

MEDIA DISCUSSION GUIDE



WCSAP
Washington Coalition of
Sexual Assault Programs

Unbelievable

In this discussion guide, we examine the Netflix limited series “Unbelievable.” We hope this guide can assist programs in facilitating conversations about the experience of sexual assault survivors interacting with the criminal justice systems and the aftermath of sexual trauma.

Unbelievable is based on the true story of Marie, a teenager in Lynwood, Washington who was charged with lying about having been raped, and the two detectives who followed the path to the truth.

Creators: Susannah Grant, Michael Chabon, Ayelet Waldman

Note to Facilitators: Considerations before Beginning

When hosting a film screening it’s important to consider several factors when promoting and preparing for the discussion. We’ve compiled a few considerations to get started. As always, review the series before hosting a screening and discussion.

Rating TV-MA, which means it is designed for a more mature audience and may not be suitable for those under the age of 17. There are graphic images and descriptions of sexual violence that may be triggering to survivors and disturbing to the general public. Be prepared with information about your advocacy services, and consider having advocates on site, for those who disclose or need support.

The events in this series are based on real stories and for many folks this information may be surprising or alarming. It’s important to be honest about the prevalence and

impact of sexual violence but also be aware this information could make people feel hyper vigilant and unable to trust others.

Internal beliefs and/or bias about the criminal justice system can make this discussion challenging. The focus of this discussion guide is to bring light to the epidemic of sexual violence and examine the ways in which people played a part in creating an environment of silence and disbelief. It is also important to highlight the resiliency of survivors and the potential to create change in our communities through the lessons derived from the series.

Some scenes in this film convey victim blaming, unsupportive and harmful responses to disclosure, and dismissal of the violence. We suggest addressing these scenes in order to debunk commonly held beliefs.

There are also times in the series where people did not take Marie's disclosure seriously. These are good opportunities to talk about the importance of believing victims and the significant role an advocate can play.

This series, in addition to awareness for the general public, can be a useful tool for Multi-Disciplinary Teams to view together to spark deeper discussions and evaluation of local processes and protocols.

Before beginning a discussion, lay out group expectations and agreements that foster respect and comfort with one another. This will help prepare the group to engage in the conversation with an open mind about respecting different values and opinions. As a sexual violence expert, sometimes it can be challenging to translate the available data and on-the-ground knowledge to our communities.

At the end of this guide you will find handouts on the Neurobiology of Trauma, Trauma Informed Care, and Trauma Exposure Response. These may be helpful in guiding discussions with systems partners, MDTs, or professional advocates.

Summary of the Film

"Unbelievable" is a dramatization of the 2008–2011 Washington and Colorado serial rape cases. This mini-series follows "Marie, a teenager who was charged with lying about having been raped, and the two detectives who followed a twisting path to arrive at the truth". The program draws from "An Unbelievable Story of Rape" (2015), a Pulitzer Prize-winning article by T. Christian Miller and Ken Armstrong for ProPublica and The Marshall Project.

The series folds two narratives into its eight episodes: One is about what happens when the people investigating a rape do almost everything wrong. In the other, a detective investigating the case goes above and beyond to collaborate across jurisdictions.

- Episode 1: As a traumatized young woman reports being raped by an intruder, she faces a whirlwind of emotions -- and increasingly skeptical questions from police.
- Episode 2: Marie struggles with the fallout from her retraction. Three years later, in Colorado, Detective Karen Duvall investigates a strikingly similar attack.
- Episode 3: As Karen Duvall and Grace Rasmussen compare notes on their cases, they consider an alarming possibility. In Washington, Marie's name is leaked to the press.
- Episode 4: After meeting with another victim, Karen and Grace reach out to the FBI for help connecting the dots. Marie finds herself in a legal nightmare.
- Episode 5: As the team juggles small breakthroughs and mounting frustrations, a fresh lead takes Karen across state lines. Marie faces new problems at work.
- Episode 6: Grace takes a bold step to get close to a suspect, Elias the intern makes a crucial discovery, and Marie slips into increasingly reckless behavior.
- Episode 7: Suddenly faced with two suspects instead of one, the team races to ID the rapist and make an arrest. Marie's new counselor tries to win her trust.
- Episode 8: A call from Colorado sets in motion a chain of events that will change Marie's life. Meanwhile, Karen and Grace prepare for a pivotal day in court.

Relevant Sexual Assault Research

Prevalence of Sexual Violence

data from the CDC, National Intimate Partner and Sexual Violence Survey, 2017

Sexual violence is common nationally. 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape and 1 in 14 men was made to penetrate someone (completed or attempted) during his lifetime.

A higher rate of women in Washington had experienced contact sexual violence in their lifetime compared to U.S. women, 45% and 36% respectively.

In Washington, a current or former intimate partner was reported to be the perpetrator of sexual violence about 40% of the time.

Twice as many women (45%) compared to men (22%) in Washington reported experiencing sexual violence in their lifetime.

False Reporting Facts

data collected by the National Sexual Violence Resource Center

Research shows that rates of false reporting are frequently inflated, in part because of inconsistent definitions and protocols, or a weak understanding of sexual assault. Misconceptions about false reporting rates have direct, negative consequences and can contribute to why many victims don't report sexual assaults (Lisak et al., 2010).

To date, much of the research conducted on the prevalence of false allegations of sexual assaults is unreliable because of inconsistencies with definitions and methods employed to evaluate data (Archambault, n.d.). However, methodologically rigorous research finds two to eight percent. The following studies support these findings:

- A multi-site study of eight U.S. communities including 2,059 cases of sexual assault found a 7.1 percent rate of false reports (Lonsway, Archambault, & Lisak, 2009).
- A study of 136 sexual assault cases in Boston from 1998-2007 found a 5.9 percent rate of false reports (Lisak et al., 2010).
- Using qualitative and quantitative analysis, researchers studied 812 reports of sexual assault from 2000-2003 and found a 2.1 percent rate of false reports (Heenan & Murray 2006).

It is important to qualify this information in relevant context. “Unfounded” (which has been used to collect information on false reporting) has two subdivisions: false allegations and baseless. A false report is a reported crime to a law enforcement agency that an investigation factually proves never occurred. A baseless report is one in which it is determined that the incident does not meet the elements of the crime, but is presumed truthful. Most published research does not clearly define false allegation, and often include data that falls outside of most accepted definitions (Lisak et al., 2010).

The International Association of Chiefs of Police (IACP) upholds that, “The determination that a report of sexual assault is false can be made only if the evidence establishes that no crime was committed or attempted” (IACP National Law Enforcement Policy Center, 2005, pp. 12-13). The FBI and IACP have issued guidelines that exclude certain factors, by themselves, from constituting a false report (Lisak et al., 2010, p. 1320). These include:

- Insufficient evidence to proceed to prosecution
- Delayed reporting
- Victims deciding not to cooperate with investigators
- Inconsistencies in victim statement

Victims and Reporting

data collected by the National Sexual Violence Resource Center

The majority of sexual assaults-- an estimated 63 percent-- are never reported to the police (Rennison, 2002).

Victims who do report will delay doing so (Archambault & Lonsway, 2006) for a variety of reasons that are connected to neurobiological and psychological responses to their assault (D’Anniballe, 2010). For example, victims may struggle to remember precise details of the assault or experience negative feelings when doing so (D’Anniballe, 2010). Victims may worry about how reporting will affect their family or friends (Campbell, 1998). Further, they may be fearful of family fracture if the person sexually assaulting them is a family member (Campbell & Raja, 1999).

About half of all sexual assault victims rate their experience with the criminal justice system as unhelpful or hurtful; estimates range from 43-52% (Campbell, 2008). Sadly, these victims have worse physical and psychological outcomes as a result (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001).

Victims who receive a positive response from law enforcement (described as believing, nonjudgmental, or validating) also experience positive effects (Greeson, Campbell, & Fehler-Babral, 2016), as do those who work with a victim advocate. Specifically, victims

who work with an advocate experience less distress and are less likely to experience negative outcomes such as self-blame or feeling bad about themselves, guilty, or depressed. Significantly, they are also less reluctant to seek further help (Campbell, 2006; Patterson & Tringali, 2015; Wasco, Campbell, Barnes, & Ahrens, 1999).

Key Points for Discussion

Law Enforcement & Investigators

Compare and contrast the experiences of Marie and Amber with law enforcement:

MARIE-

From the beginning, Marie's contact with law enforcement is traumatizing. Law enforcement expect Marie to remember the order in which events occurred before, during, and after the rape. They push her to and seem to rely mostly on Marie's ability to remember the details of her story. When Marie can't remember the order (during the many times she is pressured to retell her story) they use this against her. The Lynwood Police Department's approach with Marie is ineffective and harmful. She doesn't have a clear idea of her options.

- Marie, appears detached when police first interview her at her apartment. To the responding officer's first question — what happened? — she replies flatly and without elaboration: "I was raped." Look at the information on Neurobiology of Trauma- is her affect connected to the opiate flood that blunts emotion?
- They ask sometimes arbitrary and invasive questions.
- "You need to go to the hospital right now."
- "I really want to find this guy and make him pay for what he did to you." This statement prioritizes police goals, rather than centering the needs of the survivor. How could this be rephrased to achieve a better result?
- The detectives communicate their strong skepticism and are divisive in their approach:
 - "This is not a valuable use of our time. This is a waste of our time."
 - "What do you think should happen to someone who would lie about something like this?"
 - "I'm going to tell you a version that *does* fit together."
 - "Your counselors seem kind of pissed off."
 - "Your story doesn't match up with what other people told us."
 - "It's hard for them to believe you."
- They use fear tactics to get what they want: "If you lie we have to arrest you. So if you fail the polygraph we arrest you. If you have an arrest, you won't be able to stay at your housing program."
- There are long-term impacts on Marie and her ability to trust police and systems. In one of the last episodes, Marie says to her therapist: "I know I'm supposed to say if I had to do it over again, I wouldn't lie. But the truth is, I'd lie earlier and I'd lie better. I'd just figure it out on my own, by myself."

AMBER-

The detective's approach with Amber is markedly different. She uses principles of trauma-informed care. For example, there are not multiple people who ask her for the same information multiple times. The tone and approach from the detective is patient, serious, and compassionate. What are examples of the detective's trauma-informed approach?

- "Let me know if that changes"
- "It's a little busy out here-- would you be comfortable in my car?"
- "You okay?"
- The detective explains why she is going to ask details right away, creating safety and clarity: "research shows..." "I'd like to dive right in if that's ok."
- The detective fosters self-determination and choice as appropriate. "Amber, you don't have to explain yourself to me. Who you choose to tell and when you choose to tell is entirely your decision."
- The detective validates and normalizes the experience as appropriate. "You don't sound crazy to me. You sound like someone who's been through a trauma and is looking for a way to feel safe again and in control. And there is nothing crazy about that."
- She explains what will happen at the hospital which builds safety and trust. She asks "Would you be comfortable?" She says thank you. She says, "I know both these nurses". Is there a friend you'd like to call? There's a counselor that will stay with you the entire time.
- Gives her contact info.

BOTH-

- Amber called 911 right away whereas Marie called her foster mom. How might Marie's previous systems involvement and history of abuse / marginalization have been a factor in that choice?
- Amber remembers and or is more open to share details with the detective than Marie? How is law enforcement's different rapport reflective of that?

Hospital and Forensic Exam

MARIE-

The hospital exam shown is portrayed accurately and participants may wonder about that. The sexual assault nurse examiner (SANE) explains what she is going to do on Marie's body before she does it. This scene illustrates the accuracy of the SANE, and does so from a survivor perspective. It is obvious that Marie feels triggered and overwhelmed at certain points.

- "I already told my story to the police. Why do I have to do it again here?"
- The nurse took photographs of Marie, and it was apparent that this is an immediate trauma reminder of the assault.
- At the end of the exam, a different nurse gives Marie all the medication and information about side effects, times to take the medication, etc. etc. It is incredibly overwhelming.
- Crime Victim's Compensation description.

AMBER-

- The detective asks the front desk, "Would you let her (Amber) know I'm here and ask if she'd like me to come in and if not it's totally fine."

BOTH-

- Discussion question: What differences do we see between the discharge nurse's demeanor?

Confidentiality, Informed Consent, and Privacy

MARIE- The Release of Information (ROI) obtained from the detective (to get rape kit/medical info): What did you notice about how the detective explained the ROI? How might he have better incorporated informed consent? Where is the line between information and clarity and overwhelm?

- "Sign the medical release now, and fill out the witness statement in the next day or two and get it back to me." Marie is so overwhelmed at this point.
- At this time the detective also tells Marie to *write* her story in a statement. "I just need you to write out the statement you just told me." (Telling her story once again) all while she has a headache, and experiences flashbacks.
- Marie's former foster parents gossip about her story to each other and to law enforcement.
- Lynnwood Detectives talk openly about Marie's case in their agency lobby.

Trauma Responses

Use the handout on Neurobiology of Trauma to discuss the following:

MARIE- experiences a myriad of immediate trauma responses after she was raped.

- Flashbacks / invasive memories intrude on her at different times.
- Dissociation: The filmmaker came up with the idea of cutting to a scene of Marie joyfully running through the waves, inspired by one of the real Marie's favorite photos. "When she's in the middle of this assault, that's what she's latching onto — it's just escaping the moment," she says. But this survival mechanism also interrupts some of her memories of the attack later, when she's trying to recount the details to the police.
- Shame, self-blame, and hypervigilance: Marie tells her house group, "It's just really important to lock your doors. You've gotta lock them. And your windows. You just have to keep yourself safe."

Discuss: Where do we see other common trauma responses in Marie's story?

- Sleep disturbances
- Depression
- Suicidal ideation
- Irritability
- Hypervigilance & easily startled
- Interferes with all aspects of her life- late to work, reassigned, cannot focus at work, etc.

AMBER-

- Not all survivors act the same. Amber smiles and says she is fine. She is friendly and polite. She talks pretty factually without much (negative) emotion. However, once she goes back into the apartment her demeanor and body language changes.

BOTH-

- Fight/Flight/Freeze/Appease: What are different ways that Amber coped with the assault while it was happening? Whereas Marie dissociated to a happier time on the beach (Freeze), Amber acted friendly, asked the perpetrator about himself, kept him talking (Appease).
- Experience flashes of the assault.

BOTH-

- Outcomes and willingness to cooperate with law enforcement is dependent on the reaction to disclosure. Healing outcomes also improve based on connection to community support and reaction to disclosure. How do we see this play out in the series?

Vicarious Trauma

- The detectives display vicarious trauma. What are some ways you see this manifest? Consider common trauma exposure responses.

Court

- Only some victims choose to attend, choose to speak. One sat at the back only to watch. What does this tell us about how victims define and experience justice?

Dynamics of Power and Privilege

- Does oppression make survivors more likely to be targeted by predators? How?
- How did the intersection of oppression and sexual violence play out in this series?
- Class and ageism issues: Marie was in a housing program for those aging out of the foster care system. How did her experience in systems make her a target of sexual violence? Of law enforcement malpractice?
- How did her history of systems involvement shape her outlook? In Episode 7, Marie says, "Cause even with good people, even with people that you can kinda trust, if the truth is inconvenient, and if the truth doesn't, like, fit, they don't believe it." She also says "... I don't need help. I just need bad things to stop happening."
- Sexism / Gender Bias: In Episode 8, Marie's lawyer tells her. "You know; no one ever accuses a robbery victim of lying. Or someone who said he was carjacked. Doesn't happen."

Cultural Dynamics and #MeToo

It's impossible to watch Unbelievable and not think about cases in which women speaking out about their own sexual assaults have been failed by systems that were supposed to offer them the bare minimum of due diligence: Chanel Miller (Emily Doe), Christine Blasey Ford, Anita Hill, and on and on. What does our current cultural awakening of issues of sexual violence mean for the future? How do we acknowledge and celebrate systems change while continuing to press forward to end sexual violence?

References:**False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non-Stranger Sexual Assault**

End Violence Against Women International

<https://www.nsvrc.org/sites/default/files/publications/2018-10/Lisak-False-Reports-Moving-beyond.pdf>

False Reporting: Overview

National Sexual Violence Resource Center

https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Overview_False-Reporting.pdf

Improving Responses to Sexual Assault Disclosures: Both Informal and Formal Support Providers

End Violence Against Women International

<https://www.evawintl.org/Library/DocumentLibraryHandler.ashx?id=1336>

This American Life, Anatomy of Doubt

Producer Robyn Semien and investigative reporter Ken Armstrong of the Marshall Project

<https://www.thisamericanlife.org/581/anatomy-of-doubt>

An Unbelievable Story of Rape

T. Christian Miller, ProPublica and Ken Armstrong, The Marshall Project

December 16, 2015

<https://www.propublica.org/article/false-rape-accusations-an-unbelievable-story>

Neurobiology of Trauma Handout

The prefrontal cortex is the part of the brain responsible for rational thinking, planning effective responses, remembering important information, etc. When a person is experiencing a traumatic event or experiencing extreme fear the prefrontal cortex begins to function less effectively. This means that in the midst of trauma, a person may not be able to think through the situation and make decisions such as calling for help. It is not a matter of choice--their brain is in survival mode and the fear circuitry is bypassing their prefrontal cortex entirely.

Many people are familiar with the concept of "fight or flight," but research shows that there is a third response called "freeze." A common example is a deer in the headlights, and humans have this same fear response--in fact, freezing is the most common reaction to trauma or fear, rather than fighting back or running away. In addition to freezing, some survivors may experience extreme survival reflexes such tonic immobility or collapsed immobility. Going limp, feeling "sleepy" or passing out, or being completely unable to move or speak are survival mechanisms hard-wired into our brains. Research suggests that between 12 and 50 percent of rape victims experience tonic immobility during a sexual assault, and most data shows closer to 50 percent.

Survivors may also experience dissociation, which is a survival reflex where someone may feel disconnected from their body or may go into "auto-pilot" mode. In auto-pilot mode, a person is not using their prefrontal cortex to make decisions, but is instead relying upon habitual modes of being. Habitual responses are rooted in socialization--for example, women are socialized to be polite and pleasing, to "save face" or placate. This means that during an assault, a person might engage in sexual acts, say polite things, even smile, but they are not consenting; they are actually experiencing extreme fear and their brain is operating on auto-pilot as a survival mechanism. This is sometimes referred to as "Appease" (Fight/Flight/Freeze/Appease).

The hippocampus is the structure in the brain that processes information into memories. Memories are encoded differently during a traumatic event. The brain does not encode memories in chronological order, there are gaps in memory, and whatever the "fear circuitry" in the brain focused attention on during the assault is more likely to be encoded into memory than periphery details.

The amygdala communicates a threat to the hypothalamus which then communicates to the pituitary gland and a lot of hormones are released during a traumatic event. One of these hormones is adrenaline which can be helpful in a fight/flight reaction but counterproductive to memory encoding. Opiates are released in very high levels during sexual assault, blocking physical and emotional pain. Opiates are not sensitive to subtleties so a victim's affect during the assault and afterward may be very flat, monotone, no emotional reaction. Opiates have blunted emotions.

Campbell, Rebecca. "Neurobiology of Sexual Assault," National Institute of Justice webinar (2012)

Principles of Trauma Informed Care Handout

Safety: This includes creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's discomfort or unease.

Trust: This includes providing full and accurate information about what's happening and what's likely to happen next.

Choice: This involves the victim in decision-making, choice, or in and goal setting to determine the plan of action to heal and move forward.

Collaboration: This includes the recognition that healing happens in relationships and partnerships with shared decision-making.

Empowerment: This includes the recognition of an individual's strengths. These strengths are built on and validated.

Substance Abuse and Mental Health Services Association's (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach, SAMHSA's Trauma and Justice Strategic Initiative (July 2014)

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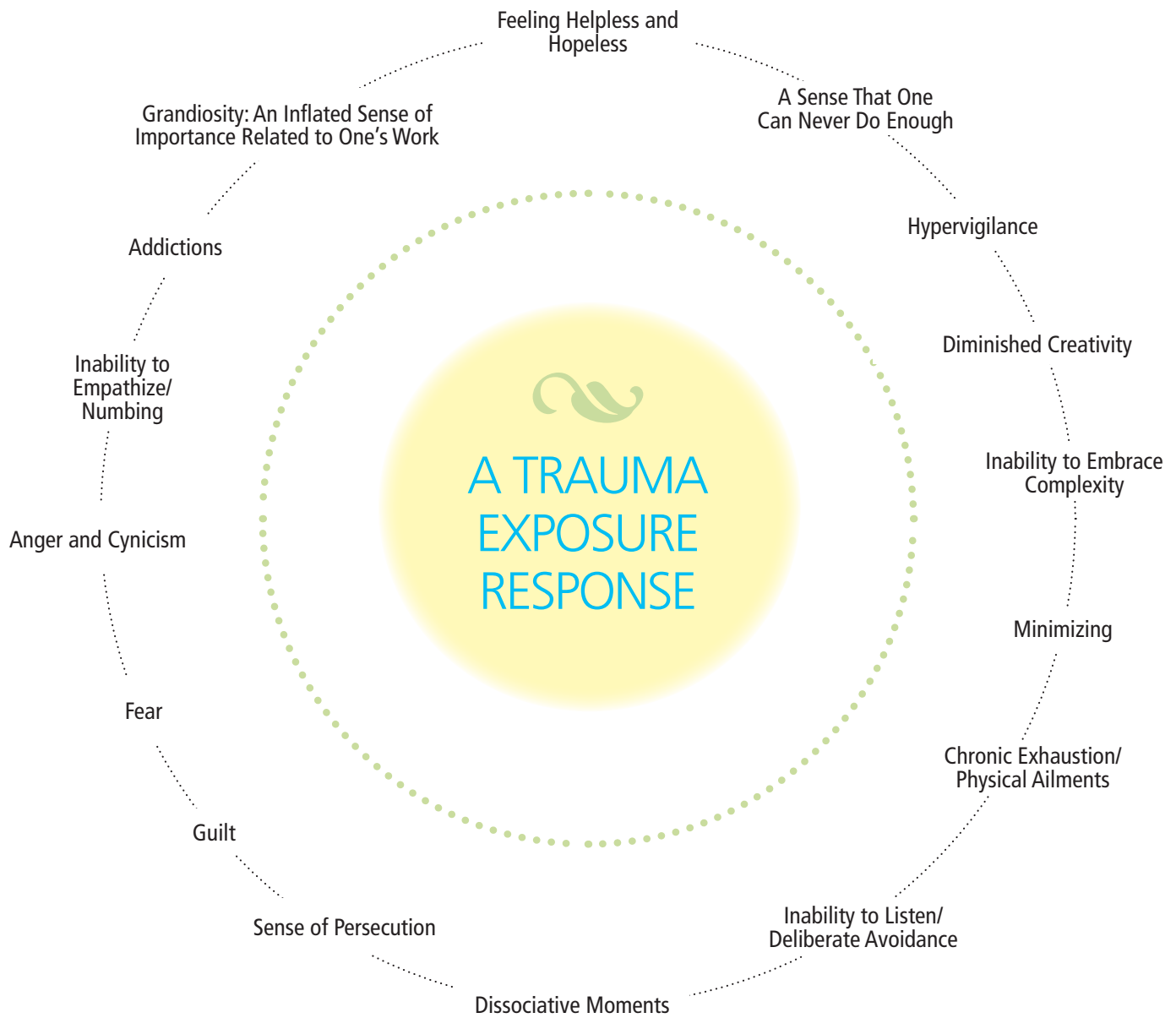
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Trauma Exposure Response

A trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet.