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Waiting to Tell: Factors Associated with Delays in Reporting Sexual Violence

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Forensic Psychology MA Thesis

October 2021

Abstract

In the United States (U.S.), 20% of women have experienced completed or attempted rape and 43.6% of women have experienced some form of contact sexual violence. Many instances of sexual violence go unreported to law enforcement – only 34% are reported to the police.

Reporting can lead to more favorable outcomes for survivors since it is likely to increase access to medical care and mental health services and is an important step in order to hold perpetrators accountable, prevent future victims, and reduce the likelihood of longer psychological distress for the survivor. Delays in reporting are more prevalent in cases where there was a relationship to the perpetrator. This study examined whether common barriers to reporting sexual violence identified in the literature were related to delays in reporting to law enforcement among adult women. Using archival data on sexual violence reported to law enforcement, this study examined the association between victim-suspect relationship, verbal threats, drug-facilitated sexual assault, and time to reporting the sexual violence incident to law enforcement. Out of 414 unique cases, 85.5% ($n = 354$) involved a known perpetrator, and on average survivors in 39.83% ($n = 141$) of known perpetrator cases had delayed reporting as compared to 15% ($n = 9$) of stranger perpetrator cases. These findings will be discussed as they pertain to improving efforts related to education and resources, law enforcement policies and procedures, provision of services, and community engagement strategies.

Keywords: *sexual violence, delayed reporting, victim-suspect relationship, drug-facilitated sexual assault, verbal threats*

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Waiting to Tell: Factors Associated with Delays in Reporting

In the United States (U.S.), approximately 20% of women have experienced completed or attempted rape and 43.6% of women have experienced some form of contact sexual violence¹ (Smith et al., 2018). These numbers represent those who have self-reported abuse on the National Intimate Partner and Sexual Violence Survey (NISVS)², including both formally³ and informally⁴ reported cases. The 2019 National Crime Victimization Survey (NCVS)⁵ defines rape and sexual violence as a completed, attempted, or threatened attack that falls under their definitions of rape and sexual assault (Morgan & Truman, 2020). The 2019 NCVS suggests a decline in rape or sexual assault victimization cases since the year 2018, from 2.7 to 1.7 per 1,000 persons aged 12 or older (Morgan & Truman, 2020). However, the vast majority of cases of sexual violence among adults in the U.S. still go unreported to law enforcement – in 2019, only 34% of rape/sexual assault cases were formally reported (Morgan & Truman, 2020). While informal disclosure is a good starting point that can help survivors find trusted people in whom to confide, connect to services, and inform self-reported surveys such as those noted above, it is crucial to disclose formally to law enforcement. Research suggests that in cases where people who sexually offend are recidivists⁶, not reporting can present a public safety concern for vulnerable populations (Wolitzky-Taylor et al., 2011). Formal disclosure is an important step in order to hold perpetrators accountable, prevent people from being victimized in the future and

¹ Defined by NISVS as a combined measure that includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

² An ongoing, nationally representative survey assessing sexual violence, stalking, and intimate partner violence victimization.

³ Formal reports of sexual violence are those reported to law enforcement.

⁴ Informal reports of sexual violence are those which have been disclosed to someone (e.g., friends, family, treatment and support services, etc.) but not reported to law enforcement.

⁵ A national survey administered by The Bureau of Justice Statistics, which provides official estimates of nonfatal criminal victimizations reported and not reported to police, based on self-reported survey data.

⁶ Recidivism is determined by whether an offender was convicted of an additional offense following release (Mercado et al., 2013).

continued victimization of the survivor, and reduce the likelihood of longer psychological distress for the survivor.

People who offend sexually and complete treatment have been found to be at lower risk for reoffending than those who fail to complete treatment (Hanson & Bussière, 1998). Reporting can lead to more favorable outcomes for survivors since it is likely to increase access to medical care (including a forensic medical examination) and mental health services, and treatment outcomes are found to be overall better for those who report earlier (Klemmer et al., 2021; Wolitzky-Taylor et al., 2011). The delay in reporting might be due to the survivor not knowing the resources available or where to report, feelings of self-doubt in terms of being believed or understanding that the situation encountered was in fact rape or sexual assault, and feeling confident and positive about formally disclosing, among others (Ahrens et al., 2010; Layman et al., 1996; Tashjian et al., 2016; Winters et al., 2020). Delays in reporting can occur for a variety of reasons, but the most commonly identified barrier to reporting has been found to be the relationship the survivor has to the perpetrator (Ahrens et al., 2010; Brooks-Hay, 2020; Johnson & Hiller, 2019; Jones et al., 2009; Layman et al., 1996; McCall-Hosenfeld et al., 2009; Monroe et al., 2005; Tashjian et al., 2016). While there are a host of barriers to reporting in general, few studies have looked at how some characteristics of the crime such as relationship to the victim, verbal threats, and substance use are related to delays in formal reporting.

Understanding Factors Associated with Delays in Reporting

Understanding barriers and delays to reporting is important to better inform current practices and further develop resources, education, services, and outreach in the medical, criminal justice, legal, victim services, and mental health fields.

Barriers to Formal Reporting

Research has examined sexual violence in the context of reporting to a medical professional and the collection of forensic physical evidence (i.e., a sexual assault medical forensic exam (SAMFE), better known as a rape kit). Corrigan (2013) focused on police practices and the unintended effects of policy innovation, through interviews with sexual assault nurse examiners in six U.S. states, and observed that the administering of SAMFEs at times discouraged survivors from formally reporting because they feared the legal repercussions that can result from findings of that physical evidence and the perceived police judgment they feel based on their willingness to be administered the rape kit.

The literature has added to the cross-sectional research of various disciplines. Researchers have studied if barriers to reporting are a result of internal psychological barriers (e.g., shame, anxiety, and fear) or environmental factors (e.g., prior relationship with perpetrator), with findings revealing the latter is more consistently identified as a primary reason (Jones et al., 2009). Uniquely, Klemmer, Neill, and Jarvis (2021) explored spatial patterns in rape reporting, and in reviewing completed rape in a domestic setting between 2013-2018 found that rapes that occurred during the holidays or with younger survivors tend to have longer delays in reporting. Findings regarding these situational variables is important because people who are victimized in a domestic setting have more difficulty reporting the sexual violence due to the relationship to the perpetrator, the length of the abuse, and the access to services (Tashjian et al., 2016). These identified factors connect to the literature of those who have experience childhood sexual abuse (CSA) but disclose later in life, whether formally or informally. Connolly et al. (2015) found that the abuse faced by survivors of CSA who disclosed later in life was often more

intrusive, more frequent, and occurred over a longer period of time than that of survivors of CSA who disclosed earlier.

Other factors that have been found to delay reporting is the extent of acquaintance with the perpetrator, having had previous sexual intercourse, assault characteristics (e.g., use of force or substances), and overall acknowledgement of the sexual violence or defining it as rape (Ahrens et al., 2010; Layman et al., 1996). Research conducted by Cleere & Lynn (2013) focused on acknowledgement of the sexual assault found that those unacknowledged did not formally report, and on average more often described their perpetrator as less aggressive, characterized their own reaction to include less intensity of resistance and only somewhat clear refusal, and overall attributed less responsibility to the perpetrator. Additionally, it should be noted that the vast majority of survivors (acknowledged and unacknowledged) reported being intoxicated at the time of the assault, i.e., drugs, alcohol, or both (Cleere & Lynn, 2013). Research suggests that there is a tendency to assign a share of the blame to the woman if she consumed drugs or alcohol, because they are seen as engaging in contributory negligence, thus leading to a failure to acknowledge sexual assault (Cleere & Lynn, 2013). It is plausible to infer that the delay in acknowledging the sexual violence incident lends to a delay in formal reporting.

Consequences or Disadvantages to Delayed Formal Reporting

Formal reporting comes with a distinct list of consequences for each unique case, which can be aggravated if the reporting is delayed. For example, while being administered a SAMFE has not always been found to lead to improved case outcomes, studies have found that cases where survivors waited longer to report to police had lower odds of perpetrator identification (Tiry et al., 2020). Delayed reporting of sexual violence can adversely impact medical treatment, case outcomes, and the overall mental state of survivors (Klemmer et al., 2021).

Survivors identified one of the most common disadvantages of formally reporting was other people's negative perceptions, including the associated stigma and being blamed or judged (Winters et al., 2020). Monroe et al. (2005) observed 125 adult survivors receiving care at 19 sexual assault centers in the state of Maryland, of which 30% filed charges and nearly half of them (46.2%) reported a level of dissatisfaction with their interview with police. While it was helpful that women formally reported the crime, the added stigma and responses from support and law enforcement professionals does not bode well for future survivors and it is discouraging for the brave survivor who disclosed the traumatic incident. The stigma of sexual violence is so prevalent that it greatly deters disclosure to both formal and informal sources, the anguished accounts survivors have shared of the blame and recrimination received from others have often been labeled “the second rape” and can lead to additional psychological trauma (Jacques-Tiura et al., 2010).

Favorable Outcomes of Early Formal Reporting

Formal reporting, especially if done early, can be associated with favorable outcomes⁷ for the survivor. Consistently, the literature points to the benefits of early formal disclosure. Studies have observed survivors' behaviors in reporting and seeking support within a one-month period of the incident, for which findings suggest that survivors reporting and seeking support within the first 24 hours have better treatment outcomes and their medical examinations can provide the best possible forensic evidence to assist prosecution (Klemmer et al., 2021). Specifically for female survivors, traces of DNA evidence, when penetration has taken place, last only for about one week due to vaginal drainage (Klemmer et al., 2021). Additionally, forensic evidence of

⁷ Favorable outcomes denote those consequences which aid in the recovery of the survivor – not “positive” as they would not exist if the rape did not occur, but they are favorable outcomes compared to the identified negative consequences of not disclosing (formally or informally).

potential drugging, collected through the survivor's hair, can only be recovered approximately within one month of the rape (Klemmer et al., 2021). Therefore, those who formally disclose sooner (approximately within 72 hours) have been found to experience a broader extent of available options and better case outcomes, such as evidence collection, emergency medical care, and apprehension of the perpetrator (Ahrens et al., 2010).

Research suggests that disclosing distressing experiences can lead to more favorable outcomes for survivors, as it is related to improved emotional, mental, and physical health (Ahrens et al., 2010). Specifically, researchers identify that early psychological intervention following experiences of trauma can be of great benefit to survivors who are at risk of experiencing psychological distress (Orchowski & Gidycz, 2015). The literature highlights that nonjudgmental, compassionate support from informal and formal support sources are of most importance directly following the incident, due to the fact that victims often experience a myriad of acute stress symptoms, e.g., anxiety, disorganized thoughts and memory, nausea, hypervigilance, and numbing or dissociation (Farris et al., 2013). The literature documents advantageous effects of social support on psychological and physical health outcomes, calling to attention that the greater the amount of support, the greater the survivor's positive emotional affect (i.e., low reports of feeling angry, sad, embarrassed, and anxious) and the fewer PTSD symptoms (Jacques-Tiura et al., 2010). However, disclosure to a formal service provider was associated with increased PTSD symptoms, which the researchers attributed to two possible explanations based on the literature: one, survivors most likely to seek formal support providers are those experiencing the worst PTSD symptoms, or two, based on the judgmental reactions of some service providers, survivors may feel ashamed or responsible for the event (Jacques-Tiura

et al., 2010). Therefore, if survivors formally disclose earlier, they may see an increase in the likelihood of better long-term outcomes.

Survivors have identified one of the most common advantages of formally reporting was ensuring safety for the survivors and preventing future abuse (Winters et al., 2020). Wolitzky-Taylor et al. (2011) observed that nearly 30% of cases where women reported the rape to law enforcement, survivors did not indicate that they felt the police believed them and took their reports seriously, but overall, 91.4% felt they made the right decision in reporting to law enforcement. Furthermore, in determining the most important attitudes and beliefs linked with reporting, one study found that women expressing more favorable attitudes toward disclosing the assault to law enforcement seemed to perceive reporting as being supported by important referents and stated stronger intentions to report, thus exhibiting more control and confidence over reporting (Amar, 2009).

Identifying Barriers that Influence Delayed Reporting

Based on survivor ratings regarding the importance of barriers to reporting, findings indicated that barriers that were prevalent 30 years ago are still considered important today (Sable et al., 2006). The most common barriers to reporting found across various studies include: shame, guilt, embarrassment, not wanting friends and family to know, relationship to perpetrator, concerns about confidentiality, negative social reactions, being blamed for the event, fear of not being believed or taken seriously, being able to handle the situation themselves or not acknowledging the incident was a crime, and negative police interactions (Ahrens et al., 2010; Layman et al., 1996; Monroe et al., 2005; Sable et al., 2006; Tashjian et al., 2016; Winters et al., 2020; Wolitzky-Taylor, Resnick, McCauley et al., 2011; & Zinzow & Thompson, 2011).

Relationship to Perpetrator and Impact on Reporting Delays

The majority of rape or sexual assault survivors know their perpetrators. In survey data gathered between 2005 and 2010, including formal and informal reports, 78% of sexual violence victimization involved a known perpetrator – this includes 34% of rape or sexual assaults being committed by an intimate partner (former or current), 6% by a relative or family member, 38% by a friend or acquaintance – and only 22% were found to have been committed by a stranger (Planty et al., 2013). Consistently, studies have found that survivors of sexual violence are less likely to report or are delayed in reporting the crime to law enforcement if the perpetrator was known to them, especially if they were a family member (Felson & Paré, 2005; Jones et al., 2009; McCall-Hosenfeld, et al., 2009; Monroe et al., 2005). In cases of those who have experienced CSA, victim-CSA to perpetrator relationship (specifically, non-parental, intrafamilial relationships) and duration of sexual abuse have been found to significantly predict delays in disclosure of CSA, largely due to the fact that victims of intrafamilial CSA tend to be abused for longer periods of time than extrafamilial (Tashjian, et al., 2016). In cases where adults experience adult sexual abuse, studies suggest the incidents tend to be more isolated and often times survivors report feeling more confused about the situation (Layman et al., 1996).

Much of the disclosure literature has focused on those who have experienced CSA. Delayed disclosure, both formally and informally, has been found to especially plague victims of CSA. While the focus of the current study is adults formally disclosing sexual violence, frequently those adults report abuse that occurred during their childhood, in some cases this abuse can often occur repeatedly, by people known to them. Researchers have found that oftentimes children lack the level of knowledge needed to recognize, the ability to articulate, and an adult and the opportunities to disclose, sexual violence (CHILD USA, 2020). Delays in

reporting are impacted by trauma resulting from the abuse, power differentials between the victim and perpetrator, and institutional power dynamics (CHILD USA, 2020). Studies focused on case outcomes for CSA cases, findings revealed that 87% of adults reporting being victimized as children disclosed with a delay of 11 or more years, and other studies have discovered delays of decades based on various of the aforementioned factors (Bunting, 2014; Terry, 2011). Winters et al. (2020) noted that women who experienced CSA only formally disclosed to authorities in 10% of cases.

The relationship between the person being sexually victimized and the perpetrator is important because it is the dynamics of that relationship, the approach and actions taken to develop and maintain that relationship, the varying locations in which the abuse takes place, types and levels of contact, and the context in which the two interact which can lead to delays in reporting (Williams, 2015). Davis et al. (2009) examined perception of risk and found it was important to identify women's levels of discomfort toward risk cues, for which study findings suggested that an established relationship between the woman and the perpetrator led to decreased discomfort ratings, meaning that it took longer for the woman to perceive risk the closer her relationship was to the perpetrator. It's plausible that increased levels of trust and closeness can lead to delays in reporting following the sexual violence incident, due to the fact that as intimacy levels increase, the women's judgments that the man posed a severe threat decrease (Davis et al., 2009). A study looking at women's acknowledgment of rape found that those who did not acknowledge their rape were most often acquainted with the perpetrator, had previously experienced intimacy with the perpetrator, and reported the presence of alcohol during the incident (Layman et al., 1996).

The Psychology of Nondisclosers

A cross-sectional study of women being administered a forensic examination conducted a survey that provided the following observations as to why women did not report the sexual assault to police: 25% did not submit a police report and were found to be typically employed, have a history of recent alcohol or drug use, their perpetrator was known to them, and there was a prolonged interval of time present between the sexual assault and the forensic examination (Jones et al., 2009). In addition, 20 psychosocial variables were examined, of which only three were found to be significantly different in women not reporting sexual assault – i.e., not wanting the perpetrator to go to jail, having a prior relationship with the perpetrator, and a feeling that the police would blame the survivor or be insensitive (Jones et al., 2009).

Moreover, Bicanic et al. (2015) focused on 323 help-seeking female survivors between 12 to 25 years of age and observed that in 59% of the cases disclosure occurred within 1 week of the sexual assault. In this sample, early disclosers seemed to use alcohol more often than those with disclosure delays (Bicanic et al., 2015). Interestingly, the study found that the concurrence of three factors: (1) survivor was 12-17 years of age, (2) penetration was present, and (3) the survivor had a close relationship to the perpetrator, contributed significantly to the prediction of delayed disclosure (Bicanic et al., 2015).

Not all survivors of sexual violence disclose in the same way, as seen based on the research presented. Ahrens et al. (2010) sought to identify the differences in disclosure patterns of survivors of sexual violence and revealed four distinct disclosure patterns: nondisclosers (survivors who had not previously disclosed), slow starters (survivors who delayed disclosure), crisis disclosers (survivors who disclosed immediately but then stopped disclosing), and ongoing disclosers (survivors who continued to disclose over time). Findings highlighted that

nondisclosers experienced more psychological symptoms, such as depression and posttraumatic stress (Ahrens et al., 2010). Slow starters were found to disclose to police and medical personnel at lower rates than the other disclosure groups (Ahrens et al., 2010). Ongoing disclosers and crisis disclosers disclosed within the first week after the sexual assault, and while ongoing disclosers continued to disclose, crisis disclosers ceased to disclose within the first week (Ahrens et al., 2010). Notably, Ahrens et al. (2010) observed that slow starters, averaged a time of 3.58 years until first disclosure.

Survivors of sexual violence have a need for support, which can come from family, friends, and professionals dedicated to aiding in their recovery. Formal disclosure is encouraged but is not always necessary in terms of mental recovery; informal disclosure can provide significant therapeutic benefits to survivor recovery (Brooks-Hay, 2020; Winters et al., 2020). Disclosure choices may result in different types of social reactions, some favorable (e.g., emotional support and tangible aid) and some negative (e.g., blame, doubt, and detachment), which can affect a person's likelihood to continue disclosing (Ahrens et al., 2010). Studies have found that sexual assault disclosures where the social reaction was negative, were related to greater symptoms of psychological distress, including PTSD, problem drinking, depression, and global distress (DeCou et al., 2017; Hakimi et al., 2018; Jacques-Tiura et al., 2010). Tashjian et al. (2016) examined delays of disclosure of CSA in relation to parental (non-perpetrator) emotional and physical abuse, along with other factors, and found that experiencing both emotional and physical abuse uniquely predicted longer delays in disclosure. A lack of support can lead to not reporting or delays in reporting sexual violence, which can in turn lead to further victimization of the person or future victimization of others. Thus, if a child experiencing sexual violence did not perceive support from the parental figure, it is plausible that could lead to

waiting to report until later in life. Greater tangible aid (i.e., help accessing coping information, health care, the police, and being provided information and options) has been found to be associated with increased formal reporting of sexual assault to law enforcement (DePrince et al., 2020; Jacques-Tiura, et al., 2010).

Drug-Facilitated Sexual Assault (DFSA)

Drug-facilitated sexual assault (DFSA) describes non-consensual sexual acts perpetrated while a person is incapacitated by drugs or alcohol (Richer et al., 2017). Per the literature, there are two types of DFSA: (1) non-consensual, which refers to when a victim did not consent to using drugs or alcohol, and (2) voluntary, which refers to when the victim willingly used drugs or alcohol. In both of these categories, the sexual acts perpetrated were not consensual and were facilitated as a result of the consumption of drugs or alcohol (Richer et al., 2017).

A recent study of individuals convicted of sexual offenses found that offenses against adults were more likely to be facilitated by the use of drugs or alcohol (Kirk-Provencher, et al., 2021). Wolitzky-Taylor et al. (2011) observed the prevalence of reporting rape to law enforcement in association with factors including use of drugs/alcohol and victim-suspect relationship and found that only 2.7% of rapes involving drugs and/or alcohol were reported, women of color displayed a lower likelihood of reporting, and sustaining injuries during the rape was associated with an increased likelihood of reporting. Rapes involving drug or alcohol incapacitation or facilitation were less likely to be reported than forcible rapes (Wolitzky-Taylor, Resnick, McCauley et al., 2011).

Non-Consensual DFSA. Du Mont et al. (2010) observed the presence of drugs in 44.9% of cases, alcohol in 12.9% of cases, and both drugs and alcohol in 18.0% of cases. In 64.4% of

cases DFSA was non-consensual and drugs found, listed from most to least common, included: cannabinoids, cocaine, amphetamines, MDMA, ketamine, and GHB (Du Mont et al., 2010).

Voluntary DFSA. A significant portion of sexual assault cases have involved voluntary DFSA, specifically alcohol use occurring at rates of 50 to 77 percent across study samples (Richer et al., 2017). Richer et al. (2017) focused on better labeling, defining, identifying, and subtyping DFSA cases, and found that DFSA occurred in 52% of their sample, with voluntary DFSA comprising 23% of cases. Overall, DFSA survivors (voluntary and non-consensual) presented sooner for treatment and attended medical follow-up and psychotherapy more often (Richer et al., 2017).

Emerging adults (i.e., people between 18 to 25 years of age) have been found to be at increased risk for sexual violence, but there is still a gap about DFSA in this population (Tadros et al., 2018). DFSA has been found to be more common in younger patients, primarily those under the drinking age, and these patients were also found more likely to delay reporting to an emergency department (Tadros et al., 2018).

Davis et al. (2009) explored women's risk perception of sexual assault cues based on alcohol consumption and relationship type, noting that women who had consumed alcohol reported decreased awareness of and discomfort with risk cues. Overall, the study found that women's likelihood of sexual victimization may be increased by alcohol consumption because it can lead to reduced sexual assault risk perception (Davis et al., 2009).

Moreover, Flowe & Maltby (2018) studied alcohol consumption and feelings of self-blame in perceiving and reporting sexual violence, through a hypothetical scenario, finding higher levels of self-blame for women believing they had consumed alcohol and those women were less likely to report the hypothetical rape.

Another important topic when it comes to DFSA is memory recall. Flowe et al. (2016) focused on the influence of alcohol on accurate testimony, using hypothetical scenarios, noting that women under the influence reported less information. However, accuracy of information was not affected, but peripheral details were remembered with less accuracy than central details, regardless of the intoxication level (Flowe et al., 2016).

Furthermore, Monk and Jones (2014) analyzed alcohol consumption as a risk factor for sexual assault, finding that in most cases where alcohol or drugs were taken it had been voluntarily and 70.6% of people had consumed alcohol prior to being assaulted, of which 76.2% of cases had consumed more than the recommended amount and nearly a third had also taken drugs. Stranger rape or cases where the person had just met the perpetrator were more common for those who had consumed alcohol (Monk & Jones, 2014). Similarly, another study found that in voluntary DFSA cases, 25.6% used over-the-counter drugs, 29.4% used prescription drugs, and 25.5% used street drugs in the 72 hours before being examined, and an overall 85.9% reported consuming alcohol immediately prior to the suspected assault (Du Mont et al., 2010).

Verbal Threats

Verbal threat is another common factor found to be negatively related to formally reporting sexual violence. Du Mont et al. (2017) found that women sexually assaulted by a current or former intimate partner were more likely to have been verbally threatened or manipulated (43%) than if sexually assaulted by a different known perpetrator or stranger (25.7% and 21%, respectively). Notably, cases where disclosure was delayed have presented more survivors of verbal and/or weapon threats and survivors identified the perpetrator as a close person at higher rates compared to those who disclosed early (Bicanic et al., 2015). Jones et al.

(2009) detected that in 45% of cases when women formally reported they stated being a victim of verbal threats.

Other Factors

Survivors of sexual violence who do not report or delay reporting the incident to law enforcement may often still obtain medical, psychological, and other community resources. Most women seeking medical care who presented to sexual assault nurse examiners for an examination post-assault did so expeditiously, noting a median time from incidence to presentation was 16 hours, with delays in care more common if the perpetrator was a family member or date (McCall-Hosenfeld et al., 2009).

Connolly et al. (2015) investigated delays to prosecution in CSA and historic CSA (HCSA), i.e., cases reported years or decades later, finding that delayed prosecutions of CSA were common and offense duration was associated with longer delays to prosecution. Moreover, HCSA cases were more likely to report repeated abuse and similarly likely to report abuse by a perpetrator known to the person who experienced sexual violence (Connolly et al., 2015). The study also found that delay to prosecution was much longer when the perpetrator had obtained access to the child through their position in the community (Connolly et al., 2015).

A linear relationship between longer delay reducing the likelihood of prosecution would be expected, however, research suggests the survivor's child/adult status, delay time, and case outcomes are associated – interestingly, increased delay seemed to benefit case outcomes for adult females disclosing incidents from before six years of age (Bunting, 2014).

Current Study

Approximately 20% of women have experienced completed or attempted rape, but on average only 34% of rape/sexual assault cases are reported to law enforcement. Reporting of

sexual violence is crucial to minimizing adverse impact on medical treatment, case outcomes, and the overall mental state of survivors, including the ability to process or cope with the abuse. Perpetrators of sexual violence are often known to the survivor, a factor which has been consistently found to lead to delayed reporting. Cases where disclosure was delayed presented more survivors of verbal and/or weapon threats, as well as voluntary drug-facilitated sexual assault. There is a gap in the literature in terms of the compounding effects these factors might have on formal reporting of sexual violence. After reporting the sexual violence, most women do report feeling they made the right decision, therefore it is important to identify better avenues to improve education, treatment, and support services for people experiencing sexual violence.

The goal of this study is to further the research on the barriers to reporting sexual violence, by observing if some of the most common barriers to reporting for adult women who have survived sexual violence determine delays in reporting to law enforcement. Specifically, the current study focused on two aims. Aim 1 examined if cases of women who survived sexual violence revealed longer periods of delays in reporting if the perpetrator was known to the survivor as compared to cases where the perpetrator was a stranger. Aim 2 examined if there is an association between victim-suspect relationship and the perpetrator's use of verbal threats and the survivor willingly using drugs or alcohol, specifically, whether the compounding of these variables might lead to longer delays in reporting for those cases. Consistent with previous research, it was hypothesized that survivors would have longer delays in reporting if the perpetrator was known to them and they were verbally threatened and/or willingly used drugs or alcohol prior to the sexual violence incident.

Methods

Participants

This study used a publicly available archival dataset titled *Evidence, Sexual Assaults, and Case Outcomes: Understanding the Role of Sexual Assault Kits, Non-Forensic Evidence, and Case Characteristics, 2015-2017* (Zweig & Walsh, 2020). The data was a cross-sectional quantitative data collection of case file reviews of 534 sexual assault cases from two U.S. jurisdictions ($n=226$ from jurisdiction 1 and $n=308$ from jurisdiction 2), including both female and male survivors and suspects, between 17 to 83 years of age. To be included in the sample, a case had to meet the following criteria: first, the perpetrator was an adult (age >18 years); second, the survivor was age 13 or older; and third, the case had an initial charge recorded by the police related to sexual misconduct and assault within the state's statute (Zweig & Walsh, 2020).

Inclusion criteria for the current study included: (a) survivor must be female, (b) perpetrator was not identified as female in the dataset, and (c) perpetrator relationship to survivor was available. Exclusion criteria for the current study included: (a) if survivor gender was missing/unknown, (b) if survivor or perpetrator gender was listed as transgender, (c) if perpetrator was known to the survivor but lack of information prevented categorization (i.e., originally categorized as 'other', $n=36$) or perpetrator relationship information was missing/unknown ($n=14$), and (d) reporting timeframe was missing/unknown. Cases with multiple suspects were included but not recoded to ensure the single survivor would not be double counted. Cases with missing data values for study variables (i.e., victim-suspect relationship, $n=2$; reporting time, $n=9$) were not included in the study. The timeframe identified for reporting sexual violence was based on the data and literature available – the vast majority of cases specified a reporting period within three years. Therefore, outliers were excluded from the

dataset (it should be noted that in all outlier cases the perpetrator was known to the victim, although in many the relationship category was unknown). Overall, a total of 120 unique cases were removed from the dataset, based on the aforementioned exclusion criteria, for a final sample size of 414 cases.

Measures

Sexual Violence. The definition of sexual violence used to inform this work has been established by the NISVS – sexual violence is defined as any completed or attempted sexual actions of the following types: rape, sexual coercion, unwanted sexual contact, and being made to penetrate someone else (Smith et al., 2018).

Delays in Reporting. Delay in reporting a sexual violence case is defined as follows: reported to law enforcement after a 96-hour or four-day period, which matches the delay in reporting threshold used in the original study (Zweig & Walsh, 2020). Delays in reporting were examined using two original study variables “days to report” and “delayed report”, which measure if there was a delay and how long the delay was.

Victim-Suspect Relationship. Victim-suspect relationship is defined as follows: the known or unknown status the perpetrator held toward the person who survived the sexual assault, at the time of the sexual violence incident. Victim-suspect relationship was examined using the original study variable for “victim suspect relationship,” which included the following groups: acquaintance, aunt/uncle, boss, co-worker, cousin, former intimate partner, foster parent, friend, grandparent, intimate partner/dating, married, neighbor, other, parent, sibling, stepparent, stranger, teacher, or unknown. Moreover, this variable was recoded into a new variable “survivor perpetrator relationship category,” to further classify the groupings for type of relationship the perpetrator had toward the victim, which contained the following categories: family (i.e.,

grandparents, parents, stepparents, foster parents, cousins, siblings, and aunts/uncles), friend/acquaintance (i.e., friends, acquaintances, teachers, bosses, co-workers, and neighbors), intimate partner (i.e., both current and former intimate partners, dating, spouses), and stranger. A second variable, “known perpetrator” was used to differentiate between a known relationship and a stranger or unknown relationship between the survivor and the perpetrator.

Verbal Threat. Verbal threat is defined as follows: any verbal threats the perpetrator made to the survivor. For the current study, verbal threat will be examined using the original study variable for “verbal threats”, which identifies if the survivor received verbal threats from the perpetrator.

Drug-Facilitated Sexual Assault (DFSA). DFSA is defined as follows: non-consensual sexual acts perpetrated when a person that is victimized is incapacitated by drugs or alcohol and is therefore prevented from resisting (Du Mont et al., 2010; Monk & Jones, 2014; Richer et al., 2017).

Non-Consensual DFSA. Refers to when a victim did not consent to using drugs or alcohol, and the administering of those drugs/alcohol led to non-consensual sexual contact.

Voluntary DFSA. Refers to when the victim willingly used drugs or alcohol, and the use of those drugs/alcohol led to non-consensual sexual contact.

For the current study, DFSA was examined using two original study variables “victim willing drug use” and “victim willing alcohol use,” and recoded into one variable, “voluntary DFSA,” which identifies if the survivor willingly took drugs or consumed alcohol on the day of the offense. Per previous literature, use of drugs and alcohol were reviewed and reported in conjunction, therefore these have been combined, for consistency.

Procedure

The original study included quantitative data collection from 534 case files meeting a specified criterion, collected by trained coders following a codebook (Zweig & Walsh, 2020). It followed the subsequent process: (1) studied both jurisdictions, identifying demographic data and which agencies to include, (2) qualitative data collection through semi-structured focus groups of relevant stakeholders and used NVivo to code themes, (3) quantitative data collection from 534 case files meeting a specified criteria, among two jurisdictions, and (4) data was analyzed using various statistical models, including frequencies, probabilities, and logistic regression.

The current study used several variables from the identified dataset, including variables relating to victim-suspect relationship, verbal threats, willing drug and alcohol use, time to reporting, and demographic and case-specific variables relating to the survivors and the perpetrators.

Results

Demographics

Demographic characteristics for both survivors and perpetrators are presented in [Table 1](#). In terms of survivors, the vast majority were between 17 to 26 years of age ($n=290$, 70.0%), with the number of survivors getting smaller as age groups increased. The survivor sample's racial and ethnic composition included nearly two-thirds White survivors ($n=266$, 64.3%) and the vast majority were non-Hispanic ($n=356$, 86.0%). In terms of perpetrators, the age of those offending varied, but the younger age group (20- to 26-year-olds) held a higher amount ($n=150$, 36.2%) of perpetrators, as compared to the other age groups. The perpetrator's racial and ethnic composition was closely distributed between White ($n=169$, 40.8%) and Black ($n=137$, 37.9%) and over two-thirds were non-Hispanic ($n=290$, 70.0%).

Reporting Delays Based on Victim-Suspect Relationship

Prevalence of Delays in Reporting if Known Perpetrator

Out of 414 unique cases, 85.5% ($n=354$) involved a known perpetrator, which included 9.4% ($n=39$) family perpetrators, 44.0% ($n=182$) friend/acquaintance perpetrators, and 32.1% ($n=133$) intimate partner perpetrators. In comparison, there were only 14.5% ($n=60$) of cases where the perpetrator was a stranger. See [Table 2](#) for additional information.

Average Time of Delays to Reporting

An analysis of variance (ANOVA) was performed to examine the hypothesis for aim 1, which examined if women who survived sexual violence exhibited longer periods of delays in reporting if the perpetrator was known to them – if the perpetrator was known, we would expect to see longer times in reporting to law enforcement than if the perpetrator was a stranger. The ANOVA looked at the average delay to reporting for the whole sample of 414 survivors ($M = 41.59$, $SD = 124.82$). Based on the ANOVA analysis, we can assume there is no homogeneity of variances, as assessed by Levene's test for equality of variances ($p < .001$) and reject the null, thus there was a statistically significant relationship between victim-suspect relationship and average time of reporting to law enforcement for distinct victim-suspect relationship categories, Welch's $F(3, 129.54) = 12.77$, $p < .001$. There was a significant effect of average time to reporting at the $p < .05$ level for the different victim-suspect relationship categories [$F(3,410) = 2.91$, $p=.034$]. There was an increase in time to reporting from the stranger category ($M = 3.63$, $SD = 13.17$) to the intimate partner category ($M = 54.28$, $SD = 125.36$), a mean increase of 50.65, 95% CI [22.03,79.26], which was statistically significant ($p < .001$). There was also an increase in time to reporting from the stranger category ($M = 3.63$, $SD = 13.17$) to the friend/acquaintance category

($M = 39.34$, $SD = 134.27$), a mean increase of 35.71, 95% CI [9.54,61.88], which was statistically significant ($p = .003$).

Delays to reporting were measured using the number of days between the sexual violence incident and the time when the survivor formally reported to law enforcement, results are presented in [Figure 1](#). Average time of delays to reporting differed greatly based on the victim-suspect relationship. The average amount of time it took the survivor to formally report the sexual violence incident consistently increased based on the level of closeness in the relationship to the perpetrator, from stranger ($n = 60$, $M = 3.63$, $SD = 13.17$), to friend/acquaintance ($n = 182$, $M = 39.34$, $SD = 134.27$), to intimate partner ($n = 133$, $M = 54.28$, $SD = 125.36$), to family ($n = 39$, $M = 67.18$, $SD = 158.29$), in that order.

A crosstabulation analysis was performed to calculate the odds ratio of a formal report to law enforcement being delayed based on the perpetrator being known to the survivor, using cases where relationship information was available ($n=414$). Known relationships were most common ($n = 354$) as compared to stranger relationships ($n = 60$), with 39.83% ($n = 141$) of known perpetrator cases having delayed reporting as compared to 15% ($n = 9$) of stranger perpetrator cases. Those with known perpetrators (calculated probability is .66) were over 3.5x more likely to delay formal reporting (calculated probability is .18). The odds ratio of delaying formal reporting in known perpetrator cases versus stranger perpetrator cases was .267, 95% CI [.127,.559].

Moreover, an ANOVA analysis was performed to observe any differences in reporting times based on survivor age category, results are presented in [Figure 2](#). This analysis only considered cases where survivor age category was available ($n=411$), unknown survivor age cases were removed from this analysis ($n=3$). There was a significant effect of average time to

formal reporting at the $p < .05$ level for the different survivor age categories [$F(3,407) = 3.92$, $p = .009$]. The average time to formally reporting decreased from the 17-26 ($n = 290$, $M = 53.33$, $SD = 137.48$) to 27-36 ($n = 60$, $M = 2.65$, $SD = 10.87$), with a slight increase to 37-46 ($n = 30$, $M = 25.63$, $SD = 129.02$) and another drop to 47+ ($n = 31$, $M = 8.19$, $SD = 30.83$) survivor age groups, in that order.

Association between Victim-Suspect Relationship and Verbal Threats and Willing Use of Drugs or Alcohol and Delayed Reporting

A linear regression was performed to assess the hypothesis for aim 2, which examined if there was an association between victim-suspect relationship and the perpetrator's use of verbal threats and the survivor willingly using drugs or alcohol – specifically, whether the compounding of these variables might lead to longer delays in reporting. Therefore, if the survivor had a known relationship with the perpetrator and also reported the use of verbal threats from the perpetrator or willingly using drugs or alcohol on the day of the offense, we would expect to see longer times in reporting to law enforcement. The linear regression allowed the case variables to be observed through a hierarchy, i.e., the analysis first considered the victim-suspect relationship and then took into account the variables for verbal threats and willingly using drugs or alcohol, in order to observe times in reporting. Through this analysis we were able to examine if the compounding of these variables can statistically significantly predict delays in reporting to law enforcement.

When examining the association between delays to reporting based on the victim-suspect relationship and verbal threats and the willing use of drugs or alcohol, 98 cases were found to have included verbal threats from the perpetrator ($n=13$) or the survivor willingly using drugs or

alcohol ($n=88$), with three cases having both variables present. [Table 3](#) outlines case summary information for factors associated with delays in reporting for the current study sample.

The verbal threats and voluntary DFSA variables were coded into dummy variables in order to perform a linear regression to better understand the effect of verbal threats and voluntary DFSA on time in reporting. A linear regression did not establish that the presence of verbal threats or voluntary DFSA could statistically significantly predict delays in formal reporting, $F(3, 371) = 1.888$, $p = .131$. The regression equation used was: predicted delay in reporting = $4.773 + \beta \times$ (presence of verbal threats or voluntary DFSA). On average, cases where the perpetrator was known, 95% CI [2.203,67.025], displayed a number of days of reporting that was 29.08 points higher than those who reported willingly using drugs or alcohol, 95% CI [-21.262,32.328], and 54.19 points higher than those who reported being verbally threatened, 95% CI [-85.668,46.511], as seen in [Table 4](#). In this sample, for cases where the perpetrator was known, $t = 2.100$ with a corresponding p -value of .036, which means that the chances of the difference in reporting times between known/unknown perpetrator cases that we have calculated is actually happening due to chance is very small. Additionally, for cases where the survivor reported willingly using drugs or alcohol, $t = .406$ with a corresponding p -value of .685, and for cases where the survivor reported being verbally threatened, $t = -.583$ with a corresponding p -value of .561 – which means that there are greater chances that the difference between present/not present voluntary DFSA or verbal threats groups that we have calculated is happening due to chance. Therefore, the statistical analysis continues to support that victim-suspect relationship is a significant factor that influences delays in reporting, but there is not enough support that the presence of voluntary DFSA or verbal threats contributes to longer delays in reporting, for the current study sample.

Discussion

This study examined the potential barriers to reporting sexual violence for adult women survivors. Such barriers include victim-suspect relationship, which led to delays in reporting to law enforcement, primarily in cases where the perpetrator was known to the survivor. We also examined whether there was an association between victim-suspect relationship and the perpetrator's use of verbal threats and the survivor willingly using drugs or alcohol that might lead to longer delays in reporting. Overall, we found significant delays when the perpetrator was known to the victim, however contrary to expectations, we did not find that the use of verbal threats or substances resulted in significantly more delays in reporting.

As hypothesized, reporting to law enforcement was significantly more delayed in cases where the perpetrator was known to the victim, with delays ranging up to 2.77 years. Approximately 76% of known perpetrator cases involved a friend/acquaintance and intimate partner perpetrator. The aforementioned findings are congruent with the literature around primary factors that have been found to be associated with delayed reporting of sexual violence incidents (Ahrens et al., 2010; Brooks-Hay, 2020; Johnson & Hiller, 2019; Jones et al., 2009; Layman et al., 1996; McCall-Hosenfeld et al., 2009; Monroe et al., 2005; Tashjian et al., 2016). For this reason, it is imperative that service providers (e.g., law enforcement) continue to enhance collaboration with psychologists to improve communication strategies and expand outreach in places that may provide better access to vulnerable populations (i.e., schools, workplace, libraries, shelters, religious houses, community centers, etc.). Even though victim-suspect relationship is a static factor, there are a host of other factors that contribute to delays in reporting sexual victimization and if those can be addressed we can potentially see a reduction in the effect victim-suspect relationship has on formal reporting.

Additionally, consistent with previous literature (Bicanic et al., 2015; Klemmer et al., 2021), in majority of cases ($n=290$, 70.0%) delays in reporting were higher for the younger age group (17-26 years old), an average of 53.3 days, as compared to the older age groups (27-36, 37-46, and 47+ years old), an average of 2.7, 25.6, and 8.2 days, respectively. Similar to Wolitzky-Taylor et al., 2011, we also found a lower number of reports were made by women of color, with only 35.7% ($n=148$) of cases reported by women of color and overall, only 12.1% ($n=50$) of women reporting were Hispanic. Research suggests there are additional factors that affect people of color which can deter reporting, including overpolicing in low-income neighborhoods and communities of color, increased negative reactions, the combination of both race and gender-based discrimination can undermine institutional trust in police, and intersecting racial and gender identities that simultaneously affect experiences of violence (Decker et al., 2019; Hakimi et al., 2018; Jacques-Tiura et al., 2010; Zweig et al., 2021). The fact that some research has found that men of color are more likely receive harsher punishments for sexual assault may also deter reporting (Franiuk et al., 2020). Therefore, it is important to prioritize the younger populations and women of color when it comes to improved education and services.

Undoubtedly, one pivotal finding was that in cases of sexual violence perpetrated by a stranger, reporting to law enforcement took place within an average of four days. However, this was in line with prior research indicating that survivors of sexual violence are delayed in reporting if the perpetrator was known to them, due to the dynamics of that relationship and complexity of the situation which can make the decision to disclose even more difficult (Williams, 2015). Thus, it is plausible that increased levels of trust and closeness can have a lasting effect on the survivor, due to a variety of factors, (i.e., the approach and actions taken to develop and maintain the relationship, the varying locations in which the abuse takes place, types

and levels of contact, and the context in which the two interact), which can contribute to delays in reporting (Davis et al., 2009; Jones et al., 2009; McCall-Hosenfeld, et al., 2009; Monroe et al., 2005; Williams, 2015). While the literature pointing to a decreased ability to recognize, articulate, and disclose sexual abuse has focused on CSA, it may be inferred that the same factors attributed to CSA cases (i.e., impact of trauma resulting from the abuse, power differentials between the victim and perpetrator, and institutional power dynamics) can be true of adult relationships (CHILD USA, 2020). Adults have repeatedly shared often times feeling confused about the situation and did not often acknowledge their rape due to the perpetrator relationship, and psychosocial variables have been found to be significantly different in women not reporting, including not wanting the perpetrator to go to jail (Jones et al., 2009; Layman et al., 1996). Indeed, survivors of sexual violence have a need for support, primarily from family and friends, but if those support systems are the ones doing the victimization, it is difficult for the person to decide on their own to formally report the crime, which can lead to not only a break in the relationship but also lasting negative effects for the known perpetrator. Additionally, when it comes to physical evidence, such as traces of DNA, a person who knew their offender would be less concerned with identification of the perpetrator.

Finally, we found that the presence of verbal threats and willing use of drugs and alcohol delayed reporting in 23.5% ($n=23$) of cases. In cases where verbal threats or voluntary DFSA were present, analysis showed that those survivors seemed to display lower points in formally reporting as compared to those survivors only identified as knowing their perpetrators, however these factors were not related to significant delays to formal reporting. Nevertheless, this is consistent with previous literature – higher reports of verbal threats and DFSA are found in cases not formally reported (Bicanic et al., 2015; Flowe & Maltby, 2018; Tadros et al., 2018), thus, it

is not surprising that a dataset of formally reported cases contained a low number of cases with these variables.

Limitations

There are several limitations to this study. The use of archival data for this study created a limitation in terms of available information. The use of variables and details available were limited by what was reported. Although the dataset provided access to a large sample of survivors and a extensive number of variables, only the quantitative information could be publicly accessed. If access were available for the corresponding qualitative information, additional observations might prove beneficial in further interpretation of the study variables and analyzing supplementary factors.

In addition, the data was collected from law enforcement and prosecutor focus groups rather than from the victim perspective, thus we were unable to assess psychological barriers that may have impeded reporting. This is important because the psychological damage a traumatic event can create in a person's life can greatly influence future actions and decisions, such as formally reporting, which can lead to a reduced likelihood of receiving the necessary care to experience successful outcomes.

Furthermore, the dataset only provided cases where formal reports were submitted to law enforcement, thus limiting the sample, and excluding the possibility of observing and analyzing the variables for people who report to family and friends. Based on the literature, a large majority of sexual violence survivors do not formally report the incidents, therefore, the current study is only looking at a small portion of cases. Moreover, this is particularly important because cases where the survivor has not formally reported might provide greater insight into factors associated with delays in formally reporting.

Additionally, while the data was gathered from two distinct jurisdictions, they were still part of the same U.S. state. Thus causing limitations in the generalizability of the study, since sexual violence survivor samples from other states in the U.S. or other countries might evince different factors associated with delays in reporting, depending on variables such as the region, the laws, policies and procedures, and services provided, etc.

Directions for Future Research

Further research is needed on delays to reporting for survivors in cases where the perpetrator was known, specifically what made them feel safe to disclose at a later time. Expanding research in this area can assist in further development of resources and treatment in order to reduce time in reporting by allowing service providers and law enforcement to develop tools, procedures, and staff trainings that are consistent with best practices for what works with this population.

Moreover, further study of variables that might exacerbate reporting delays. For example, while aim 2 was not supported using this sample, the literature does suggest that variables pertaining to the presence of verbal threats and voluntary DFSA have been found to be important factors contributing to delayed reporting. Sorochinski and Salfati (2018) studied individual differentiation and consistency in serial sexual assault, findings suggest that verbal control appears mainly in addition to other types of control, e.g., weapon control. Thus, it would be interesting to use these findings to explore how formal reporting might be affected if verbal threats were observed in combination with other variables identified in sexual assault behavior literature. Therefore, focusing on cases where those variables are present for a higher quantity of the sample would be valuable in better understanding the dynamics of those factors.

Likewise, exploration of the survivor cases in the current study would be beneficial in examining other variables that might have an impact on reporting delays. For example, studying survivor attitudes, i.e., whether the survivor was the person who formally reported the incident and if the survivor was cooperative throughout the process, would widen the body of literature in this area. Similarly, researching case outcomes and law enforcement level of response in apprehension of the perpetrator in order to identify any data points that prove most helpful in criminal justice and law response to sexual violence incidents.

Evidently, survivors of sexual violence disclose in distinct ways and over a range of time, thus, future research focused on psychological barriers to reporting is crucial. Consistently, the literature stated the lasting effects not reporting can have on a survivor's mental health, such as depression and posttraumatic stress (Ahrens, 2010; Klemmer et al., 2021; Wolitzky-Taylor et al., 2011). While one of the primary reasons for delayed reporting was victim-suspect relationship, there are psychological factors that contribute to the connection the survivor feels toward the known perpetrator, which impedes the survivor's attitude towards formally reporting and their successful mental health outcomes.

Furthermore, using the Theory of Planned Behavior (TPB) – which examines attitude toward the behavior, subjective norm, and perceived behavioral control – to better study identified variables. The literature has supported that TPB is useful in observing reporting behavior and suggests that a survivor's feelings of control and confidence toward reporting showed stronger intentions of formally reporting (Amar, 2009). To this end, using qualitative data to explore additional variables in conjunction with TPB would be advantageous.

Implications and Conclusions

In conclusion, while further research is needed, so is improved education and policies in the area of sexual violence. The research exists, what we must improve is dissemination of education to the public, in both a preventive capacity (i.e., informing in regard to risk cues and behaviors that can increase awareness and caution) and a restorative capacity (i.e., provision of services and supports, and encouraging formal reporting). There is a need for education to be built up in the areas of identifying signs of ongoing sexual violence (especially for younger people and intimate partner situations), as well as how to ask for or obtain help.

Moreover, state policies and law enforcement departmental policies and procedures would benefit from review in order to ensure the department is equipped with the latest tools when it comes to responding to sexual violence incidents and providing support to survivors. Survivors have also expressed a barrier to reporting to include concerns when reporting to law enforcement (Darwinkel et al., 2013; Monroe et al., 2005; Winters et al., 2020). Previous studies identifying factors that would increase individual motivation stated systemwide improvements, increased awareness, using motivating emotions, improved education and how to report, and ensuring privacy (Winters et al., 2020). Studies have observed that training affects police officer attitudes toward survivors, leading to changes due to greater understanding of the dynamics of sexual offending, which resulted in an increase of confidence in case authorization and a decrease in perception of “responsibility” from the person that was victimized (Darwinkel et al., 2013). Thus, incorporating new techniques into law enforcement trainings when it comes to interacting with survivors of sexual violence can lead to improvements to this barrier to reporting by encouraging survivors to formally report sooner. Making trainings more culturally congruent in order to enhance police response (Burton & Guidry, 2021). Moreover, consistently incorporating best practices into treatment programs for people returning home who have been

convicted of a sexual offense (e.g., [Circles of Support and Accountability](#)). Likewise, continued collaboration amongst offender treatment and victim advocacy initiatives in response to sexual violence would also be beneficial since research suggests lower risk levels for people completing treatment programs (D'Amora & Burns-Smith, 1999; Hanson & Bussière, 1998).

Ultimately, the central thesis of this paper is to improve survivor access to treatment, law enforcement, and other services in order to increase likelihood of recovery and reduced psychological distress. Formal reporting may not always be necessary in accomplishing that goal. To this end, there is a pressing need to improve access to community resources and services provided and to empower survivors of sexual violence to come forward – but it is essential to first address the barriers survivors encounter to reporting sexual violence. If not addressed, these barriers can lead to delayed reporting or nondisclosure of sexual victimization. Communities must strengthen education and enhance strategies around the reporting of sexual violence and make resources more readily available for survivors.

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Appendix: Tables and Figures

Table 1. Survivor and Perpetrator Demographic Information

		Survivors ^a		Perpetrators ^a	
(N=414)		<i>n</i>	%	<i>n</i>	%
Gender	Female	414	100%	0	0%
	Male	0	0%	340	82.1%
	Unknown/Missing	0	0%	74	17.9%
Age	17-26 ^b	290	70.0%	150	36.2%
	27-36	60	14.5%	85	20.5%
	37-46	30	7.2%	38	9.2%
	47+	31	7.5%	52	12.6%
	Unknown/Missing	3	0.7%	89	21.5%
Race ^c	White	266	64.3%	169	40.8%
	Black	140	33.8%	157	37.9%
	Asian	8	1.9%	10	2.4%
	Pacific islander	0	0.0%	0	0.0%
	Native American	0	0.0%	1	0.2%
	Other	0	0.0%	3	0.7%
	Unknown/Missing			75	18.1%
Ethnicity	Hispanic	50	12.1%	41	9.9%
	Non-Hispanic	356	86.0%	290	70.0%
	Unknown/Missing	8	1.9%	83	20.0%

^a % may add to more than 100%, due to rounding of decimals.

^b Perpetrator younger age group was 20-26-year-olds.

^c N and % may add to more than 100%, due to the fact that suspect identified with more than one race category.

Table 2: Average Days between the Sexual Assault and Report to Law Enforcement

Victim-Suspect Relationship by Category		Total for Category ^a		Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max
		N (N=414)	%				Lower Bound	Upper Bound		
Victim-Suspect Relationship by Category	friend/acquaintance	182	44.0%	39.34	134.269	9.953	19.70	58.98	0	1012
	intimate partner	133	32.1%	54.28	125.362	10.870	32.78	75.78	0	708
	family	39	9.4%	67.18	158.291	25.347	15.87	118.49	0	666
	stranger	60	14.5%	3.63	13.172	1.700	.23	7.04	0	82
Total		414	100%	41.59	124.817	6.134	29.53	53.65	0	1012

^a % may add to more than 100%, due to rounding of decimals.

Table 3. Case Summary of Factors Associated with Delays in Reporting

Victim-Suspect Relationship by Category		Average Days to Report	Delayed Report	Verbal Threats	Drug-Facilitated Sexual Assault (DFSA) ^a	
					Non-Consensual	Voluntary
Victim-Suspect Relationship by Category	friend/acquaintance	47	64	5	106	58
	intimate partner	54	59	1	106	11
	family	67	18	0	33	4
	stranger	4	9	7	42	15
Total		37	150	13	287	88

^aN may not add to 100%, due to missing/unknown values.

Table 4. Compounding Factors Associated with Delays in Reporting

Model	Coefficients ^a									
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics		
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF	
1	(Constant)	4.773	15.783		.302	.763	-26.263	35.808		
	Known Perpetrator	34.614	16.483	.111	2.100	.036	2.203	67.025	.952	1.051
	Verbal Threat	5.533	13.627	.021	.406	.685	-21.262	32.328	.999	1.001
	Voluntary DFSA	-19.579	33.610	-.031	-.583	.561	-85.668	46.511	.952	1.050

a. Dependent Variable: Days between the sexual assault and the report to law enforcement?

Figure 1. Average Reporting Days based on Victim-Suspect Relationship

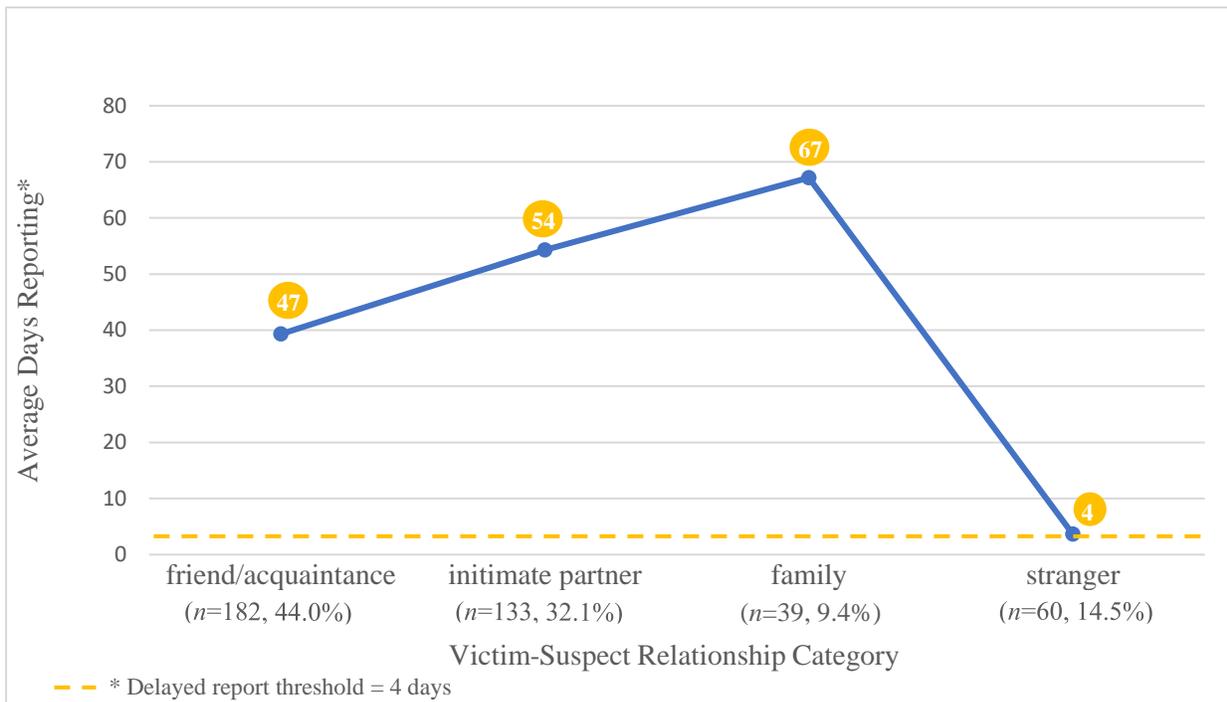
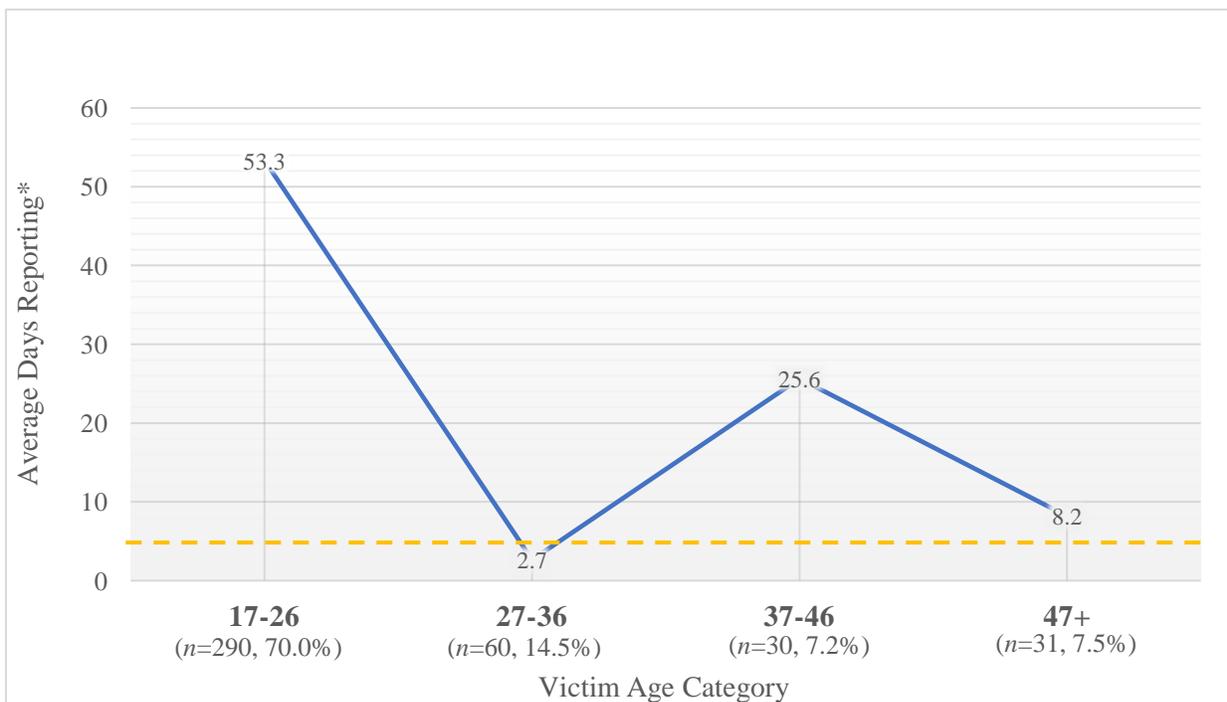


Figure 2. Average Reporting Days based on Survivor Age Category



Appendix II: Code Book

<i>Name</i>	<i>Description</i>	<i>Values</i>	<i>Additional Information</i>
<i>STUDY_ID</i>	The individual unique identifier per case	1-534	Specific cases have been removed to fit inclusion criteria. N = 414
<i>SURVIVOR_PERPETRATOR_RELATIONSHIP_CATEGORY</i> <i>Recoded from: VICTIM_SUSPECT_RELATIONSHIP</i>	RECODE What was the relationship between the perpetrator and the survivor?	1 Family 2 Friend/ Acquaintance 3 Intimate Partner 4 Stranger	Original Values 1 acquaintance 2 aunt/uncle 3 boss 4 co-worker 5 cousin 6 former intimate partner 7 foster parent 8 friend 9 grandparent 10 intimate partner/ dating 11 married 12 neighbor 13 other 14 parent 15 sibling 16 step-parent 17 stranger 18 teacher 19 unknown 99 Missing
<i>KNOWN_PERPETRATOR</i>	Suspect was known to victim (unknown recoded to missing)	0 No 1 Yes 99 Missing/Unknown	
<i>HRS_TO_REPORT</i>	Hours between offense and report to law enforcement	Number of hours from offense to report	

<i>DAYS_TO_REPORT</i>	Days between offense and report to law enforcement	Number of days from offense to report	
<i>DELAYED_REPORT</i>	Delayed report to law enforcement (>96 hours)	0 No 1 Yes 99 Missing/Unknown	
<i>VERBAL_THREATS</i>	Perpetrator made verbal threats to survivor?	0 No 1 Yes 99 Missing/Unknown	
<i>VOLUNTARY_DFSA</i>	RECODE Did the survivor willingly take drugs or drink alcohol on the day of the offense?	0 No 1 Yes 99 Missing/Unknown	Recoded to combine if the survivor willingly used either drugs or alcohol
<i>DEMOGRAPHIC_VARIABLES</i>	Survivor Gender	1 Female	
	Perpetrator Gender	1 Male 99 Missing/Unknown	
	Age (category)	1 17-26 2 27-36 3 37-46 4 47+ 99 Missing/Unknown	
	Race	0 No 1 Yes 99 Missing/Unknown	Individual variables for these categories: White Black Asian Pacific Islander Native American Other
	Ethnicity	1 Hispanic 2 Non-Hispanic 99 Missing/Unknown	