Just Research on Anonymous and Unreported Sexual Assault Cases

Introduction [00:00:05] Now this is recording, RTI International Center for Forensic Science presents Just Science.

Voiceover [00:00:19] Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode four of our 2022 Sexual Assault Awareness Month mini season, Just Science sat down with Dr. Rachael Goodman-Williams, Assistant Professor of Psychology at Wichita State University, and Dr. Jessica Volz, Clinical Director of Forensics at Adventist HealthCare Shady Grove Medical Center, to discuss why survivors sometimes choose not to report their sexual assault. After receiving medical care and undergoing forensic evidence collection following a sexual assault, some survivors choose to forgo filing a report with law enforcement. Dr. Rachael Goodman-Williams and Dr. Jessica Volz have collaborated on research to further explain why survivors may choose an anonymous or non-reporting option for these sexual assault cases. Listen along as they discuss their findings and why research in this area is needed to ensure victims' rights and choices are supported in this episode of Just Science. This episode is funded by the National Institute of Justice's Forensic Technology Center of Excellence. Some content in this podcast may be considered sensitive and may evoke emotional responses or may not be appropriate for younger audiences. Here's your host, Tyler Raible.

Tyler Raible [00:01:30] Hello and welcome to Just Science. I'm your host, Tyler Raible with the Forensic Technology Center of Excellence, a program of the National Institute of Justice. April is Sexual Assault Awareness Month, and in honor of this time, we're going to be focusing on special topics within the arena of sexual assault response reform. To help guide us in our conversation today, I'm joined by our guests, Dr. Rachael Goodman-Williams, Assistant Professor of Psychology at Wichita State University, and Dr. Jessica Volz, Clinical Director of Forensics at Adventist HealthCare Shady Grove Medical Center. Rachael, Jessica. It's great to see you. Welcome to the show.

Rachael Goodman-Williams [00:02:00] Thanks so much for having us.

Jessica Volz [00:02:01] Thank you.

Tyler Raible [00:02:02] Before we begin, Rachael, Jessica, can you tell our audience a little bit about yourselves? Rachael, would you like to go first?

Rachael Goodman-Williams [00:02:06] So like you said, I am an assistant professor of psychology at Wichita State University. Specifically, my work is in community psychology, which is a branch of psychology that really focuses on community collaborations and doing work that's engaged with the community and sort of addresses tangible community needs. I run the Community Responses to Sexual Assault Research Lab at Wichita State, where we focus on community responses to sexual assault. And so looking at the medical, legal, and advocacy responses, and sort of the intersections of those responses to see how services can continue to improve for sexual assault and other gender-based violence survivors.

Tyler Raible [00:02:48] Jessica, what about you?

Jessica Volz [00:02:49] I am the Clinical Director of Forensics at Adventist HealthCare Shady Grove Medical Center. I am a nurse practitioner with a background in forensic nursing and work with survivors of all types of abuse and assault.

Tyler Raible [00:03:07] It's really great when we get to have multiple perspectives on the show, especially at the same time. Can you tell me a little bit about how you started working together? How did this partnership come about?

Rachael Goodman-Williams [00:03:16] So I like to say that our partnership sort of started with just a series of cold calls that helped me eventually find my way to Jess. So when I decided that I really wanted to start looking more deeply into Jane John Doe kits and other types of alternative reporting for sexual assault, I started scouring the research literature and just any literature that was out there looking for anyone working in this area, and there really is not very much in this area at all and found a PowerPoint presentation online from someone who worked at the Maryland Coalition, reached out to them on LinkedIn I found them, and asked if they'd be willing to have sort of a virtual coffee. And they eventually got back to me and said they were out of the field now, but they could connect me to someone else at the coalition, and a couple of virtual coffees later connected me with Jessica and- and a detective that she works very closely with, that now we both work very closely with Jason, and just said, these are people that you need to talk to. They're doing really neat work in this area.

Tyler Raible [00:04:21] I've always found it fascinating how everybody in this arena is just so willing to- to work together and to share and to partner up. So what do you think makes this so impactful to the work that the both of you were doing?

Jessica Volz [00:04:32] Research-practitioner partnership, that's exactly what this is. You know, I have a clinical skill set here and administrative oversight to really be able to affect change in a way that can positively impact our patient population. Rachael has this different lens and this research background, and when you're pairing these two together, it just seems like it's a perfect match.

Rachael Goodman-Williams [00:05:00] Yeah, I would agree. And I would also just say, I mean, for me personally, part of what's made this collaboration such a joy to be a part of is the dedication that Jess and her whole team bring to providing such meaningful services for survivors, and Jess, in particular, is incredibly research minded and just has this eye toward should we study the impact of this or do we understand what this is doing or how could we make that better? And seeing all of the different types of services that she and her team have put in place to really meet just the holistic needs of survivors has been incredible and has been such really an honor to do research with and develop projects with that are going to be meaningful to the specific community.

Jessica Volz [00:05:46] And it's really great that Rachael has this background in understanding a perspective that I don't see of our patients often, which is this understanding of what are the real needs and what is the role of the nursing personnel in the hospital setting in making sure that those needs are met and informed decision making. It's really what it's about. It's about making sure that our patients have as much information as we can possibly provide to them to make sure that they can make the best decision for themselves.

Rachael Goodman-Williams [00:06:21] Yeah, I will say that in our very first virtual coffee, when Jess and Jason and I were talking, and they were telling me about some of the work

that they do and some of the projects that they work on. And I was just sitting there going, oh my gosh, this community feels very special and really like one that I want to work with and be a part of. You know, but I'm conscious as a researcher of not sort of inserting myself into situations that maybe don't need a researcher. They're doing just fine without me, you know. And so, I remember saying to them, you know, practices that you've put in place sound really amazing. I don't know if you ever have any interest in approaching this or sort of examining this from a research perspective, but if you do, just know that that's something I'd be very interested in. And I remember Jess saying, I think that's the missing piece, like we've been wanting to look at it from that perspective, we just haven't known where to start. And so, it really was this great marriage of skills and interests.

Tyler Raible [00:07:12] And you both mentioned that you're working on some upcoming research. So can you tell us a little bit about maybe some of your research goals before we really dive into the topic of today's conversation?

Rachael Goodman-Williams [00:07:22] There are three projects that we're really working on together, some that rely on existing data that they have at the hospital, and some that relies on new data collection that we're hoping to get started here pretty soon. One of the things that Jess's group collects that is unique and not something that I had heard of before, and- and a very meaningful opportunity to learn from survivors, is information from survivors who choose to have a sexual assault kit collected, but not to report to police at that time. So those are survivors who are accessing what's colloquially called sort of a Jane or John Doe kit. They collect data at the hospital on why that group of survivors is choosing not to make a report. So just in the medical forms and everything that they're filling out about that assault, that's a question that's in there for that group of survivors who chooses a Jane or John Doe kit is why are you choosing not to report at that time. I was saying to Jess in our initial conversation that, you know, that's a question I'm really interested in is why this group of survivors is choosing to get the sexual assault kit collected. You know, I spent years as an advocate. It's an invasive, intense process at best, retraumatizing at worst. You know, why people are getting that collected unless they are at least strongly considering reporting, and Jess said, well, we actually have data on that and told me that that's something that they collect, which is just such a fantastic opportunity to learn from survivors. So we are in the closing processes right now of a qualitative data analysis of that data. Looking at, you know, what do survivors say? What are the reasons in this group of survivors for not reporting? There's a good amount of data on why survivors in general don't report, but this is one of the only pieces of research to my knowledge that looks at specifically why survivors who are engaged in formal help-seeking systems who get a sexual assault kit collected, why this group of survivors doesn't make a report. So that's one research project that we are actively in the middle of and finishing up right now. A second piece of that is doing a quantitative analysis looking at what victim, offender, and assault characteristics differentiate whether survivors choose a Jane or John Doe kit versus a full standard report. So that's something that I've gone out to spend a couple of weeks with Jess at various points, and we've done a lot of the data coding and collection for and will be getting started on the analysis for in the next few months. The next piece that we want to do together, the new data collection is a series of interviews that we want to do with survivors about their experiences of that Jane Doe John Doe kit option, to learn what the unique needs are for that group, and what their experiences of getting the kit collected. All of those things. That's just an in-depth conversation that has not really happened. And so really, learning from this group of survivors is something we want to do. A part of that is a practice that Jess and law enforcement colleagues in the area, our colleague, Jason has developed these anonymous consultation calls where survivors who aren't sure if they want to report at the

hospital are given the option of having an anonymous consultation call with the detective to get their questions answered. And that is, I think, such a meaningful practice that we are really excited to do some research into looking at what the impacts of those calls are.

Tyler Raible [00:10:42] That's marvelous. And really, it's an excellent segue into the topic of today's conversation. You know, a victim, a survivor that receives care from a SANE has an option to report their assault to law enforcement. But as Rachael said, there are many reasons why they don't. So can we start with a little base knowledge here about maybe the terminology and kind of how we should talk about them moving forward?

Rachael Goodman-Williams [00:11:05] It might actually be helpful for me to to back up just a bit and lay out a little bit where this Jane John Doe kit option comes from and sort of why it exists, how it exists, what exactly is mandated to exist, and what can vary sort of state to state? So it was in the 2005 VAWA reauthorization, the Violence Against Women reauthorization that a mandate went into place that said survivors need to be able to access these medical forensic exams, these sexual assault kits, without engaging with, or sort of cooperating with was the term then, you know, with law enforcement. Prior to that, law enforcement had generally been the gatekeepers of these exams. And so if a survivor wasn't believed by law enforcement, if they didn't want to report to law enforcement, they were not guaranteed access to these exams. And that changed with the 2005 VAWA reauthorization. It said OK, states, you all have until 2009 to start making sure that this is available to survivors regardless of whether they want to engage with law enforcement. So how states and jurisdictions in general have met that mandate varies. So one of the common ways that it's met is this kind of Jane John Doe kit option of saying, OK, survivors can get these kits collected, and if they don't want to engage with law enforcement at that time, they don't have to. We put a number on it, and they can sort of convert that kit at any point. Other states have gone the route of maybe, in addition to that, having an anonymous reporting option like we touched on earlier, where they can actually communicate information to law enforcement anonymously. So what it looks like jurisdiction to jurisdiction varies, but it's all based on that sort of mandate that survivors have this option, regardless of whether they choose to engage with law enforcement. In terms of terminology, I usually speak about them as Jane or John Doe kits when we're talking about the kit itself. And that is a medical forensic exam sexual assault kit that a survivor can have collected at the hospital that they do not release to law enforcement for investigation and testing at that time. So sort of like an alphanumeric code goes on it basically instead of their name and they can activate - it's generally called converting - they can convert their kit into a full report at a later point if they decide to report that assault. Anonymous reporting is a term that I usually save for jurisdictions that actually have developed practices and procedures through which survivors can make an anonymous report to law enforcement, by which I mean giving law enforcement information that does not have their name attached to it. And that's different than the sort of Jane or John Doe kit where they're not actually giving law enforcement information. They're just having this kit collected and saved in case they later decide to release that kit to law enforcement.

Jessica Volz [00:13:58] And in the hospital, what that looks like and how that is presented to our patients is that they have really three options when they're coming to the hospital. And I will say that the consent form is the longest single piece of our exam. It's pretty comprehensive. And the reason for that, again, is because it's all about informed decision making and making sure that people that are sitting in front of us that are working with us are empowered to make the right decision for themselves. So we go kind of from least amount that the patient wants done to the most amount that they want done, and we present them with three options. The first option being what we call medical exam only. So

this is making sure that all of their medical needs around STI testing, HIV prophylaxis, pregnancy prevention, any injuries, all of those types of things are addressed. Moving along, option two would be the Jane or John Doe option. That option includes all of the medical care, and additionally, it includes a medical forensic exam, so this includes all of the enhanced documentation. If the patient would like photographs taken, if they're amenable to that, we'll take photographs. We do enhanced documentation of all of their injuries. So that is the second option. So it's kind of like it builds upon itself. We have the medical care, then we have the medical care and evidence collection injury documentation, but there's no law enforcement involved. The next step is Option A plus option B, and additionally, this is someone who is signing and saying, yes, I want to report, or I have already reported and give you permission to communicate with law enforcement. So these are the three options that we present people with when they come to us.

Tyler Raible [00:15:58] In conversations I've had with previous guests, there's a lot to be said about kind of restoring power to the survivor.

Jessica Volz [00:16:04] I hope so. That's the feedback that we've gotten back. But hoping so and knowing so are two different things, which is part of why I feel so fortunate to be paired up with Rachael so that we can really make sure that what we are interpreting is- what survivors and patients want is actually what they really want and how they want us to approach them. And this practice around this informed decision making and empowerment of our patients, it evolves into sometimes our patients are asking us questions we don't know the answers to. And a lot of those questions were around the law enforcement legal investigation process. This is not my area of expertise. And so acknowledging that, I felt really terrible letting patients go with those questions unanswered because that's my patient. I want them to have the answers that they need, even if I can't provide those answers. And so it just so happened that our nurses and some of the detectives started having lunches together twice a year. Just because when you're talking to somebody on the phone, that's one thing, but when you're eating lunch with somebody and having a face-to-face interaction, you know that person. And we developed a much better working relationship with the detectives that our patients were commonly coming into contact with. And I'll never forget the light bulb moment. I had a patient who asked me a question and I said, I don't know the answer to that. But now, because of my lunch with the detectives, I knew who did. And I said, would you mind if I contact this detective and ask them your question? She said, no, that's fine. So I contacted the detective and asked if he could answer a couple of questions. And he said, yeah, and I kind of facilitated this, but, you know, this person doesn't want you to know who they are. Well, that's OK. And so fortunately, he was just as spirited about making sure people had the information that they needed to make good decisions for themselves. And he got on the phone with her, and kind of the rest is history.

Tyler Raible [00:18:16] That's great. So after you started having these biannual lunches with the detectives, did you see any improvement with patients moving forward to reporting?

Jessica Volz [00:18:25] Yes. Actually, what we decided to do was make this, because again, and we want to understand this process and make sure that it's something we should really be doing. And your perception of something being helpful and whether or not it's actually helpful could possibly be two different things. So my group of nurses, we decided that we were going to track the number of consultations. We changed our consent form so that it was written out for patients. They understand what that consultation would look like. And we started tracking how many people were participating, and of- preliminary

data of January through December of 2021 showed that of patients who came and selected that Jane or John Doe option, fifty percent of them at that time said they wanted to speak to a detective anonymously, which was considerably higher than we thought it was going to be. And some of them even said, I don't want the detective to know who I am, my name or anything, but I'd like to speak to them in person, and fortunately, the detectives were willing to come out and do that. So of that, 50 percent that said, yes, I would like to speak with the detective, 50 percent of those people, when they had their questions answered, opted to report to law enforcement at that time, which was also much higher than we had anticipated.

Rachael Goodman-Williams [00:19:51] And something that I'll add to that is one of the things that we're hoping to look at moving forward because just those figures from Jess are sort of remarkable. You know, when Jess is saying they're higher than than we anticipated, I mean, they're much higher than I would have anticipated based on the literature also. I mean, this seems to be a really powerful option to be giving survivors and part of what we're hoping to do in our future research together is to follow some of that through to see of these survivors who access that anonymous consultation call, do the rates of kit conversion ultimately look different than survivors who don't access that anonymous consultation call or just then what they look like in other communities that don't offer this option because the proportion of survivors who have these Jane or John Doe kits collected who later convert that into a full report, there's not a lot of research about it, but what there is indicates that those rates are very low, somewhere around five percent. So that's somewhere around 95 percent of survivors who choose these Jane or John Doe kits don't end up converting that into a full report, and we anticipate based on some of what preliminary data that Jess's team has looked at so far, that those rates would potentially be much higher with this practice being offered in this community. And something that I know Jess and I share feelings about also, and so I'll just sort of take a moment to make it explicit, is that neither of us are coming from a perspective of, you know, our ultimate goal is for survivors to report. None of us actually on our team, including our law enforcement colleagues, are coming from that perspective. I remember, you know, in one of my first conversations with our law enforcement partners on this project, you know, he said, you know, my job might be to catch the bad guy, but that's not my goal. My goal is not that the victim reports. My goal is that the victim heals. And I was like, OK, I would like to work with you for the remainder of my career, please, because that is the perspective that we can all as partners share in this is so special and I think so important to all of us that, you know, when we talk about kit conversion numbers or the proportion of survivors who decide to report or anything like that, it's not because any of us are sitting here going, wow, that number should be 100 percent - we want all survivors to report. You know, we want survivors to do whatever is best for them. We want them to feel educated about their options and feel good about whatever decision they're making. And our hope in looking into this practice is that it's another path that can help get them to a point of the most informed decision making possible.

Tyler Raible [00:22:14] I mean, I'm fascinated by the whole prospect, and I was hoping we could talk a little bit about the preliminary data you found. How does this compare to what we know about reporting rates for sexual assault just in general?

Rachael Goodman-Williams [00:22:27] So there is a good amount of variability when we talk about national reporting rates. There's a number of different reasons for that, mostly having to do with, you know, are we talking specifically about rape? Are we talking about sexual assault more broadly? How are we getting information from people - is the survey happening from a crime perspective or sort of a healthcare perspective? So that's just a

disclaimer to say there are variations in these rates for some really good reasons, not because like oh research is bad about it, but just because there's- there's a lot of nuances there, and depending on those nuances, we find different things. So with that disclaimer, I could feel comfortable giving the estimate that generally only about 15 to 25 percent of assault survivors report their assaults to law enforcement. Some surveys have found that it's- it's more like five to 20 percent report. Others have found that's more like 20 to 30 percent. But I think that sort of 15 to 25 percent range of survivors report their assaults to law enforcement is a fairly reasonable middle ground estimate.

Tyler Raible [00:23:26] So then these numbers are exceptional. So if we're looking at reporting rates versus community surveys, is there any variation between reporting rates versus information you might get from a community survey?

Rachael Goodman-Williams [00:23:40] Oh, there's a- there's a ton of variation because, you know, if you're just looking at reporting rates, you're missing all of that underestimate. And so it would appear as though reporting rates are, they definitely are lower than what the true rate is because when you're just looking at reporting rates, you're only getting the people who choose to report the assault and you're missing the vast majority of survivors who never report their assaults to law enforcement.

Jessica Volz [00:24:04] And for me, what this data has begs the question in my mind if we are giving patients the opportunity to demystify the process of what a law enforcement investigation looks like, I think that the floodgates for potential research and understanding what the barriers for people are - sometimes those barriers are perceived barriers that are real concerns, and sometimes those perceived barriers are concerns that the patient maybe thought it was one thing, but actually it's a little bit different than they thought it was going to be. And so I think giving the opportunity to give solid answers to people instead of kind of leaving them out there to guess what this process is going to look like.

Tyler Raible [00:24:56] Can you tell us a lot about what you've seen in terms of reasons why survivors don't report - what barriers have been popping up throughout your research?

Rachael Goodman-Williams [00:25:04] Yeah. So there's a lot of research about why survivors don't report, and psychological barriers are definitely a part of it. The sort of I'm worried that I'm going to be blamed. I'm worried that I won't be believed and, and I hesitate to even call those psychological barriers, I mean, they are in a way because they are these internal components, but they're also based in a very real sort of systematic reality that survivors, I think rightfully so, expect to face out in the world. You know, they recognize that our society is one that is fairly hostile, one might say, to sexual assault survivors. And so I think often they say, yeah, I don't want any part of that. So there is that that sort of internal component. There are also external components that come up. You know, I mean, investigations, prosecutions, those things take a really long time for survivors who don't have paid time off or reliable childcare or all sorts of things. I mean, the idea of going through that process is really hard. Survivors who are concerned about physical retaliation from the perpetrator or the perpetrator supporters, you know, there's just a whole lot of different reasons that come out. And you know, part of the current research that we're working on right now is is looking at what those reasons are specifically for survivors who access those Jane and John Doe kits, because most survivors don't access formal help seeking in general, you know, and that includes going to a hospital to see someone like Jess to get a medical forensic exam. So when we talk about survivors who have a Jane or John Doe kit collected, we're already talking about a unique subset of survivors overall in

that they recognize this assault happened or potentially happened, or is something worth getting care for, looking into - they feel comfortable, or at least able to access some formal care. So why among that particular subset, what the barriers are to reporting among that particular subset is what we're really hoping to understand with some of our current research. I also want to add on to something that Jess was talking about in terms of, you know, the importance of providing those connections and answers to survivors. And something that I just want to make sure we highlight is the importance of having partners throughout this multidisciplinary system who share trauma-informed perspectives and goals. Part of the research that we want to do on these anonymous consultation calls is interviews with Jess's team of nurses and with the law enforcement partners who are part of these anonymous consultation calls to learn from them what goes into these calls? You know, what are the ingredients of this? What is this actually about? Because if the person you're talking to on the other end of that phone is blaming or is shaming or says, yeah, I don't believe you or, you know, well if you don't want this to happen to other people you better report right now. I mean, there's a whole host of things that the person on the other end of that phone could say that would not probably lead to the numbers that Jess is citing and would not lead to the positive outcomes we're hoping to find. And so I just want to emphasize that starting from this sort of trauma-informed multidisciplinary team is a really important core piece of the puzzle.

Tyler Raible [00:28:15] We've done a couple podcast episodes with some experts in the field to talk about trauma-informed and victim-centered interviewing, and the Forensic Technology Center of Excellence just had a workshop on it. So, Jessica, it sounds to me that we have all of these different barriers - we have psychological barriers, social barriers, even some physical barriers. In your day to day, how do you see these kind of reflect, and then what do you do to kind of mitigate the impact that they have on your patients?

Jessica Volz [00:28:40] There certainly are barriers all around us to accessing services. For the research that we're working on right now, in particular, participating with a law enforcement investigation. And really, I think what this practice highlights is the opportunity to demystify the process in hopefully a less threatening or non-threatening way. And what we have anecdotally started to find is that in doing this and engaging with these anonymous detective consultations, patients are reporting that sometimes their perceived barriers, there are barriers that are going to prohibit them from moving forward with a law enforcement investigation. But sometimes what we're finding is that patients are reporting to us that the barrier that they were perceiving isn't exactly what they thought it was. By being able to answer their questions from an expert that really that was able to help them make a better decision for themselves.

Rachael Goodman-Williams [00:29:41] Yeah, I think what- what you're referring to, Jess, is some of the conversations we've had about just sort of the trajectory of sort of acute trauma symptoms for survivors and that that first three-to-four-week period tends to be just these really high symptoms where, you know, people are often still just thinking about how to meet their most basic sort of physiological needs. And so, it's often after that most acute period where survivors might be open to or might find it helpful to hear about additional options. And so, you know, Jess and her team being available for such robust follow up is, I think, one of the most amazing parts of their program, a lot of SANE programs operate on a call out basis only - that leaves little to no administrative time for any type of follow up. So when a patient arrives at a hospital reporting a sexual assault, you know, a SANE gets called out, they come do the exam, and they leave. Whereas with Jess's group, there's a group of SANEs that are there around the clock on an alternating schedule. And so, they can set up a two-week visit, a four-week visit, a three-month visit. I mean, that type of

follow up is, is more robust than anything that I have personally heard about in my work. And I think it's one of the most special parts of their program.

Tyler Raible [00:30:59] I'm going to shift gears a little bit here. Are there any kind of realistic limitations on an- on a survivor's anonymity?

Rachael Goodman-Williams [00:31:06] I think there are potential limitations to consider. I think generally they are the exception rather than, than the norm. But you know, all of these things are sort of based in what that jurisdiction or that state's policies are. One of the things that we're starting to see a little bit in some of our research results and is something we'd really like to look into in future projects as well, because that VAWA reauthorization, it says you need to have access to a sexual assault kit and that needs to be paid for. So it is paid for, it is funded through VAWA regardless of whether you engage with law enforcement. It is up to jurisdictions' discretion whether they want to also cover just that medical exam that Jessica was referring to. Sometimes they do, you know, all of these options are equally financially covered. Sometimes they don't. And so, something that we want to better understand through interviews with survivors. And again, we're seeing snippets of this in the qualitative data analysis that that we're doing just based on the hospital records right now. But we do want to understand, are there survivors who are having these sexual assault kits collected because they really just want medical care? They don't actually want the forensic evidence collection, they're not thinking about reporting, but that is what they feel like they have to do in order to get this medical exam financially covered. And a lot of hospitals, Jess's included, I know, try to make that option accessible. They have different funds that, you know, survivors might be able to apply to or get access to. Rarely would that not actually be an option for survivors. But I know how scared I get about medical bills. If I'm at a hospital and someone tells me this is the way to, for sure, have something covered, this is the way that we could probably get something covered - it's going to be really tempting to go with that for sure option. And so, we do want to understand, are there survivors who are having these sexual assault kits collected when a medical exam might better serve their needs and their path toward healing, but maybe that option does not feel as accessible as it should be?

Tyler Raible [00:33:05] As you were describing that, I was a little curious about things like victim compensation, if anonymity had any impact on that?

Rachael Goodman-Williams [00:33:13] Well, I will say in terms of the statutes, crime victims' compensation is tied to engagement with law enforcement. There are certain jurisdictions that do make the choice to make crime victims' compensation accessible to survivors, regardless of whether they report. But that is, that is not the norm, nor is it required.

Tyler Raible [00:33:33] Awesome. Thank you for the clarification. Rachael, Jessica, can you tell us a little bit about the results, any of the qualitative result of the study so far?

Rachael Goodman-Williams [00:33:39] It's been really exciting to work on. So we did a thematic analysis on the responses that survivors gave in those medical forensic forms as to why they don't want to report at that time. And we have identified four discrete themes. The first we called reporting is unlikely to help, and that's representative of survivors who think, you know, this just isn't going to help. And maybe that's because they think the unique circumstances of their assault, reporting is not going to be able to help them. Maybe they don't remember enough about the assault to move forward. You know, things like that, but they just think this isn't going to help based on my situation. Something else

that came up a lot in that theme is distrust of law enforcement. People who say, you know, I don't think this is going to help because I don't think law enforcement is going to do anything - I've had bad experiences with them before or I've seen people have bad experiences. Either based on distrust of law enforcement or their unique situation, one theme is just people saying, I don't think reporting is going to help. A second theme that we identified is reporting is likely to harm. So actually, people who think it's not just that this won't help, it's that reporting will actually make things worse. And we identify two subthemes within that. One is reporting is likely to harm me and the other is reporting is likely to harm others. So just the whole host of things that you can imagine about the various reasons why people think that reporting might harm themselves or that reporting might harm others, whether that's their kids, their families, sometimes even the perpetrator themselves feeling like, you know, I'm not sure that I want to ruin this person's life. So that's- that's sort of the second theme. So we've got reporting is unlikely to help and reporting is likely to harm. The third theme that we identified was not now, so that's among survivors who are saying maybe I will do this at some point, I don't know, but I am not in a space to report now. Piece of it is just, I want to sleep, I need to shower, I need to eat like I am just too in shock. I cannot do this now. And I think that that is such an important piece because that's one of the reasons why this Jane Doe kit John Doe kit option was developed is for people who say, you know, you may want to report in the future. There's time to do that. The time sensitive piece is this medical forensic evidence collection, and so let's give you the opportunity to do that now, and if you decide you can't report now, but maybe you want to later, that kit is there and ready for you. So we found that as a third theme. The fourth that we found is not what I'm here for. So people who are like, you know what? I'm just here to get my body checked out. I just want to see if I'm physically OK. Reporting is not what I'm here for. So those are the four discrete themes that we found in those qualitative analysis - this reporting is unlikely to help, reporting is likely to harm, not now, and not what I'm here for. And, you know, one of the data excerpts from that, you know, there was someone who said in response to that question, oh, that's a really long answer. You know, that's a longer answer than I have space to write here. And that really captures why we want to do this next stage of our research together doing interviews with survivors who choose that Jane Doe kit, John Doe kit option because that survivor is absolutely right, that that is a longer and more complex answer than can just be written on a medical form. And so we want to talk to survivors, learn from survivors about why they're choosing this option, what they want out of this action, and making sure that, that the options that are available truly meet their needs.

Tyler Raible [00:37:05] Jessica, in terms of- of these themes, I'm assuming you see them reflected pretty consistently, right?

Jessica Volz [00:37:12] Really, I think that is about meeting people where they are, and that starts with identifying, you know, what their perceived needs are. And oftentimes that just comes from asking, asking what can I do to help you? But if you just leave it there and you don't understand some of this background information and someone says, I don't really know what you can do to help me. You know, I think we've all probably faced problems where we think I need help with this, but I don't even know what, what help I need. And so that is why I think this is so powerful because it gives us at least a glimpse into understanding how that conversation can evolve to help people communicate with us what they do need. And one thing that I just wanted to add to these results is that there is this underlying theme that we found across all of the overarching themes that we found, and that really is around shame. And Rachael, I'm not sure if you wanted to speak a little bit about that underlying theme.

Rachael Goodman-Williams [00:38:19] Yeah, absolutely. You know, when we were doing the analysis for this project, we spent some time figuring out, you know, how do we treat this component of shame, self-blame, minimization, all of these- these pieces and we determined in the analysis that it, it wasn't functioning so much as an individual theme so much as a contextual underlying component, that this is the reality of sexual assault in our society and that that informs a lot of these discrete reasons, a lot of the themes for why survivors don't want to report. If they feel like they're going to be blamed, that might lead them to feel like reporting is likely to harm them. If they feel like maybe this, this wasn't really a big deal because it wasn't fill-in-the-blank rape myth, you know, that could inform this feeling that reporting is not likely to help. So just recognizing that there is this component of shame and self-blame and all of the societal messages that survivors get about sexual assault, that's going to inform these reasons for not reporting.

Tyler Raible [00:39:19] Thank you both. I mean this, this work is incredible. When do you expect to publish?

Rachael Goodman-Williams [00:39:24] Hopefully within the next couple of months, we have the results all completed and we are just finishing up the manuscript. We are also accepted for a conference presentation at the Society for the Psychological Study of Social Issues Annual Conference in June. So we're looking forward to sharing the fully-fleshed out nuances of these findings there.

Tyler Raible [00:39:47] Any final thoughts that you'd like to share with our listeners before we wrap up today?

Rachael Goodman-Williams [00:39:51] My biggest thought is one that I have frequently, which is just how thankful I am to have found such really wonderful community partners with, with Jess and the rest of the team out in Shady Grove. I think they are doing some amazing work out there, and my ideal is that research just helps highlight the things that communities are doing and what's working and helps us continue to learn about those practices, and I'm- I'm excited to work with them to help better understand some of the impacts of those practices and- and look for ways to, to share some of the practices that work best with wider communities.

Jessica Volz [00:40:30] I would just like to echo what Rachael said, that I feel fortunate every day to be able to serve this population. And any time that you're this passionate about serving, you want to do it well. And I think through this research-practitioner partnership, we are really on track to hopefully meeting the needs of this population in the best way that we can.

Tyler Raible [00:40:56] Marvelous. That's an excellent way to wrap up. Thank you for taking the time out of your day to sit down with us and also for all of the hard work you put in for this group of people.

Rachael Goodman-Williams [00:41:05] Absolutely. It's been a real pleasure to talk to you.

Jessica Volz [00:41:07] Thank you so much.

Tyler Raible [00:41:08] For those of you listening at home, be sure to like and follow Just Science on your preferred platform. For more information on today's topic and resources in

the forensic field, remember to visit ForensicCOE.org. I'm Tyler Raible, and this has been another episode of Just Science.

Voiceover [00:41:24] Next week, Just Science sits down with Natasha Alexenko, author, sexual assault survivor, and founder of Natasha's Justice Project, to discuss her work supporting Native American women and other vulnerable populations. Opinions or points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of its funding.