



Reporting Sexual Assault Victimization to Law Enforcement

by

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Reporting Sexual Assault Victimization to Law Enforcement

Executive Summary

The results presented herein are part of a larger project conducted by André Rosay and Tara Henry that examined the characteristics of sexual assault victimizations in Alaska, as observed and recorded by sexual assault nurse examiners in Anchorage, Kodiak, Bethel, Soldotna, Nome, Fairbanks, Homer, and Kotzebue.

The sample utilized for this analysis includes 101 patients in Bethel, Fairbanks, Kodiak, Kotzebue, Nome, and Soldotna who provided additional information about their decision to report to law enforcement. The majority of these patients (81%) were seen by a Sexual Assault Nurse Examiner in Fairbanks. Almost half (49%) had reported their victimization to the Alaska State Troopers and almost half (48%) reported to local police. Almost all patients (98%) were female and most were either Native (53%) or White (43%). Over 50% of patients were under the age of 25. Over half of the assaults (69%) took place in the same city, town, or village as the Sexual Assault Nurse Examiner. Seventy percent of assaults took place in a private residence. Over half of the patients (65%) were alcohol intoxicated and 28% were passed out or had blacked out at the time of the assault. Non-genital injuries were documented for 49% of patients while genital injuries were documented for 18%. Most patients (94%) were assaulted by a single suspect. All suspects were male. Most (81%) had used alcohol prior to the assault. Over half of the suspects (52%) were Native, 33% were White, and 14% were Black. Very few patients (3%) were assaulted by strangers. Seventy four percent were assaulted by someone they knew as a friend or an acquaintance.

In this report, we document who these 101 patients consulted prior to reporting, the actions and reactions that patients received from others, how patients initially attributed blame, and how worried patients initially were about disbelief and negative reactions from others. With these data, we also examine whether patients had begun to take control over the recovery process and the amount of time elapsed from assault to examination. Finally, we examine what factors predict the amount of time elapsed from assault to examination.

Readers are cautioned that these data represent initial patient reactions that were measured shortly after the sexual assault. These patient reactions can and do change over time.

Key results about reporting sexual assault victimizations to law enforcement are summarized below:

- 92% of patients consulted someone prior to reporting. 40% of patients consulted with friends, 22% consulted with a parent, 26% consulted with another family member, and 18% consulted with a romantic partner.
- 71% of those consulted provided positive reactions to the patient. 84% of those consulted believed the patient, 74% did not blame the patient, 81% provided emotional support, 72% did not treat the patient differently than before, 75% did not minimize the experience, and 95% provided some tangible aid and support.
- 49% of patients were somewhat or very worried about disbelief from family and friends, 53% were somewhat or very worried about disbelief from the criminal justice system, and 46% were somewhat or very worried about disbelief from others.
- 51% of patients were somewhat or very worried about negative reactions from family and friends, 54% were somewhat or very worried about negative reactions from the criminal justice system, and 46% were somewhat or very worried about negative reactions from others.
- At the time of the examination, 33% of patients had not begun to take control over the recovery process, 46% had somewhat begun, and 22% had begun.
- 16% of assaults were reported within two hours, 28% were reported within four hours, 50% were reported within 12 hours, 64% were reported within 24 hours, and 92% were reported within three days.

Using patient, assault, suspect, and reporting characteristics, it was difficult to predict whether patients had reported within two hours, four hours, 12 hours, 24 hours, or three days. Overall, the patient, assault, suspect, and reporting characteristics included in this study were not helpful to explain the amount of time elapsed from assault to report.

Reporting Sexual Assault Victimization to Law Enforcement

This report examines the reporting of sexual assault victimizations to law enforcement in Alaska. Information about reporting to law enforcement was gathered from 101 patients that were seen by a Sexual Assault Nurse Examiner in Fairbanks, Bethel, Kodiak, Kotzebue, Nome, and Soldotna in 2005 and 2006. This study was conducted as part of a larger study that examined the characteristics of sexual assault victimizations, as observed and recorded by sexual assault nurse examiners in Alaska.

Within this report, we provide an overview of some key patient, assault, and suspect characteristics. We then examine who the patients consulted prior to reporting, the actions and reactions of those who were consulted, how much blame the patients attributed to the suspects, to themselves, and to others, and how worried the patients were about disbelief and negative reactions from family and friends, from the criminal justice system, and from others. We also examine the extent to which the patients had begun to take control over the recovery process and the amount of time elapsed from the assault to the report. We conclude by examining whether patient, assault, suspect, and reporting characteristics affected the time elapsed from assault to reporting.

We hope that this report provides additional detail on the reporting process and that these additional details will be helpful to further enhance the quality of care provided to sexual assault victims. However, we caution the reader that the information gathered for this report was obtained shortly after the assault. All data were gathered by the Sexual Assault Nurse Examiner during the medical / forensic examination. These represent initial patient reactions only. These reactions may change over time. In addition, the information was only gathered from sexual assault victims that were seen by a Sexual Assault Nurse Examiner. Readers should be careful to not over-generalize results to other populations.

Patient, Assault, and Suspect Characteristics

A total of 101 patients provided information on reporting. The majority (81%) were seen by a Sexual Assault Nurse Examiner in Fairbanks (see Table 1). Almost half (49%) reported their victimization to state police (e.g., Alaska State Troopers) and almost half (48%) reported their victimization to local police (e.g., Fairbanks Police). The remaining 4% reported their victimization to federal police (e.g., military police).

Table 1. Sexual Assault Nurse Examiner Location

Column Percentages

Location	N	%
Bethel	7	6.9 %
Fairbanks	82	81.2
Kodiak	4	4.0
Kotzebue	2	2.0
Nome	4	4.0
Soldotna	2	2.0
Total	101	

*Source of data: Alaska SANE Reporting data
N = 101; 0 (0.0%) missing*

Almost all patients (98%) were female; with only two male patients in the sample. Most patients were either Native (53%) or White (43%).

Table 2. Race and Ethnicity of Patients

Column Percentages

Race	Patients	
	N	%
White	43	43.0 %
Native	53	53.0
Black	3	3.0
Hispanic	1	1.0
Asian	0	0.0
Pacific Islander	0	0.0
Total	100	

*Source of data: Alaska SANE Reporting data
N = 101; 1 (1.0%) missing*

Over 50% of patients were under the age of 25. More specifically, 13% of patients were under 18 years of age, 38% were 18 to 24 years old, 23% were 25 to 34 years old, 16% were 35 to 44 years old, 7% were 45 to 54 years old, and 2% were 55 years old or older. Most of the patients that were under 18 years of age were adolescents. These data do not include child victims who would have been referred to a Child Advocacy Center for the medical / forensic examination.

Table 3. Age of Patients*Column Percentages*

Age	Patients	
	N	%
0 to 17	13	13.1 %
18 to 24	38	38.4
25 to 34	23	23.2
35 to 44	16	16.2
45 to 54	7	7.1
55 or over	2	2.0
Total	99	

*Source of data: Alaska SANE Reporting data
N = 101; 2 (2.0%) missing*

Over half of the assaults (69%) took place in the same city, town, or village as the Sexual Assault Nurse Examiner. The other assaults (31%) took place in neighboring cities, towns, or villages but patients were referred to the Sexual Assault Nurse Examiner for the medical / forensic examination (in most cases because a medical / forensic examination was not available in the patient's home community). Where assaults took place is shown in Table 4.

Table 4. Location of Assault*Column Percentages*

Location	Assaults	
	N	%
Outdoors	8	8.4 %
Work	0	0.0
Vehicle	8	8.4
Patient's house	32	33.7
Suspect's house	17	17.9
Patient and suspect's house	5	5.3
Other's house	12	12.6
Hotel	10	10.5
Bar	1	1.1
Other indoor location	2	2.1
Total	95	

*Source of data: Alaska SANE Reporting data
N = 101; 6 (5.9%) missing*

The most common locations of assault included private residences. More specifically, 70% of assaults took place in private residences (i.e., 34% at the patient's house, 18% at the suspect's house, 13% at another's house, and 5% at the patient and suspect's house). Other common locations included hotels (for 11% of assaults), outdoors (for 8% of assaults), and vehicles (for 8% of assaults).

None of the assaults were statutory. Statutory sexual assaults include sexual acts prohibited by law because of the victim's age, the suspect's age, and the age difference

between the victim and suspect. All but two patients (98%) reported a completed or attempted penetration of the vagina or anus.

Patient condition at the time of the assault is described in Table 5. Intoxication was relatively frequent, with 65% of patients reporting being alcohol intoxicated at the time of the assault and 5% reporting being drug intoxicated. Levels of intoxication were often quite high. More precisely, 28% of patients were passed out or had blacked out at the time of the assault. Only 31% were sober at the time of the assault.

Table 5. Patient Condition at Time of Assault

Row Percentages

Condition	No		Yes		Total
	N	%	N	%	
Alcohol intoxicated	34	34.7 %	64	65.3 %	98
Drug intoxicated	93	94.9	5	5.1	98
Sober	68	69.4	30	30.6	98
Sleeping	97	99.0	1	1.0	98
Passed out / blacked out	70	72.2	27	27.8	97
Unconscious from trauma	97	99.0	1	1.0	98

*Source of data: Alaska SANE Reporting data
N = 101; 6 (5.9%) missing*

During the examination, 69% of patients indicated that they had used alcohol prior to the assault and 11% indicated that they had used drugs prior to the assault (results not shown).

During the examination, non-genital injuries were documented for 49% of patients and genital injuries were documented for 18% of patients (results not shown).

Most patients (94%) were assaulted by a single suspect; while four (4%) were assaulted by two suspects, one (1%) was assaulted by three suspects, and one (1%) was assaulted by four suspects (results not shown). The total number of suspects for the 101 patients was 108. All suspects (100%) were male. Most suspects (81%) had used alcohol prior to the assault (result not shown). Race of suspects is shown in Table 6.

Table 6. Race and Ethnicity of Suspects

Column Percentages

Race	Suspects	
	N	%
White	31	32.6 %
Native	49	51.6
Black	13	13.7
Hispanic	1	1.1
Asian	0	0.0
Pacific Islander	1	1.1
Total	95	

*Source of data: Alaska SANE Reporting data
N = 108; 13 (12.0%) missing*

Over half of suspects (52%) were Native, 33% were White, and 14% were Black. Patients usually knew the identity of the suspects. More specifically, 89% of patients knew the identity of at least one suspect (result not shown). Patient-suspect relationship is shown in Table 7. Very few patients (3%) were assaulted by strangers; 97% were assaulted by non-strangers, ranging from current spouses to acquaintances known for less than 12 hours. The most common relationships included friends and acquaintances. Overall, 74% of patients reported being assaulted by someone they knew as a friend or an acquaintance.

Table 7. Relationship Between Suspects and Patients

Column Percentages

Relationship	Suspects		
	N	%	% of non-stranger
Stranger	3	3.1 %	
Friend / acquaintance (> 24 hrs)	51	52.6	54.3 %
Acquaintance (< 24 hrs)	4	4.1	4.3
Acquaintance (< 12 hrs)	17	17.5	18.1
Current spouse	3	3.1	3.2
Former spouse	2	2.1	2.1
Current partner	2	2.1	2.1
Former partner	6	6.2	6.4
Relative	6	6.2	6.4
Authority figure	3	3.1	3.2
Total	97		

*Source of data: Alaska SANE Reporting data
N = 108; 11 (10.2%) missing*

Table 8 describes the age of suspects. Suspect age was documented for 43 (40%) of the suspects. Results show that 14% of suspects were 10 to 19 years of age (over half of those were 18 or 19 years of age), 56% were 20 to 29 years of age, 16% were 30 to 39 years of age, 9% were 40 to 49 years of age, and 5% were 50 years of age or older.

Table 8. Age of Suspects

Column Percentages

Age	Suspects	
	N	%
10 to 19	6	14.0 %
20 to 29	24	55.8
30 to 39	7	16.3
40 to 49	4	9.3
50 to 59	0	0.0
60 to 69	2	4.7
70 to 79	0	0.0
Total	43	

*Source of data: Alaska SANE Reporting data
N = 108; 65 (60.2%) missing*

Characteristics of Reporting

Most patients consulted someone prior to reporting. More specifically, 92% of patients consulted someone and 8% did not. Patients were most likely to consult with friends, followed by other family members, parents, and romantic partners. Results in Table 9 show that 40% of patients consulted with a friend, 26% consulted with a family member (other than a parent), 22% consulted with a parent, and 18% consulted with a romantic partner.

Table 9. Who Patients Consulted Prior to Reporting

Row Percentages

Consulted	No		Yes		Total
	N	%	N	%	
Nobody	93	92.1 %	8	7.9 %	101
Romantic partner	83	82.2	18	17.8	101
Parent	79	78.2	22	21.8	101
Other family member	75	74.3	26	25.7	101
Friend	61	60.4	40	39.6	101
Health professional	95	94.1	6	5.9	101
Rape crisis center	95	94.1	6	5.9	101
Clergy	101	100.0	0	0.0	101
Other	85	84.2	16	15.8	101

*Source of data: Alaska SANE Reporting data
N = 101; 0 (0.0%) missing*

Most of those consulted (71%) provided positive reactions to the patient, and an additional 21% provided somewhat positive reactions to the patient. Only 8% did not provide positive reactions. Most of those consulted (84%) believed the patient, most (81%) provided emotional support, and most (75%) provided tangible aid and support to the patient. Few of those consulted (6%) blamed the patient, few (7%) treated the patient differently than before, and few (10%) minimized the experience. Almost half of those consulted (45%) took control.

Table 10. Actions and Reactions of Those Consulted

Row Percentages

Actions and Reactions	No		Somewhat		Yes		Total
	N	%	N	%	N	%	
Believed the victim	3	3.3 %	12	13.2 %	76	83.5 %	91
Blamed the victim	62	73.8	17	20.2	5	6.0	84
Provided emotional support	2	2.3	15	17.2	70	80.5	87
Treated victim differently than before	58	71.6	17	21.0	6	7.4	81
Minimized the experience	63	75.0	13	15.5	8	9.5	84
Took control	22	25.9	25	29.4	38	44.7	85
Provided tangible aid and support	4	4.7	17	20.0	64	75.3	85
Provided positive reactions	7	8.1	18	20.9	61	70.9	86

*Source of data: Alaska SANE Reporting data
N = 93; 2 to 12 (2.1 to 12.9%) missing*

Table 11. Amount of Blame Attributed to Suspect, Self, and Others*Row Percentages*

Blame	None		Some		Most		All		Total
	N	%	N	%	N	%	N	%	
Suspect	4	4.2 %	14	14.7 %	45	47.4 %	32	33.7 %	95
Self	27	29.0	59	63.4	5	5.4	2	2.2	93
Others	72	78.3	19	20.7	0	0.0	1	1.1	92

*Source of data: Alaska SANE Reporting data
N = 101; 6 to 9 (5.9 to 8.9%) missing*

Patients were likely to attribute most or all of the blame to the suspect. More precisely, 47% attributed most of the blame to the suspect and 34% attributed all of the blame to the suspect. Conversely, few patients attributed most or all of the blame to themselves or to others. Only 5% of patients attributed most of the blame to themselves and only 2% attributed all of the blame to themselves. However, over half of the patients (63%) did attribute some of the blame to themselves and 21% attributed some of the blame to others. Only 29% of the patients attributed none of the blame to themselves. Stated differently, 71% of patients attributed at least some blame to themselves.

Table 12. Patients' Worries about Reporting*Row Percentages*

Worries	Not Worried		Somewhat Worried		Very Worried		Total
	N	%	N	%	N	%	
Disbelief from:							
Family and friends	47	51.1 %	29	31.5 %	16	17.4 %	92
Criminal justice system	43	46.7	39	42.4	10	10.9	92
Others	48	54.5	34	38.6	6	6.8	88
Negative reactions from:							
Family and friends	45	48.9 %	27	29.3 %	20	21.7 %	92
Criminal justice system	42	46.2	42	46.2	7	7.7	91
Others	47	54.0	32	36.8	8	9.2	87

*Source of data: Alaska SANE Reporting data
N = 101; 9 to 14 (8.9 to 13.9%) missing*

Patients were generally not very worried about reporting, but many were somewhat worried. About half of the patients were somewhat or very worried about disbelief from family and friends (49%), from the criminal justice system (53%), or from others (46%). Similarly, about half of the patients were somewhat or very worried about negative reactions from family and friends (51%), from the criminal justice system (54%), or from others (46%).

Patients were assessed to determine if they had begun to take control over the recovery process. Results shown in Table 13 indicate that 33% of patients had not begun, 46% had somewhat begun, and 22% had begun. Again, the reader is cautioned that this information was gathered shortly after the assault and that these only represent preliminary or initial actions by the patients.

Table 13. Beginning to Take Control over the Recovery Process*Column Percentages*

Beginning to Take Control	Patients	
	N	%
No	30	32.6 %
Somewhat	42	45.7
Yes	20	21.7
Total	92	

*Source of data: Alaska SANE Reporting data
N = 101; 9 (8.9%) missing*

Finally, we examined the amount of time elapsed from assault to report. Half of the assaults (50%) were reported within 12 hours of the victimization. Details in Table 14 show that 16% of reports occurred within two hours of the assault, 28% occurred within four hours, 50% occurred within 12 hours, 64% occurred within one day, and 92% occurred within three days.

Table 14. Time Elapsed Between Assault and Report*Column Percentages*

Time	Patients		
	N	%	cum. %
< 2 hours	15	15.8 %	15.8 %
2 to < 4 hours	12	12.6	28.4
4 to < 12 hours	20	21.1	49.5
12 to < 24 hours	14	14.7	64.2
1 to < 3 days	26	27.4	91.6
3 days or more	8	8.4	100.0
Total	95		

*Source of data: Alaska SANE Reporting data
N = 101; 6 (5.9%) missing*

Reasons for Time Elapsed from Assault to Report

To understand the reasons for time elapsed from assault to report, we examined how patient, assault, suspect, and reporting characteristics affected the timing of reporting. More specifically, we examined how patient, assault, suspect, and reporting characteristics affected whether patients reported within two hours, within four hours, within 12 hours, within 24 hours, and within three days. In Tables 15 and 16, we show the potential covariates that were considered and their mean value. All covariates were dichotomous variables, coded 1 for Yes and 0 for No.

Table 15. Potential Covariates: Patient, Assault, and Suspect Characteristics

Covariate	Mean
Case was reported in Fairbanks (1 = Yes; 0 = No)	0.83
Patient was female (1 = Yes; 0 = No)	0.98
Patient was Native (1 = Yes; 0 = No)	0.53
Patient was under 25 years of age (1 = Yes; 0 = No)	0.53
Assault took place in same city/town/village as SANE (1 = Yes; 0 = No)	0.70
Assault took place in a private residence (1 = Yes; 0 = No)	0.70
Patient was alcohol intoxicated at the time of the assault (1 = Yes; 0 = No)	0.65
Patient was sober at the time of the assault (1 = Yes; 0 = No)	0.31
Patient was passed out / had blacked out at the time of the assault (1 = Yes; 0 = No)	0.29
Patient had non-genital injuries documented during exam (1 = Yes; 0 = No)	0.47
Patient had genital injuries documented during exam (1 = Yes; 0 = No)	0.18
Patient was assaulted by multiple suspects (1 = Yes; 0 = No)	0.05
At least one suspect was known to have used alcohol (1 = Yes; 0 = No)	0.53
At least one suspect was known to be of a different race (1 = Yes; 0 = No)	0.22
At least one of the suspect had his/her identity known (1 = Yes; 0 = No)	0.87
Patient knew assault was committed by at least one friend or acquaintance (1 = Yes; 0 = No)	0.66
Patient knew assault was committed by at least one stranger (1 = Yes; 0 = No)	0.10
Patient knew at least one suspect was under 30 years of age (1 = Yes; 0 = No)	0.28

Table 16. Potential Covariates: Reporting Characteristics

Covariate	Mean
Patient consulted someone (1 = Yes; 0 = No)	0.92
Patient consulted a friend (1 = Yes; 0 = No)	0.40
Patient consulted a family member (1 = Yes; 0 = No)	0.42
Patient was believed (1 = Yes; 0 = No)	0.79
Patient was blamed (1 = Yes; 0 = No)	0.05
Patient was provided emotional support (1 = Yes; 0 = No)	0.73
Patient was treated differently than before (1 = Yes; 0 = No)	0.06
Patient's experience was minimized (1 = Yes; 0 = No)	0.09
Others took control (1 = Yes; 0 = No)	0.40
Patient was provided tangible aid and support (1 = Yes; 0 = No)	0.68
Others provided positive reactions (1 = Yes; 0 = No)	0.65
Patient attributed at least some of the blame to the suspect (1 = Yes; 0 = No)	0.97
Patient attributed at least some of the blame to self (1 = Yes; 0 = No)	0.72
Patient was worried about negative reactions from family and friends (1 = Yes; 0 = No)	0.51
Patient was worried about negative reactions from criminal justice system (1 = Yes; 0 = No)	0.55
Patient was worried about disbelief from family and friends (1 = Yes; 0 = No)	0.49
Patient was worried about disbelief from criminal justice system (1 = Yes; 0 = No)	0.57
Patient had begun to take control over the recovery process (1 = Yes; 0 = No)	0.71

We examined the bivariate relationships between each covariate and the likelihood that patients reported within two hours, four hours, 12 hours, 24 hours, and three days. All bivariate relationships were estimated with logistic regression models. These results are presented in Tables 17 and 18. In both tables, we show the statistical significance (p -value) of each effect.

Table 17. Bivariate Effects of Patient, Assault, and Suspect Characteristics

Covariate	Statistical significance of covariate on reporting within:				
	2 hours	4 hours	12 hours	24 hours	3 days
Case was reported in Fairbanks	0.07	0.38	0.62	0.47	0.73
Patient was female	0.23	1.00	1.00	1.00	1.00
Patient was Native	0.03	0.09	0.18	0.42	0.12
Patient was under 25 years of age	0.27	0.53	0.10	0.21	0.21
Assault took place in same city/town/village as SANE	0.72	0.04	0.02	0.23	0.22
Assault took place in a private residence	0.61	0.04	0.01	0.09	1.00
Patient was alcohol intoxicated at the time of the assault	0.24	0.56	0.57	0.98	0.90
Patient was sober at the time of the assault	0.16	0.58	0.55	0.78	0.69
Patient was passed out / had blacked out at the time of the assault	0.07	0.75	0.06	0.16	0.78
Patient had non-genital injuries documented during exam	0.02	0.21	0.13	0.08	0.07
Patient had genital injuries documented during exam	0.69	0.44	0.37	0.52	0.67
Patient was assaulted by multiple suspects	0.74	0.70	0.68	0.86	1.00
At least one suspect was known to have used alcohol	0.11	0.32	0.91	0.70	0.56
At least one suspect was known to be of a different race	0.83	0.99	0.08	0.20	1.00
At least one of the suspect had his/her identity known	0.09	0.09	0.51	0.41	1.00
Patient knew assault was committed by at least one friend or acquaintance	0.25	0.36	0.72	0.80	0.59
Patient knew assault was committed by at least one stranger	0.02	0.07	0.29	0.38	1.00
Patient knew at least one suspect was under 30 years of age	0.87	0.87	0.54	0.27	0.56

Table 18. Bivariate Effects of Reporting Characteristics

Covariate	Statistical significance of covariate on reporting within:				
	2 hours	4 hours	12 hours	24 hours	3 days
Patient consulted someone	0.79	0.56	0.98	0.51	0.67
Patient consulted a friend	0.10	0.71	0.61	0.26	0.19
Patient consulted a family member	0.70	0.53	0.12	0.02	0.23
Patient was believed	0.07	0.02	0.24	0.23	0.80
Patient was blamed	0.09	0.07	1.00	1.00	1.00
Patient was provided emotional support	1.00	0.28	0.90	0.60	0.47
Patient was treated differently than before	0.17	0.15	0.20	0.46	1.00
Patient's experience was minimized	0.01	0.18	0.40	0.44	0.74
Others took control	0.16	0.61	0.70	0.40	0.18
Patient was provided tangible aid and support	0.46	0.07	1.00	0.30	0.67
Others provided positive reactions	0.11	0.06	0.46	0.49	0.87
Patient attributed at least some of the blame to the suspect	0.99	1.00	0.58	0.31	1.00
Patient attributed at least some of the blame to self	0.78	0.27	0.25	0.05	1.00
Patient was worried about negative reactions from family and friends	0.29	0.74	0.52	0.87	0.95
Patient was worried about negative reactions from criminal justice system	0.02	0.22	0.25	0.16	0.75
Patient was worried about disbelief from family and friends	0.50	0.43	0.39	0.70	0.50
Patient was worried about disbelief from criminal justice system	0.09	0.72	0.83	0.32	0.07
Patient had begun to take control over the recovery process	0.55	0.21	0.10	0.14	0.58

Significant predictors of time elapsed from assault to report were difficult to uncover. While statistical power was limited by low sample size (N=95), the effect on bivariate results should not be great. Of the 180 bivariate associations shown in Tables 17 and 18, only 12 (7%) reached statistical significance at a standard 0.05 level. The reader is cautioned that these results may be due to chance alone. These 12 statistically significant differences are now described in greater detail.

The odds of reporting within two hours were expected to change by a factor of 4.4 if patients were Native, 5.1 when patients had non-genital injuries documented, 5.5 if patients knew they had been assaulted by at least one stranger, 6.9 if patients' experiences were minimized by others, and 6.2 if patients were worried about negative reactions from the criminal justice system.

The odds of reporting within four hours were expected to change by a factor of 3.3 if patients were assaulted in the same city/town/village as the SANE, 0.4 if assaults took place inside private residences, and 0.3 if patients were believed by others.

The odds of reporting within 12 hours were expected to change by a factor of 3.0 if patients were assaulted in the same city/town/village as the SANE and 0.3 if assaults took place inside private residences.

The odds of reporting within 24 hours were expected to change by a factor of 0.3 if patients consulted with family members and 0.3 if patients attributed at least some of the blame on themselves. There were no significant predictors of reporting within three days.

Overall, there is no clear pattern to suggest some key reasons for time elapsed from assault to report. Data reduction techniques were utilized without success (results not reported). In addition, several of the findings are counterintuitive. For example, it is unclear why having others minimize the patient's experience and being worried about negative reactions from the criminal justice system increased the likelihood that patients would report within two hours. It is also unclear why being believed by others decreased the likelihood that patients would report within four hours. These anomalous results cannot be explained with the current data.

We conclude that it is difficult to explain time elapsed from assault to report, at least in this sample and with the covariates that were included. Additional information (on a much larger sample) was collected as part of each medical / forensic examination. These data were not presented here because they lack the details on reporting characteristics. A more detailed analysis of these other data will be presented in a subsequent report.