order to please the man, or to make things easier.
>
> That's just society's perceptions. It was always okay for my brother to be screwing every girl in school. I didn't date anyone through high school. It's harder to say you're a girl and you've had this experience.
>
> The way I was raised, I had been raised to turn off those instincts. The self-protective instincts were wrong, you're just supposed to love everybody and not be angry.

The Influence of the Media

Four participants commented on the negative influence of the media on their reporting decisions particularly with regards to the media's portrayal of the treatment of sexual assault survivors within the criminal justice system.

> I didn't want to be judged. I didn't want people to say, "Oh, you know, well she's a slut, or she's easy. I felt like because I had had sex previously that they could

> make you seem guilty. And all the things I've seen on T.V. and I read about and, that's what they do.
>
> I've never been to court so all I know about court is what I see on T.V. You're sitting up there in front of a roomful of people and you have to tell them these horrifying things and, uh, I don't know if I want to deal with that.
>
> Each time I read something else in the newspaper about sexual assault cases, each one of them, it seemed, was really negative and they were always against the sexual assault victim and in some way they brought up something to do with their past. They brought up all the different things that were very much related to what happened with me.

Lack of Healthy Sexuality Education

Three of the respondents attributed some of the confusion they felt about reporting to the lack of education they received from their families, schools and communities about healthy consensual sexual relationships.

> I hope I impress upon him how important it is to stop when somebody says no. Cause I don't think society teaches that. I don't think anybody does. I hope that if nothing else from my experience, my son learns something.
>
> The kind of sexual education I got in school was minimal and it was very judgmental. I don't know what it's like now, but I don't think it's much different. As far as I know, in terms of sexual education there is nothing about sexual assault, there is nothing about sexual abuse. It's kept to the bare minimum. I think the sexual education is really lacking. And I think if there were some more positive messages about relationships and the nature of relationships and responsibility and personal culpability. I don't think people would feel as much self blame when something happened.
>
> We were never told about sex at all. The message from the teenage boys when you walked into the cafe for some chocolate pie after school was something about the dirty-something between your legs. That was the only message we got because we never got any good messages. It wasn't talked about.

Summary

The theoretical model that evolved from the present investigation provides one way of viewing and understanding the journey of adult female sexual assault survivors towards the decision to not report sexual assault to the police. The model describes

external and internal interactions and the influences and effect they have on survivors' decision-making processes.

The relationships between the internal and external influences and the critical junctures in a survivor's decision-making process are complex, interwoven and unique to each survivor. Each woman's decision-making experience began with an incident of sexual assault. Immediately following the assault, the effects of the trauma took hold. For all of the women in this study, the after-effects of sexual assault played an important role in the critical junctures of decision-making immediately following the sexual assault. Similarly, the external influences, including social network responses, institutional change and dominant societal values, attitudes and beliefs effectively swayed each survivor's decision-making process.

For each of the respondents, the first opportunity to consider reporting to police occurred simultaneously with the immediate and paralyzing shock inherent to the trauma reaction. Avoidance and minimization, while excellent psychological coping mechanisms, served to keep the survivors detached from conceptualizing the assault as a serious crime. Reactions of shame, embarrassment and humiliation coupled with acts of sexual promiscuity confirmed the myth of culpability that each survivor had internalized from dominant social ideology. For some women, the myth of survivor culpability was confirmed by significant others to whom the survivor chose to disclose. For others, the myth influenced their decision to live in silence and secrecy for several years. Feelings of fear and powerlessness coupled with a belief regarding the inequitable treatment of sexual assault survivors within the criminal justice system did little to encourage the survivors to seek justice. Despite feelings of anger and fantasies of revenge, none of the

women in the study chose to seek vindication through the criminal justice system. Given the elaborate interplay of negative influential factors entangled with the very difficult decision-making processes experienced by the women in this study, it is not surprising that the majority of adult female sexual assault survivors choose not to report to the police.

CHAPTER FIVE: DISCUSSION

The focus of this study was to describe the decision-making processes of adult female sexual assault survivors from the moment of assault up until the current determination of their decision *not to report* sexual assault to the police. Central to the examination of the decision-making processes was the identification of factors that influence a sexual assault survivor's decision *not to report* to the police. The previous chapters provided a rationale for the study; a description of the methodology employed and presented the themes that emerged from in-depth interviews with nine female sexual assault survivors. Included with the themes was a precis of each woman's story of sexual assault. Both the precis and the emergent themes relied heavily on direct quotations taken from the participants' narratives, and as such provided evidence of results that were grounded in the reality of the participants. The following chapter discusses the significance of the findings comparing and contrasting the results with previously published research, the strengths and limitations of the study and recommendations for future research and other professional initiatives.

Significance of the Findings

The themes that emerged from this qualitative study evolved into a theoretical model that depicts the complex interactions and relationships between intrapersonal, interpersonal, institutional and ideological factors and sexual assault survivors' decisions not to report to the police. The model is not static. The interactions and relationships between the various systems within the ecological model are constantly in flux. The women's decisions not to report to the police shift and change all the time depending on their interactions and relationships with the various systems within the ecological model.

Although the decision-making processes of the women varied, common points or junctures were identified. The first example of a common point or juncture was the actual making of a decision not to report to police, or in most cases, the absence of a decision-making process. Only three of the women stated that they remembered making a conscious decision not to report to police. Two of the women, one who immediately went to the hospital for medical attention, very quickly decided not to report. The third woman described her decision-making process as unfolding over the course of two days ending in a distressful experience with both medical and mental health professionals at the hospital.

The second point or common juncture in the women's collective decision-making processes was an immediate reaction to the sexual assault that all nine women described as a state of shock. Remer (1986 cited in Worell & Remer, 1992) labeled this stage as ' crisis and disorganization' characterized by helplessness and confusion. The women used words and phrases such as 'zombies' or 'the walking dead' to describe themselves during this period indicating they were immobilized by the shock of the trauma. Many of the women expressed that they were unable to think clearly or even feel during this period of time. Two of the women were so removed from the reality of what had happened to them that they did not seek medical attention for serious physical injuries until days or weeks after the assault had taken place. It is apparent that a decision requiring as much thought and consideration as reporting sexual assault to the police was out of the question for most of these women at that time.

The next common juncture or choice point in the women's decision-making processes was disclosure. In their study, Gunn and Minch (1986) identified the response

of the first person to whom a survivor disclosed as highly influential on her decision to report to police. They found that the incidence of reporting to police doubled for those survivors who received a positive response from the first person told. Three of the women in this study lived in total secrecy and silence for up to five years following the assault. For these women, shame and self-blame prevented them from telling anyone about the assault until it was too late to report. The remaining six women disclosed to at least one individual soon after the assault. Four of these received a positive response: two were negative. Of the six women who received a positive response, none were advised by their confidantes to report to the police and none indicated being influenced to report by the positive reception they received.

The next common juncture for the survivors was the realization that firstly, they had been sexually assaulted and secondly, that the sexual assault they had experienced was a crime. Ruback et al. (1984), in a review of several studies on crime victim decision-making, presented a three stage model. The researchers suggested that crime victims must first label the event as a crime, assess the seriousness of the crime and only then are able to decide what action to take. Six of the nine women did not initially label the event as sexual assault nor did they acknowledge the gravity of the crime despite some very serious physical injuries. When they did acknowledge the nature and seriousness of the crime, some as late as one year, others as late as four years following the assault, it was too late to report. Nevertheless, self-doubt and questioning and the on-going option of reporting still existed in the thoughts of many of the survivors. The shock of the trauma, the on-going quandary and reflection combined with the delayed

realization of the grievousness of their experience prevented the women from being able to make a decision regarding a timely report to the police.

The next common point or juncture that all women experienced involved more than just intrusive memories of the assault. Seven of the women received painful reminders of the assault and their reporting decision through a second meeting with their assailant. Van der Kolk and McFarlane (1996) describe how survivors are often paradoxically drawn to re-expose themselves to situations reminiscent of the trauma they experienced. Only one of the survivors described her second meeting as purposeful; the other six reunions happened coincidentally. Nevertheless, all survivors reacted with fear and paralysis. For many survivors, this affirmed their already embedded feelings of powerlessness.

All of the women were haunted by feelings of guilt about the choice they had elected with regards to reporting to police. Six of the women were concerned that their reluctance to report might have dire consequences for other women that the offender may choose as his next target. All of the women stated that if their testimony could help another woman convict the same offender they would come forward and report. Unanimously, the women agreed that they would report if it would be in the best interest of another survivor. This final declaration of intent is what keeps the women suspended within their decision-making processes. The possibility of a complaint being lodged against the same offender by another survivor remains alive in the minds of the nine sexual assault survivors.

The decision-making process appears to be unending for the women in this study. The remaining common junctures or crossroads finds many of the women without

direction and fraught with self-doubt. Only two of the women are confident that not reporting was the best choice for them. The remaining seven continue to question their actions and decisions.

The experience of the research participants suggests that a linear, sequential or even stage-by-stage decision-making process about reporting to the police did not exist for these women. Rather, the decision-making experiences of the nine sexual assault survivors in this study are complex. They are often delayed and clouded by the effects of trauma and other influential factors. The experience of sexual assault irrevocably altered the lives of the nine women in this study. From that point on, the decision to report or not to report sexual assault to the police became an option. This option whether conscious or unconscious formed an integral part of each woman's day to day reality. Whether each woman considered this option, dismissed it or repressed it was influenced and shaped by internal and external factors.

Using the ecological model of analysis, the intrapersonal factors that had an influence on the non-reporting decisions of the women was and still is the intra-psychic after-effects of the trauma they continue to carry with them. The effects of the after-math of trauma on the decision-making abilities of the women in this study were substantial.

Surprisingly, discussions or investigations into the effects of trauma on sexual assault survivors' reporting decisions were not reflected in the literature. Of the four research studies that focused on why a majority of sexual assault survivors fail to report to police, none mention the effects of trauma as a reporting determinant. In general, the research pointed to interpersonal or social expectations to report, the perceived outcomes of reporting and situational characteristics of the sexual assault as having the greatest

influence on survivors' reporting decisions (Collings, 1987; Feldman-Summers and Norris, 1985; Gunn & Minch, 1986; Lizotte, 1985). The two most recently published (Collings, 1987; Gunn & Minch, 1986) both cite survivor self-blame as a deterrent to reporting. The discussion of self-blame in these articles, however, is not within the context of the effects of sexual assault trauma.

In the current study, the symptoms of post-traumatic stress disorder most frequently evident as influential on participants' abilities to make a reporting decision were avoidance and numbness of response (APA, 1994). In an attempt to avoid reminders of the trauma and maintain an acceptable level of functioning, the survivors discounted the severity of the crime committed against them. Remer (1986 cited in Worell & Remer, 1992) labeled this stage 'outward satisfactory adjustment and denial', describing it as a survivor's attempt to regain normalcy in her life.

As mentioned earlier, this avoidance or denial also took the form of minimizing the assault. Six of the nine women delayed acknowledgement or didn't realize that they had been sexually assaulted. One woman took four years before she realized the seriousness of the crime that had been committed against her. Others continue to question whether or not what they experienced was truly sexual assault.

As Van der Kolk and McFarlane (1996) identify, sexual assault survivors are more likely to be assaulted again and childhood sexual abuse survivors are more likely to be assaulted in adulthood. This was true for five of the nine women in the current research and perhaps accounts for the cumulative effects of multiple traumas. Unfortunately, having been the survivor of more than one sexual assault contributes to a survivor's sense of self-blame and responsibility. A survivor may question, "Why me?"

and "What am I doing to keep attracting sexual assault?" Multiple assaults may also prompt others to question what behaviors the survivor exhibited that led her to be sexually assaulted more than once. Neither of these factors would encourage a survivor to report her sexual assault to the police.

Van der Kolk and McFarlane (1996) describe how survivors are paradoxically drawn to re-expose themselves to situations reminiscent of the trauma they experienced. This is evident for five of the sexual assault survivors who told of how they became sexually promiscuous following the assault. This unexplained reaction to sexual assault trauma intensifies survivors' feelings of shame and self-blame and, in turn, may provoke judgmental responses from significant others. Once again, self-blame and low self-worth are not personal characteristics conducive to reporting sexual assault to the police.

All nine women spoke of having intense feelings of shame, embarrassment and humiliation about being sexually assaulted. According to Van der Kolk and McFarlane (1996) this is one of the critical issues that effect how trauma survivors process information. The survivor connects the shame of being sexually assaulted to losing control or letting oneself down. The intensity of the feelings of shame is so great that the feelings are often repressed or denied. The need to dissociate these painful feelings initiates the survivor's transition from the stage of 'crisis and disorganization' to 'outward satisfactory adjustment and denial' (Remer, 1986 cited in Worell & Remer, 1992). While an effective coping mechanism, this dissociation of shame temporarily disables the survivor, rendering her incapable of processing the information necessary to make a reporting decision.

Many of the sexual assault survivors mentioned both feelings of powerlessness and fantasies of anger and revenge. Van der Kolk and McFarlane (1996) attribute these to the intrusion and arousal symptoms of post-traumatic stress disorder (APA, 1994). In response to intense feelings of anger, survivors often experience the world as threatening and unsafe resulting in the feelings of powerlessness. The women in the current study identified their feelings of powerlessness as a barrier to reporting sexual assault. Feelings of powerlessness do not give rise to the confrontational qualities a survivor must embrace in order to participate effectively within the adversarial criminal justice system. In fact, Van der Kolk and McFarlane (1996) state that intrusive anger coupled with feelings of powerlessness may lead to excessive dependence in adults along with the inability to make decisions. This does not produce the intra-psychic make-up necessary to report sexual assault to the police.

For all of the women in this study, the intra-psychic influences or after-effects of sexual assault played an important role in the critical junctures of decision-making each woman faced. In some instances, effects of the trauma, such as avoidance, numbness of response and intrusion disabled the women, preventing them from being able to effectively make decisions about reporting. In other cases, feelings of self-blame and shame acted as a deterrent to reporting by shifting the women's perceptions of their role as guilty or at least partly responsible for the sexual assault. In conclusion, the effects of sexual assault trauma on the survivors may be, at the very least, not conducive and, in some cases damaging to filing a report of sexual assault with the police.

Using the ecological model of analysis, the intrapersonal factors that had an influence on the non-reporting decisions of the women was and still is the intra-psychic

after-effects of the trauma they continue to carry with them. Using the ecological model of analysis, the external factors that had an influence on the non-reporting decisions of the women are categorized as interpersonal (mesosystem), institutional (exosystem), and ideological (macrosystem). Interactions and relationships with the various external systems information compiled with the intra-psychic factors and influenced the survivors about choices they should make in their decision-making process. Should they take the path of reporting sexual assault or should they take the path of not reporting? Themes emerged from the interviews to create three external influences: Responses from significant others, Institutional responses - lack of faith in the criminal justice system and. Society's attitudes, values and beliefs.

The normative expectations of significant others appeared in the literature as an influential reporting factor (Collings, 1987; Feldman-Summers & Norris, 1984; Gunn & Minch, 1986). Studies have shown that the reporting opinions of close family members, close friends and intimate relationships (husbands, boyfriends, partners) were effective predictors of reporting or not reporting sexual assault. As mentioned earlier, the first disclosures for three of the women did not take place until almost four or five years following the assault. Interestingly, two of these three women also mentioned not wanting to disclose to parents or close friends for fear that the burden of the knowledge would be too much for them. Instead they kept the truth to themselves and did not disclose to significant others until a considerable amount of time had passed.

Six women did disclose to significant others, and the responses they received varied. The positive responses came mostly from close friends and one from a counsellor. While these significant others were supportive, not one of them indicated that in their

opinion the survivor should report the crime to the police. Two of the women received distinctly negative responses, one from family and friends and one from a boyfriend. The boyfriend minimized the crime relating it to a consensual sexual act, and the family and friends berated the survivor for her decision not to report. Contrary to the relevant studies cited previously, the normative pressure from significant others did not influence the latter survivor to report. Conversely, it appeared to strengthen her decision not to report.

All of the survivors came into contact with at least one helping professional regarding the assault. Once again, three of the women did not seek support from professionals until many years following the assault. The woman mentioned in the above paragraph did seek counselling regarding her sexual assault from her husband. The counsellor clearly identified the act as sexual assault but did not present the option of reporting to police. Two of the women went to the hospital, one immediately and one two days post-assault. Both of the women were asked whether or not they wanted to report. The woman who went immediately to the hospital already knew she did not want to report hence refused the offer and the second woman had such negative treatment from both mental health and medical professionals at the hospital that she decided not to report.

The influence of significant others did play a role in the reporting decisions of the sexual assault survivors in this study. Although two of the women received negative responses that influenced their reporting decisions, the remaining seven women were influenced not by the positive or negative opinions of significant others but by an absence of opinions about reporting to the police. Three of the women received an absence of response simply by not disclosing until years after the assault had taken place. While the

other four women did receive emotional and instrumental support from significant others; they did not receive any indication, positive or negative about reporting sexual assault to the police. These four survivors chose the default position or what appeared at the time to be the path of least resistance - not reporting to the police.

Lack of faith in the criminal justice system was a dominant influence in the decisions of the nine women not to report to police. This was also reflected in the literature. Renner et al. (1988) cited a 1983 national victimization survey that found that women seldom reported sexual assault because they feared for their treatment by police and courts. An article by Kidd and Chayet (1984) examined the connections between the psychological reactions of crime victims and their reluctance to report to police. Fear of the threat of re-victimization by police and the criminal justice system in general, coupled with victim self-blame were concluded by the researchers as the two major reasons for the under-reporting of crime. Seven of the women in the current study felt that if they had reported to the police they would have been victimized a second time by the criminal justice system.

The key factors that led the women in this study to believe they would be re-victimized by the criminal justice system were sexual history, relationship to assailant, survivor reputation or credibility and the lack of corroborative evidence. These factors are supported in the literature as predictors of reporting or not reporting sexual assault. Studies have shown that survivors are more likely to report sexual assault if they had no prior relationship with the offender and if there was a high degree of physical injury or if the assault involved the use of a weapon (Feldman-Summers & Norris, 1984;Gunn & Minch, 1986; Lizotte, 1985). Lizotte (1985) concluded that factors that make a strong

case for the prosecution are powerful predictors of reporting sexual assault. Sexual assault survivors report to the police when the probability of conviction is high (ie. When the assailant was a stranger and there was evidence of physical injury). This is especially disturbing because most women are sexually assaulted by acquaintances and most sexual assaults do not result in physical injury to the survivor (Statistics Canada, 1993).

Eight out of nine women in the current study felt that their prior relationship with the assailant would raise doubts in court as to the consensual nature of their relationship (three strangers assaulted the ninth woman). Six of the women incurred physical injuries during the assault, three of which were so serious that they required medical attention. In contrast to other study findings, the existence of injuries did not produce enough confidence in the women to come forward and report.

Interestingly, Lizotte (1985) and Collings (1987) both found a greater awareness of institutional barriers among better educated sexual assault survivors. Both researchers concluded that education reflects knowledge of the criminal justice system and highly educated women are more likely aware of the re-victimization of the court process and the low likelihood of conviction. In support of these findings and as stated in the demographics section, seven of the women in this study held degrees or diplomas from universities and colleges.

Rather than seek justice for the crime that was committed against them, the survivors in this study chose to avoid the risk that they might be blamed for the crime of sexual assault. Seven of the nine women were afraid their past sexual history would be brought into the courtroom should they decide to report. Six of the nine women feared that their reputation in their families or communities would be used against them to

destroy their credibility. For the survivors in this study, the penalty for reporting sexual assault to the police outweighed any potential benefits. The survivors were afraid that they would be put on trial. It is as if the survivors were afraid of being 'indicted' should they complain of sexual assault. Ellis (1998) previously perceived this as a threat to sexual assault survivors:

> This threat, perhaps as powerful as the threat of (sexual assault) itself, not only serve(s) to protect those men already accused, but ensure(s) the silence of many women who might rightfully (make) accusations (p.96).

The threat of institutional barriers was effective in silencing the nine women in this study. The lack of faith in the current criminal justice system in Canada was apparently a highly influential factor in the reporting decisions of the sexual assault survivors. It appears that a lack of faith in the criminal justice system created uncertainty in the minds of many of the survivors about the credibility of their testimony and along with the effects of the trauma, contributed to their decisions not to report to police.

The societal myth of sexual assault survivor culpability had a significant influence on the reporting decisions of all nine sexual assault survivors. Despite relationship to acquaintance, physical injuries, presence of a weapon, location of the sexual assault or degree of survivor resistance, all nine women blamed themselves in some way for the assault having taken place. This is concurrent with evaluative studies of observer attributions of sexual assault survivor culpability (Nelson, 1978; Schult & Schneider, 1991; Towson & Zanna, 1983; Yarmey, 1985). In all studies, survivor attributes (relationship to offender, degree of retaliation, physical injury) were found as evidence towards supporting the argument of survivor culpability.

Renner and colleagues (1988) took this one step further by attributing the low reporting rate of sexual assault to the survivor's internalization of dominant attitudes and beliefs about sexual assault. From this perspective, sexual assault survivors subscribe to the same myth of survivor culpability that they fear others will use to assess the veracity of their cases. Dominant societal ideology about sexual assault (the macrosystem) is comprised of myths that have a direct effect on the behaviors and actions of survivors following sexual assault (microsystem).

Martha Burt (1991) provides a comprehensive discussion of sexual assault myth domains and functions. She groups sexual assault myths into four main classifications: nothing happened; no harm was done; she wanted it or liked it; she asked for it or deserved it. In a survey of 56 adult survivors of sexual assault in Calgary (Tomlinson, 1999), almost all of the factors that negatively influenced the police-reporting decisions of the survivors stemmed directly from sexual assault myths aimed at destroyed survivor credibility and enhancing survivor culpability. The myth of survivor culpability is deeply embedded in our general culture. The effects of the myth of survivor culpability on the reporting decisions of the nine women in this study are not surprising.

Two other external factors that influenced the reporting decisions of the women in this study were gender role socialization and the influence of the media. Three of the women each mentioned one different aspect of gender role socialization that she felt affected her decision to not report. One woman was affected by her socialization to always 'do as a man asks'. Another woman commented on her lack of self-protective instincts and another woman felt that having been sexually assaulted meant she was no longer chaste. Four study participants recalled stories they had read or heard about in the

media that detailed the negative treatment sexual assault survivors had received from the criminal justice system. Both of these factors, gender-role socialization and the media, while not reflected in the literature, had a negative influence on the reporting decisions of some of the women in the study.

In summary, the purpose of this study was to describe the decision-making processes of adult female sexual assault survivors and to identify the influential factors affecting survivors' decisions not to report sexual assault to the police. An ecological model was used to describe and analyze the decision-making process of the women in this study. Although common points or junctures were identified, the decision-making processes of the women were complex and particular to the circumstances of each woman's story. How and when each woman arrived at her current decision to not report sexual assault to the police involved a unique process and was influenced and shaped by internal and external factors.

Sexual assault trauma played an important role in the critical junctures of each woman's decision-making process. In all cases, the effects of sexual assault trauma created intrapersonal barriers to filing a report of sexual assault with the police. The influence of significant others also played a role in the reporting decisions of the sexual assault survivors in this study. An absence of normative expectations, either due to delayed disclosure or the lack of any indication, positive or negative about reporting sexual assault to the police, led survivors to choose the path of least resistance - 'not reporting'. The lack of faith in the current criminal justice system, the fear of re-victimization and the myth of survivor culpability were also effective institutional barriers to not reporting sexual assault.

In conclusion, the nine women in this study faced barriers to reporting sexual assault to the police at all four levels of analysis. At the intra-psychic level, the effects of post-traumatic stress disorder rendered many of the women incapable of independent decision-making about the trauma they had experienced. At the interpersonal level, the survivors were influenced by a lack of normative expectations about reporting to the police from significant others. Finally, at the institutional and ideological levels, the women were not confident that the rewards of seeking justice within our current Canadian system would outweigh the negative consequences they would be subjected to.

Strengths and Limitations of the Study

Although worthy of discussion, the study findings do have limitations. Although the participants were from a wide range of socioeconomic backgrounds and age, none of the participants considered themselves a member of a minority group. Different issues may have emerged if a wider variation of ethnic and racial origins were included. In addition, all of the research respondents had some type of post-secondary education. It would have been interesting to examine the experiences of less well-educated survivors. These findings would challenge or confirm the conclusions of Lizotte (1985) and Collings (1987) regarding the correlation between highly educated sexual assault survivors and not reporting.

One participant, Corey, did not meet the criteria of not reporting her *most recent sexual assault.* During the initial telephone contact, she disclosed that she had recently been sexually assaulted a second time and was reporting to police. The first time she was sexually assaulted, twenty years ago, she chose not to report to police. Corey was advised that the research interview would focus only on her first sexual assault and she agreed to

go forward with it. This discrepancy in sampling procedures may be considered a limitation of the study.

The study also relies on retrospective information from respondents concerning the details of their assault, their decision-making process and factors that influenced their reporting decision. The accuracy of respondent's memories will affect their responses and study findings. This is a particular concern given that a symptom of post-traumatic stress disorder, avoidance, sometimes involves repression of memories regarding the traumatic experience.

Personal unstructured interviews, the method used for data collection, is vulnerable to both researcher and respondent bias. Especially with a topic as sensitive and controversial as sexual assault, research participants may give answers that they feel are socially desirable. Likewise, the researcher may unknowingly have influenced respondent's answers through verbal or non-verbal cues.

Participant responses may also have been influenced through the completion of the previous survey questionnaire. In the questionnaire, respondents were asked about the effects of various factors on their reporting decision. This would have given respondents an opportunity to think about these factors and may have swayed their opinions regarding the degree of influence each factor had.

Finally, at the time of writing this section, only five of the nine women were available for member checks. Of these five, all strongly supported the summary of the results of the study. None challenged or questioned the results and all women commented on the similarities of the stories presented and the strength of the themes that emerged. Of the remaining four, two were unavailable to be contacted. The other two women began to

read the material and despite the best of intentions, were unable to continue because the stories of the women, including their own, were too strongly reminiscent of the trauma they had experienced. The degree of negative arousal that they experienced was overwhelming.

Despite its limitations, the study has many strengths. It is important to acknowledge the value of the exceptional and scarce data that has been collected. Women who do not report to police are members of a silent majority. By coming forward to participate in this study, this rare sample of survivors who have had no contact with the criminal justice system and limited contact with professionals have provided us with data that is valuable and worthy of investigation.

Although face to face interviews allow researcher and respondent bias, they also provide a better opportunity for clarity of communication and understanding of the interview questions and responses than does the self-administered questionnaire. The unstructured interview format also allowed the interview to be guided somewhat by the direction of the research respondent. The decision-making processes of sexual assault survivors are complex and convoluted. In-depth interviews did justice to the complexity of this process. The unstructured interview format also contributed to the level of engagement that was necessary to glean information about a topic as sensitive and emotionally provocative as sexual assault.

Finally, despite similarities in educational background and ethnic and racial origins, the research participants in this study represent a cross-section of women who have not reported sexual assault to the police. Although, with such a small sample, any interpretations must be cautious, the commonalities among the group were more notable

than the differences. This, in combination with the paucity of Canadian research in this area, constitutes study findings that are a valuable contribution to a scarce knowledge base.

Implications for Social Work Practice

The results of this study indicate that the low reporting rates of sexual assault constitute a social problem deserving of considerable attention from multi-disciplinary professional groups. The nine women in this study faced barriers to reporting sexual assault to the police at all four levels of analysis: intra-psychic, interpersonal, institutional and ideological.

'Rape myths', especially the myth of survivor culpability, are deeply embedded in our general culture and play a major role in influencing women not to report sexual assault to the police. Survivors make reporting decisions based on the internalization of these myths. Significant others are influenced by these myths and make judgments on their loved ones. Helping professionals, including police, are not immune from the influence of these myths. The application of these myths results in the re-victimization of sexual assault survivors within the criminal justice system. Public education campaigns aimed at normalizing the experience of acquaintance assault and debunking the myth of survivor culpability would go a long way towards changing dominant societal attitudes. Education and prevention programs must be widely available, reaching all segments of the community using the most current research and practice.

Feldman-Summers and Norris (1984) recommended public education and promotion campaigns to strengthen societal attitudes and beliefs that support intentions to report. This begs an ethical question: Can we encourage survivors to come forward to

seek justice, when we cannot guarantee their treatment will be prejudiced by a system of laws and bureaucracy that operates on myths about sexual assault?

Parriag and Renner (1998) and Parriag, Renner and Alksnis (1998) present empirical evidence to propose that current law and legal doctrine do not serve survivors of sexual assault. They show extensive use of 'rape myths' in the content of questions survivors are asked in the courtroom and how the outcome of these trials are affected to the disadvantage of the survivors. They document how legal procedures frequently based on illogical arguments systematically discriminate against survivors of sexual assault.

If we are serious about addressing the problem of under-reporting of sexual assault, then we must not shy away from the possibility of law reform as a solution. Because of dominant social and cultural norms, the crime of sexual assault is unique. Therefore, we must find a way that the criminal justice system can respond to this crime where both survivor and alleged assailant can start on an equal playing field. The issue of law reform must be addressed systemically. The last set of legislative reforms was over seventeen years ago. It is time for a change. Only when sexual assault survivors can be assured of fair and equitable treatment within the criminal justice system, can we expect them to confidently come forward to report their crimes.

Further research is needed into the effects of trauma on reporting sexual assault. All helping professionals must be made aware of the sensitive and crisis nature of sexual assault. It is essential that training curriculums for helping professionals include the skills and knowledge required to recognize the symptoms of post-traumatic stress syndrome. Without this training, false assumptions about the survivor and the nature of the crime, based on inaccurate assessments of survivors' behaviors may sabotage helping

professional's best intentions to serve and protect the rights of sexual assault survivors. The general public, sexual assault survivors and their significant others, also need to be educated about the effects of trauma and the benefits of counselling whether or not they decide to engage with the criminal justice system.

The consideration of the effects of post-traumatic stress syndrome must be built into professional reporting protocols. Currently, it is preferable for forensic medical evidence to be collected within 72 hours after a sexual assault takes place. Because of avoidance and numbness of response, sexual assault survivors are not likely to report within the first 72 hours after the assault. In order to create access for sexual assault survivors to the criminal justice system, allowance must be made for this. In the light of post-traumatic stress syndrome, the need for corroborative evidence in sexual assault cases should be re-examined.

Available, affordable and accessible counselling must be made available to survivors of sexual assault. Sexual assault survivors require specialized counselling and intervention. Because of the personal nature of the crime of sexual assault and the survivor's internalization of the myth of culpability, it is the responsibility of professionals to reach out to the community in need of service. Once again, outreach and public relations campaigns aimed at reaching survivors who are living in silence and isolation should be implemented. Until we can be assured of the fair and equitable treatment of survivors within the criminal justice system, advertisement of counselling programs should stress that survivors are not required to report the crime to the police.

Directions for Future Research

Throughout the process of this investigation several important questions have emerged. Further research in this area is clearly indicated.

Firstly, in order to test the model, it would be interesting to replicate the study using a larger sample size. Interview questions could be more closely tailored to address each of the four levels of analysis. A larger sample size would assist in specifying and refining the findings of the current investigation. For example, the influence of significant others could be more closely identified and perhaps differentiated as the effects of a positive and negative response in comparison to the absence or presence of normative expectations.

Secondly, along with a larger sample size, a replicate study could also include a more demographically diverse sample. The participants in the current study were all Caucasian. The results may have been different if ethnicity varied. In addition, a larger sample size may yield a greater variance in educational backgrounds, testing the hypothesis regarding the relationship between educational background and reporting sexual assault.

Thirdly, further investigations should be made into the effects of trauma on the reporting decisions of sexual assault survivors. This raises an interesting question. How does trauma effect the actions and behaviors of survivors who do report to police following sexual assault? A study comparing and contrasting the internal and external factors influencing survivors to report sexual assault with those influencing survivors to not report would provide valuable information to be used in public education and

relations initiatives. If what motivates survivors to report to police is better understood, strategies to enhance these motivations can be implemented.

Finally, a similar study of men who have been sexually assaulted would be worthy of investigation. The non-reporting rate for male survivors is likely as high or higher as it is for female survivors but the external factors influencing the reporting decisions of men may be very different.

Conclusion

In Canada, as in other countries, the crime of sexual assault continues to be under-reported. Offenders are not being held accountable for their actions and survivors are not exercising their rights to justice within our courts of law. The 94% of women who have been sexually assaulted in Canada and who choose not to report the crime to the police are the silent majority. Frequently untreated and living with the debilitating effects of post-traumatic stress syndrome, these women are 'the walking wounded'. The problem of under-reporting of sexual assault must be addressed. The health and wellness of our communities is at stake.

The nine women interviewed for this study have courageously come forward to share their experiences. Their stories must not go unheeded. Why did they not report sexual assault to the police? They were disabled by the effects of post-traumatic stress disorder, some of them rendered incapable of making a reporting decision for up to four years after the assault. Their need to avoid the pain of sexual assault sometimes resulted in their living in silence and secrecy for years. For others, they received no encouragement, positive or negative, from significant others, including professionals

about reporting to police. Friends, family and professionals unknowingly were silent accomplices to the survivors' non-reporting decisions.

Finally, the women live in a society that blames survivors of sexual assault for being assaulted. It is evident from their powerful quotes regarding 'how they should have done things differently' or 'how they should have prevented the sexual assault', that they themselves have internalized this myth. They had heard that the police and the courts have adopted this myth and they had no faith in a criminal justice system that re-victimizes trauma survivors. So, they remain in tandem looking for a new sign that might take them in a different direction with regards to their reporting decisions.

These issues are systemic and endemic. They cannot be approached effectively from the bottom up. The general public and politicians must be made aware of the need for a re-examination and revision of our laws and legal doctrine. In order to achieve social justice for survivors of sexual assault, these issues must be addressed systemically and not in a piecemeal fashion. Learning from the changes in 1983, law reform in itself is not enough. Massive public relations campaigns advertising the reforms and resulting treatment of survivors within the system must be launched. Judges and Crown prosecutors must be trained and held accountable to adhere to the philosophical tenets underlying the legislative reforms. Multi-disciplinary professional protocols that require all survivors of sexual violence to be firstly believed and then treated with dignity and respect must be developed, coordinated and implemented. Finally, the etiology and treatment for post-traumatic stress disorder must be as familiar in all households and medical and mental health clinics as that for the common cold. These are not simple,

quick or inexpensive undertakings but we cannot expect sexual assault survivors to report sexual assault until they are in place.

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APPENDIX I

INTERVIEW CONSENT FORM

Project Title: "Sexual Assault: An Exploration of Survivors' Decisions Not to Report to Police"

Investigators: Debra Tomlinson, BFA, BSW, MSW (candidate)
Supervisor: Leslie Tutty, DSW

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Please take time to read this form carefully and to understand any accompanying information.

The purpose of this study is to explore and describe the decision-making processes of adult female sexual assault survivors from the moment of assault up until the current determination of their decision *not to report* sexual assault to the police. Only 6% of women who are sexually assaulted in Canada report to the police. Study outcomes will be useful to crisis workers, police and policy-makers as they try to increase the rate of reporting sexual assault, and to improve the quality of service provision to sexual assault survivors.

As a participant, the study will involve one audio-taped interview lasting approximately 60 to 90 minutes, and one audio-taped follow-up interview to discuss the study results.

Throughout the study, strict confidentiality will be maintained. All research materials will be kept in a locked file. Names or identifying information will not appear on any written materials or audio-tapes and the identity of each participant in this study will be assigned a number. All audio-tapes will be destroyed within three months of the interview date. With respect to any research or academic publications resulting from this study, views and/or opinions will not be ascribed specifically to you.

The only limits to confidentiality are if you disclose knowledge of a child being abused or disclose an immediate threat to do harm to yourself or others (i.e. suicide or homicide).

You should also be aware that, in the future, if you choose to reverse your reporting decision and a charge is laid against the accused, the judge has the right to subpoena all your personal records, including this interview transcript. If subpoenaed, these materials may be given to the lawyer for the accused and may be used to discredit your case.

Participating in the interview process may reawaken some of the feelings you had during or after your sexual assault. If you would like some support, we invite you to contact CCASA and arrange for a counseling appointment. The number of the 24 hour crisis line is 237-5888.

I am asking you to voluntarily participate in this study. It is entirely up to you to decide whether or not you will participate in the interview process, and you may decide to change your mind at any time. If you are a counseling client at CCASA, this study is in no way related to the counseling services you receive, and withdrawing from the study will not affect your right to service in any way.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project, and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Debra Tomlinson, Faculty of Social Work, University of Calgary at (403) 276-7389 (you may call collect)

If you have any questions concerning your participation in this project, you may also contact my supervisor, Dr. Leslie Tutty at (403) 276-7389, or the Office of the Vice-President (Research) and ask for Karen McDermid, (403) 220-3381.

_____ _____

Participant Date

_____ _____

Researcher Date

- A copy of this form has been given to you for your records and reference.
- If you would like to have a copy of the findings of this research, please provide your mailing address: _____.

APPENDIX II

OUTLINE OF INTERVIEW TOPICS TO BE EXPLORED

The purpose of this study is to explore survivors' decisions not to report sexual assault to the police. The following is an outline of the topics to be explored during the interview process. Questions, in response to what information is shared by participants, will arise from the topics below.

TOPIC AREAS:

- An exploration of how participants arrived at the decision not to report sexual assault to the police;

- An examination of participants' thoughts, feelings and beliefs about what factors influenced their reporting decisions.

APPENDIX III - DEMOGRAPHICS SHEET

1. My current age is ...?

_____

2. I am ...

_____ Married

_____ Single

_____ Divorced/Separated

_____ Common-law/Living together

_____ Widowed

3. I consider myself to be a member of a visible minority group. (person of color)

_____ Yes

_____ No

4. I consider myself to be a person with a disability.

_____ Yes

_____ No

5. The language I speak the best is...

_____ English

_____ Chinese

_____ French

_____ Other (please specify)

6. I am...

_____ Lesbian

_____ Bi-sexual

_____ Heterosexual

_____ Other (please specify)

_____

7. My total annual income is...
(Please check only one category)

_____ less than $5,000

_____ $5,000 - $14,999

_____ $15,000 - $24,999

_____ $25,000 - $34,999

_____ $35,000 - $44,999

_____ $45,000 and over

8. The total annual income of my household is...
(Please check only one category)

_____ less than $5,000

_____ $5,000 - $14,999

_____ $15,000 - $24,999

_____ $25,000 - $34,999

_____ $35,000 - $44,999

_____ $45,000 and over

9. The highest level of education I have completed is...

_____ Elementary school

_____ Junior High School

_____ High School

_____ College Diploma (eg. SAIT)

_____ University Degree

_____ Other (please specify)