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The Role of "Real Rape" and "Real Victim" Stereotypes in the Police Reporting Practices of Sexually Assaulted Women

JANICE DU MONT
KAREN-LEE MILLER
TERRI L. MYHR

*Centre for Research in Women's Health, Sunnybrook and
Women's College Health Sciences Centre and the University of Toronto*

Some feminists have argued that rape myths constrain women's reporting of sexual assault to the police. The authors investigated whether myth-associated characteristics of sexual assaults play a role in police reporting behaviors of women. A sample of 186 sexual assault cases seen at a hospital-based sexual assault care center in 1994 was analyzed using logistic regression. A positive association was found between reporting a sexual assault to the police and two overtly violent components of the "real rape" myth: the use of physical force and the occurrence of physical injury.

Keywords: *police reporting; rape; rape myths; sexual assault*

The present research focused on the police reporting practices of sexually assaulted women who presented to a hospital-based sexual assault care center. Our primary objective was to examine the extent to which sexual assault cases reported to the police are imbued with stereotypes associated with the "real rape" and "real victim" myths. As well, we sought to assess whether women who have breached "appropriate" standards of behavior or who otherwise do not meet the criteria of "genuine" victims were less likely to bring their cases to the attention of the police. We begin by illustrating some of the benefits that have been associated with report-

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ing a sexual assault to the police. We then outline initiatives undertaken in the past 20 years that have sought to encourage reporting and improve the legal treatment of sexually assaulted women. Next, we explore some of the reasons why sexually assaulted women remain reluctant to report to the police. Finally, we review empirical research looking at factors related to the police reporting practices of sexually assaulted women in the context of common rape myths and stereotypes and provide the rationale for the current investigation.

BACKGROUND

The reporting of a sexual assault to the police represents a woman's entry into the purview and protection of the law. It announces the moment at which society's formal sanctioning process can begin (Bachman, 1993, 1998) and provides a number of "social goods" (Gartner & Macmillan, 1995) for women as victims,¹ women-qua-women, and the larger community. Reporting has been linked to a woman's sense of restored well-being (Griffiths, 1999; Winkel & Vrij, 1993); referral and eligibility for assault-related health, social, and legal services (Feldman-Summers & Norris, 1984; Gartner & Macmillan, 1995; Neville & Pugh, 1997); reduced chances of repeat victimization through the potential apprehension, punishment, and rehabilitation of the offender (Feldman-Summers & Norris, 1984; Neville & Pugh, 1997); the deterrence of would-be rapists (Bachman, 1993, 1998); and better informed social policy and research (Gartner & Macmillan, 1995). Historically, however, few sexually assaulted women have sought assistance from the criminal justice system (D.E.H. Russell, 1984; Solicitor General Canada, 1985; Steketee & Austin, 1989).

Over the past two decades, there have been initiatives aimed at improving the legal treatment of sexually assaulted women. Rape crisis centers and victim assistance programs offer crisis intervention, emotional support, counseling, and advocacy to women who have been sexually assaulted. Specialized police squads have been created, and in-depth training and education are now available to law enforcement and correctional service employees in many jurisdictions. As well, hospital-based sexual assault care and treatment programs have been established, providing

victims with around-the-clock support and crisis counseling, medical care, referrals to local service providers, and forensic evidence collection for potential court use (Du Mont, Macdonald, & Badgley, 1997; Resnick, Acierno, Holmes, Dammeyer, & Kilpatrick, 2000). During this time, rape law reforms were introduced in Canada, the United States, England, and other industrialized countries (Tang, 1998). In Canada, amendments to the criminal code in 1983 broadened the definition of what was deemed a sexual offense (Department of Justice Canada, 1990). The offenses of rape, attempted rape, and indecent assault were replaced with sexual assault (Criminal Code of Canada, Section 271); sexual assault with a weapon, threats to a third party, or causing bodily harm (Criminal Code of Canada, Section 272); and aggravated sexual assault (Criminal Code of Canada, Section 273). Although one of the goals of these reforms was to increase the proportion of women reporting sexual assault, results from studies evaluating their effectiveness have been mixed (Bachman & Paternoster, 1993; Gunn & Linden, 1997; Roberts & Grossman, 1994).

Sexual assault remains one of the most underreported crimes (Bachman, 1998; Estrich, 1987; Steketee & Austin, 1989; Working Group of Attorneys General Officials, 1992). In Canada, the Violence Against Women Survey found that only 6% of sexual assaults reported in the survey had been disclosed to the police (Statistics Canada, 1993). Unreported rapes are considered to pose a "serious threat to women in particular and to public safety in general" (Bachman, 1993, p. 255). Women's nonreporting has been ascribed to intrapsychic processes such as self-blame (Gunn & Minch, 1988; Peretti & Cozzens, 1979, 1983; Stewart, Dobbin, & Gatowski, 1996; Wiehe & Richards, 1995), guilt (Binder, 1981; Wiehe & Richards, 1995), shame (Easteal, 1994; Tomlinson, 2000; Wiehe & Richards, 1995), embarrassment or wanting to keep the rape a private matter (Bachman, 1993, 1998; Binder, 1981; Peretti & Cozzens, 1983), humiliation (Peretti & Cozzens, 1979), fear and helplessness (Dukes & Mattley, 1977; Kidd & Chayet, 1984), and denial (Peretti & Cozzens, 1979, 1983). Studies have found that women have been "frightened into silence" by concerns of reprisal by the offender (Hattem, 2000, p. 15; see also Bachman, 1993, 1998; Binder, 1981; Dukes & Mattley, 1977; Easteal, 1994; Fisher, Cullen, & Turner, 2000; Hindelang & Davis, 1977; Solicitor General Canada, 1985). Finally, fear of the attribution of blame by

others or of not being believed (Binder, 1981; Gunn & Minch, 1988; Tomlinson, 1999, 2000), particularly when having engaged in "high risk behaviors" such as drinking or using drugs (Stewart et al., 1996; Tomlinson, 1999; Wiehe & Richards, 1995), has also been linked to women's decisions not to report to the police.

Women's views of the criminal justice system also inhibit their reporting of sexual assault. Several studies have linked reluctance to report to concerns regarding police biases against women and officers' ineffectiveness and unwillingness to get involved (Bachman, 1993, 1998; Binder, 1981; Dukes & Mattley, 1977; Easteal, 1994; Feldman-Summers & Norris, 1984; Fisher et al., 2000; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Griffiths, 1999; Kidd & Chayet, 1984; Neville & Pugh, 1997; Roberts & Grossman, 1994; Solicitor General Canada, 1985; Stewart et al., 1996; Tomlinson, 1999). In a recent report from Justice Canada, the most common reason that victims cited for not reporting was negative beliefs about or experiences with the criminal justice system's response to sexual assault (Hattem, 2000). Furthermore, almost 9 out of 10 survivors of sexual assault in Calgary, Canada, felt that "reporting to the police would mean that a [woman's] personal life would be dragged through the mud," and 70% stated that her "actions and decisions would be judged as inappropriate" (Tomlinson, 1999, p. 66).

Tomlinson (1999) has remarked that the majority of factors that negatively influenced police reporting in her study "stem directly from rape myths that are deeply embedded in our general culture" (p. 86) (see also Denike, 2000; Du Mont & Parnis, 1999; McIntyre, Boyle, Lakeman, & Sheehy, 2000; Stewart et al., 1996). Rape mythology characterizes rape as an act of violent, forceful penetration committed by a stranger during a blitz attack in a public, deserted place. The victim is portrayed as a morally upright White woman who is physically injured while resisting (Steketee & Austin, 1989; Weis & Borges, 1973; Williams, 1984). This classic rape scenario involves highly codified and mutually reinforcing notions of what may be deemed a "legitimate" or "real rape" and who might be convincingly labeled a "genuine" or "real victim" (Estrich, 1987; Williams, 1984). Irrespective of the assault, traditional notions of chastity and respectability have been seen as effectively disqualifying the "experienced" and the "misbehaved" from claiming or achieving real victim status,

including lesbians, sex trade workers, psychiatricized women, low-income women, hitchhikers, and those who frequent nightclubs and/or who have been drinking (Chandler & Torney, 1981; Clark & Lewis, 1977; Hinch, 1988; Holmstrom & Burgess, 1978; LaFree, 1989; Lees, 1993; Martin & Powell, 1995; McCahill, Meyer, & Fischman, 1979; McIntyre et al., 2000; Nightingale, 1991; M. Russell, 1980; Sheehy, 2000; Stewart et al., 1996). Furthermore, Razack (1994) has argued that "race never absents itself from the rape script," with Black and Aboriginal women considered "less inherently worthy than White women" (p. 899).

Results from empirical studies examining the factors related to police reporting have tended to mirror the "real rape"² circumstance. These findings include assault by a stranger (Easteal, 1994; Feldman-Summers & Norris, 1984; Golding et al., 1989; Greenberg & Ruback, 1992; Gunn & Minch, 1988; Lizotte, 1985; Lizotte & Wolfson, 1981, cited in Lizotte, 1985; McGregor, Wiebe, Marion, & Livingston, 2000; Renner & Wackett, 1987; Renner, Wackett, & Ganderton, 1988; Williams, 1984), forcible intercourse (Golding et al., 1989), and the use of weapons or physical force (Bachman, 1993, 1998; Greenberg & Ruback, 1992; Lizotte & Wolfson, 1981, cited in Lizotte, 1985). As well, some studies have found that women who are physically injured and who seek medical treatment are more likely to disclose (Bachman, 1993, 1998; Easteal, 1994; Feldman-Summers & Norris, 1984; Gunn & Minch, 1988; Lizotte, 1985; Lizotte & Wolfson, 1981, cited in Lizotte, 1985; McGregor et al., 2000; Williams, 1984).

To date, it has been difficult to construct a reliable profile of the woman who reports sexual assault to the police. Consistent with the real victim ascription, some studies suggest that women who report are younger (Hindelang & Davis, 1977; M. Russell, 1980), single, sexually inexperienced (M. Russell, 1980), have not been previously sexually assaulted (Gunn & Minch, 1988), resist the assailant (Gunn & Minch, 1988), and show visible signs of emotional trauma (Golding et al., 1989). This contrasts with evidence that indicates victims are more likely to come forward if they are older (Greenberg & Ruback, 1992; Gunn & Minch, 1988; Holmstrom & Burgess, 1978), married (Lizotte, 1985), or members of visible minority groups (Bachman, 1998; Hindelang & Davis, 1977).³ Moreover, studies have found that both women from lower socioeconomic backgrounds (Bachman, 1993; Lizotte, 1985;

McGregor et al., 2000) and those employed in higher status occupations (Gunn & Minch, 1988) are more likely to disclose.

These conflicting results may be partially explained by the different ways in which victim-related variables have been defined and measured across studies. For example, Greenberg and Ruback (1992) treated age as a continuous variable, whereas M. Russell (1980) treated it as a categorical variable. Many of these studies have also made use of data sets that contain a restricted number of sociodemographic factors (e.g., Hindelang & Davis, 1977; McGregor et al., 2000). Some studies have been limited by small study groups (e.g., Gunn & Minch, 1988) that preclude their use of multivariate statistical analyses (e.g., Gunn & Minch, 1988; M. Russell, 1980). Most also have relied on data collected in the 1970s and 1980s (e.g., Gunn & Minch, 1988; Hindelang & Davis, 1977; Holmstrom & Burgess, 1978; Lizotte, 1985), prior to procedural changes and legislative reforms that were designed, in part, to increase sexual assault reporting (Bachman & Paternoster, 1993; Jordan, 2001; McIntyre et al., 2000; Temkin, 1997). Finally, because the vast majority of these studies have been conducted in the United States, very little is known about the factors related to reporting in Canada.

THE PRESENT RESEARCH

The purpose of this study was to examine the police reporting practices of sexually assaulted women who presented to a hospital-based sexual assault care center (SACC) in a large urban area in Ontario, Canada, between January 1 and December 31, 1994. Although the study does not address the full range of limitations of the extant literature, it considers a broader array of victim, assailant, and assault-related variables than have previously been studied. This work also focuses on the reporting of sexual assaults to the police subsequent to the rape processing reforms of the early 1980s. Our investigation is guided by the following research questions: (a) To what extent are reported cases imbued with the "real rape" and "real victim" myths, and (b) are women who have breached "appropriate" standards of behavior or who otherwise do not meet the criteria of "genuine" victims less likely to bring themselves to the attention of the criminal justice system?

METHOD

SETTING

The SACC's mandate is to attend to the physical, psychological, social, and medico-legal concerns of women and men who have been sexually assaulted within the preceding 72 hours. The sexual assault team is composed of social workers and on-call physicians and/or nurses. They offer crisis counseling, medical assessment, treatment of injuries, prevention of postassault pregnancy and sexually transmitted infections, and ongoing therapeutic support. At clients' request, medical forensic evidence may be collected for potential court use (Du Mont, McGregor, Myhr, & Miller, 2000; Du Mont & Parnis, 2002; Du Mont & Parnis, 2000, Du Mont & Parnis, in press; McGregor, Lipowska, Du Mont, & DeSiato, in press; Parnis & Du Mont, 2002). Approximately 325 clients are seen annually, 95% of whom are female.

PROCEDURE

Since 1992, SACC researchers have collected information gathered by attending nurses and/or physicians during client visits. Copied onto a standardized coding sheet, the information collated includes demographics, health and abuse history, presentation information, assailant characteristics (sex, relationship to victim), assault characteristics, and physical and forensic findings. Researchers assess the accuracy and reliability of the data collation approximately every 6 months. This is done by abstracting data independently using the standardized coding sheet and then comparing results and revising collection methods until 100% agreement is obtained (Du Mont & Myhr, 2000; Stermac, Du Mont, & Dunn, 1998).

Late in 1994, research team members approached the local police service with a proposal to link 2 years of SACC data to police and court outcomes. Although the proposal was approved in November 1995, changes in police staff necessitated a second review process that postponed the study another year. In November 1996, it was decided that 1994 and 1995 files would be examined because it could take up to 2 years or more for a reported case to proceed through the legal system. Although the data collection

began the following month, the absence of a centralized storage site for police files required that 11 police divisions and the downtown location of the crown attorney office be visited. Because it took almost 12 months to collect 1 year of data, the plan to include 1995 cases had to be forfeited. Data extracted for sexual assaults occurring in 1994 included information related to police reporting (e.g., who reported the assault), police actions (e.g., suspect apprehended, charges laid), crown attorney actions (e.g., charges withdrawn), and court outcomes (e.g., guilty plea, guilty verdict). This information was entered into the Statistical Package for Social Sciences and merged with victim, assailant, assault, and medical treatment information for 1994 cases in the SACC database.

STUDY GROUP

During the study period, a total of 300 sexual assault victims presented to the SACC. Seven women presented more than once; only their initial visit was included in the analysis. Cases involving male victims ($n = 16$) and for which the reporting outcome was not known ($n = 26$) were excluded. To ensure that there was "some degree of cognitive decision-making" (Bachman, 1993, p. 259) on the part of the victim, cases reported to the police by others (e.g., witnesses, current and previous partners, family members, friends, school personnel) were also excluded ($n = 65$), resulting in a sample size of 186.

VARIABLES

Independent variables extracted from the database and examined in this study were chosen on the basis of their association with characteristics of women and sexual assaults ascribed in previous literature to a "real victim" and a "real rape."

Characteristics of the woman included age, visible minority, marital and employment status, history of mental health difficulties (ranging from benzodiazepene use for anxiety to chronic schizophrenia), previous adult sexual assault, use of alcohol prior to the assault, and emotional presentation subsequent to the assault. These variables reflect the following "real victim" stereotypes: younger versus older, White versus visible minority, single

versus married or cohabiting, employed versus unemployed, no mental health difficulties versus mental health difficulties, no previous adult sexual assault versus previous adult sexual assault, no use of alcohol prior to the assault versus use of alcohol prior to the assault, and emotively expressed subsequent to the assault versus emotively controlled subsequent to the assault.

Characteristics of the assault included incidence of multiple assaults, relationship to assailant, location and type of assault, presence of a weapon, use of physical force (ripping clothes, slapping, kicking, hitting, and/or choking), and occurrence of clinically observed injuries (bruises, bites, burns, lacerations, abrasions, bumps, fractures, and/or internal injuries). These variables reflect the following "real rape" stereotypes: multiple versus single assault(s), stranger versus known assailant, outdoors versus elsewhere, penetration versus no penetration, and clinically observed injuries versus no clinically observed injuries.

The dependent variable, reported to the police, was treated dichotomously and coded positive if the police accompanied the woman to the SACC or were involved in her case prior or subsequent to the visit and if the woman had contacted the police herself.

ANALYTIC STRATEGY

The statistical analyses were carried out in several stages using the Statistical Package for Social Sciences, Version 7.5 for Windows. Characteristics of the woman and the assault were described using frequencies for categorical variables and means and standard deviations for continuous data. Chi-square and *t* tests were then used to determine whether there were significant differences in the characteristics of women who reported to the police and those who did not. Finally, to control for imbalances in the data, variables for which there was a significant difference at $p < .15$ were entered into a logistic regression model. Prior to inclusion, these variables were screened for multicollinearity using the Pearson correlation and the Spearman rank correlation coefficients. None of the variables had a correlation coefficient greater than .50. Cases with missing data (i.e., not stated, not recorded) were excluded from the denominator of the estimates. Variables in the final model were reported significant at the $p < .05$ level.

Odds ratios and 95% confidence intervals were calculated as a measure of the magnitude of the association between the independent variables and reporting outcome.

RESULTS

CHARACTERISTICS OF THE WOMAN AND THE ASSAULT

Women ranged in age from 16 to 61 years ($M = 27.0$, $SD = 9.3$). Approximately one third (30.8%) were women of color, and 19.2% were married or cohabiting at the time the data were collected. Approximately 7 out of 10 women were unemployed (71.3%) and reported having been previously sexually assaulted as an adult (70.2%). Two fifths (40.4%) reported having experienced mental health difficulties that ranged from having used benzodiazepenes for anxiety to chronic schizophrenia. Almost half (49.7%) had been drinking prior to the assault. The attending sexual assault practitioner described two fifths (40.3%) of the women as "non-emotive," that is, calm, matter-of-fact, detached, and/or rational.

More than one half (51.3%) of women experienced multiple assaults (e.g., vaginal and anal penetration). In most cases, women knew their assailants: 21.6% were assaulted by men known less than 24 hours, such as bar acquaintances and sex trade clients; 35.7% by men known more than 24 hours, including relatives, friends, supervisors, and landlords; and 22.2% by current or previous boyfriends or common-law or marital partners. More than one quarter (26.0%) of the sexual assaults occurred outdoors, and 15.1% involved a weapon. A substantial minority (27.5%) of women was physically coerced by the assailant, that is, hit, punched, kicked, choked, or had their clothes torn. Most (89.0%) were vaginally, anally, or orally penetrated. More than three fifths (60.5%) sustained clinically observed injuries such as bruises, bites, burns, lacerations, abrasions, bumps, or fractures.

FACTORS ASSOCIATED WITH REPORTING TO THE POLICE

Of the 186 cases examined in this study, exactly one half (50.0%) were reported to the police. Tables 1 and 2 summarize bivariate

TABLE 1
Characteristics of the Woman by Reporting to the Police

<i>Characteristic of Woman</i>	N	<i>Reported to Police</i>				<i>Statistic</i>	<i>p Value</i>
		<i>Yes</i>		<i>No</i>			
		n	%	n	%		
Age in years ^a	186	28.0	9.7	26.0	8.9	1.47	.143
Visible minority	182	25	27.2	31	34.4	1.13	.288
Married/cohabiting	182	20	21.7	15	16.7	0.75	.385
Unemployed	150	56	76.7	51	66.2	2.01	.156
Mental health difficulties	141	28	38.9	29	42.0	0.14	.704
Previous adult sexual assault	114	41	69.5	39	70.9	0.03	.869
Used alcohol	151	40	51.9	35	47.3	0.33	.568
Emotively controlled	186	35	37.6	40	43.0	0.56	.455

a. Age in years is shown as means and standard deviations.

TABLE 2
Characteristics of the Assault by Reporting to the Police

<i>Characteristic of Assault</i>	N	<i>Reported to Police</i>				<i>Statistic</i>	<i>p Value</i>
		<i>Yes</i>		<i>No</i>			
		n	%	n	%		
Multiple assaults	150	47	59.5	30	42.3	4.45	.035
Relationship to assailant							
Stranger ^a	38	17	18.3	21	22.8	6.17	.103
Known less than 24 hours	40	24	25.8	16	17.4		
Known more than 24 hours	66	27	29.0	39	42.4		
Partner or ex-partner	41	25	26.9	16	17.4		
Outdoors	181	24	26.7	23	25.3	0.05	.831
Weapon	159	19	22.9	5	6.6	8.24	.004
Physical force	167	35	39.3	11	14.1	13.25	.000
Penetration	155	73	90.1	65	87.8	0.21	.649
Injuries	172	70	77.8	34	41.5	23.67	.000

a. Stranger is the reference category.

associations between characteristics of women and assaults, and reporting to the police. The following variables were significant at the $p < .15$ level and entered into the logistic regression model: age at presentation, multiple assaults, relationship to assailant, presence of a weapon, use of physical force, and occurrence of physical injuries. As seen in Table 3, both the use of physical force and the occurrence of clinically observed injuries increased the odds of reporting to the police (odds ratio = 3.15, confidence interval =

TABLE 3
Factors Associated With Reporting to the Police (*n* = 159)

<i>Variable</i>	<i>B</i>	<i>SE</i>	<i>p Value</i>	<i>OR</i>	<i>95%CI</i>
Force used	1.15	.42	.007	3.15	1.38, 7.23
Injury sustained	1.28	.36	.000	3.59	1.76, 7.32

NOTE: Other variables entered into the stepwise logistic regression model were age at presentation, multiple assaults, relationship to assailant, and presence of a weapon. Model chi-square = 27.76, *df* = 2, *p* = .000. *B* = coefficient; *SE* = standard error; *OR* = odds ratio; *CI* = confidence interval.

1.38, 7.23, and odds ratio = 3.59, confidence interval = 1.76, 7.32, respectively).

DISCUSSION

To the best of our knowledge, this is the first systematic examination of the association of a broad range of woman- and assault-related factors with reporting sexual assault to the police in a Canadian jurisdiction. Although aspects of the classic rape portrayal continue to predominate as the legitimating lens through which women may view their right to report (Williams, 1984), our results suggest that women may be selectively rejecting major components of rape mythology. We found that women who did not resemble the mythologized "real victim" were as likely as women who did to report the assault to the police. Women of color, those who had been previously assaulted, those who had experienced mental health difficulties, and those who had been drinking were equally represented among reported and unreported cases. So too were older women, married women, unemployed women, and those who presented to the SACC in a calm and matter-of-fact manner.

There are several explanations for the lack of salience of "real victim" characteristics. It may be that women who have traditionally been viewed as hesitant to seek police protection, and most likely to bear the brunt of police bias, feel increasingly entitled to turn to law enforcement authorities for redress. This could indicate a positive response by women to enhanced police sensitivity and to legal efforts to ease the reporting process through revised sexual assault laws (Bachman, 1998; Golding et al., 1989; Roberts & Grossman, 1994; Ross & Brereton, 1997; Winkel & Vrij, 1993). As

articulated by McIntyre et al. (2000), female mental health consumers, women who have drug addictions, and those from working-class backgrounds have recently used Canadian courts in attempts to bring their teacher/priest/doctor/employer rapists to account. It is also possible that our "real victim" measures lacked the degree of complexity required to detect socio-demographic and behavior-related differences among reporting and nonreporting women. For example, the variable drinking prior to offense could not distinguish between women who had consumed a single beer and those who were intoxicated. Nightingale (1991) noted that women who have passed out are often considered to have precipitated the assault and to have suffered less of a victimization (see also Schwartz & Leggett, 1999; Sheehy, 2000). Had we been able to determine the degree of (in)sobriety of the victim, perhaps we may have determined that women who were "drunk," or who were perceived as such, were less likely to report. In addition, had our classification visible minority been more sophisticated, a connection between race or ethnicity and reporting may have been revealed.

In contrast, we found that reporting was more likely to occur when the victim was injured. Women who sustained bruises, lacerations, abrasions, bumps, internal injuries, and/or fractures were approximately three and one half times more likely to contact the police than those who were not clinically injured. This finding is consistent with previous research (Bachman, 1993, 1998; Feldman-Summers & Norris, 1984; Gunn & Minch, 1988; Lizotte, 1985). For instance, McGregor et al. (2000) examined 958 hospital sexual assault cases in Vancouver, Canada, and found that women with documented injuries were twice as likely to report to the police. The significance of physical injury to reporting may be emblematic of suspicions concerning victim honesty and responsibility (Feldman-Summers & Norris, 1984). Feldman-Summers and Palmer (1980) found that police, prosecutors, and judges were more likely to believe an allegation of rape was false if a woman had not been injured. For the sexually assaulted woman, injuries may function to corroborate her claims of forced sex (Grace, Lloyd, & Smith, 1992). Findings from empirical examinations of police and prosecutorial decisions tend to support this supposition. A review of sexual assaults reported to the police in Canada between 1993 and 1997 found that there was a significant

relationship between the presence of mild, moderate, or severe injury and the laying of charges (McGregor, Du Mont, & Myhr, 2002).⁴

We also found that women who were physically coerced, that is, had their clothes torn and/or were slapped, kicked, hit, or choked, were approximately three times more likely to contact the police than those who were not. This finding is consistent with Bachman's (1993) examination of American National Crime Victimization Survey data. Her analysis of 235 incidents of rape found that victims were more likely to report if the assailant had used physical force. As a form of coercion, force may be associated with the degree of violence required to "overpower" women. As "no myth is more powerful in the tradition of rape law than the myth of the lying woman" (Estrich, 1992, p. 11), the assailant's use of physical violence leaves less room to doubt whether the sex was consensual. Furthermore, it may lead the woman to believe that the police will take her complaint more seriously as force has been shown to facilitate prosecution (Gunn & Linden, 1997). In an analysis of 335 sexual offenses that were brought to the attention of authorities in the United Kingdom, Grace et al. (1992) found that physical violence increased the likelihood of a case being founded. In Du Mont and Myhr's (2000) retrospective review of 187 sexual assault cases that were reported to the police in a large Canadian city, the assailant's use of force was singularly associated with conviction.

Taken together, the occurrence of physical injuries and use of physical force represent two of the more overtly violent components of the "real rape" scenario and may be used to mark the severity of an offense. Because injuries are commonly viewed as a "social criterion of . . . violent crime" (Gunn & Minch, 1988, p. 49), they may assist a woman in defining her experience as a sexual assault. As Greenberg and Ruback (1992) have argued, one way that a victim determines the seriousness of the crime is by the "amount of actual harm" that she experiences. It is this perception of harm which may be related to "the motivation to take corrective action" (p. 187) and report the offense to the police. This may be further influenced by the three-tier structure of sexual assault offenses in Canada introduced in 1983, which defines assault severity by the degree of force, violence, and/or injury involved (Roberts, 1994). This is problematic insofar as the evidence

suggests that a substantial proportion of sexual assaults do not involve physical violence (Du Mont & Myhr, 2000; Williams, 1984) or result in physical injuries (Easteal, 1994; LaFree, 1989; McGregor et al., 2000; Renner et al., 1988). Moreover, these latter assaults tend to be “underreported, and this, in turn, reinforces the social myth of what constitutes [real] rape” (McGregor et al., 2000, p. 660).

Several limitations of our study warrant comment. First, we have examined cases drawn from a hospital-based SACC database of predefined variables. These variables were composed of information collected during the crisis intake admission by the examining nurse and/or physician and considered germane to providing comprehensive and sensitive medical care. Variables with purely theoretical significance, rather than clinical relevance, may have been missed (e.g., socioeconomic status, physical resistance). Second, the study group may not be representative of sexually assaulted women in the general population. Women who present to a hospital may be more likely to be injured and to view the sexual assault as serious. Empirical evidence suggests that sexually assaulted women who seek medical treatment are more likely to report to the police than those who do not (Bachman, 1993; Feldman-Summers & Norris, 1984; Williams, 1984).⁵ Third, as with all retrospective studies, missing data may have biased results and reduced the statistical power needed to detect significant differences. Finally, challenges inherent in research involving multiple community partners and linking more than one data source can delay a study’s progress and the communication of findings. Despite these constraints, research of this nature is important because it contributes to our understanding of sexually assaulted women’s experiences within multiple service sectors. Moreover, within the context of this study, the findings provide a more current snapshot of women’s police-reporting practices than previous research that has relied predominantly on 1970s and 1980s data.

Stewart et al. (1996) suggested that the decision to report to the police is related to a woman’s concurrent assessment of the assault vis-à-vis the “real rape” and “real victim” myths: A woman must believe that she is a real victim before she can view the assault itself as a real rape. In contrast, our findings demonstrate that the factors associated with real rape may be more

strongly linked to the decision to report. In this study, having experienced a stereotypical, "legitimate" sexual assault proved more significant than being the perfect, mythic victim. Perhaps, the internalized "moral worthiness" (Viano, 1996) ascribed to the "genuine" victim becomes unimportant or less important in the presence of overt violence. That is, women who are physically coerced and subsequently injured may believe they are automatically entitled to or conferred such status.

Although the lack of salience of real victim factors in women's reporting decisions warrants cautious optimism, further research is required to elucidate the exact nature of the relationship between woman- and assault-related characteristics, rape mythology, and reporting to the police. Existing research on these issues is scant and has not captured the complexity of factors that may influence women's postassault decisions. Qualitative, in-depth interviews with women who have been sexually assaulted hold unique promise for enhancing statistical inferences concerning police reporting and real rape and real victim ascriptions. Moreover, given that women do not constitute a unified and homogenous group, future research may want to employ more sophisticated measures of age, race, class, and ability and examine their collective impact on reporting practices. We believe that such research could improve women's access to and interaction with the criminal justice system.

NOTES

1. Our use of the word *victim* is intended to acknowledge that women who have been sexually assaulted have experienced a crime. It is not intended to deny women's agency.

2. Legal scholar Susan Estrich (1987) has been credited with coining the term "real rape" (Andrias, 1992).

3. In contrast to these findings, Wyatt's (1992) community study of women's sexual victimizations found that only 23% of rape or attempted rape incidents were reported to the police or a rape center by Black women compared to 31% by White women. As well, Feldman-Summers and Ashworth (1981) reported that American Black, Hispanic, and Asian women were less likely than White women to say that they would report to the police if they were sexually assaulted. Many feminists have argued that women of color are less likely to report to the authorities because they fear that doing so risks exacerbating the racism directed toward them and the men in their communities (Metro Action Committee on Public Violence Against Women and Children, 1994; Razack, 1994).

4. The positive association of injuries with legal outcomes such as charge laying and conviction has been well established (see Chandler & Torney, 1981; Frazier, Candell, Arikian, & Tofteland, 1994; Frazier & Haney, 1996; Grace et al., 1992; Gunn & Linden, 1997;

Holmstrom & Burgess, 1978; Kerstetter, 1990; McGregor et al., 2002; McGregor, Le, Marion & Wiebe, 1999; Minch, Linden & Johnson, 1987).

5. Although the population-based Violence Against Women Survey revealed a reporting rate of 6% for sexual assault (Johnson, 1996) and community surveys have found rates of 8% to 9% (Golding et al., 1989), it has been reported that between 65% and 100% of women who present to sexual assault care centers disclose to the police (Golding et al., 1989; McGregor et al., 2000; Stermac et al., 1998). Johnson (1996) has suggested that in communities "where medical staff have been trained to collect forensic evidence," the higher reporting rates among the latter group of women may reflect "interagency cooperation. . . between hospitals and police" (p. 208).

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Janice Du Mont, Ed.D., is research scientist, Centre for Research in Women's Health, a partnership of the University of Toronto and the Sunnybrook and Women's College Health Sciences Centre, and holder of the 2003 Canadian Institute of Health Research (CIHR) New Investigator Award in Gender and Health. She is currently spearheading a three-year study that examines the impacts of sentencing reforms and the social background of judges upon contemporary Canadian sexual assault sentencing decisions.

Karen-Lee Miller, MA, MSW, is research associate, Centre for Research in Women's Health. She is currently investigating the court-related experiences of sexual assault care center social workers.

Terri L. Myhr, M.Sc., is biostatistician and research manager, Centre for Research in Women's Health. She also heads the Research Facilitation Office of Sunnybrook and Women's College Health Sciences Centre.