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Published in:
Feminist Criminology

DOI:
[10.1177/15570851211031991](https://doi.org/10.1177/15570851211031991)

Publication date:
2021

Document Version
Publisher's PDF, also known as Version of record

[Link to publication in ResearchOnline](#)

Citation for published version (Harvard):
White, D & McMillan, L 2021, '[De]-Centering the victim: police perceptions of victims of sexual violence through a comparative lens of evidence collection and processing', *Feminist Criminology*.
<https://doi.org/10.1177/15570851211031991>

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[De]-Centering the Victim: Police Perceptions of Victims of Sexual Violence through a Comparative Lens of Evidence Collection and Processing

Feminist Criminology

1–21

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DOI: 10.1177/15570851211031991

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Abstract

Police are central to the statutory response to sexual violence, shaping the direction an investigation may take. Evidence provided by victims is also key to the processing of sexual assault cases. From a 2013 comparative qualitative study involving interviews with police officers in one province in Canada ($n = 11$) and one region in Scotland ($n = 10$) who investigate such cases, we discovered striking unanticipated differences between the two groups in terms of how they perceived victims and the evidence they provide. This paper presents a thematic analysis of these data and considers possible implications and explanations.

Keywords

sexual assault, victimization, rape, policing, qualitative research, women, justice interests

Sexual violence continues to afflict the lives of women at remarkably high rates (Htun & Weldon, 2012; Ministry of Justice, 2013; Powell & Henry, 2017; Tjaden & Thoennes, 2006). While men, non-binary and transgendered persons are certainly subject to such violations, women and girls constitute the majority of victims (Du Mont & White, 2013; McMillan, 2007; Perreault, 2013; Powell & Henry, 2017; Taylor & Gassner, 2010). Beyond the persistent prevalence of sexual assault and rape¹ and the psychological,

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emotional, physical, and social impacts they have upon victims (Chivers-Wilson, 2006; Du Mont & White, 2013; Johnson et al., 2008), what is striking is the general inefficacy of criminal justice systems with respect to charging, convicting or deterring perpetrators of these crimes (Corrigan, 2013; Daly & Bouhours, 2010; Jordan, 2011; McMillan, 2007, 2018; Shelby, 2020; Temkin & Krahé, 2008).

The police are central to both the statutory response to sexual assault and rape, and to the post-assault experiences of victims.² They are “the first port of call for victims of rape who choose to engage with the criminal justice process and report the offence committed against them” (McMillan, 2015, p. 623; see also, Campbell, 2008; Jordan, 2011; Taylor & Gassner, 2010). In some instances, the police may be the only criminal justice personnel a victim has contact with (Parsons & Bergin, 2010). As it is the responsibility of police to investigate a claim of rape or sexual assault for a case to potentially move forward, they have been identified as “gatekeepers” (Corrigan, 2013; Jordan, 2004; McMillan, 2015; Taylor & Gassner, 2010; Vopni, 2006). Typically, based upon a complainant’s narrative, it is largely their discretion to decide whether or not a crime may have occurred and, if so, how it might be classified (Alderden & Ullman, 2012; Frazier & Haney, 1996; Lievore, 2003; McMillan, 2015; Maier, 2008; Venema, 2016; Vopni, 2006; Wentz, 2020), although, as Ricciardelli et al. (2021) have observed, this decision-making does occur within a broader and often complex cultural and legal framework based on interpretations of consent and requirements for evidence that can demonstrate that a crime occurred “beyond a reasonable doubt.” Given the significance of the police in the institutional response to sexual assault, understanding the full nature of their role, and their perceptions, behaviors and relations in processing cases of sexual violence is essential.

The Study: Police and Forensic Medical Evidence

The data presented in this paper about how police officers perceive victims of sexual violence emerged as a secondary, but striking, set of findings from a study investigating police officers’ understandings of the forensic medical examination and the evidence it provides. In order to make clear the context in which our data were generated, it is cogent to explain the design and purpose of the original study, providing a brief overview of its rationale and the literature in which it was situated.

The primary form of evidence in a sexual assault or rape case is the narrative presented by a victim in the process of reporting the crime (see, Wentz, 2020). Throughout most criminal justice systems however, additional evidence is not only generally required to corroborate that claim, but often seen as pivotal to the possibility of a case progressing (see, White & McMillan, 2018). One of the chief tasks of police is involvement in the accumulation of such corroborative support. While forensic evidence exists in a variety of forms (e.g., witness statements, CCTV, data from personal mobile devices), a key component of the evidentiary process in rape and sexual assault case processing involves that collected from a victim through a forensic medical examination (Du Mont & White, 2007; White & McMillan, 2018). There has long been a common belief in criminal justice and popular culture that this type of medico-legal

evidence is crucial to rape/sexual assault case outcomes (Mulla, 2014; United States Department of Justice, 2013). The medical examination at the center of this activity involves specialized protocols and tools, and, depending upon jurisdiction, is typically conducted by specially trained medical personnel such as Sexual Assault Nurse Examiners (SANEs), forensic medical examiners (physicians), police surgeons or forensic nurse examiners/practitioners (Du Mont & White, 2007; Rees, 2012). Across jurisdictions, it is carried out in various settings including hospitals, sexual assault centers, and police stations. The evidence circumscribed by most protocols and standard practices (often in the form of a “rape kit”) generally includes documentation of any internal/external injuries and a victim’s emotional state, as well as collection of any foreign fibers and debris, blood/urine samples, and biological samples for DNA analysis (Du Mont & White, 2007; McMillan & White, 2015; Mulla, 2011). While there are variations depending upon location and structural organization, this intervention is typically centered on the practices of medical personnel and of the police, wherein doctors and nurses conduct the examinations, and police generally facilitate and direct the evidentiary process.

Given that police make charging and investigation decisions based upon the “weight” of evidence, their role in medico-legal activity, and in the course of a victim’s post-assault institutional experience, is salient. With the intention of examining police perceptions of forensic medical examinations and evidence, and how these perceptions may affect the shape and use of such evidence, in 2013 we conducted a comparative study of a sample of police officers from five different police services (municipal, regional, provincial) that covered rural areas, mid-sized town/cities and a large urban center in one province of Canada, with those in one geographical region of Scotland, all serving within a single police force, that also served rural populations, mid-sized towns, and a major urban area.

We wanted to explore and understand similarities and/or notable differences in relation to their understandings of the examinations and evidence. The two groups selected at that time were of particular interest because, despite operating across similar locales, they differed considerably with respect to institutional settings and the personnel and practices involved in the medical evidentiary process. In the Canadian province sampled, the delivery of forensic medical services, mainly in specialist hospital centers by predominantly female SANEs, was rooted in a feminist understanding of sexual violence. It was victim-focused, with an emphasis on health care and psycho-social support, in addition to evidence collection. In contrast, forensic medical examinations in the Scottish region were, at the time of this study, carried out by Forensic Medical Examiners (physicians) or Police Surgeons, the majority of whom were male, either in police station suites or in the region’s one Sexual Assault Referral Centre (SARC) (HM Inspectorate of Constabulary in Scotland, 2017). Those examinations conducted in police station suites offered evidence retrieval only, with health care elements delivered elsewhere. Those examined in the SARC, a “one-stop shop” model (Lovett et al., 2004) had access to evidence retrieval, post assault medical care, and support.³ While the purpose of SARCs is more victim-focused, in the area under study, the SARC was only available to a minority of those reporting and only to those assaulted within a

very recent time frame. Some have argued SARCs can still be heavily aligned with policing (Robinson & Hudson, 2011). What was of significance for our study, however, was that the forensic medical examinations conducted in Scotland at the time were primarily contracted and managed by police (McMillan & White, 2019) and tended to prioritize evidence collection over care (HM Inspectorate of Constabulary in Scotland, 2017), in contrast to those conducted in the Canadian province studied that fell under the administration and direction of the health sector. Given these varying practices and given too the literature which had indicated the SANE model had tended to collect better quality evidence (Schmitt et al., 2017), we were interested in potential differences in police understandings of forensic evidence between those officers working in systems in which police were responsible for forensic medical evidentiary practices as opposed to those driven by health professionals.

While we did collect rich data regarding how officers in both countries understood and utilized medical forensic evidence in case processing, we were struck by an unanticipated finding within the data. We observed throughout the police interview transcripts markedly different patterns regarding how officers from each jurisdiction talked about their approach to and understanding of victims in the evidentiary process. Expressions of these differing perceptions of victims arose serendipitously from the scheduled interview conversations that had been specifically focused on forms and uses of forensic evidence. That is, participants were not directly asked questions about their attitudes and practices regarding victims in post-assault investigations. The objective of this article was to systematically examine these findings. As Wentz and Archbold (2012) have noted, “[t]here has been limited research focused on police officers’ perception of rape victims over the last four decades” (p. 25; see also, Ricciardelli et al., 2021). Given the impactful role police may play in sexual assault cases, and in recognition of the professional context in which each group is situated, it is important to understand the potentially variable ways victims may be positioned by police in the investigative process. Beyond identifying patterned differences, we explore questions of how these perceptions might shape case progression and victim experiences of criminal justice systems and speculate as to what may have given rise to the ways each group of officers discussed victims in sexual violence cases.

Method

Funded by the Scottish Institute for Policing Research (SIPR), the project from which this study was derived involved data collected from face-to-face semi-structured in-depth interviews (approximately 1–1.5 hours) with serving police officers in one region of Scotland and one Canadian province, who had led a rape case in the previous 12 months. In Scotland, officers were part of one single national police force, and all located within a large regional area. In Canada, officers were located across several police services within the Province. Those officers were identified through contact persons we had established connections with in both locations and communication was established via email. Interviews were held on police premises. In the Canadian province, we conducted interviews with 11 participants (six men and five women), 3

of whom identified themselves as Detective and 8 who stated their position as Detective Constable. They had between 7 and 32 years of police service and, less than 1 to up to 9 years of experience as a Detective. Only two of those interviewed from the large urban center worked in a dedicated sex crimes unit, and each police service represented utilized the same forensic laboratory for sample/specimen analysis. In the area of Scotland under study we carried out 10 interviews (eight men and two women) with Detective Inspectors in one geographical region. These participants had between 16 and 29 years of service, and between 1 and 9 of those as Detective Inspector.

All interviews were conducted by research assistants in both countries and were fully transcribed verbatim. Following initial analysis of these data focused on officers' understandings and uses of forensic medical evidence, a secondary study (the basis of this article) was completed by both authors using an inductive approach to "thematic analysis" not determined by a pre-existing theoretical framework (Braun & Clarke, 2006). Each author independently read both sets of transcripts and, engaging in reflexive dialogue, noted patterns regarding how victims were discussed (or not). A data-driven analysis was developed identifying and categorizing three key thematic categories. Transcripts were reread and the three categories were refined. A semantic descriptive analysis of content patterns was then summarized and interpreted in relation to the relevant literature and consideration of broader meanings and implications (Braun & Clarke, 2006), as presented below.

Results

Our findings regarding police perceptions of and behaviors toward sexual assault victims emerged as we began to note how differently the victim was talked about in the officers' responses to our interview questions about forensic evidence. While we observed that the victims referred to by both sets of officers interviewed were always female, broadly speaking: in contrast to the Canadian⁴ police interviewed, the importance of the victim's experience and her narrative appeared to be prevalent in the Scottish police officers' discourse, along with relatively progressive views about these women victims and their cases. More specifically, examining the interview transcripts, the three thematic themes we identified were categorized as follows: (1) police suspicion or belief; (2) sensitivity toward victims; and (3) police perceptions of system improvements.

Police Suspicion or Belief

There was a striking contrast between the Canadian and the Scottish police officers we interviewed in terms of whether they viewed the evidence sought in an investigation as primarily a means by which to substantiate the veracity of a victim's claim. Several of those in the Canadian province indicated that they generally operated from a position of suspicion regarding claims made by victims. For instance, in answer to a follow-up question after reference was made to instances wherein a background check is run on a complainant during the evidentiary process, one interviewee stated:

So, they phone the Police and say they have been sexually assaulted. We get a statement from them, we want to know all about that person and why are they coming here to give us the sexual assault complaint because did this really happen, did that happen, I don't want to call you a liar but we've got things to talk about . . . (Canada G)

When asked about their sense of a typical sexual assault case, the officer continued:

We don't get people attacking girls and dragging them off into the woods. . . . we get people that know people, you and I might know each other, we're friends, we go to the bar, we have a few drinks, we end up back at my place, we end up in bed and then tomorrow morning you're going to wake up and think "Oh my God, I've got to go home to my husband, what have I done"? Or we're drinking and one thing leads to another and I get a little adventurous and the next thing we know you're at the Police Station saying that you've been sexually assaulted. (Canada G)

A similar sentiment of suspicion was expressed by another interviewee:

. . . we have to differentiate between something that's an unwanted sexual assault or something that she was consenting to at the time and then was only trying to make a claim for false allegation to save herself with embarrassment or whatever. (Canada I)

When a different officer in the Canadian sample was asked what they knew regarding what eventually happens with completed sexual assault evidence kits, they stated:

Like at the end of the investigation if we believe that there's not enough evidence to lay a charge or we don't believe what the victim's telling us, I'm not sure what happens with that kit. (Canada H)

Suspicion of a victim's narrative was also evident when Officer G discussed decision-making practices for sending completed sexual assault evidence kits to forensic laboratories:

. . . we're not going to send that kit away until we do more investigation which might be next week, it might be two weeks, but we will send it there eventually and it will get there unless she comes back and says that it didn't happen. (Canada G)

Additionally, in several of their interviews, respondents in the Canadian province, unprompted, raised the issue of a victim's "toxicology" tests (which are based on samples collected during the medical forensic examination and sent to the provincial laboratory for analysis). In each instance, they were referring to toxicology with respect to how it might undermine or render what a victim had reported less credible or believable. For example:

I've had cases where the victim said she was sexually assaulted, but she denied taking any drugs on that evening and when the blood came back with cocaine in it her credibility was shot and it destroyed the case. So I think the evidence is very important. (Canada B)

Counter to these responses, the Scottish police interviewed did not once mention toxicology in this way. When they did refer to the presence of substances, each time it was in terms of seeking evidence of drink spiking by a perpetrator. In fact, despite the requirement for at least two forms of corroboration of sexual violation in Scots Law, there was no language in the Scottish transcripts about pursuing evidence to support a victim's claim and credibility. Instead, throughout the interviews their focus tended to be on evidence that officers believed might be of value in determining and finding who was responsible for the assault. Police here tended to default to a narrative that assumed a complainant had indeed been a victim of a crime, as illustrated in this comment made by one of the Scottish officers in reference to victims:

. . . and it's probably the worst thing that's ever happened to them in their life and you want to do something about it. (Scotland 7)

The same officer, in answering a question regarding whether there was a "typical" sexual assault case (in relation to evidence procurement), went on to say:

One thing that is typical is that the victim has been raped and that someone's been responsible, that's the two things that are absolute. (Scotland 7)

Another interviewee, responding to a query about how they approach an investigation in terms of evidence collection, offered:

This is where we've got, how the hell do we prove that this happened? (Scotland 6)

Also of note, was the recognition by one Scottish officer of the reality that, as a victim must give an account of their sexual assault many times for different criminal justice professionals, the details of that may change somewhat. They did not see this as any cause for mistrust:

. . . sometimes the victim statements are not what we have already been told, that happens through trauma, through drink, through alcohol, through drugs, through trauma. People, you can get people in one room, looking out the window, something could happen and they would all describe it differently and that's reality. (Scotland 4)

Sensitivity Toward Victims

Throughout the Scottish police officer transcripts, a pattern arose wherein, while discussing evidence in its different forms and uses, several officers spontaneously referred to victims in notably sensitive ways. This constituted our second analytic theme. There were many instances where these officers expressed clear empathy for victims and demonstrated having put thought into understanding what they may have experienced through a sexual assault or rape, as well as the post-assault process. Recognizing the humanity of victims, participants made statements such as:

. . . they are a crime scene but they're a person at the same time . . . (Scotland 10)

. . . they've been dealt with professionally, they've been treated respectfully, we've got what we needed as an organisation but at the same time we've not just used them as a means to an end for an investigation; they've actually been treated as a person and properly. (Scotland 2)

. . . we give the victim the best possible care and support that we can and we continue to do that throughout regardless of whether it goes to court or not . . . (Scotland 7)

Sensitivity was expressed also by some Scottish police respondents through acknowledging the many traumas of a violation, regardless of a victim's life circumstances or the conditions of the rape:

There is no such thing as a good rape but there are certainly some that affect the victim more than others and that is about the individual victim, how they feel about themselves, what their mental condition is, how vulnerable they are, how vulnerable it makes them feel afterwards, whether they have children or not, some victims manage to put it behind them very quickly, others take a long time and I think in general no one can ever really get over, they have different ways of dealing with it, the trauma, but we have victims who are alcoholics, drug addicts, vulnerable females, vulnerable children in homes, vulnerable female prostitutes, for some reason people seem to think that prostitutes can't be raped. They do, unfortunately and it takes a lot of courage for [] people to step into the box and give testimony. (Scotland 4)

There is no typical feature [of a rape or sexual assault] other than there is a victim at the end of it . . . (Scotland 3)

A lot of it can be the impact of the crime they have suffered as well . . . the bottom line is that they need support, and we want to try and keep them on-board . . . (Scotland 1)

The dominance of a discourse suggesting sensitivity to victims, characteristic of the Scottish interviews, was not evident in those conducted with the police in the Canadian province. This is not to say that these officers were not sensitive to victims, but that such sensitivity, to the extent it was a reality, was not consistently expressed in the course of being interviewed on the evidentiary process. We would note however, instances when two Canadian police respondents did, unprompted, articulate concern for victims with respect to the intimate and intrusive nature of the forensic medical examination specifically. When asked about their understanding of the forensic medical examination conducted by Sexual Assault Nurse Examiners they responded:

I don't know anybody that would want to go through the sexual assault kit examination. I think it's necessary in the collection of physical evidence, it's very intrusive and it's unfortunate that it has to take place so close to the incident. Again it's compounding the victimisation . . . I can understand why some women refuse it, some victim's refuse it and I don't blame them one bit. (Canada A)

But I don't think that any victim would deal with it very well, it's a pretty intrusive process, especially after you've already gone through something horrible. So I don't think that it would be a good experience for them regardless, but I think it's something that victims know is necessary to be able to proceed with this. (Canada B)

Police Perceptions of System Improvements

The third theme that emerged from our analysis of the interview transcripts concerned a scheduled item we asked regarding what participants felt required “system improvements” in the post-assault evidentiary process. Again, there was a marked contrast between the police responses in Scotland and those in the Canadian province. When questioned as to whether they thought there was a way that “the forensic medical intervention could be made more effective,” Scottish officers interviewed almost uniformly discussed improvements related to the victim experience of the process. For example, one participant reflected on the trauma the process can bring to a victim:

. . . more often than not the process would be that we would interview the complainer and then take the complainer to . . . the venue for the examination . . . and in a lot of cases the doctors will ask that person what happened. So for me that's another bit of trauma for a victim to go through that again when they have already been through it with the police, so for some arrangement to be satisfactory that the doctors would accept what the police say because we have already interviewed the person, . . . then that could potentially reduce some distress for that person. (Scotland 1)

Given that some examinations were still conducted in police station suites and some in the healthcare setting of the SARC, officers were asked about whether they felt that the SARC/health-care location was a better option. A similar emphasis on the well-being of a victim was evident in some of their responses:

I think it's a better, more professional, and a better environment for victims to be dealt with, as opposed to a Police Casualty Surgeon and . . . medical suites in Police offices, I think that's a far colder, harsher environment for a victim to be dealt with in . . . it's a very, very difficult and emotional time for victims, but I think the way it's done in terms of forensic nurses, doctors, it's . . . more manageable for the victim. (Scotland 2)

. . . that's just tremendous, the fact that they [SARC] have a focus, you know, because I always feel bringing a victim into a police station to be examined by a police surgeon, I've nothing against the police surgeons, I think they're professional people but the whole set up actually is geared to that. (Scotland 10)

Other Scottish interviewees also addressed concern for the best possible environment for a victim undergoing forensic medical examination:

. . . and there's work going on just now because we shouldn't be bringing [victims] to police offices to do medical, we should have dedicated suites . . ., where they can go and they can be examined properly without having the indignity of coming to the police office. (Scotland 4)

. . . we're certainly looking at ways in which we can improve the service to the victim because obviously [the SARC] provides a fantastic search system . . . and that's where we would ideally want people to go every single time however; they've got restrictions on them [resource limitations and restricted hours] as well so . . . I mean a victim should never be taken to a police office to be examined, it just shouldn't happen. (Scotland 7)

In our Canadian sample, while one officer did draw attention to the length of time that some victims had to wait at the hospital before being directed to meet with a SANE (suggesting an improvement would be to speed this up), all other police interviewed equated system improvements with the time it took to get DNA results garnered from forensic medical examinations back from the forensic laboratories, an issue never mentioned by the Scottish police. When asked specifically if they “had any thoughts on how the system of forensic medical evidence investigation might be improved,” several interviewees responded as such:

[Pause] I don't really know to be honest with you. I'm not sure how long it takes the [provincial forensic laboratory] to analyse stuff. I've heard it can take a long time, so that could maybe be something, just I'm not sure. (Canada H)

The only thing I can think of is if we can get the results back quicker from the [laboratory], but like I said I know they're busy and more a matter of funding. (Canada I)

Referring also to the desire for faster evidence analysis results from the forensic laboratory, one officer in the Canadian province, however, did indicate concern for the victims in this process:

Put more money behind it. . . it's such a long drawn out process and I feel sorry for the victims and I feel sorry for the staff. . . they're running around like crazy trying to get this work done, and it would be so nice if there was a more timely procedure so that things could be dealt with in court a lot more quickly for the victims. (Canada A)

Discussion

Police are central to both the statutory response to sexual violence and to the experiences of victims who choose to engage with the criminal justice system. They can play a determinant role in the direction an investigation and evidentiary process take. From a comparative qualitative study originally conducted for the purposes of understanding how police operating in police-driven versus healthcare managed evidentiary systems perceived and acted in relation to forensic medical evidence in sexual assault and rape cases, we discovered striking additional and unanticipated differences between officers in one region of Scotland and in one Canadian province. Although the interviews conducted for the study were focused solely on police and forensic medical evidence, concomitantly uncovered were varying perceptions of and approaches to sexual assault victims. It was the objective of this paper to examine the Scottish and Canadian police interview transcripts to discern the nature of these differences and consider possible implications and explanations.

We thematically categorized the patterns through which police discussed (or did not discuss) victims as: “police suspicion or belief”; “sensitivity toward victims” and; “police perceptions of system improvements”. The first theme reflected how the police tended to position or center the victim in the evidentiary process, as expressed in their interview discussions. There was a clear distinction in the data between Canadian and Scottish police interviews regarding whether the complainant and her account of what had happened was to be believed or not. Several of the police in the Canadian province interviewed indicated holding suspicion of the claims made by victims. They appeared to interpret the probe for evidence to be, in large part, a search for that which might reveal a victim as untruthful and spoke of toxicology reports as playing a role in helping determine their credibility. What was perhaps most notable about the contrast with the Scottish police interviewed—who did not express a similar tendency toward disbelief of victim narratives and who spoke of evidence as that which could secure a perpetrator—was that the views offered by these officers echoed a widespread “culture of disbelief” of victims characterizing countless criminal justice institutions and processes (see e.g., Alderden & Ullman, 2012; Corrigan, 2013; Crew, 2012; Jordan, 2004, 2008, 2011; Kelly et al., 2005; McMillan, 2018; Maier, 2008; O’Neal, 2019; Taylor & Gassner, 2010; Temkin, 1997). Police suspicion of sexual assault victims has been determined as higher than suspicion of victims for any other crime (Quinlan, 2016). “Doubting the claims of women who have been sexually assaulted is in fact a default position embedded in the post-assault evidentiary assumptions and structures of practice, and is central to case progression, or lack thereof” (White & McMillan, 2018, p. 98). It is common for police to ask questions of victims designed to “weed out cases” (see, Campbell, 2008; Larcombe, 2002). In some instances, these may be organizationally circumscribed expressions of doubt (see, Ricciardelli et al., 2021) where police are trained “to be wary and suspicious generally, and mistrusting of rape complainants specifically” (Jordan, 2008, p. 52, see also, McMillan, 2015). And, as studies have shown, such practices may also be informed by individual-level adherence to cultural rape myths that foster disbelief of women who disclose having been sexually assaulted (Corrigan, 2013; Crew, 2012; Quinlan, 2016; Wentz & Archbold, 2012). Given that mistrust of a victim is normative across so many law enforcement agencies, it would seem the police interviewed in Scotland for this study presented something of an anomalous approach of more commonly believing the narratives of victims who had reported to them, which is the more striking given the requirement in Scots Law for two forms of corroborative evidence in such cases.

While both groups of officers did discuss the victim in relation to the evidentiary process, albeit in different ways, the other two thematic categories illustrate that one group typically positioned her in the forefront of consideration, as the other did not. At several points throughout their interviews, Scottish police in the study spoke spontaneously of their empathy for victims’ experiences of sexual assault, the forensic medical examination process and the trauma of rape in general. We found very few examples of such expressed sensitivity with the Canadian respondents. Similarly, when asked what improvements could be made to the forensic medical evidentiary system, almost every Scottish response referred solely to ways to better the process for the victim.

There was conveyed a firm sense of a need for enhanced victim care, a reduction of potential trauma, and a speeding up of the full availability of the specialist sexual assault referral center to prevent victims from being examined in police stations. Officers interviewed in the Canadian province were nearly unanimous in their answers, which pointed instead to a need for a shorter timeline for the turnaround of DNA analyses from the provincial forensic sciences laboratory. Given the surfeit of research highlighting the often insensitive treatment of victims by police (e.g., Ahrens, 2006; Campbell, 2008; Campbell & Raja, 1999; Doe, 2004; Johnson, 2012; Jordan, 2004, 2008; Lievore, 2005; Maier, 2008; Patterson, 2011; Quinlan, 2016; Stern, 2010), once again what stands out more than the officers in Canada not explicitly expressing concern for victims or considering their needs as priority in improving the medico-legal response system, is the extent to which the Scottish police appeared to thoughtfully and empathetically situate victims at the center of their responses.

Below we conjecture certain organizational differences between how police and the forensic medical evidentiary process operate in the province of Canada and region of Scotland examined in order to try to account for their varying perceptions of and relations to victims. However, it is important first to consider some of the possible implications of these differing responses for victims and their cases. Having not interviewed those who have engaged with the police involved in this study, we cannot determine how they may have experienced the post-assault investigative process, nor can we ascertain the extent to which the understandings and attitudes expressed by the police interviewed were evident in their interactions with victims. However, we can draw from findings in the extant social science literature which indicate that the views expressed by the Canadian police officers in our study toward victims reflect what is commonly found within criminal justice systems. As such, there are possible ramifications of these patterns of perception and behavior. Two of the most consequential (and at times related) concern: a victim's emotional, psychological and physical well-being, and the possibility of contributing further to the exceedingly high rates of attrition in rape and sexual assault cases.

As the central witness in the post-sexual assault/rape institutional process, a victim who chooses to engage with the criminal justice system will likely be impacted in some way by their interactions with police. While no doubt some have been fortunate enough to have had positive experiences (Elliot et al., 2012; Frazier & Haney, 1996; Johnson, 2015; Lievore, 2003, 2005; Temkin, 1997), ample research has pointed to less than satisfying involvements (e.g., Lievore, 2005) and the often real possibility of a secondary victimization or re-traumatization created by negative interactions with law enforcement (see e.g., Campbell, 2008; Campbell & Raja, 1999; Jordan, 2008; Lievore, 2003, 2005; Maddox et al., 2011; Madigan & Gamble, 1991; Maier, 2008; Mulla, 2014; Parsons & Bergin, 2010; Patterson, 2011; Spencer et al., 2018; Spohn & Tellis, 2012). Secondary trauma may stem from factors including a distressing sense that officers were not considerate of their feelings and opinions (Johnson, 2015), as well as the demonstration of attitudes that doubt, stigmatize, blame, or shame (Ahrens, 2006; Campbell, 2008; Campbell & Raja, 1999; Lievore, 2005; Lonsway, 2010; Maddox et al., 2011; Maier, 2008, 2014; Patterson, 2011; Spencer et al., 2018; Temkin,

1997; Venema, 2016, 2018). Such reactions can lead a victim to a “silencing” of her own narrative (Ahrens, 2006), one over which she typically already loses much control in the criminal justice process (Lievore, 2005). Further, the experience of revictimization can extend the experience of the assault itself, leading to significant physical and psychological health difficulties (Ahrens, 2006; Campbell, 2008; Patterson, 2011) and those that mirror post-traumatic stress symptomology (Campbell & Raja, 1999; DuBois, 2012; Filipas & Ullman, 2001; Starzynski et al., 2005). Victims who are confronted with secondary victimization may also be less likely to seek out necessary post-assault mental and physical health supports (Patterson, 2011). Conversely, Maddox et al. (2011) reported that those victims who perceived the police they interacted with as empathetic exhibited reduced symptoms of PTSD and shame (see also, Henninger et al., 2020). Clearly, the impacts of negative or positive engagement with the criminal justice system, particularly the police, can be of great significance for a victim’s well-being.

Despite decades of criminal justice system reforms (Campbell et al., 2012; Corrigan, 2013; Daly & Bouhours, 2010; Hohl & Stanko, 2015; McMillan, 2007, 2015), victims of sexual violence rarely see favorable judicial outcomes (e.g., Brooks-Hay et al., 2019; Campbell, 2008; Jordan, 2011; Temkin & Krahé, 2008). Compounding the fact that the majority of those sexually assaulted or raped do not report to police (Benoit et al., 2015; Brooks-Hay et al., 2019; Henninger et al., 2020; Stern, 2010; Taylor & Gassner, 2010; Tjaden & Thoennes, 2006), this crime suffers from extraordinarily high rates of attrition (Campbell, 2008; Crew, 2012; Daly & Bouhours, 2010; Hohl & Stanko, 2015; Jordan, 2004; Lonsway & Archambault, 2012; Spohn & Tellis, 2012; Taylor & Gassner, 2010). Of those reported, very few cases reach the courts (Barrett & Hamilton-Giachritsis, 2013; Venema, 2016), as it is at the policing stage that most are dropped. This occurs either through the decisions and actions of officers (Barrett & Hamilton-Giachritsis, 2013; Campbell, 2008; Crew, 2012; Daly & Bouhours, 2010; Jordan, 2004, 2011; Lievore, 2003, 2005; McMillan, 2015, 2018; Quinlan, 2016; Temkin, 1997; Wentz, 2020), or as a result of a victim removing herself from the post-assault process (Frazier & Haney, 1996; Hohl & Stanko, 2015; Taylor & Gassner, 2010). Beyond possible mistrust of victims that can result in questions of credibility leading to (often wrongful) police unfounding or no-criming of sexual assault cases (Corrigan, 2013; Crew, 2012; DuBois, 2012; Jordan, 2004; Kelly et al., 2005), police who perceive a victim as having low credibility are less likely to arrest a suspect, and more likely to interact with a victim in a more interrogative tone (Henninger et al., 2020; Venema, 2016). The manner which victims are responded to by officers can be consequential. It has been shown that the anticipation of being judged or not believed by police “is one of the most commonly mentioned factors affecting the willingness of victims/survivors to report rape” (Jordan, 2011, p. 237; see also, Benoit et al., 2015; Stern, 2010), and for those who do enter into the criminal justice system, their confidence in the process derives from their initial contact with law enforcement (Taylor & Gassner, 2010, p. 243; see also, Lievore, 2003). An investigation that is sensitive to the needs of a victim has been shown to improve their cooperation and likelihood to continue pursuing the crime through the system (see, Henninger et al., 2020; Taylor &

Gassner, 2010). Thus, given their pivotal role in a victim's involvement in the criminal justice process, there are serious implications that arise from police treatment of victims for both procedural justice and ultimately for attrition rates in cases of rape and sexual assault.

In trying to explain the varying perceptions of victims we can only speculate, as to some extent, our explanations are tied to the limitations of this study. As noted above, without interviewing these victims, which was not a part of the original design of this study, we cannot make claims regarding their experiences with law enforcement. Further, as we did not set out to question police about their perceptions of and interactions with victims of sexual assault and rape, we cannot be sure how they might have answered if we had done so. Their comments were offered freely and spontaneously in the context of being questioned about forensic medical evidence.

In terms of the second two thematic categories ("sensitivity" and "system improvements"), we might account for the differences between the two groups with reference to their respective organizational structures as they pertained to forensic medical evidence collection. As noted above, in the Canadian province in this study, the forensic medical examination was primarily conducted in hospital-based settings by specially trained Sexual Assault Nurse Examiners who not only collected evidence but provided health care and feminist-inspired support to victims. The police played a minimal role in that process. In contrast, at the time of these interviews, the victims in Scotland had their forensic medical examinations either in police settings, overseen by police officers, or the SARC. Those examinations conducted in police settings would focus solely on evidence collection, whereas those in the SARC would have a dual purpose of evidence collection and health care. It is possible that the sensitivity and the concern for improving the experiences for victims that was expressed by so many of the interviewees in Scotland stemmed from the fact that they may have been in closer and more continual contact with victims throughout the evidentiary process. That is, the officers interviewed in the Canadian province, more removed from victims, may have held the understanding that they were being well cared for by the health care professionals. There exists extensive research showing that SANEs are not only highly effective at forensic medical evidence collection, but that victims tend to be quite satisfied with their interactions with these nurse examiners (see e.g., Campbell et al., 2005; Du Mont et al., 2009). Without similar forensic health care services in the Scottish evidentiary setting, police may have developed greater affinity with those whose cases they were responsible for. Additionally, as at the time of the interviews there was a push toward moving victim examinations and care into health-based settings, the experiences and well-being of victims who had been sexually assaulted may have been foremost in their minds.

Accounting for differences in terms of "suspicion or belief" is more difficult. In her qualitative study conducted in Ontario, Canada, Quinlan (2016) looked at police investigative strategies with respect to their perceptions of victims and false allegations. She found "significant inconsistencies" (p. 314) in the techniques used by officers for establishing whether to pursue a sexual assault investigation or deem the case "unfounded," and varying means by which they might determine a victim truthful or

not. In their Canadian study, Spencer et al. (2018) suggested that police were often constrained in their relations with victims by heavy caseloads and the evidentiary demands of the criminal justice system itself. Given these findings, along with the widespread and commonplace culture of distrust within criminal justice systems, the knotty question may be, why did the police officers interviewed in Scotland convey such a sense of trust in victim narratives in an unprompted manner? Although it might be that there had been meaningful changes to police culture, ultimately, at this point we cannot answer this question. However, given the consequences of police engagement for victims in personal and criminal justice terms, these findings point to future research directions.

Future Directions

While our explanations are limited by the parameters of the original study, the demonstrable differences between the police interviewed in the Canadian province and those in the region of Scotland, nonetheless may hold varying implications for victims. Further intersectional research is needed to explore specifically both sexual assault victim perceptions of police interactions, and police attitudes and practices in relation to victims in a comparative context to determine if systemic differences may account for variations. Close examination of the organizational, training, cultural, and structural dimensions of each law enforcement system in relation to the evidentiary process could help better explain any differences that might emerge. It is important to come to understand different approaches to both procedural and criminal justice and determine what elements of varying models offer promise for improved outcomes for victims and their cases. For as Parsons and Bergin (2010) have noted, if the response they receive does not exacerbate the trauma of the sexual assault experienced, engaging with the criminal justice system can offer potential cathartic and healing benefits for victims.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The support for this research was provided by the Scottish Institute for Policing Research (SIPR).

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Notes

1. As this article focused on a Canadian province and a region of Scotland, we used the terms sexual assault and rape. In the Canadian province studied, the Criminal Code defines the

crime as sexual assault (at varying levels). Legislation in Scotland refers to rape and sexual assault separately in the Sexual Offences (Scotland) 2009. Our terminology reflects both the legislative context, as well as the language predominately used by police officers in each jurisdiction.

2. We use the term “victim” rather than “survivor” or “victim-survivor” as it was our contention that, while some may prefer the latter terms, the position that sexually assaulted/raped persons take in this study are as those who were engaging with the criminal justice system. Given that the terminology characteristic of investigating and processing these crimes is “victim” and given that “survivor” is often used to refer to those who have been through a process of recovery, we felt it would be most appropriate. Interesting research by Boyle and Rogers (2020) examines the impacts of terminology for persons who have been sexually assaulted (see also, Boyle, 2019 on theorizing “continuum-thinking”).
3. Since the collection of our data, processes for Forensic Medical Examinations in Scotland have changed. They are now only conducted by health boards on healthcare premises. Recently passed legislation, the Forensic Medical Services (Victims of Sexual Offences) (Scotland) 2020, now places a statutory responsibility on health boards to deliver forensic medical examinations for victims of sexual violence.
4. For linguistic simplicity, throughout the article we will refer to Canadian officers and Scottish officers, or similar language, however we do not use these terms to imply our data is representative of, or generalized to, all Canadian or Scottish police officers. A qualitative study, it is not our intention to generalize or extrapolate, but to seek a deeper understanding.

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