SPA Issue Brief

Police Reporting After Sexual Assault

EXECUTIVE SUMMARY

Some sexual assault survivors who receive medical forensic exams decide not to report to police at the time forensic evidence is collected. Understanding which victim and assault characteristics predict reporting among this group is essential for designing survivor-centered policies, improving communication about reporting options and evidentiary processes, and ensuring that criminal legal responses do not compound harm. In "Police Reporting after Sexual Assault: Victim and Assault Characteristics that Predict Reporting among Victims who Seek Medical Forensic Care," published this summer in the *Journal of Interpersonal Violence*, **SPA Assistant Professor Rachael Goodman-Williams** and colleagues analyzed 655 medical forensic records from a suburban mid-Atlantic forensic nursing program to identify predictors of reporting to police at the time of a medical forensic exam or choosing a non-report sexual assault kit (SAK). The strongest predictors of reporting were seeking care within 24 hours and having complete memory of the assault compared to having no memory of the assault. Observable injury significantly predicted reporting, as well, as did increased victim age and certain racial or ethnic identities. These findings point to practical barriers and informational gaps that may shape reporting decisions among help-seeking survivors. Policy and practice responses should prioritize clear communication about options and evidence, expand non-police pathways that preserve forensic evidence, and address the ways memory loss and timing of care interact with survivors' expectations about justice.

WHY IT MATTERS: MECHANISMS AND IMPLICATIONS

The criminal legal system has a vested interest in encouraging people to report crimes when they occur. However, sexual assault survivors often have unique concerns about reporting, and many do not report their assaults to police. Policies that fail to recognize the nuanced reasons for this can reduce help seeking or leave survivors uninformed about options that preserve evidence while honoring autonomy.

Further, complete memory loss is a major barrier to reporting for survivors who seek forensic care. Given the prevalence of substance-related memory gaps in sexual assault, failure to address this barrier excludes a substantial subset of survivors from justice.

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THE STUDY

The authors coded victim and assault characteristics from medical forensic records (2010-2021) with full-report and non-report SAKs at a large hospital-based forensic nursing program. The final sample comprised 630 adult cisgender women whose records had complete data on all included variables. Predictor variables included victim age, race/ethnicity (collapsed into White non-Hispanic, Black/African American, Hispanic/Latine, and Other), anogenital injury, physical non-anogenital injury, whether the exam occurred within 24 hours after the assault, memory loss (none, intermittent, complete), excessive force, multiple perpetrators, and weapon presence. Logistic regression assessed associations with the binary outcome of report versus non-report SAK.

KEY FINDINGS

1. Timely presentation for care strongly increases reporting odds

- Survivors who obtained a medical forensic exam within 24 hours of the assault were roughly 2.5 times more likely to report to police compared with those seen later. This robust association suggests that when survivors seek care may relate to their expectations for criminal legal involvement, and signals the importance of access to forensic services.

2. Observable injury predicts reporting

- Both anogenital injury and physical non-anogenital injury were independently associated with higher odds of reporting. Survivors with visible injuries may perceive stronger evidentiary support for a police investigation. However, lack of visible injury does not rule out assault; misinterpretation of non-findings can deter reporting and should be addressed in clinical and informational practices.

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3. Complete memory loss reduces reporting

- Complete memory loss was associated with markedly lower odds of reporting, while intermittent memory loss did not differ significantly from no memory loss. Survivors who cannot recall the event may doubt that an investigation can succeed, fear being accused of falsification, or worry about legal consequences. Addressing these fears through policy, expanded forensic testing options for non-report kits, and communication about how investigations proceed when memory is limited could increase the accessibility of justice for these survivors.

4. Age and certain racial/ethnic groups had higher reporting odds

- Each additional year of victim age increased the odds of reporting by about 2%, in line with prior evidence5 that younger adults report at lower rates. Hispanic/Latine victims and those categorized in the combined "other" race/ethnicity group were more likely to report than White non-Hispanic victims. No significant difference emerged for Black/African American victims relative to White victims. These patterns underscore heterogeneity across groups and suggest that racial binaries can obscure meaningful differences in reporting behavior.

5. Stereotype-based "real rape" variables did not predict reporting

- Contrary to expectations grounded in rape-myth research, excessive physical force, weapon presence, and multiple perpetrators did not predict reporting in multivariable models. This result indicates that, among survivors who access medical forensic care, practical considerations about evidence and memory may matter more for the reporting decision than traditional rape myth variables.

RECOMMENDATIONS FOR POLICY AND PRACTICE

Health Systems and Forensics Programs Should:

- Widely publicize non-report SAK options.
- Where feasible, expand policies that allow forensic testing of non-report kits so survivors with memory loss or uncertainty can receive information from forensic testing without first making a police report.
- Ensure that medical staff have clear, trauma-informed guidance on how to explain evidence recovery windows, the meaning and limitations of visible injury, and options for evidence collection without reporting. Clear communication may help address misconceptions about the significance of injury, delayed are, and memory loss when survivors are considering whether to report.

Law Enforcement Agencies and Prosecutors Should:

- Support and scale alternative reporting and advocacy pathways (e.g., anonymous or confidential reporting, victim-advocate mediated reporting) that preserve evidence while respecting survivor autonomy.
- Adopt and publicly communicate policies for how police will investigate reports in which the survivor has substantial memory loss.

Policymakers Should:

- Promote practices that reduce the reporting barriers posed by complete memory loss, including allowing forensic testing of non-report kits and announcing that good-faith reports made without full recollection will not be criminalized.

Service Providers, Funders, and Advocates Should:

- Invest in 24-hour forensic service capacity and advocacy programs that help survivors understand choices and navigate reporting pathways.
- Improve data linkages between medical forensic units, victim advocacy services, public health, and law enforcement to better monitor reporting patterns and outcomes while respecting survivors' privacy.

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Ideally, survivors should understand their options, and feel assured that the criminal legal system is prepared to respond effectively to a variety of scenarios.

LIMITATIONS AND FURTHER RESEARCH

Study data come from a single, well-resourced, hospital-based forensic nursing program with unusually extensive staffing. Practices and survivor experiences in less resourced settings may differ; replication across diverse programs is necessary. Further, as the sample excluded minors and gender minority victims, new research should address adolescents, transgender, and nonbinary survivors. In addition, the model lacked variables that may shape reporting—prior policing experiences, fear of retaliation, immigration status, socioeconomic status, and relationship to the perpetrator—so qualitative and mixed-methods studies could illuminate these influences.

This observational analysis identifies associations but cannot establish causal pathways. Future research should link reporting decisions to case processing, survivor well-being, and justice outcomes to assess whether increases in reporting translate into meaningful system responses and survivor-centered results.

CONCLUSION

Goodman-Williams and coauthors provide important insight into the characteristics and circumstances associated with survivors' decisions about police reporting after medical forensic care. The central drivers identified—timing of the exam, observable injury, and complete memory loss—point more to survivors' perceptions of evidentiary viability and practical barriers than to the classic "real rape" indicators of force, weapons, or multiple perpetrators. These findings call for policies that (1) expand non-police forensic options and clarify how evidence is preserved and used; (2) ensure trauma-informed, factual communication about injuries and testing timelines; and (3) protect survivors who lack memory from punitive consequences.