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Evidence, Sexual Assaults, and Case Outcomes: Understanding the Role of Sexual Assault Kits, Non-Forensic Evidence, and Case Characteristics, 2015-2017

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User Guide



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Abstract

The goal of this study is to further the research on the sexual assault medical forensic exam's (SAMFE) impact on case processing and decision making beyond forensic DNA evidence. Past research has typically focused on the evidentiary value of the DNA evidence collected during an SAMFE. There is less known about the impact of other evidence types and how the extralegal factors associated with a SAMFE, particularly a victim's decision to get the exam, impact investigator and prosecutor decision-making throughout the case. This work involved two jurisdictions from a northeastern state and used both qualitative and quantitative data collection methods. The qualitative portion of the study included focus groups with stakeholders—law enforcement, prosecutors, advocates, and sexual assault nurse examiners (SANEs)—from each jurisdiction about investigative and prosecutorial practices in their community, how these relate to case outcomes, and perceptions of victims' experiences working with criminal justice agencies. The quantitative portion of the study included comprehensive case file reviews of 534 sexual assault cases over a three-year period. Focus group findings show that law enforcement and prosecution representatives view SAMFEs as helpful to the investigation and prosecution of a sexual assault case, particularly across four categories of helpfulness: identifying suspects, detecting drugs, affirming victim credibility and corroboration, and providing information/support/testimony from the medical provider that strengthens the case. But, when examining this question quantitatively and using actual sexual assault case file data, statistically significant links were not found between the presence of an exam and the identification of a suspect, arrest, or conviction.

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Introduction

In 2013, the National Institute of Justice (NIJ) funded the Urban Institute to examine the role of sexual assault medical forensic exams (SAMFEs)¹ in the investigative and prosecutorial processes of sexual assault cases. The goal of this study was to provide sexual assault nurse examiners (SANEs) and other medical professionals who conduct SAMFEs, as well as law enforcement, prosecution, and advocates, with information about SAMFEs.

To achieve the goals of this study, we implemented a mixed-method research design in two jurisdictions in a northeastern state in the U.S. Qualitative data collection included focus groups with law enforcement, prosecutors, advocates, and SANEs, to learn about investigative and prosecutorial practices in their communities, how these practices relate to case outcomes, and perceptions of victims' experiences working with criminal justice actors and agencies. Quantitative data collection included comprehensive case file reviews of 534 sexual assault cases reported to law enforcement between 2015-2017. Law enforcement and prosecution records were examined to provide information about case characteristics, the presence of an SAMFE (and the resulting evidence from it), victim and suspect characteristics, and case outcomes.

The three research questions were:

- (1) How do law enforcement investigators and prosecutors perceive the SAMFE² to be (a) helpful, (b) harmful or (c) have no effect, in processing sexual assault cases?
- (2) What are the patterns of case processing for sexual assault cases across these two jurisdictions?
- (3) Does having a SAMFE predict the likelihood of achieving case outcomes: suspect identification, arrest, and conviction?
- (4) Beyond the SAMFE, does the presence or absence of DNA, whether the case involved a stranger as a perpetrator versus not, or whether the case involved a consent defenses versus not predict the likelihood of achieving case outcomes: suspect ID, arrest, and conviction?

In this technical summary, we shall present findings on research question 1a, 2, and 3. Findings for all project research questions and full discussions of those results will be published in forthcoming journal articles.

Brief Summary of the Literature

The sexual assault medical forensic exam, also known as a sexual assault forensic exam (SAFE) or medical forensic exam (MFE), is the primary method for victims of sexual assaults to receive medical

¹ We use the term SAMFE throughout this summary in order to encompass the two distinct parts of the exam – the medical examination of the victim and the forensic evidence collection process – as well as to distinguish the act of getting an exam from the evidence that results from it. When referring to a specific component of the SAMFE or the evidence resulting from the exam, we will use the term “kit”.

² Including both the medical and forensic evidence components.

attention and through which law enforcement obtain physical evidence to support the investigation and prosecution of a crime. The 2005 Violence Against Women Act defines a SAMFE as including, at a minimum, (1) an examination of physical trauma, (2) a determination of penetration or force, (3) an interview of the victim, and (4) the collection of physical evidence. In 2013, the U.S. Department of Justice issued a revised SAFE Protocol, which provided guidelines to local jurisdictions on how to conduct comprehensive SAMFEs, and the importance of providing victim-centered medical and psychological care, being respectful of victims from diverse backgrounds, connecting victims to culturally responsive and sensitive services, and preserving evidence for future use.

The proliferation of the SAMFE occurred in conjunction with the increased use of forensic evidence in investigating and prosecuting crimes in the late 1990s. Campbell (R) and colleagues (2015) documented four primary ways in which forensic evidence aids in the investigation and prosecution of sexual assault cases: (1) identifying unknown suspects, (2) confirming the identity of known suspects, (3) identifying “serial offenders” who have committed sexual assaults toward more than one person in two or more different timeframes and/or locations, and (4) exonerating suspects who are wrongly accused by providing evidence that they were not present at the time of the crime. It was not until the creation of the FBI’s Combined DNA Index Systems (CODIS) system, however, that the use of forensic technology to identify unknown suspects in sexual assault crimes became possible (Campbell, R. et al. 2015). Several studies have shown that sexual assault cases with forensic evidence proceed through more steps in case processing³ and ultimately result in more arrests, charges, and convictions, particularly if that evidence was collected by trained sexual assault nurse examiners (Campbell R., et al. 2009; Johnson et al. 2012; McGregor, Du Mont, & Myhr 2002). In addition, there are other ways that SAMFEs can help sexual assault cases progress beyond just forensic evidence, primarily by corroborating events through photographs, documented injuries and statements provided during the exam, and facilitating future victim cooperation with law enforcement through ensuring victim wellbeing and connection with a victim advocate (Campbell, B., Menaker, & King, 2015). The simple *existence* of forensic evidence, rather than what the forensic evidence may reveal, also might play a significant role and document the victim’s decision to get an SAMFE (Tasca et al., 2012).

However, other studies have found that physical evidence, including biological evidence, plays a small role in the investigation of sexual assaults. For example, Johnson found that forensic evidence was predictive of arrest and charging of sexual assault suspects, but not predictive of conviction (Johnson et al., 2012). Also, Schroeder found that forensic evidence was not significantly related to arrests of suspects (Schroeder & Elink-Schuurman-Laura, 2017). Furthermore, studies of arrest patterns in sexual assault cases establish that arrests often occur before DNA evidence is submitted to the lab, let alone processed. In one study, less than half of DNA testing was complete before an arrest was made (Schroeder & Elink-Schuurman-Laura, 2017). As the majority of sexual assaults are committed by someone known to the victim,

³ That is, the steps that investigators or prosecutors take to make progress in a case. This finding highlights that sexual assault cases with forensic evidence require more steps to process than cases without.

any DNA connection will confirm a suspect's identity rather than identify a new suspect previously unknown to law enforcement (Johnson et al., 2012).

The current study adds to the existing literature using both qualitative and quantitative data to further understand the utility of the SAMFE and the resulting evidence. The remainder of this summary provides information about the study methods and data collection activities, findings related to the three research questions identified above (1a, 2, and 3), and a description of dissemination activities.

Methods and Data

Study Jurisdictions

The current study included two jurisdictions from a northeastern state. The first jurisdiction is a small county with two small cities and small towns of varying sizes. The county has about 230,000 residents, with an approximate median income just below \$50,000. About one in six residents live in poverty (www.census.gov). The sampling frame for the analysis for this jurisdiction consists of nearly all law enforcement agencies that investigate sexual assaults in the county (one agency did not participate)⁴ and the county district attorney's office.

The second jurisdiction represents a mid-sized city of just over 200,000 residents. It has an approximate median income of just over \$30,000 and about one-third of its residents living in poverty (www.census.gov). The sampling frame for the analysis for this jurisdiction is sexual assault cases handled by the city's primary law enforcement agency and its associated district attorney.⁵

Qualitative Data Collection: Semi-structured Focus Groups

Design and Sample

Qualitative data was collected through seven focus groups, including five focus groups with law enforcement, and two focus groups with prosecutors. Groups ranged in size from 1 to 14 participants (in three cases, only one participant was in the meeting; thus, the discussion was more like a semi-structured interview than a focus group). Conversations lasted about 60-90 minutes, were audio-recorded, and were professionally transcribed. Focus group participants were recruited by our local contact within each of the agencies participating in the full study. Our local contact worked with the research team to code case files (both law enforcement and prosecution) for the quantitative portion of the study.

The focus groups included 27 participants. This included 24 investigators/detectives from five agencies, and three prosecutors from two district attorney's offices. Among those participating, six were women (three prosecutors and three law enforcement investigators) and 21 were men (all law enforcement

⁴ Some small law enforcement agencies exist within the county that did not participate in the study, however, sexual assaults within these geographic areas are investigated by county or state police.

⁵ Sexual assault cases investigated by other law enforcement agencies prosecuted within this office are outside the scope of the current study.

investigators).

Focus Group Protocols

The goal of the focus groups was to gather information on how sexual assault cases are handled within law enforcement and prosecution offices and move through the system in their local jurisdiction.

Specific topics included:

- the professional backgrounds of respondents
- law enforcement decision making during investigation and case referrals to prosecution
- SAMFE procedures and other issues (kit storage, chain-of-custody and submission)
- effects of the exam and kit evidence on investigation
- differences in cases with and without an exam and kit
- case challenges if victim did not get an exam
- how exam and lab results affect case processing
- how evidence is used to build a case
- timing and utility of lab reports
- using SANEs as witnesses
- perceived value of the exam and kit evidence to investigation and prosecution
- prosecutorial decision making around charging and bringing cases to trial
- survivors' interaction with prosecution

Full focus group protocols can be found in Appendix B.

Analysis

We used NVivo to code themes for this qualitative analysis. Two team members independently coded transcripts from the seven focus groups for relevant themes that describe how a SAMFE may help, harm, or have no impact on case processing. Coders achieved a .76 inter-coder reliability rate. The team members compared results after initial coding to resolve differences.

Quantitative Data Collection: Review of Case Files

Design and Sample

Quantitative data collection focused on case file reviews of 534 sexual assault cases (n=226 from jurisdiction 1 and n=308 from jurisdiction 2). Criteria for a case to be included in the sample included: (1) the suspect was an adult, (2) the victim was age 13 or older,⁶ and (3) the case had an initial charge recorded by the police related to sexual misconduct and assault within the state's statute.

Cases were coded prospectively from the time they were reported to law enforcement through case disposition (whether referred to prosecution or not). Case coders had an existing connection (i.e., as either interns/consultants or employees) to participating local law enforcement and prosecution agencies and had access to the relevant local data systems and partners needed to detect study-eligible cases and track progress. Coders monitored case eligibility and processing over time and recorded information about

⁶ This is the age at which medical providers use SAMFE processes intended for adults rather than children.

case progression into an online, secure, confidential database created by the Urban Institute. All coders were trained by Urban researchers, relied on the project codebook, and had access to the research team to answer questions and discuss eligibility throughout the data collection phase of the project. Coders and Urban's lead data analyst worked in tandem to clean data and interpret any coder notes provided as the information was inputted.

Measures Coded

A number of data elements were coded for each case. Coding categories and examples of data elements include:

- offense characteristics (e.g., date and time of offense, date of report to police, weapon used, offense location, drug/alcohol involvement, injury, medical treatment, presence of witness statements);
- victim and suspect characteristics (e.g., age, race/ethnicity, relationship between suspect and victim, sexual orientation [when known]);
- forensic evidence collected and analyzed (e.g., presence/absence of SAMFE, date of SAMFE, elements of the kit collected and analyzed, other biological and non-biological evidence);
- criminal case processing and outcomes (e.g., presence/absence of use of consent defense, suspect identified, arrest, conviction, sentence); and
- forensic case processing outcomes (e.g., foreign DNA developed, DNA database hit – suspect or case).

Analysis

In order to answer our second research question ("What are the patterns of case processing for sexual assault cases across these two jurisdictions?"), we computed simple frequencies and probabilities of a case progressing to each stage of the criminal justice and forensic evidence processes, both overall and conditional on having progressed to the previous stage. For our third research question, we conducted a series of logistic regressions to estimate the relationship between a case having an SAMFE and three criminal justice outcomes: whether a suspect was identified, arrested, and/or convicted. We selected several covariates to include in the models based on case, victim, and/or suspect characteristics identified in prior research as being predictive of these case outcomes (see tables 1 and 2).

Summary of Findings

Below we summarize the answers to the three primary research questions included in this technical summary (research questions 1a, 2, and 3). The first question is answered using qualitative focus group data and the second and third questions are answered using the quantitative case review data.

Qualitative Findings: How SAMFEs Aid Investigations and Prosecutions

Overall, respondents perceived the SAMFE to be helpful to investigation and prosecution of sexual

assault cases. Respondents made 18 statements that generally affirmed the SAMFE's helpfulness, without specifying the ways the evidence strengthened cases or led to more investigative progress. Statements such as *"The DNA... helps in the case, obviously. It's a much stronger case,"* (Site1_LE01) and *"I think it always helps [the case]"* (Site1_LE04) supported the idea that the SAMFE, and especially its accompanying forensic evidence, was *always* helpful. Further specification found four categories of helpfulness: identifying suspects, detecting drugs, affirming victim credibility and corroboration, and providing information/support/testimony from the medical provider that strengthens the case.

Identifying Suspects

Investigators and prosecutors explained several ways in which DNA evidence collected during the SAMFE led to the identification of sexual assault suspects. While respondents provided nine statements that mentioned DNA "hits" generally, respondents also differentiated between DNA evidence identifying unknown suspects (seven statements), confirming known suspects (four statements), and identifying unknown serial offenders (two statements). One prosecutor described how CODIS hits led to the identification of a suspect who committed three crimes over the course of four years and were used to reopen a previously closed case.

In [date redacted for confidentiality], the sexual assault kit [in the first case] has—had been tested. It comes back and hits through CODIS, to the defendant. They go back out and meet with her [the victim]. She obviously doesn't—she, you know, says she doesn't know the defendant, but she doesn't wanna go forward, so that case is closed. Cut to [one year later]. There's two additional rapes. ... On the third one, the investigator on that one, specifically trained in forensic interviewing, just knows his stuff of how to talk to victims and stuff. He gets the CODIS hit in [date redacted] and it hits to the third rape, and it also hits back to the first rape. So he goes back and looks up the paperwork, and then he goes and meets with that first victim, and she's much more receptive. And so, she wants to go forward. And then, shortly thereafter, it hits to the-the middle rape, the second rape. So now, you have a strength in numbers (Site2_Pros01).

Detecting Drugs

Both prosecutors and investigators identified the SAMFE's ability to detect the presence of drugs and alcohol in the victim's system as helpful in processing sexual assault cases (three statements). According to respondents, the detection of drugs and/or alcohol in the victim's system can help explain why a victim may not recall the events of the assault. When found, the presence of a date rape drug provides additional corroborating evidence that an assault occurred. The detection of drugs is particularly salient in situations where the victim's lack of recall raises doubt about credibility from the perspective of investigators, prosecutors, and jurors. As one prosecutor explained:

However, if we did have a kit where somebody reported that they can't remember anything, and they went right away, and we find that there's certain drugs in their system, there's certain, you know, physical injuries, and then there's, you know, DNA presence, I mean, clearly, that is much and is, you know, almost sole, um, evidence that we're working with because the person doesn't remember something, versus what they're all describing with, you know, somebody who's come forward a couple days later (Site2_LE01).

Affirming Credibility and Corroboration

Respondents indicated that an SAMFE influenced their perception (or their perception of a jury's view) of the victim's credibility. Specifically, it is the victim's *decision to seek the exam* that reinforces their credibility. Investigators and prosecutors spoke to the victim's decision to receive the SAMFE *despite the invasive nature of the exam* as further affirmation of the victim's credibility, as someone making a false allegation of assault would not voluntarily go through such a difficult procedure. Also, one investigator observed how the invasive nature of the exam has stopped people initially reporting an assault from going forward with false allegations:

There have been times when people—when they find out that's what it entails, they've actually said, "Well, I was lying about it," and come out that way (Site1_LE02).

One law enforcement officer stated that submitting to and completing the SAMFE was a barrier for victims to cross—once a victim successfully crosses that barrier, they are more likely to participate in the investigation. From this officer's perspective, those who "report falsely" are less likely to receive the SAMFE once they realize how invasive it is and how it may lead to additional investigative steps.

Additionally, there was an overall perception that there are many ways the SAMFE and its associated evidence could corroborate the victim's account of the assault, which also led respondents to view the victim as more credible. Evidence collected during the SAMFE corroborates the events prior to, during, and after the sexual assault. Information collected during the SAMFE can be used to corroborate the victim's statements about physical injuries or other events that may have occurred during the assault. Finally, consistency between the victim's statements given to the examiner at the time of the SAMFE and the victim's testimony affirms their credibility.

Respondents provided ten statements supporting the value of the SAMFE evidence corroborating or "backing up" the events of the assault, without specifying which events or characteristics of the case. Overall, these respondents shared the sentiment that SAMFE evidence could be a tool in supporting or confirming the events of the assault, and that *anything* corroborating the events or the victim's recollection of the events is valuable.

Investigators and prosecutors emphasized two key factors the SAMFE can help corroborate: the existence of sexual contact (seven statements) and the lack of consent from the victim (three statements). For cases where an identified suspect denies having any sexual contact with the victim, SAMFE forensic evidence can prove this claim to be false:

The kit came back with this guy's—the suspect's DNA—on the victim. We bring him in, interview him. He flat out says, "No, I had no contact with her whatsoever. Didn't have any sort of sexual contact, any kind of physical contact," he says. And then he gets confronted with the DNA evidence, and that's when his story fell apart, and we actually made a charge on him. Those are our best cases, when you're assigned a sexual

assault, from an investigator's standpoint. You want physical evidence, and you want your suspect to lie (Site1_LE03).

Other respondents echoed this sentiment, explaining that the SAMFE's forensic evidence can prove sexual contact occurred between suspects and victims (particularly victims who are minors where consent is not possible) when the suspect denies the contact, or prove that sexual contact occurred in cases where the victim does not recall the events. Respondents also made statements that this type of confirmation of sexual contact is valuable even when a suspect admits sexual contact occurred. This is primarily due to the idea that *anything* that helps corroborate the victim's account of the offense is helpful, even for elements of the case not being denied by the suspect.

Medical Provider Support

The medical provider who conducts the SAMFE, whether it be a doctor or a SANE, plays a critical role during the exam and after, as an expert witness and source of corroboration. Prosecutor respondents made eight statements detailing how the provider who conducts the SAMFE can be helpful to a case. One prosecutor explained that the provider's documentation of the SAMFE in paper form is helpful in jury trials:

"The medical documentation is a physical piece of paper we get to hand to the jury. Juries love CSI. They watch the TV shows. They want something to be able to handle" (Site2_Pros01).

The provider's account of the exam, the victim's statements during the exam, and the victim's post-assault demeanor and behavior can corroborate the victim's account of the events immediately after the sexual assault. As prosecutors explained, the medical provider is one of the first people the victim sees after an assault and therefore plays an important role in the narrative of the crime. The provider can present additional details or fill in holes in the victim's post-assault experience that the victim may not be able to recall, and can help establish the victim's credibility by corroborating the consistency of the victim's statements to investigators, SANEs, prosecutors, and the jury. The provider's notes, along with the SAMFE evidence, can help corroborate not just the events of the assault but also the victim's credibility:

The exam itself, the paperwork that they collect, the fact that it has to be within 96 hours, so that whether it's reported immediately or a day after, that's one of the first times that [the victim is] telling the facts to someone. So, that's super helpful to us to put in front of a jury, to say, "look at, way back then [the victim] said A, B, and C, and now they're saying A, B, and C." (Site2_Pros01)

Furthermore, the medical provider, when acting as an expert witness, can explain complicated and potentially unfamiliar concepts to the jury. Prosecutors provided examples of ways that SANEs can bring outside knowledge to paint a more complete picture of the experience, such as explaining why the SAMFE may feel invasive or uncomfortable to the victim.

Quantitative Findings: Patterns of Case Processing and the Role of the SAMFE

Characteristics of Sexual Assault Cases, Victims, and Suspects

Table 1 describes the victim and suspect characteristics for the cases coded in this study. More than 90 percent of victims were female, and just under half were over the age of 17. Just over 60 percent of victims were white, 34.7 percent were black, and the remaining victims were either Asian, Native American, or represented some other category of race/ethnicity. Just over ten percent of victims were Hispanic. The suspects in our study were overwhelmingly male (94.6 percent), with a median age of 25. Suspects were nearly evenly split between white (49.7 percent) and black (46.0 percent) individuals. Similar to the victim characteristics, few suspects were Asian, Native American, or represented other categories of race/ethnicity, and 12.5 percent were Hispanic.

Table 1. Victim and suspect characteristics

Victims	Percent or median	Suspects	Percent or median
Female	90.8%	Male	94.6%
Age		Age	25
13-16	55.6%	Race	
17-26	23.0%	White	49.7%
27-36	10.9%	Black	46.0%
37-46	5.3%	Asian	3.0%
47+	5.3%	Native American	0.4%
Race		Other	0.9%
White	63.2%	Hispanic	12.5%
Black	34.7%		
Asian	1.7%		
Native American	0.2%		
Other	0.2%		
Hispanic	10.7%		

Factors such as how long the victim waited to report the offense, the extent to which they participated in the investigation, whether the suspect is a stranger to the victim, the location of the assault, the amount of force the suspect used, and whether any additional crimes are alleged have all been shown to be associated with case outcomes in prior research (Bouffard, 2000; Frazier & Haney, 1996; LaFree, 1981; Spohn & Tellis, 2012). Table 2 presents case and offense characteristics for the current study's sample. The majority of cases were reported to police within a day of the offense, and the victim(s) participated throughout case investigation and processing in 62.1 percent of cases. In 84.2 percent of cases, the suspect was not a stranger to the victim (for example, a current or former spouse or intimate partner, family member, or acquaintance). Few assaults (9 percent) occurred outdoors; instead, they largely took place at

the suspect's or victim's home. The suspect used a weapon (such as a gun, knife, or hands/fists) or issued verbal threats in 20 percent and 3.6 percent of cases, respectively. Victims were injured in 11.4 percent of cases. In just over one-third of cases, as part of his or her defense, the suspect claimed that the victim had consented to the sexual activity. In 20.4 percent of cases, the suspect was accused of other crimes at the time of the assault in addition to the sexual assault.

In addition, some victim behaviors, such as using drugs or alcohol or engaging in sex work during these incidents, have been shown to be related to case outcomes, potentially by affecting law enforcement's and/or prosecutors' assessment of the victim's credibility (LaFree, 1981; Schuller & Stewart, 2000). In our sample, the victim willingly took drugs or alcohol at the time of the incident in 22.1 percent of cases, and victims in 5.6 percent of cases were suspected of soliciting at the time of the incident.

Table 2. Case characteristics

Case characteristics	Percent or median
Suspect was known to victim	84.2%
Victim participated in case	62.1%
Consent used as defense	36.9%
Victim willingly took drug/alcohol	22.1%
Other crimes committed	20.4%
Weapon use	20.0%
Victim injured	11.4%
Assault occurred outdoors	9.0%
Victim soliciting	5.6%
Verbal threats	3.6%
Days to report	1
Jurisdiction	
Jurisdiction 1	42.3%
Jurisdiction 2	57.7%

Outcomes

Patterns of Case Processing

Table 3 shows the number and proportion of the 534 cases in our study that progressed to each step of the criminal justice process. Nearly all the reported cases (97.4 percent) had been cleared by police by the end of data collection.⁷ Of the cases that were cleared by police, 83.7 percent had an identified suspect in the case, and the arrest rate for cleared cases with an identified suspect was 35.2 percent. Two-

⁷ This includes cases cleared by arrest, unfounded, exceptional clearances, etc.

thirds (66.7 percent) of cases with arrests resulted in convictions, which translated to 19.1 percent of all reported cases resulting in convictions.⁸

Table 3. Case flow of sexual assault cases in criminal case processing

Criminal case processing stage	Number of cases	Percent of cases	Percent of cases from previous stage
Reported to police	534	100.0%	
Cleared by police	520	97.4%	97.4%
Suspect(s) identified	435	81.5%	83.7%
Any suspect arrested	153	28.7%	35.2%
Any suspect convicted	102	19.1%	66.7%

Table 4 documents the number and proportion of reported cases that went through each stage of forensic evidence processing. An SAMFE was conducted in almost one-third (31.8 percent) of reported cases, and evidence collected during the exam was submitted to a forensic lab for testing in 81.2 percent of cases having exams. By the end of data collection, 80.4 percent of cases with submitted sexual assault kit evidence had received lab reports with the results of evidence testing. Evidence analysis was still pending in another 17.4 percent of cases (not shown).

Table 4. Case flow of sexual assault cases in forensic processing

Forensic case processing stage	Number of cases	Percent of cases	Percent of cases from previous stage
Reported to police	534	100.0%	
SAMFE conducted	170	31.8%	31.8%
Kit submitted	138	25.8%	81.2%
Evidence analyzed	111	20.8%	80.4%

The Role of SAMFE in Case Outcomes

Table 5 shows the results of multivariate logistic regressions to estimate the relationship of the SAMFE to three criminal case outcomes: suspect identification, arrest, and conviction. The first column under each outcome shows the beta coefficient on top and the standard error on the bottom, and the

⁸ Sixteen cases (3 percent) had multiple suspects. Cases are reported as having an arrest or conviction if any suspect in the case was arrested or convicted.

second column contains the odds ratio. The model examining whether a suspect was identified is measured at the case level; the models examining arrest and conviction are measured at the suspect level to account for different characteristics and outcomes among suspects in cases with more than one suspect.

In addition to “presence” and “absence” options for some case characteristics, some variables also include an “unknown” option, which was used when the police report and other case documentation did not contain enough information to definitively categorize that particular variable as present or absent for a particular case. We included this option in our analyses in order to draw some conclusions about the utility of explicitly documenting the presence or, more importantly, the absence of particular characteristics in case documentation; however, we recommend caution in interpreting these estimates due to the smaller number of cases in these categories.

Our findings indicate that having an SAMFE in a case (as opposed to having analyzed forensic evidence collected during that exam), does not significantly predict criminal case outcomes related to suspect identification or conviction, but it does have a marginally significant positive relationship with arrest. Although not statistically significant, the data suggest the relationship may vary by case outcome: cases with SAMFEs are about 28 percent less likely to have an identified suspect, but 78 percent more likely to have an arrest and 72 percent more likely to have a conviction.

Whether the victim knew the suspect was a strong predictor of suspect identification. Victim participation in the case also was a strong predictor of all three outcomes, but particularly for arrest and conviction. This suggests that victim participation plays a large role in law enforcement and prosecutor decision making about whether to move forward with sexual assault cases.

Table 5. Impact of SAMFE on criminal case outcomes

	Outcome							
	Suspect identified (n = 480)			Suspect arrested (n = 390)			Suspect convicted (n = 359)	
	B	SE	exp(B)	B	SE	exp(B)	B	SE
SAMFE conducted	-0.324	0.352	0.723	0.577	0.321	1.781 *	0.545	0.366
Suspect known to victim								
Yes	2.305	0.415	10.030 ***	-0.114	0.610	0.892	-0.006	0.734
Unknown	0.146	0.782	1.157	1.253	1.283	3.502	1.456	1.367
Victim participation	1.709	0.352	5.525 ***	3.534	0.636	34.260 ***	3.268	0.762
Female victim	0.468	0.597	1.596	-0.797	0.509	0.451	-1.466	0.552
Victim age	-0.033	0.015	0.967 **	-0.042	0.018	0.959 **	-0.061	0.022
White victim	0.275	0.350	1.317	0.509	0.358	1.664	1.043	0.414
Hispanic victim	0.048	0.048	1.049	-1.424	0.241	0.241 **	-1.221	0.295 **

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	0.566			0.528		0.590	
Victim willing drug/alcohol use							
Yes	0.853	2.347	**	-0.167	0.846	-0.490	0.613
	0.412			0.361		0.423	
Unknown	0.071	1.073		0.800	2.225	0.864	2.373
	0.739			0.594		0.643	
Victim injured	-0.108	0.898		0.481	1.618	0.688	1.991
	0.479			0.491		0.553	
Weapon used	0.013	1.013		0.221	1.247	-0.064	0.938
	0.450			0.439		0.508	
Verbal threats	0.336	1.399		-0.198	0.821	0.166	1.181
	0.775			1.109		1.261	
Victim suspected of soliciting							
Yes	-0.746	0.474		-1.029	0.357	-1.453	0.234
	0.664			0.913		1.096	
Unknown [†]	-2.123	0.120	**	1.260	3.524		
	0.783			1.074			
Days to report	-0.001	0.999	**	0.000	1.000	-0.002	0.998
	0.000			0.000		0.001	
Offense occurred outdoors							
Yes	-0.617	0.540		0.403	1.497	0.543	1.720
	0.534			0.609		0.652	
Unknown	-0.142	0.868		-2.746	0.064	-2.135	0.118 *
	0.778			1.094		1.089	
Other crimes committed	-0.399	0.671		0.529	1.698	0.664	1.943 *
	0.394			0.349		0.378	
Jurisdiction 2	-2.084	0.124	***	0.673	1.960	0.761	2.141 **
	0.498			0.333		0.371	
Male suspect				0.678	1.971	0.851	2.341
				0.731		0.802	
Suspect age				0.014	1.014	0.010	1.010
				0.011		0.013	
White suspect				-0.260	0.771	-0.701	0.496
				0.383		0.427	
Hispanic suspect				0.084	1.087	0.193	1.213
				0.493		0.558	

* p < 0.10; ** p < 0.05; *** p < 0.001

[†] Note: Due to the small number of cases in this category (n=9), the outcome for the conviction model was completely determined, and therefore the cases were dropped from analysis in these models.

In addition, certain victim demographic characteristics and behaviors proved to be predictive of case outcomes. Cases with younger victims were significantly more likely to have an identified suspect, arrest, and conviction, with the likelihood of each outcome occurring dropping by four to six percent with each additional year of age of the victim. Cases with female victims were significantly less likely to have a conviction, although this should be interpreted with caution due to the relatively small number of cases with non-female victims in the sample (n = 48). Victim race and ethnicity both were predictive of conviction. Cases with white victims were nearly three times as likely as cases with non-white victims to have a conviction, while cases with Hispanic victims were about 71 percent less likely to have a conviction. Finally,

victims who willingly used drugs or alcohol before or during the incident were significantly more likely to have a suspect identified in their case.

Unlike victim characteristics and behaviors, most suspect demographic characteristics and offense characteristics were not predictive of case outcomes. Offenses that were reported to police more quickly were more likely to have a suspect identified, and cases where suspects were accused of crimes in addition to the sexual assault (such as assault, robbery, and child endangerment, among others) were nearly twice as likely to result in a conviction than cases where sexual assault was the sole charge. Other offense characteristics such as whether the suspect used a weapon or issued verbal threats, whether the victim was injured, and whether the offense occurred outdoors were not significantly predictive of any outcome. Similarly, the relationships of suspect demographics such as gender, age, race, and ethnicity with case outcomes were not significant.

Dissemination and Close-Out Activities

The project team has presented preliminary findings from this study at the Annual Meetings of the American Society of Criminology in 2016, 2017, and 2018. Prior to the end of the grant period, the research team will upload de-identified data collected during the study along with code and documentation used to produce analyses to the National Archive of Criminal Justice Data, in accordance with NIJ requirements. The project team also will draft a short memo and present findings to each of the two sites included in this study. Finally, the project team will submit at least two journal articles for publication prior to the end of the grant period on March 31, 2019. These articles will collectively contain the full results and a discussion of the implications of such results for all research questions in this study.

Appendix A: References Cited

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Appendix B: Focus Group Protocols for Qualitative Data Collection

Law Enforcement Interview Introduction and Informed Consent

Introduction and Informed Consent

Hello, my name is **[FACILITATOR]**, and these are my colleagues, **[COLLEAGUE 1]** and **[COLLEAGUE 2]**. We are from the Justice Policy Center at the Urban Institute, a nonprofit, nonpartisan research organization that studies social and criminal justice policy issues. The Urban Institute is conducting a study funded by the National Institute of Justice, the research, development, and evaluation agency of the U.S. Department of Justice, to examine the role of sexual assault medical forensic exams (sexual assault kits) and other case characteristics in achieving investigative and prosecutorial outcomes in sexual assault cases.

The purpose of this study is to:

- Expand law enforcement's, prosecutors', medical personnel's, and nonprofit victim advocates' knowledge about how sexual assault cases proceed through the criminal justice system and identifies which pieces of evidence and case characteristics relate to reaching investigative and prosecutorial outcomes (for example, arrests, charges, and convictions);
- Identify training opportunities to improve evidence collection, investigation, and prosecution; and
- Assist policymakers and funders in making evidence-based funding decisions related to sexual assault prosecutions.

So you know who we are, we'd like to take a minute and introduce ourselves. **[BRIEF BACKGROUND INFORMATION ON ALL TEAM MEMBERS]**.

We would like to thank you for taking the time to participate in this meeting. The interviews are intended to get your perspective on sexual assault case processing and decisionmaking in **[COUNTY]**. Your responses during this meeting will be combined with responses from others we visit here and in other jurisdictions in this state, and presented as aggregate findings. No individuals or jurisdictions will be identified in our research report.

Your participation is voluntary and you can decline to answer any question throughout our discussion. We will be taking notes and after the final reports are written, we will destroy all notes from this meeting. This form provides more information about our study. You can just keep that copy. **[HAND OUT 1-PAGE PROJECT DESCRIPTION]**.

Law Enforcement Interview Protocol

Part 1: Background

1. What is your educational and professional background?
 - a. How long have you worked in your current position?
 - b. How long have you investigated sexual assault crimes?
 - c. Did you choose this position, or were you assigned to it?
 - d. Have you had any specialized training on sexual assault issues?
 - e. How many sexual assault cases have you investigated?
 - i. How many were referred for charging or closed?
 - ii. How many of the cases referred were charged or not charged?
 - iii. How many times have you testified in a sexual assault case?
2. Can you describe your current position and role?
 - a. What are your primary responsibilities?
 - b. Can you describe what your responsibilities are in regards to sexual assault cases?
 - c. When do you start working on a sexual assault case? When is your work "finished"?
 - d. Can you describe your work with victims in these cases?
 - e. Is the victim's experience with your agency measured at any point? In other words, do you ask victim's about their experiences during the investigation at any point?
3. In what ways do you work with other community stakeholders/first responders to SA?
 - a. Is there a multi-disciplinary team?
 - b. How often do you meet?
 - c. Who attends the meeting?
 - d. Do meetings involve cross-training, discussions of particular cases, etc.?
 - e. What is your perception of the utility of the team?
 - f. Are there key stakeholders missing from the team, or stakeholders you wish participated more frequently?
 - g. If no team, do you regularly meet with other allied professionals separately?
 - i. Prosecutors
 - ii. Advocates
 - iii. Medical
 - iv. Lab

Part 2: Case Processing and Decisionmaking

4. Talk to us about how a sexual assault case moves through the process of investigation by your agency.
 - a. How are sexual assault cases first reported? Who reports them?
 - b. Who typically responds to an initial report or 911 call?
 - c. Who handles the case after the initial response?

- d. How are sexual assault cases prioritized?
 - e. Are there enough investigators to adequately cover all the sexual assault cases?
5. For those who do report to the police, how many report soon after the crime (say, within a few days), and how many file a delayed report?
- a. What are the reasons that victims may file a delayed report?
 - b. What challenges are presented when victims file a delayed report?
6. Do the police ever investigate the assault even for victims who have not filed a formal report? If so, how often?
- a. What do you think of it when the police investigate without the victim's report?
 - b. Is this more or less likely to happen when the victim has had a medical forensic exam, or does that not matter?
 - c. How do victims react when the police investigate without the victim's report?
7. Are there types of sexual assault cases that are easier/harder to work with/make cases for?
- a. What makes a case easier/harder to work with?
 - b. How do you mitigate challenges in working with difficult cases?
8. What are the reasons that cases move forward and are referred to prosecution? What are the reasons that cases do not move forward?
9. From your perspective, what elements of cases lead to charging decisions?
- a. When cases are not brought forward for charging, what are some reasons this happens?
 - b. Does your agency have any formal or informal policies governing the referral or charging of sexual assault cases?
 - i. If yes, what are these policies?
10. What are the most important pieces of evidence—in your view—for making a solid case?
- a. What particular elements of the SAMFE and forensic testing are most important to investigative and prosecutorial goals?
11. How do victim characteristics contribute to case processing and decision making around investigation and charges?
12. How do victim behaviors contribute to case processing and decision making around investigation and charges?

Part 3: Sexual Assault Medical Forensic Exams

13. What proportion of victims have a SAMFE done?
 - a. In your opinion, what do victims think of these exams? What information do you provide them about it? Do they have concerns?
 - b. What types of information do you provide to victims about what will happen to the kit after the exam?
 - c. Does your agency have to approve of a SAMFE before an exam is conducted?
14. Why do you think victims get the exam?
 - a. Why do you think they don't?
 - b. Do you encourage victims to get the exam or not get the exam?
 - c. Does anyone ever pressure victims to get the exam, or not get the exam?
15. Is there a relationship between having an exam and reporting to the police in your jurisdiction?
 - a. Does anyone ever put pressure on/try to convince victims to report to the police, or not to report?
 - b. In practice, do victims have to report to the police to get a free exam in your jurisdiction?
 - c. Are the exams conducted differently depending on whether the victim has reported to the police?
16. What happens to the kit after a victim has an exam?
 - a. How is the kit identified? By name, code number, etc.?
 - b. Is there a tracking system, and how does it work?
 - c. Who takes custody of it, and where is it stored?
17. Are all kits sent to crime labs, or only some (which ones)? How do you prioritize kits that are submitted?
 - a. If some are *not* sent, where are they stored?
 - b. Is the reason for *not* submitting recorded in the case notes or elsewhere?
18. How long after collection, is a kit usually submitted to the lab?
 - a. Is there a lag between when a kit is collected, when it is submitted to the lab, and when it is analyzed? Why?
 - b. Do you know how the laboratory prioritizes kits for testing?
 - c. Does the lab test everything submitted via the kit?
19. How is the forensic exam and the evidence collected used in the investigation and prosecution of cases in your jurisdiction?
 - a. Do you think cases are handled differently, depending on whether an exam occurred?
 - b. What investigative challenges do you face when victims do not have the exam?

- c. In what ways do the forensic exam and lab results make a difference in the outcome of the investigation or prosecution?
 - d. How do you learn the results of forensic testing? How are you notified that there was a hit to the database?
 - e. What happens if there is a hit or other lead based on forensic testing?
 - f. In general, when do you usually receive results back from the lab?
 - g. How do you follow-up on laboratory reports?
 - h. Is the victim notified about database hits or other forensic results? If so, how?
20. What do you think is the value of an exam to the investigation and prosecution of the criminal case?
- a. What is the value of an exam to a victim's physical and psychological recovery?
 - b. How could the value of the exam to the criminal case and to the victim be improved?
21. Do you see a difference between victims who have the medical forensic exam and those who do not, in terms of whether they are more likely to file a report with the police immediately, after a delayed period, or not at all?
- a. Do many victims have the exam without filing a police report at that time?
 - b. Do many of those victims who had the exam later file a delayed report with the police?

Part 4: Survivors' Interaction with Prosecutors

22. What are victims' concerns about working with the prosecution?
- a. What information do you provide them about prosecution?
23. What are the reasons that victims work with the prosecutor? What are the reasons they do not work with the prosecutor?
- a. Do you encourage victims to work with the prosecutor or not work with the prosecutor?
24. Have you seen cases in which the prosecutor prosecutes the case without the survivor's participation (evidence-based prosecution)? If so, how prevalent is this?
- a. Have you seen cases in which victims who do not want to be involved in the court case are subpoenaed? If so, how prevalent is this?
 - b. What is your opinion of evidence-based prosecution, from the standpoint of the criminal justice system, and considering the best interests of those assaulted? (Evidence-based prosecution is when prosecutors proceed with a case when the victim does not want to participate in the criminal case processing; thus, prosecutors rely on physical evidence and other witness statements, and not victim testimony.)

Prosecutor Interview Introduction and Informed Consent

Introduction and Informed Consent

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- Identify training opportunities to improve evidence collection, investigation, and prosecution; and
- Assist policymakers and funders in making evidence-based funding decisions related to sexual assault prosecutions.

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Your participation is voluntary and you can decline to answer any question throughout our discussion. We will be taking notes and after the final reports are written, we will destroy all notes from this meeting. This form provides more information about our study. You can just keep that copy. **[HAND OUT 1-PAGE PROJECT DESCRIPTION]**.

Prosecutor Interview Protocol

Part 1: Background

1. What is your educational and professional background?
 - a. How long have you worked in your current position?
 - b. How long have you worked in the area of sexual assault?
 - c. Did you choose your assignment or were you assigned?
 - d. Did you have any specialized training on sexual assault issues?
 - e. How many sexual assault trials have you had?
 - i. Misdemeanor/felony
 - ii. Bench?
 1. Guilty/Not Guilty
 - iii. Jury?
 1. Guilty/Not guilty/hung
 - iv. Plea
2. Can you describe your current position and role?
 - a. What are your primary responsibilities?
 - b. Can you describe what your responsibilities are in regards to sexual assault cases?
 - c. When do you start working on a sexual assault case? When is your work “finished”?
 - d. Can you describe your work with victims in these cases?
 - i. When, how often and how long do you meet with victims?
 - ii. If you decline to prosecute, do you meet with the victim before the decision is made? After? Declination letter?
 - iii. Is the victim’s experience with the criminal justice system measured at any point? In other words, do you ask victim’s about their experiences during the investigation at any point?
3. In what ways do you work with other community stakeholders/first responders to SA?
 - a. Is there a multi-disciplinary team?
 - b. How often do you meet?
 - c. Who attends the meeting?
 - d. Do meetings involve cross-training, discussions of particular cases, etc.?
 - e. What is your perception of the utility of the team?
 - f. Are there key stakeholders missing from the team, or stakeholders you wish participated more frequently?
 - g. If no team, do you meet regularly with other allied professionals separately?
 - i. Police
 - ii. Advocates
 - iii. Medical
 - iv. Lab

Part 2: Case Processing and Decisionmaking

4. Talk to us about how a sexual assault case moves through the process of investigation by your agency.
 - a. How are sexual assault cases prioritized?
 - b. Are there enough investigators and ADAs to adequately cover all the sexual assault cases?
5. Do the police ever investigate the assault even for victims who have not filed a formal report? If so, how often?
 - a. What do you think of it when the police investigate without the victim's report?
 - b. Is this more or less likely to happen when the victim has had a medical forensic exam, or does that not matter?
 - c. How do victims react when the police investigate without the victim's report?
6. Are there types of sexual assault cases that are easier/harder to work with/build?
 - a. What makes a case easier/harder to work with?
 - b. How do you mitigate challenges in working with difficult cases?
7. What are the reasons that cases move forward from law enforcement and are referred to prosecution? What are the reasons that cases do not move forward?
8. From your perspective, what elements of cases lead to charging decisions?
 - a. What elements have the most impact on these decisions?
 - b. What elements have less of an impact on these decisions
 - c. When cases are not brought forward for charging, what are some reasons this happens?
9. What are the most important pieces of evidence, in your view, for making a solid case?
 - a. What particular elements of the SAMFE are most important to investigative and prosecutorial goals?
10. How do victim characteristics contribute to case processing and decision making around investigation and charges?
11. How do victim behaviors contribute to case processing and decision making around investigation and charges?

Part 3: Sexual Assault Medical Forensic Exams

12. How are the forensic exam and the evidence collected used in the investigation and prosecution of cases in your jurisdiction?
 - a. Do you think cases are handled differently, depending on whether an exam occurred?

- b. What investigative challenges do you face when victims do not have the exam?
 - c. In what ways do the forensic exam and lab results make a difference in the outcome of the investigation or prosecution?
 - d. How do you learn the results of forensic testing? How are you notified that there was a hit to the database?
 - e. What happens if there is a hit or other lead based on forensic testing?
 - f. In general, when do you usually receive results back from the lab?
 - g. How do you follow-up on laboratory reports?
 - h. Is the victim notified about database hits or other forensic results? If so, how?
 - i. Do you/would you call a SANE nurse as a witness if the exam revealed no injuries and no forensic samples collected yielded any results?
13. Are all kits sent to crime labs, or only some (which ones)? Do you know how law enforcement prioritizes kits that are submitted?
- a. If some are not sent, where are they stored?
 - b. Is the reason for not submitting recorded in the case notes or elsewhere?
 - c. How does the laboratory prioritize kits for testing?
 - d. Does the lab test everything submitted via the kit?
14. What do you think is the value of an exam to the investigation and prosecution of the criminal case?
- a. What is the value of an exam to a victim's physical and psychological recovery?
 - b. How could the value of the exam to the criminal case and to the victim be improved?

Part 4: Survivors' Interaction with Prosecutors

15. Do you prosecute cases without the victim's participation (evidence-based prosecution)? (Evidence-based prosecution is when prosecutors proceed with a case when the victim does not want to participate in the criminal case processing; thus, prosecutors rely on physical evidence and other witness statements, and not victim testimony.)
- a. Do you see many cases in which victims who do not want to be involved in the court case are subpoenaed?
 - b. What is your opinion of evidence-based prosecution, from the standpoint of the criminal justice system?
 - c. What is your opinion of evidence-based prosecution, from the standpoint of the victim's best interests?