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# “We Belong to Them”: The Costs of Funding for Rape Crisis Centers

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## Abstract

This research explores the transformation of rape crisis centers and whether directors, staff, interns, and volunteers see changes as beneficial or detrimental to rape crisis centers and the victims they serve. Data from 63 interviews with directors, staff, interns, and volunteers from six rape crisis centers located in four East Coast states indicate that although centers may have been formed for different reasons depending on when they opened, all have become more professional, rely less on volunteers, engage in more collaboration with other agencies, and have largely abandoned their traditional activism agenda. Traditional activism through political protests and membership in consciousness raising groups has been replaced by community education and outreach. Some of these changes are viewed as positive whereas others are viewed as negative.

## Keywords

abandoning traditional activism, costs of collaboration, increase in professionalism, rape crisis centers, rape victim advocates

## Introduction

Although data from the Federal Bureau of Investigation (FBI) show that forcible rape decreased in the United States by 1.6% between 2007 and 2008 to the lowest figure in 20 years (FBI, 2009), rape continues to be an everyday occurrence. According to the National Crime Victimization Survey, there were 248,300 incidents of rape and sexual assault in the United States in 2007 (Rand, 2008), and 203,830 incidents in 2008 (Rand, 2009). According to the FBI's *Uniform Crime Report*, there were an estimated 90,427 reports of rape in 2007 (FBI, 2008), and 89,000 in 2008 (FBI, 2009). Even though

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society's collective conscience has been raised in recent years regarding sexual violence against women, the recognition that rape victims need specialized services did not always exist.

The need for and establishment of rape crisis centers emerged in the early to mid-1970s out of the second wave of the feminist movement. Rape crisis centers began as grassroots organizations that were run collectively and offered a variety of direct services to rape victims and provided community education. In addition, early rape crisis centers had a social change mission (Clemans, 2004; Riger et al., 2002), and their primary focus was to eliminate rape and secure legislative reform that would grant rape victims more rights and protection. The mission of rape crisis centers has transformed over the years, especially as they began to accept public funds. Rape crisis centers and rape prevention programs changed by becoming more professional (Macy, Giattina, Parish, & Crosby, 2009; Matthews, 1994; Townsend & Campbell, 2007), more bureaucratic and hierarchical (Campbell & Martin, 2001), less radical and politically active (Campbell, Baker, & Mazurek, 1998; Gornick & Meyer, 1998; Martin, 2005; Matthews, 1994; Whittier, 1995), and more collaborative with other mainstream institutions (Ferree & Martin, 1994; Martin, 2005).

Although research indicates that rape crisis centers have transformed over the years (Campbell et al., 1998; Gornick, Burt, & Pittman, 1985; Koss & Harvey, 1991; Martin, DiNitto, Byington, & Maxwell, 1992; Matthews, 1994), exploration of the structure, activities, ideologies and struggles of early rape crisis centers is dated and focuses on the beginning stages of their development, when the antirape movement had only been in existence for less than a decade. O'Sullivan and Carlton (2001) conducted slightly more recent research on victim services and community outreach efforts in 1994 and updated it with 1999 data. However, this research only included interviews with founding members, staff members, and directors; volunteers of the rape crisis centers—often the backbone of the center or program—were not included. Volunteers remain essential to rape crisis centers and programs, especially as funding reductions hinder the ability to hire an adequate number of paid staff members to fulfill the various functions served by rape crisis centers and programs. Patricia Yancey Martin (2005) provides the most extensive research on the transformation of rape crisis centers; she conducted interviews with rape crisis center staff in Florida in 1983-1984, 1993, and 1996-1999, and conducted participant observation at five rape crisis centers between 1984 and 1999 (two in Florida and one each in California, Pennsylvania, and Missouri). Although Martin's work represents a stellar and more current contribution to rape crisis literature, the present research extends her work in three key ways. First, it includes the perspectives of directors, coordinators, staff members, interns, and volunteer advocates in four East Coast states (none of which is Florida). Second, it provides a more up-to-date glimpse at the structure and struggles of rape crisis centers (data collected from 2003 to 2004). Third, it allows for comparison, since three centers began in the 1970s during the height of the antirape movement, and three centers began in later decades.

Although other researchers have concluded that rape crisis centers have changed since the 1970s, what is unclear is how rape crisis workers and volunteers view these changes. Through interviews with directors, coordinators, staff members, interns, and volunteer rape

victim advocates<sup>1</sup> at five community-based rape crisis centers and one university-based rape crisis center in four states, this study explores how and why the centers or programs have transformed over the years and whether rape victim advocates view these changes as beneficial or detrimental to rape crisis centers.

## Review of the Literature

Rape crisis centers emerged out of the second wave of the feminist movement in the early to mid-1970s as grassroots organizations. Early rape crisis centers were a purely volunteer effort, were collectively run, and did not accept money from state or government agencies. Their budgets consisted of money earned through fundraising efforts, such as bake sales (Matthews, 1994), and the centers or programs sometimes were “housed” in the homes of volunteers (Campbell & Martin, 2001; Scott, 1998).

At that time, rape crisis centers offered a variety of direct services to rape victims, including hotline counseling and medical and legal accompaniments. However, through political activism, advocates struggled for elimination of rape and legal change in state and federal statutes (Clemans, 2004). Political activism involves public activity directed at external structures of power (Staggenborg, 1996, 2001; Staggenborg & Lang, 2007). The interconnection between direct services and political activism was most pronounced during the beginning stages of rape crisis centers. Scott (1993) explored how two rape crisis centers accomplished their social change initiative while providing services to victims. She found that although both centers strived to change society’s perception and treatment of rape victims, they went about it in very different ways. One center tried to achieve social change by focusing on public education, whereas the other center directly confronted accused rapists. The leaders of the organization may determine its strategies and mobilization tactics (Reger & Staggenborg, 2006).

Townsend and Campbell (2007) explored how funding sources restricted the activities and goals of rape prevention programs. They examined the strategies of 10 rape prevention programs and found that when many programs compete for funding they adapt to the preferences of the funding source, although it may mean ignoring the community’s particular needs. For example, programs receiving state funds were required to provide prevention education in schools to youth between the ages of 13 and 18. This was further problematic given that schools’ policies about sex education limited what topics could be covered.

Founders of rape crisis centers, although frustrated with the treatment of rape victims, did not collaborate with mainstream institutions because of the belief that the patriarchal nature of such institutions would interfere with their goals of ending violence against women and improving the treatment of rape victims (Martin, 2005). Instead of working with other institutions to facilitate change, rape crisis centers criticized institutions for the mistreatment of rape victims (Martin et al., 1992). This is similar to other antiviolence efforts, such as the domestic violence movement (Schechter, 1982).

Research indicates that social movements, including the women’s movement, change over time. Change may be brought on by various factors, including the need for continued funding. For sustainability purposes, groups or agencies associated with social movements

may need to consider avoiding action that will alienate financial supporters or the community (Riger, 1994; Scott 1993; Staggenborg, 1996). The structure and goals of organizations may change because of funding needs (Riger, 1994). This is particularly evident in the larger women's movement and the battered women's movement. When the political environment became less supportive of the women's movement, leaders diversified sources of funding (Disney & Gelb, 2000). When women in the battered women's movement began to accept government grants, they were unable to engage in the same degree of activism because funding agencies discouraged social change (Durazo, 2007; Schechter, 1982). Durazo (2007) explains, "Instead of social change, we have service deliverables, and the vision that once drove our deep commitment to fighting violence against women has been replaced by outcomes" (pp. 123-124). Recent research finds that advocates working at domestic violence agencies believe that the acceptance of government funds has resulted in a reduction in social change efforts (Lehrner & Allen, 2009).

The early feminist movement mobilized activists by arguing that violence against women was caused by the unequal power between men and women; now the feminist movement has been "institutionalized as a social service industry" (Scott, 2000, p. 785). Organizations simply became less grassroots as power became more centralized, boards were created, and the overall structure became more formalized and professional (Bordt, 1997; Lehrner & Allen, 2009; Meyer & Staggenborg, 1996; Staggenborg, 1998).

As previously stated, there is ample research indicating that rape crisis centers have transformed since the height of the antirape movement in the 1970s (Campbell et al., 1998; Gornick et al., 1985; Koss & Harvey, 1991; Martin et al., 1992; Matthews, 1994). Change was due to two key factors. First, many of the original founders grew tired from years of struggle and left the crisis centers (Gornick et al., 1985). This is also true for the larger women's movement; when women involved in the early women's movement got older, they could not keep up with the fast pace of activism that they engaged in when they were younger (Staggenborg, 1996). Second, when new women became involved, they often adapted a more conventional approach to organizational development and began to accept money from state, government, and law enforcement agencies—sources with which they may have had adversarial relationships in the past. This resulted in a few changes for rape crisis centers.

First, centers became less grassroots and more professional in orientation (Bierria, 2007; Macy et al., 2009; Matthews, 1994; O'Sullivan & Carlton, 2001). Professionalism included formalized recruiting, hiring paid staff, hiring professional counselors, and training for all staff and volunteers. Second, centers developed more of a hierarchical, bureaucratic structure that included a formal division of labor and written rules and policies. Many rape crisis centers were forced into a bureaucratic structure when funders required them to establish boards of directors (Campbell & Martin, 2001). The antirape movement, just like many social movements, became more institutionalized when relationships were forged between rape crisis centers and other mainstream organizations (Ferree & Martin, 1994; Staggenborg, 1998). Third, when centers began to receive public funding, they had to reduce their level of political activism and increase collaboration with other systems or agencies, such as

hospitals and law enforcement, because this was pertinent to funders. To secure public funding, many centers either abandoned their social change mission that tied them to the radical feminist movement or “de-radicalized” their efforts (Bierria, 2007; Campbell et al., 1998; Gornick & Meyer, 1998). Many advocates feel that the state funding relationship caused the rape crisis movement to lose its political stance (Matthews, 1994; Whittier, 1995) and altered the way advocates are able to assist victims (Ullman & Townsend, 2007).

However, like the larger women’s movement, not all forms of activism have been eliminated from rape crisis centers’ agendas: activism through political protests and membership in consciousness raising groups has been replaced with activism in the form of public speaking engagements, education, and creating community awareness (Campbell et al., 1998; Gornick et al., 1985; Martin, 2005; Matthews, 1994; Reger & Staggenborg, 2006; Scott, 1993; Staggenborg, 1996, 1998). Rape crisis centers engage in what Katzenstein (1990) refers to as “unobtrusive mobilization,” a less controversial, disruptive political activism that contrasts with the more public protests that took place in earlier decades. Rape crisis centers “occupy and indoctrinate” when they form close collaborations with other agencies and institutions and educate them about rape and the best way to treat rape victims (Schmitt & Martin, 1999). This collaboration resulted in positive changes. Research has found that as more agencies work together, services for rape victims improve (Burt et al., 2000; Burt et al., 2001; Campbell & Ahrens, 1998; Zweig & Burt, 2003; Zweig, Burt, & Van Ness, 2003). In addition, institutionalization has allowed centers to provide services on a micro level while maintaining stable funding on a macro level (Schmitt, 1994; Simon, 1982; Staggenborg, 1996). Nonetheless, rape crisis centers may still be viewed as “outsiders” by mainstream officials (Martin, 2001, 2005) even though their social change activities do not have the same “radical bent” (Campbell et al., 1998).

Although the structure and sources of funding have changed and rape crisis centers have become less involved in political activism, the core services offered have remained constant. Most rape crisis centers offer direct services to victims, including hotline counseling, short-term face-to-face counseling, and accompaniments to police stations, hospitals, and court proceedings (Wasco et al., 2004). Currently, rape crisis centers, much like other feminist organizations, tend to be more “hybrid” in nature, exhibiting both bureaucratic and collectivist ideologies (Bordt, 1997).

## The Present Study

This research includes six rape crisis centers located in four East Coast states. Five centers are community-based centers and one center is a university-based center. The six centers were selected for a variety of reasons. Two centers (A and B) were selected because they are two of the oldest rape crisis centers in the United States, and both serve large cities. Program<sup>2</sup> D was selected because it is located in a very racially/ethnically diverse area. In addition, I had previously established a relationship with the director of Center E and the coordinator of the medical advocates at Center B. Some centers were also selected because of geographical convenience. Lastly, centers and programs were selected with the intention

of comparing those that began during the height of the antirape movement (three) with those that began after (three), and centers that stood alone (two) to those embedded in larger social service agencies (three) or universities (one; see Table 1).

The rape centers or programs began operations between 1973 and 1997, and all can trace their roots back to the 1970s. Center A, Center B, and Program F began in the 1970s; Program C began in 1987, but the parent social service agency began in the 1970s; and, Programs D and E began in 1997, but either the parent social service agency began in the 1970s (Program E) or it replaced another rape crisis center that began in the 1970s (Program D). As half of the centers or programs began during the peak of the antirape movement in the 1970s and the other half did not begin until the late 1980s or 1990s, the degree to which the rape centers have changed over the years will vary.

The University of Delaware's Institutional Review Board approved the research and all participants were required to sign consent forms prior to the interview. Between October 2003 and February 2004, I interviewed 63 rape crisis workers (directors and staff), interns, and volunteer advocates. Participants were recruited through announcements by program directors at meetings and via e-mail and phone calls. In addition, program directors from two centers allowed me to recruit participants at three meetings of volunteer advocates. It is impossible to determine how many total advocates or rape crisis workers were asked to participate by directors or coordinators because I was not present at all meetings and I am do not know the total number of advocates, staff, and interns that directors informally recruited and provided with contact information. However, during the time of sample recruitment, directors or coordinators provided the number of staff members and volunteers affiliated with each center. Rape crisis centers had between three part-time employees and 23 full-time employees, and from 5 to 150 volunteers, depending on the size of the population the center or program serves. The vast majority (five of the six centers) employed 10 or fewer full-time staff members. I was able to interview 10% of staff and volunteers from community-based Center A, 14% from community-based Center B, 14% from community-based Program C, 19% from community-based Program D, 50% from community-based Program E, and 69% from the university-based Program. As I did not have access to center records, I am unable to assess whether the advocates interviewed were typical of all advocates affiliated with each center. I was able to schedule interviews with the vast majority of advocates who allowed directors or coordinators to provide me with an e-mail address or phone number to reach them.

Research participants ranged in age from 18- to 60-years-old. Thirty percent ( $n = 19$ ) were women of color. More specifically, 8 participants (13%) were African American, 5 participants (8%) were Hispanic, 4 participants (6%) were Multiracial, 1 participant (2%) was Indian, and 1 participant (2%) was Asian American. This diversity may be a result of the rape crisis centers' proximity to racially diverse urban areas.

Data come from interviews conducted with volunteer rape victim advocates, interns, paid staff members, and directors or coordinators of rape crisis centers or programs. Two separate interview guides were used. The interview conducted with directors or coordinators consisted of approximately 20 open-ended questions that elicited responses that detailed the history of the rape crisis center or program, the current structure of the rape

**Table 1.** Tenure and Position of Advocates, Directors, and Coordinators

	Began	Advocates interviewed	Directors or coordinators interviewed
Center A (not embedded in larger agency)	Early 1970s	6 (3 full-time paid staff and 3 interns)	1 (associate director between 1990 and 1996 and took over as executive director in 1996)
Center B (not embedded)	Early 1970s	23 (2 interns and 21 volunteers)	2 (coordinator of medical advocates began as per diem counselor in June 2002 and became coordinator of medical advocates in November 2002)
Program C (embedded in larger social service agency)	1987	7 (1 full-time paid staff [coordinator] and 6 volunteers)	Director began in mid 1990s) 1 (participated in both interviews; coordinator since 2003. Served as volunteer or staff member since 1999.)
Program D (embedded in larger social service agency)	1997	7 (2 full-time paid staff [one coordinator], 2 part-time paid staff, and 3 volunteers)	2 (1 participated in both interviews; volunteer coordinator began in 1998 and program director began in 1998)
Program E (embedded in larger social service agency)	1997	9 (1 full-time paid staff, 1 part-time paid staff, and 7 volunteers)	1 (program coordinator since 1999.)
Program F (university center)	Mid 1970s	6 (1 part-time paid staff [coordinator], 2 full-time paid staff [one director, one health educator], and 3 volunteers)	Volunteer between 1997 and 1999.) 3 (all participated in both interviews; part-time coordinator began position in 2003 but trained as a volunteer in 1992. Senior health coordinator began in 1992. Counseling center program director began in 1988.)

crisis center or program, the transformation of the rape crisis center or program over the years, the main goals of the rape crisis center, and current funding struggles. In addition, approximately 10 open-ended questions about the goals, structure, and problems of rape crisis centers were posed to volunteer advocates, interns, or paid staff members.<sup>3</sup>

Ten interviews were conducted with directors or coordinators of rape crisis centers or programs. These ten individuals held a variety of leadership positions including executive director, program coordinator, volunteer coordinator, senior health educator who previously served as the program coordinator, and medical advocacy coordinator. One director or coordinator was interviewed from Center A, Program C, and Program E; two directors or coordinators were interviewed from Center B and Program D, and three directors or coordinators were interviewed from Program F (see Table 1). However, of these 10 directors or coordinators, 5 also participated in the interview developed for rape crisis workers and volunteers who were not coordinators or directors. These 5 directors were asked to participate in the interview developed for rape crisis workers and volunteers because, unlike the other 5 directors, they routinely had direct contact with victims (i.e., provided crisis intervention over the phone, accompanied them to hospitals, police stations or court proceedings). The other 5 directors were not included in this part of the interview because they did not have direct interactions with victims and therefore could not answer most questions pertaining to the experiences of victims. Therefore, 53 women participated in the volunteer advocate, staff, or intern interview; 5 women participated in the director/coordinator interview; and 5 women participated in both (see Table 1). It was expected that volunteer advocates would be less likely to respond to questions regarding the structure and transformation of rape crisis centers, but more likely to be able to respond to questions pertaining to direct interactions with victims.

Most (57%) interviews were conducted over the phone for convenience, either to accommodate the participant's preference or due to distance. Interviews that were conducted in person were conducted at a rape crisis center, the parent social service agency, a university office, a library, and a diner. Participants were not paid for their time. One researcher conducted all interviews between October 2003 and February 2004. Interviews with those who directly worked with rape victims (volunteering as advocates or working as staff members) averaged between 45 min and 1 hr. However, many of the issues addressed in those interviews are not included in this article. Interviews with those only serving as directors or coordinators of centers or programs, who had limited direct contact with victims, averaged 25 min.

After interviews were transcribed verbatim, qualitative analysis began. The analysis included an inductive approach. Rather than focus on line-by-line coding, transcripts were read numerous times and themes were identified (see Patton, 1990; Rubin & Rubin, 1995). Themes were simply ideas or phrases that appeared in multiple interviews. The more frequently the same concept occurs in a text, the more likely it is a theme (Ryan & Bernard, 2003). More specifically, this analysis involved several steps, including open coding and axial coding (Miles & Huberman, 1994; Strauss & Corbin, 1990). After reading through the manuscripts several times, notes were written in margins. To systematically analyze

the data and compare the responses of advocates and directors/coordinators from various centers/programs, the second stage of the analysis was completed using axial coding. At this stage, I attempted to make connections both across and within centers. To better enable a systematic review of the data, all responses about the history of the center, changes that occurred over the years, and current identity of the center were copied into a table that also listed the respondent's affiliation, when her center was founded, and her position at the center (director, staff, intern, and volunteer). After data were compared across the six centers, I looked for similarities and differences in data gleaned from interviews with directors and advocates from the same center.

One methodological limitation is that although ideally two or more researchers should code qualitative data to avoid issues with subjectivity or bias influencing data analysis (Berg, 1989; Creswell, 1998; Patton, 1990), only one researcher coded the data in their entirety. Therefore, it is possible that others would interpret participants' responses differently. However, when specific data fell into more of a gray area regarding perceptions of advantages and disadvantages of the transition of rape crisis centers, the researcher consulted with two colleagues and one of the directors included in this research.

## **Historical Perspective of Rape Crisis Centers and Programs**

The following analysis is broken down by centers/programs that began during the height of the antirape movement and those that began after. Center A, Center B and Program F began in the early to mid-1970s and originated out of the concern of one woman or a few women who recognized that rape and sexual assault victims needed specialized services and so they attempted to change the treatment of rape victims. All three centers or programs were activist, grassroots organizations collectively run by volunteers who provided support, advocacy, information and healing for victims, and promoted legislative changes or public awareness on issues surrounding rape and sexual assault. However, only one director (Center B) stated that the notion of activism or social change was included in the original mission statement. Despite the fact that the three older agencies included in this research, like most rape crisis agencies formed in the 1970s, wanted to change the way victims were treated, it is interesting that only one center included this goal in the mission statement.

On the contrary, all centers or programs (Programs C, D, and E) that began in the 1980s and 1990s were embedded in larger social service agencies, founded in the 1970s, which provided them with funding. All were supported by volunteers but also had paid staff members. Due to this affiliation with larger, already established social service organizations, these programs were not grassroots agencies on inception, in contrast to the rape crisis centers or program that began in the 1970s. Program E was the first rape crisis program in the county that it serves, and Programs D and C replaced grassroots, county-based rape crisis programs that had been in existence since the late 1970s. The program coordinator from Program E explains,

Back in 1997 the executive director of [parent agency] at that time realized that there were no rape crisis services in [the county]. She was obviously troubled by that. The state put out a request for proposals for an existing agency with a 24-hour crisis hotline to provide rape care services. So she wrote the RFP for [this county] and we received it.

Program D began under similar circumstances. The coordinator explains, “[this program] was started in 1997 after [rape crisis center that began in 1970s] lost their funding. At that time, they [state officials] wanted each county to have their own separate rape crisis center.”

There are a few clear distinctions between community<sup>4</sup> rape crisis centers that began in the 1970s and community rape crisis centers or programs that began in later decades. First is the reason they began. A few people who wanted to help rape victims and fight for legislative and structural level changes for rape victims formed centers that began in the 1970s, whereas programs that began in the late 1980s or 1990s formed because state officials wanted to ensure that each county offered services for rape victims (individual focus vs. statewide need). Second, both community rape crisis centers that began in the 1970s were only supported by volunteers, whereas all three rape crisis programs that began in later decades employed paid staff and did not rely on volunteers. Third, community-based rape crisis centers that began in the 1970s were less likely to be affiliated with larger social service agencies. Of the two centers that began in the 1970s, one was never affiliated with a larger agency, and one was only provided office space by a larger agency for a very short period. Neither center received monetary support from larger agencies. Conversely, the three centers or programs that began in later decades were embedded and continue to be embedded in larger social service agencies.

## Transition of Rape Crisis Centers or Programs

The following section will discuss the changes that have occurred in rape crisis centers and programs over the years and the challenges brought about by these changes according to data gleaned from the interviews. Although connections were made both across and within centers, data reveal that there was a trend toward concordance in the responses of participants at five of the six centers or programs. At one center (Center A), there was some disparity in responses regarding prioritizing long-term counseling over short-term crisis counseling and whether activism is limited because of collaboration with mainstream institutions.

As the extant literature suggests, rape crisis centers have changed over the years (Ferguson, 1984; Gornick et al., 1985; Matthews, 1994). They have become more bureaucratic or business like, more professional, engage in less activism, and engage in greater collaboration with other agencies and institutions. The rape crisis centers or programs included in this research are no different. Regardless of when the center or program began, each has experienced some degree of change. Research participants viewed these changes as both positive and negative.

## *Increase in Professionalism*

All centers and programs included in this research, regardless of whether they began in the 1970s, 1980s, or 1990s, have become more “professional” with paid staff positions requiring more expertise. This is evident based primarily on data gleaned from interviews with directors and coordinators of programs and centers. The coordinator at the university program (Program F) that began in the 1970s explained that she was hired in 2003 for 15 hr per week as the first coordinator dedicated just to the rape crisis program. Prior to 2003, volunteers ran the program and the director of the counseling center was also responsible for overseeing the program as part of her “extra duties.” The coordinator of medical advocates at Center B that also began in the 1970s simply states, “There is a lot more professionalism.” The director from Center A comments that the organization became more professional when paid staff were hired. She comments, “Now we have to be able to really help you. . . . So it is requiring a lot more expertise than before.”

Centers and programs that began later (in the 1980s and 1990s) have also become more professional over time. A coordinator from Program D that began in 1987 explains,

I think we are like “The Jefferson’s”—we are moving on up. We are moving past, “Hi we are here to hold your hand.” People need to be more professional and people need to get on board and stop acting like we are back in the 60s. We are moving to a more professional environment. Before I felt like we were roughing it.

The director from Program E that began in 1997 agrees that the program has become more professional and explains it is stepping out of the “dark ages.” The director from Program C that began in 1987 explains that over time more paid staff and professional counselors have been hired.

According to directors, staff, volunteers, and interns, all centers and programs have expanded their services over the years. They now offer outreach and education in the community, training for law enforcement, services for victims who do not speak English, and support groups. In addition, centers and programs offer long-term counseling with licensed professionals and trained social workers; one center offers a hotline dedicated for Spanish-speaking victims; and, one center offers a program that is geared specifically toward educating young men in schools about sexual violence and respect for women. One benefit of the increase in professionalism is that rape crisis centers or programs offer more comprehensive services than they did in the past. Professionalizing rape crisis centers and programs has resulted in an increase in respect paid to them by other community institutions, as well as an expansion and improvement of services offered.

***Provision of Long-Term Counseling.*** One key way programs and centers have become more professional is by the provision of long-term counseling with licensed professionals and trained social workers. When programs and centers began in the 1970s, they usually only offered short-term, hotline crisis counseling with volunteers who lacked the education or training to provide long-term counseling. Directors, staff, volunteers, and interns

included in this research see the provision of long-term counseling as beneficial to victims and a few advocates even mentioned that they thought centers and programs should provide even more long-term counseling than they currently do. Although data did not reveal that there was disagreement about the importance of long-term counseling among the directors, staff, interns, and volunteers at five of the six centers, there was some debate among the participants from one center regarding whether long-term counseling should be a priority over short-term counseling.

*Center A.* The director as well as five of the six staff members or interns at Center A discussed counseling. Unlike the other centers and programs, there was disagreement among staff and interns from Center A that began in the 1970s regarding prioritizing long-term counseling over short-term crisis counseling. One staff member and the director believe that long-term counseling should be a priority over short-term (hotline) counseling. The director explains that one of the ways the center has improved is by changing the way counseling is done: “We do more therapy now than just crisis counseling.” Catherine,<sup>5</sup> a full-time paid staff member, believes that crisis phone counseling is not beneficial for the victim:

We don’t necessarily want to tie it [hotline] up for people just talking for an hour about their trauma because we don’t think that’s helpful. Our goal is to try to get them into therapy so that they can get over their trauma. Obviously if someone is in serious crisis we are not going to hang up on them but we are going to try to get them in [for therapy]. On the phone counseling doesn’t do anything.

In contrast, other staff members and interns from Center A explain that the hotline does not truly serve as a hotline but is used more as an intake line. Helen, an intern, explains:

Another really big pet peeve of mine is that while it [rape crisis center] claims that it has a crisis hotline, the hotline is predominantly an intake line and you can’t talk for an extended period of time. Granted it is not a counseling line but if you get someone who is in crisis they need some of your time.

Ann Marie, also an intern, agrees:

A lot of time there are large chunks of time when it [crisis intervention hotline] is not covered and it goes back to the answering service and all the answering service does is take a message. The hotline mainly functions as an intake line. It is not a real crisis hotline.

Data reveal differences between the director’s view of counseling and the view of staff and interns. Heather, an intern, states, “There is conflict between the director of counseling and the executive director on how counseling should be done.” Ann Marie agrees, “it seems like administration feels things should be done one way and the counseling department thinks they should be done another way . . .”

Lori, a staff member, believes that the focus on long-term counseling is related to the agency's attempt to secure funding through proof of client hours in therapy. She states:

It has been explained to me very clearly [that the major goal of the agency is] to get clients, so that we get hours, so that we get funded and you have a job. It is all about client hours.

Lori's assessment is probably quite accurate given the director's explanation that the center must provide proposals to receive funding and must meet the objectives spelled out in the proposal. The director of Center A explains:

In that proposal [for funding] we have to comply with the specific areas that the funder is requesting. We have to provide the number of clients that we expect to see this year, the numbers of hours that we will provide direct services. We have to submit monthly reports on how well we met those objectives. In the early days no one asked you for reports. They just gave you money but there was no reporting.

Although there may be advantages and benefits to long-term counseling, making it a priority over short-term crisis counseling could be problematic. Victims reaching out for assistance may need immediate help and leaving a message to see a counselor face-to-face may be insufficient.

**Less Reliance on Volunteers.** A second way rape crisis centers and programs have become more professional is less reliance on volunteers, the recognition that centers and programs cannot be primarily supported by volunteers, and the initiative to pay "volunteers." All centers and programs regardless of when they began have more paid staff members than they did in the past even though they continue to rely on volunteers. According to the director of Center A, when the program began in the 1970s it had a "volunteer core." Now there are 23 full-time paid staff members and approximately 40 volunteers. Center B, which also began in the 1970s, is supported by approximately 150 volunteers and 10 paid staff members. However, the director of the medical advocates explains that they have also started to pay "volunteers." Center B provides "peer supervisors" with a stipend of approximately US\$150 per week. They are on call for a week and are responsible for dispatching volunteer medical advocates to hospitals or meeting a victim at a hospital when a volunteer is not available. Center B also pays volunteers to be "on call" on holidays. One of the directors from Program F (university-based center that began in the 1970s) mentioned that they do not have enough volunteers; she was hired part-time in 2003 because of the university's recognition that a paid staff member was necessary.

Programs and centers that began in the 1980s and 1990s also have hired more staff members. Program C, which began in 1987, now has three paid staff members that provide support and education in high schools. Program D, which began in 1997, is supported by 30 volunteers, eight full-time staff, and four part-time staff. Two of the part-time positions are new. Like Center A, Program D pays "volunteer" advocates for some services.

Volunteers receive US\$50 for support provided during a hospital exam and US\$25 for police station accompaniments. The volunteer coordinator from Program D does not like to even use the term “volunteer” because she feels, it implies that the volunteer advocates are not well educated:

I’m trying to get away from the term “volunteer” because I feel like when rape crisis centers started they were grassroots and it was volunteer work. Now I believe we are moving to a more professional atmosphere. We’re not just volunteers. We’re professionals.

Program E, which began in 1997, also has more employees. At one time there was only one full-time paid position and one part-time paid position. Now there are two full-time paid positions and four part-time paid positions. The program director from Program E explains the problem with relying on volunteers: “Honestly, I feel that you can only go so far with volunteers because you cannot put the same restrictions and mandates on volunteers that you can on staff—holding people accountable.”

In sum, although all centers and programs continue to rely on volunteers, as centers and programs have become more professional the number of paid staff members has increased. Less reliance on volunteers is beneficial to centers and programs for a few reasons. First, paid staff or even “volunteers” who are paid for certain services may be more reliable and committed to the center or program. Second, those receiving compensation can be held more accountable and could be required to have more training or expertise. Third, the community may respect rape crisis advocates more if they do not have volunteer status. Previous research (Martin, 2005) concludes that hospital staff, legal officials, and law enforcement look down on rape crisis center workers because of their volunteer status.

### *Decrease in Traditional Political Activism*

The second key way rape crisis centers and programs have changed is they now engage in less traditional activism, and engage in greater collaboration with other agencies and institutions. According to directors, staff, interns, and volunteers the rape crisis centers and programs included in this research tend not to engage in activism in a traditional sense. More traditional or historical activism, key for rape crisis centers in the 1970s, included protesting the treatment of rape victims by society and the criminal justice, legal and medical systems; fighting for the elimination of rape; and advocating for legal changes in state and federal statutes. Only the director from Center A, which began in the early 1970s, stated that the current mission of the rape crisis center is to eliminate rape; only Center A’s and Center B’s mission statements include eliminating sexual violence or reducing the tolerance of sexual violence in society. It is important to note that these are the only two community-based rape crisis centers included in this sample that began in the early 1970s. Not one of the volunteer advocates, staff or interns mentioned lobbying as a goal of the organization, and only one volunteer (from Program E that began in 1997) mentioned that

changing laws is one of the goals of the organization. Four volunteer advocates clarified that the center or program with which they are affiliated is not an activist organization.

Based on this research, traditional activism of the past (e.g., protests, political lobbying, fighting for elimination of sexual violence) has been replaced with more of a focus on providing direct services to rape survivors and their significant others, rather than struggling for legislative change. Traditional activism through political protests and membership in consciousness raising groups has also been replaced by community education and outreach (e.g., public speaking engagements, education, creating community awareness; see also Campbell et al., 1998; Gornick et al., 1985; Matthews, 1994). All five community-based centers engage in community education, and the university-based program engages in education of members of the university community. In addition, some directors and coordinators revealed that they associate activism of the past with a more adversarial relationship with various systems, such as law enforcement. It is possible that the term “activism” has taken on a negative or radical connotation, and consequently has been replaced with more positive words such as “education” and “outreach.”

All centers and programs included in this research have decreased their traditional political activism regardless of when the center or program began. The three directors at the university program that began in the mid-1970s (Program F) agreed that traditional activism was replaced with education. One director explains, “[We are] not activist. We are trying to educate the campus and that’s not really the same agenda as an activist group.” A second director agrees, “Our goal is education. No political work or activism.” The third director states, “It was political in the beginning. Now we really try to keep it as clean as possible as a support agency and not an advocacy agency.” Two of the three volunteers at the university program also noted that they don’t engage in tradition political activism. Elizabeth comments that she wishes there was more “push for legislative change.” Dana agrees, “I want to see us do more advocacy.”

In addition to the university program, two community-based centers began in the 1970s (Centers A and B). The directors from those centers also agreed that there has been a decrease in traditional political activism. The director from Center A explains:

The focus of the early 70s was making the public and public officials aware of the issues particularly around rape. We have [state coalition against rape] and they actually do that [activism]. So we technically as a center cannot use funding to lobby—only a small portion.

One director from Center B also explains that activism was more important to the identity of the center when it began in the 1970s: “We actually dropped transformation [from the current mission statement], but we still want to. But it’s more of a 70s word. [We are] much less driven by activism.” The director of the medical advocacy program at Center B agrees, “we don’t do a lot of activism per se, we do more education.” Schmitt (1994) also concluded that rape crisis centers function on a macro level through educating the community.

The three centers or programs that began in the 1980s and 1990s also do not engage in traditional political activism. The director of Program C states, "We are activists in the sense that we go and sit on committees." Both directors from Program D agree that although their program does not engage in activism, they have a very extensive outreach and education program. Based on the response from the director of Program E, this program comes closer to traditional activism than any of the other programs or centers; she is the only director who mentions interaction with legislators. She explains, "We try to do things that will involve reaching out to legislators and doing things for awareness." However, she also mentions that they "won't do anything to get the staff in trouble." Although it is clear that traditional political activism is no longer a priority for the centers or programs included in this research, the question remains why this is the case.

**Reasons for Decreases in Traditional Political Activism.** Data indicate that limitations imposed by funders have decreased traditional political activism for all community-based centers and programs, and limitations imposed by the university have decreased traditional political activism for the university-based program. All directors indicated that they must report to funding sources and services provided are tied to funding. One director from the university-based program that began in the 1970s sums up how activism is limited by the university:

We're not an activist group because we would probably lose our funding if we were. There are certain University restrictions. If we went with picket signs and boycotted something that would be seen as very negative by the upper administration because there's ownership there. We belong to them so we need to behave appropriately for the hierarchy or the upper echelon of the administration.

In addition, collaboration has become more of a requirement of funders. All six centers and programs have increased their level of collaboration by partnering with one or more of the following organizations or systems: law enforcement, hospitals, sexual assault nurse examiner programs, schools, community groups, child advocacy programs, victims' service unit through the District Attorney's office, and state coalitions or committees on rape. The decrease traditional in political activism for one center that began in the early 1970s (Center A) also resulted from collaboration with mainstream organizations.

Although all centers' political activism was somewhat restricted, Center A's (begun in the 1970s) political activism and advocacy were extremely hindered by restrictions of funders. Staff and interns from Center A felt that they could not be activists because of collaboration with other institutions. I was not granted access to interview volunteer advocates from Center A.

**Center A.** When rape crisis centers or programs collaborate with or serve on committees of governmental bodies or other institutions in the area that serve rape victims, they may be unable to advocate freely for victims or serve as activists because they do not want to jeopardize their funding or disengage from the unions they have worked to form with other community institutions. The director at Center A certainly has formed close ties with the

various systems that assist rape victims. She explains that this is a requirement for funding:

We are members of 13 different coalitions. Now the funders require it. "Before I give you any money I want to see how well you are linked with the other social service agencies and other components of the system," so now we have to show linkages. A lot of collaboration. That's the key word now with the funders.

Catherine, a full-time staff member from Center A discusses the problem with collaboration as not being able to speak out against mainstream organizations when they mistreat rape victims:

We're not allowed to confront anyone like the police or the ER if they are being inappropriate. I wish that we would be less concerned with where the money is coming from and who we can't piss off and more with helping people who are survivors. We are on the committee with the special victim's unit head honcho and we don't want to piss him off because that will get rid of the good partnership that we have. It's just ridiculous.

Lori, a staff member from Center A agrees that there is a cost in collaborating with institutions that may provide funding:

I think that [the center] has a real problem with funding because they only rely on governmental and other government-like funding such as the DA's office. So we can't speak up for the victim. We are not really supposed to take a stand on anything and that really bothers me.

The director from Center A has a very different view; she believes collaboration does not jeopardize staff or volunteers' ability to advocate for victims. She explains:

We are the ones who are the watchdogs to make sure that they [medical, legal and criminal justice personnel] are doing their jobs properly. [We make sure] law enforcement, prosecution and the medical world are providing quality services. So we are activists to the degree that we stay on top of them to make sure that they are doing what they are supposed to be doing. [Collaboration is] a good thing because we are knowledgeable and we can make decent referrals to a person now.

The data gathered indicate that activism may be stymied because centers may be concerned with keeping peace with other systems that they have come to treat as partners and may not feel as comfortable challenging instances when these systems mistreat rape victims. In sum, collaboration may be a double-edged sword: Although funders may push rape crisis centers to form collaborative relationships, and some rape victims advocates may believe their strong relationships with various community systems is beneficial to rape

victims and the overall rape crisis movement, it begs the question of how much centers and programs are challenging community systems that continue to revictimize rape survivors. Regardless of the fact that many directors serve on statewide coalitions and committees, it seems that they take pride in the good working relationships they have with other systems, which may hinder the likelihood of challenging such partners if needed.

## **Discussion**

Certainly previous research on rape crisis centers has indicated that they have transformed over the years to become more bureaucratic and professional and less engaged in traditional political activism. However, this research allows for comparison between centers that began in the 1970s and those that began in the late 1980s and 1990s. Moreover, it includes perceptions of the transformation in the eyes of directors, staff, interns, and volunteers.

Data indicate that centers and programs that began in the 1970s, during the height of the antirape movement, began for different reasons than centers or programs that began in the late 1980s and 1990s. Specifically, centers and programs that began in the 1970s were started as grassroots organizations by a few women who had concern for victims and wanted to eradicate rape from society, whereas centers and programs that began in the late 1980s and 1990s did so because state officials wanted to ensure that each county provided services to rape victims. It is quite possible that social change brought about by rape crisis centers and the anti-rape movement of the 1970s resulted in a later recognition by state or county officials that rape crisis services should be available in each county or at least various geographic locations.

In addition, unlike centers or programs that began in the 1970s, the three centers or programs that began in later decades were embedded and continue to be embedded in larger social service agencies. This is consistent with previous research (Campbell et al., 1998) that found that rape crisis centers or programs that began after 1979 are more likely to be affiliated with larger organizations than rape crisis centers or programs that began prior to 1979. However, unlike Martin's (2005) finding that generally earlier rape crisis centers survived by affiliating with mainstream organizations that supported them financially or provided them with facilities, the two rape crisis centers included in this sample that began in the 1970s remain unaffiliated with parent organizations.

As supported by previous research, (Ferguson, 1984; Gornick et al., 1985; Matthews, 1994), the rape crisis centers and programs included in this sample have changed over the years; they have become more bureaucratic, more professional, engage in more collaboration with other agencies and institutions, and engage in less traditional political activism. However, this research includes how center workers and volunteers view this transformation. (See Lehrner & Allen, 2009, for how paid domestic violence advocates view the transformation domestic violence agencies.) According to those included in this research, increased professionalism is both positive and negative. Although more comprehensive victim services are now available as a result of increased professionalism, the debate over whether long-term counseling should be seen as a priority over short-term crisis counseling was evident by data gathered from Center A. Although long-term counseling may be

necessary for victims, the push to bring clients in for face-to-face counseling to secure funding may be problematic if volunteer advocates and staff are not given ample time to provide phone assistance to victims during the initial crisis stage. In addition, another way rape crisis centers and programs have become more professional is less reliance on volunteers. All centers and programs, regardless of when they began, have more paid staff members than they did in the past even though they continue to rely on volunteers. This change is positive because paid advocates can be held more accountable and may receive more respect by the medical, criminal justice, and legal systems, and the general community.

Another way rape crisis centers and programs have changed is by decreasing their commitment to traditional activism; traditional activism of the past (e.g., protests, political lobbying, fighting for elimination of sexual violence) has been replaced with more of a focus on providing direct services to rape survivors and their significant others, rather than struggling for legislative change. Centers and programs have largely abandoned their social change mission and engage in “unobtrusive mobilization” (Katzenstein, 1990) or less controversial activism. Contrary to Martin’s (2005) findings, a political agenda and the goal of eliminating rape from society no longer seems essential to the centers and programs under study here. Only the director from one center, which began in the early 1970s, stated that the current mission of the rape crisis center is to eliminate rape. This is an interesting and disturbing finding given the social change mission of the antirape movement in the 1970s.

Unlike the conclusions drawn by Campbell et al. (1998), the older centers included in this research are not more likely than younger centers to emphasize social change. As found in other research (Gornick et al., 1985), the decrease in the commitment to traditional political activism seems to be caused by funding restrictions. The findings in this article may be different from prior research (see Campbell et al., 1998; Martin, 2005) because centers and programs were not the same as those included in previous research, and data were collected later (2003 to 2004) instead of in the 1980s and 1990s.

Limitations imposed by funders have decreased traditional political activism for all community-based centers and programs. Other research has also found that when programs compete for funding, they adapt to the preferences of the funding source (Townsend & Campbell, 2007), or avoid action that alienates them from financial supporters (Riger, 1994; Scott 1993; Staggenborg, 1996). Respondents from the university-based program reflected on the limitations placed on them by the university; they are only able to provide education to students because the university restricts traditional activism efforts. This finding parallels research on the women’s movement in Bloomington, Indiana. University bureaucracy and the amount of flexibility provided by the Dean from Women’s Affairs influenced the degree of political activism at Indiana University (Staggenborg, 1998, p. 197).

Although previous research highlights the positive changes for victims resulting from collaboration between rape crisis centers and mainstream institutions (Burt et al., 2000; Campbell & Ahrens, 1998; Zweig & Burt, 2003; Zweig et al., 2003), this research indicates that there is also a cost of collaboration when rape victim “advocates” simply can’t freely advocate for victims. In particular, staff and interns from Center A asserted that their ability to advocate for rape victims was hindered by restrictions of funding sources, as well as the fact that members of the rape crisis center spend time serving on committees and boards

with governmental bodies or other sources of funding. This occurs despite the fact that the director suggested that the organization continues a high level of activism and is quite a change from the 1970s and 1980s when the organization was publicly credited for being in the forefront of legislative change in the state in which it is located. The discrepancy between views of staff and interns that the center is not an activist organization while the director argues that the center is an extremely activist organization may be because of the hierarchical structure of this particular center. The director of this center stated that before becoming the director of the center she was employed in the "corporate world" and runs the center like a business because that is the requirement of funders. The power of the organization is very centralized; all staff and interns report to the director and the director reports to the board of trustees. Other research on the women's movement supports that the leaders of organizations may determine strategies and mobilization tactics, and changes in leadership can change the organization's culture and structure (Reger & Staggenborg, 2006). Also, the director may believe the center is an activist organization in a more macro sense because of its participation on boards or committees with law enforcement and other governmental agencies, whereas staff and interns may believe they cannot be activists or advocates on a more micro level because of the fear that they will jeopardize funding and collaboration if they challenge law enforcement or government officials.

This research has a few limitations. First, although most directors or coordinators interviewed had been affiliated with the center or program for an average of over 5 years (between 4 and 15 years), this research did not include any founding members of the centers or programs. Even though directors and coordinators were knowledgeable about the history of the center or program, founding members may have provided a different or more detailed perspective. Second, it is possible that staff, interns, and volunteers interviewed do not share the perspective of those who chose not to participate in the research or were unaware that the recruitment for research was taking place. Third, the sample is limited to directors, coordinators, staff members, interns, and volunteer advocates in four East Coast states. Results are not generalizable; it is impossible to determine if these findings would have differed if interviews had been conducted with rape crisis workers from another region of the United States, workers and volunteers from more rape crisis centers, or even different rape crisis centers located on the East coast. Fourth, the generalizability is limited because the research only includes six centers. Lastly, as discussed in the methods section, only one researcher coded the data in its entirety, so it is possible that others would interpret participants' responses differently.

Despite limitations, my results build on and add to current understanding of rape crisis centers and the struggles they experience. First, interviewing directors, coordinators, staff members, and volunteers provides multiple perspectives often not included in previous research. Also, including the perspectives of multiple staff and volunteers from each center is beneficial because it provides a more complete perspective of the transformation of each program (see Townsend & Campbell, 2007). Second, this research provides a more complete picture of the structure and struggles of rape crisis centers by including six centers in four states. Other researchers primarily focus on centers located in one state (Martin, 2005; O'Sullivan & Carlton, 2001). Third, as rape crisis centers and programs continue to change

and face different challenges, up-to-date research is necessary. These data were collected in 2003-2004 whereas previous data collection dates back to the late 1970s (Andersen & Renzetti, 1980; Renzetti, 1979), 1980s (Gornick et al., 1985; Matthews, 1994), mid-1990s (Campbell et al., 1998; Schmitt, 1994; Schmitt & Martin, 1999), or late 1990s (Martin, 2005; O'Sullivan & Carlton, 2001). Fourth, this research allows for comparison as three centers began during the height of the anti-rape movement and three centers began in later decades.

A few recommendations may be made in light of this research. First, rape crisis centers may need to assess if the mission of rape crisis centers and programs should be to provide long-term counseling, crisis intervention counseling, or both. This research suggests that both are necessary and long-term counseling should not be seen as a priority over short-term crisis counseling. Second, as activism of the past has been replaced with words having more positive connotations such as "outreach" and "education," centers and programs must assess whether they are doing enough to change mainstream organizations and reduce the mistreatment of rape victims. (Maier, 2008, examines rape crisis workers' perceptions of the mistreatment of rape victims by the police and medical system.) The fact that data indicate that funding restrictions and collaborative relationships with governmental bodies or other institutions limit traditional political activism and the ability to advocate freely for victims is disturbing. While centers and programs certainly cannot survive without both funding and collaboration with other institutions, leaders of programs may need to consider how far they are willing to go to satisfy funders or those with whom they collaborate. Sources of funding should be diversified and fundraising efforts should be increased if victim advocacy is being sacrificed. Third, although half of the centers and programs included in this research have specialized staff members or volunteers solely responsible for education in the community, respondents indicated that there needs to be even more outreach and creation of community awareness so that all rape victims or potential rape victims are aware of the services offered to them by the local center. Rape crisis centers might be underutilized because people are unaware of their existence. Centers should strive to increase community awareness.

As the structure and challenges of rape crisis centers continue to change, research in this area must continue. Further research efforts should explore how collaboration with other agencies and institutions is beneficial because it may improve services offered to victims but detrimental because it may hinder rape crisis workers' ability to assist rape victims and change the institutions that re-victimize them. Research should explore how rape crisis workers handle this issue when they are often forced to collaborate with mainstream organizations to secure public funding.

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## Notes

1. Directors or coordinators are in administrative positions. They tend to be responsible for hiring staff members, recruiting volunteer advocates, organizing the on-call schedule for volunteer advocates, holding meetings and trainings for staff and volunteers, seeking funding sources, managing the agency's budget, and compiling data and completing reports for funding sources. Paid staff members have a variety of responsibilities. Several share some of the above responsibilities with directors/coordinators, whereas others are only responsible for recruiting and training volunteers or counseling victims or educating the community. Paid staff members are more likely than directors or coordinators to carry beepers to respond to rape victims during overnight hours or weekends. They also fill in when volunteers are unavailable or when the volunteer on-call is already assisting another victim. Volunteer advocates are on call (beeper or cell phone) to respond to victims who contact the agency. They provide immediate crisis intervention over the phone, or accompany victims to emergency rooms, police stations or court proceedings. Volunteers tend to take calls for 12-hr shifts.
2. If the program is not embedded in a larger social service agency it is referred to as a center. If it the program is embedded in a larger social service agency it is referred to as a program.
3. Questions included: Is the rape crisis center organized like a grassroots organization or does it follow a business model? What do you think the major goal of this organization is? How would you describe the role of rape victim advocates at this center? If you could change anything about this organization what would it be? Interviews with volunteer advocates, interns, and paid staff members covered a variety of other issues not included in this article (i.e., revictimization of rape victims by police, medical practitioners and the legal system; knowledge and perception of rape reform laws; perception of how women of color experience rape and its aftermath). The complete interview conducted with volunteer advocates, interns, or staff members consisted of approximately 60 open-ended questions.
4. To better contrast the community rape crisis centers that began in the 1970s with the community rape crisis centers or programs that began in the late 1980s or 1990s after the peak of the anti-rape movement, the university-based center will be excluded from this section.
5. All volunteer advocates, staff members, and interns have been assigned pseudonyms. All directors or coordinators are identified by position and center or program.

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**Bio**

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