Welcome to the 17th edition of Reshape. As you are aware, the Resource Sharing Project, which brings this publication to you, is devoted to facilitating capacity building of coalitions around the US and territories. We have addressed many topics in past editions: everything from emerging issues to basic tenants of coalition work. Each of these issues have been examined in Reshape through the collection of words, ideas, wisdom and experience that staff at sexual assault coalitions have shared. This particular edition uses the same fantastic and varied voices to draw from as we examine how coalitions can provide quality services to sexual assault survivors. For some coalitions and centers that is in addition to serving domestic violence survivors, for others it is their primary issue, and still others have started with single issue organizations and morphed into dual service organizations.

As such, dual coalitions have the unique obligation of addressing the overwhelming issues of both domestic violence and sexual assault. This edition asks, and hopes to answer, “How do coalitions and their dual member programs keep the balance so all voices are heard?” Those voices are sexual violence survivors who often do not separate issues of violence in their lives into the neat categories that our movement often does. Those voices are also the adult survivors of childhood sexual abuse, male survivors, non date acquaintance rape survivors and others who do not automatically associate the services that they desire with the local domestic violence shelter. Sexual assault needs can be lost or overwhelmed when collocated with the needs of survivors needing shelter or the support to escape an abusive partner. Some dual coalitions have been able to effectively address that balance of needs and voices, and we feature their words, ideas, and experience in this newsletter as we continue to ask questions such as “How do we ensure that the needs of sexual assault survivors is paramount and that one issue doesn’t take center stage to the detriment of another, particularly as it pertains to, competent service provision, public visibility and funding?” Interested? Well, read on my friend, and see how some of your sisters have worked for equality of issues beyond the framework of liberation.

Evelyn Larsen

SEXUAL ASSAULT AND DOMESTIC VIOLENCE: Common Goals, Distinct Differences
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The work of the anti-sexual assault and domestic violence movements is clearly interconnected. The pervasive problems of sexual assault and domestic violence are firmly embedded in our society, allowing issues of power and control to be used against groups of people perceived as most vulnerable or powerless, such as women and children. These underlying societal problems manifest themselves in many ways, such as in the very different forms of domestic violence or sexual assault. Though the two movements hold in common the goals of providing services for victims/survivors, educating the public, and working on prevention programs, sexual assault and domestic violence are issues distinct from one another in a variety of ways.

The people served by the work of these movements may sometimes overlap in such situations as when partner rape of adults or teens occurs within a domestic violence situation. Often, however, the victims/survivors are different populations of people who have very distinct needs, from the moment of crisis, throughout the healing and decision-making process, through the long-term effects of these crimes. A woman, who is being violently hurt by her partner, may have very different immediate needs, such as possibly finding a place to live for herself or her children, than a woman who must seek crisis medical attention or a forensic examination after a sexual assault. Individuals who suffer from the
long-term consequences of childhood sexual assault may not have their needs met through services traditionally provided by domestic violence programs, and sexual assault programs are not usually in the position of providing the services necessary to victims of domestic violence. In order to meet the unique needs of survivors of these crimes, advocates involved in either movement must complete trainings on skills specific to each type of abuse and must respect expertise provided by their co-worker or collaborative organization. In addition, individuals from such systems as law enforcement, legal, and medical fields must be trained differently by people working in the anti-sexual assault and anti-domestic violence movements in order to properly do their jobs. In addition, each system has the responsibility to victims to make them aware of their options, legal rights and remedies available to them as victims/survivors of these crimes. Further, from the perspective of funding, specific issues take priority and often a need for funding distinct programs becomes important. This paper goes on to explore the distinct nature of some of these issues.

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SERVICES FOR CHILDREN
Children receive the services of domestic violence and sexual assault programs for different reasons. Though not limiting their programming entirely to this model, the domestic violence movement works with child victims as they are connected to their mother, viewing the child as a secondary victim of partner violence. This usually means children who witness domestic violence. Child abuse, referring to non-sexual abuse of a minor, has historically been addressed by its own distinct field. Child abuse programs are sometimes connected to community-based battered women’s shelters. Alternatively, Sexual Assault Service Providers offer programs to meet the needs of children sexually assaulted by strangers, adults who were sexually abused as children, and children abused by family (incest) or acquaintances. In Wisconsin, incest is considered to be sexual intercourse or sexual contact with a child the defendant knows is an adopted or blood relative that is closer than a second cousin.

Some community-based Sexual Assault Service Provider programs work with agencies in their community that specialize in child sexual abuse. Whether it is through collaboration with other services or by direct service, children are a primary population served by Sexual Assault Service Providers. In Wisconsin in 1998, according to a September 1999 publication of the Wisconsin Office of Justice Assistance Statistical Analysis Center, 78% of all victims of sexual violence were juveniles. Over 70% of all victims were 15 years old or younger. The average age of the offender was 24, nine years older than the average victim age of 15.

In looking specifically at incest, professionals in the anti-sexual assault movement understand that incest can occur starting in infancy and may continue for a number of years. Before the age of eighteen, 4.5% of women report an incestuous experience with fathers or stepfathers. Also, before the age of eighteen, 4.9% of women report an incestuous experience with an uncle. (Russell, Diana. The Secret Trauma. Basic Books, 1986.) Because victims/survivors of incest and childhood sexual assault have often been assaulted repeatedly over a period of years, Sexual Assault Service Providers have reported that long-term care becomes necessary for many adult survivors of incest and childhood sexual abuse.

“The fact remains that sexual assault of teens outside of their homes and thus outside of a “domestic” relationship is a pervasive problem.”

ADDRESSING TEENS
Another group of individuals whose experiences generally fall outside of the field of domestic violence services are teens and young adults. It has been found that the risk of rape is four times higher for women age 16-24, the prime dating age. Young women between the ages of 14-17 represent an estimated 38% of those victimized by date rape. (Warshaw, Robin. I Never Called It Rape: The Ms. Report on Recognizing, Fighting and Surviving Date and Acquaintance Rape. New York: Harper and Row Publishers, 1988.) Sexual assault service providers must have programs to serve the needs for those assaulted while on a date, on a college campus, or after being assaulted or repeatedly assaulted in any other scenario. The fact remains that sexual assault of teens outside of their homes and thus outside of a “domestic” relationship is a pervasive problem. The domestic violence movement may address date rape as a form of domestic or partner violence, yet the dynamics of a date or acquaintance rape outside of an ongoing intimate relationship, as well as the
needs of such a victim/survivor, fall outside of traditional domestic violence services. The fields addressing domestic violence and sexual assault must respond to the needs of victims/survivors appropriately—teen survivors of acquaintance rape rarely go to a battered women’s shelter or domestic violence program for help.

SERVICES FOR BOYS AND MEN
Services for men and boys are, at this time, almost entirely absent in the domestic violence movement. Sexual assault services, however, are made available through Sexual Assault Service Provider programs to men and boys who have been sexually abused or raped as adults, and/or due to sexual assault or incest experienced as a child. Sexual abuse of boys is often a silent problem due to the many stereotypes held in society, but a pervasive problem none the less. The harmful myths surrounding male victims include: male victims can not be sexually assaulted, women can not sexually assault males, all boys or men who are sexually assaulted are homosexual and sexual victimization causes men to be homosexuals. Homophobia lends a complicated challenge to these responses to male sexual assault. As many as 1 in 5 to 1 in 7 boys are sexually abused by the age of 18. (Finkelhor, Hotaling, Lewis & Smith, 1987, 1989. Found in: Mendel, Matthew Parynik. The Male Survivor: The Impact of Sexual Abuse. Sage Publishing, 1995.) The high prevalence of assaults against men and boys supports the need for rape crisis centers to serve this population.

EXPLOITATION BY PROFESSIONALS
Providers of sexual assault services work with individuals who have been exploited by professionals. Research indicates that at least 10-15% of counseling professionals who have responded to surveys on this issue are sexually exploiting clients. In one study, 70% of the therapists reported that they had at least one formerly exploited client. Exploitation by professionals also included professor-student contact. Studies indicate that 20-30% of female students have experienced sexual overtures from their professors. In one study, 30% of female psychology students had rebuffed a professor’s sexual advances. (Constantinades, Kathy. Challenging Professional Exploitation: A Handbook for Survivors. A project of the Sexual Assault Information Network: Michigan, 1993.)

MEDICAL TREATMENT AND EVIDENCE COLLECTION
Medical treatment differs dramatically for victims/survivors of domestic violence and sexual assault. The need for trained hospital personnel, such as S.A.N.E. (Sexual Assault Nurse Examiners) emphasizes the unique needs of victims/survivors of sexual assault. Competent medical treatment is necessary for any victim of violence, domestic and sexual included. However, if a survivor of sexual assault decides that she/he may wish to report the sexual assault to law enforcement personnel and if she/he hopes that the case will be prosecuted, a medical exam must be conducted by a trained professional, such as a S.A.N.E. Forensic evidence of the sexual assault must be collected within 72 hours of the sexual assault in order to meet all of the standards required by the criminal justice system. There is a 40% risk that a victim may have contracted a sexually transmitted disease (STD) from their assault. Though the likelihood of pregnancy resulting from sexual assault is low, this too is an overwhelming and genuine fear for women who have been raped. Hospital personnel must be able to effectively provide medical treatment and emotional support for the rape victim through this time, in order to both aid the victim and to protect evidence for possible legal action.

“The need for trained hospital personnel, such as S.A.N.E. (Sexual Assault Nurse Examiners) emphasizes the unique needs of victims/survivors of sexual assault.”

STRANGER RAPE
Specialized training is also necessary to work with victims/survivors of stranger assault. In Wisconsin in 1998, strangers committed 7% of sexual assaults. A victim of domestic violence may be left with the distrust of intimate partnerships, among many other issues, while a victim of stranger rape is often left with a distrust of their entire environment and forced to learn very unique coping strategies. This affects both the survivor and everyone who touches their lives, from their children and intimate partners, to their employers.

IMPACT ON THE COMMUNITY
Though comprising only a small percentage of sexual assaults occurring in Wisconsin, stranger rape plants fear in the hearts of our community. We see this as the legislature grapples with the issue of safety on the streets and the policy statement of holding offenders accountable. This is a different type of communal response than to the problems of domestic violence and other forms of sexual assault. Stranger assault tends to incite a community response, while most individual cases of sexual as-
sault or domestic violence garner little public attention. Most communities are more comfortable and familiar with publicly discussing a known perpetrator or sex offender who has been released into a community, than they are with publicly discussing the needs of victims or the prevalence of sexual assault. Professionals working in the anti-sexual assault movement must be aware of the dynamics between sexual offenders and their victims so that they can help to educate the community. Community education must reach the legislature before new laws are passed that may harm more than help victims of such violent crimes.

PARTNER/MARITAL RAPE
Many individuals who are victims/survivors of domestic violence have also been sexually assaulted, and often within that same relationship. This category of assault is just beginning to receive greater attention, and most states have laws that outlaw rape within marriage as a statute distinct from physical battering statutes. A National Victim Center survey found that 10% of all sexual assault cases reported by women involved a husband or ex-husband attacker (Rape in America, 1992, Arlington, VA.) Indeed, this is a category in which the various issues specific to domestic violence and sexual assault merge. Because we cannot say that a victim/survivor will go first to a rape crisis center or to a domestic violence shelter, both movements must consider this issue and work together to meet the needs of these particular victims/survivors. Solid agreements and referral systems between sexual assault and domestic violence service providers are imperative to providing quality services. Advocates working with battered women are not always comfortable addressing a client’s sexual assault and may, without proper training, miss the need to refer a woman for specialized sexual assault services. Different strategies are useful to victims of domestic violence and sexual assault, as they wrestle with the long-term abuse in a relationship and the invasive harms of being raped. “Failing to differentiate between types of violence is problematic when the specific needs of a population are not addressed and the experiences of women are not legitimated as wife rape but confounded with other types of violence.” (Bergen, Raquel Kennedy. Wife Rape: Understanding the Response of Survivors and Service Providers. Sage Publications: CA, 1996.)

THE “SEX” IN SEXUAL ASSAULT

While the issues of power and control are at the root of the majority of sexual assaults, research indicates that sexual attraction is a factor for certain types of offenders. It is therefore shortsighted only to apply the dynamics of power and control to a crime that can include more complicated factors. In addition, victims/survivors of sexual assault may suffer long-term consequences specifically related to the fact that sex was used as a weapon against them. Victims who report this crime to law enforcement personnel, who seek victim advocacy services or who seek medical services, are forced to disclose details about sex—details that are reserved as private, intimate and consensual for those who have not been assaulted. The complexities of, and secrecy that surrounds this crime prevent many people from seeking advocacy services or from seeking criminal or civil justice. Because the issue of sex is difficult for our society to discuss, sexual assault becomes an issue that is easily ignored. Many forms of sexual assault are not commonly recognized as a crime and, therefore, victims of this crime have needs that are unmet by systems designed to address the needs of crime victims.

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LONG-TERM EFFECTS
The long-term effects of sexual assault can manifest themselves in many ways, possibly leading to medical, psychiatric and social issues. Various studies have shown that between 33 percent and 40 percent of women on welfare were sexually abused as children. Among men, abuse victims are about 50 percent more likely to be arrested later in life. This link indicates that unmet needs of sexual assault victims can significantly impact a sexual assault survivor’s life. A partial list of aftereffects survivors may experience into their adult life include low self-esteem, self-blame, guilt, vulnerability toward re-victimization, depression, difficulty sustaining relationships and building trust, alcohol or drug problems, anxiety, post-traumatic stress disorder (PTSD), eating disorders, dissociative reactions, sexual dysfunction and flashbacks. These aftereffects can impact a survivor’s education, family life and work performance.

Dual Coalition Strategies and Challenges:
It is likely that by addressing the impact sexual assault has on an individual, and on our society, we will increase our ability to decipher and reduce other various forms of prevalent societal problems. Will increase our ability to decipher and reduce other various forms of prevalent societal problems.

VULNERABLE POPULATIONS
Individuals who have a sensory, psychiatric, physical disability or who are frail due to illness or age, are at a high risk of being sexually assaulted because society does not believe that these individuals are “attractive” to sex offenders. Sex offenders, on the other hand, have learned that victims who are not heard or believed by their families and/or systems can be sexually assaulted with little or no consequences to the perpetrator. The lack of recognition of this increased vulnerability results in a lack of services for individuals who may have special needs beyond other sexual assault victims. The anti-sexual assault movement is in the early stages of addressing the unique needs of sexual assault victims who have disabilities. The anti-domestic violence and the anti-sexual assault movements are working closely together to ensure comprehensive services for these vulnerable populations of individuals.

SYSTEMS ADVOCACY
The model of a Coordinated Community Response (CCR) was designed by domestic violence victim advocates to incite criminal justice reform efforts in their response to domestic violence. This concept has taken hold in the anti-sexual assault movement, but requires modification to effectively address sexual assault. The CCR model is heavily focused on training and working with the criminal justice system, a system that few sexual assault victims enter or remain. The anti-sexual assault movement can rely on this model but, in order to make it effective for sexual assault victims, must modify the stakeholders in the group. Interaction with the criminal justice system differs greatly between victims of sexual assault and victims of domestic violence. One can use mandatory arrest as an example of such difference. Implementing mandatory arrest in cases of domestic violence has been a gigantic accomplishment by the anti-domestic violence movement through long and effective lobbying and systems advocacy. Law enforcement has been trained to not make a dual arrest, but to identify the primary assailant, and to believe the words of the victim. However, when a law enforcement agent walks into a household to interview a person who has been raped, this type of training cannot help the victim. A different type of policy and comprehensive training is necessary and the criminal justice system will fail both the victim and the community if its interaction with victims is inappropriate. In addition, because sexual assault victims are so often children, the elderly, or people with disabilities, different systems are involved in a community response. A CCR to address sexual assault should include Sexual Assault Nurse Examiners, clergy, professionals working with people with disabilities, school personnel, Child Protection Services and, of course, sexual assault victim advocates, in addition to law enforcement and members of the judicial system. Because of its place in history, any community response to sexual assault must include a large component of public awareness, basic training and community outreach to discuss this silent issue.

“...because sexual assault victims are so often children, the elderly, or people with disabilities, different systems are involved in a community response.”

WORK AS A MOVEMENT
While continuing to coordinate on common issues, and to learn from one another, keeping the anti-sexual assault movement clearly separate from the anti-domestic violence movement allows issues and needs specific to each movement to be thoroughly explored and acted upon appropriately. Work as a movement against sexual assault can only effectively continue when these unique issues are addressed competently. This includes lobbying to keep or gain rights for victims/survivors of sexual assault, and finding and using adequate funding to generate education and service programs directed to meet the full spectrum of needs generated by sexual violence. The importance of this practice becomes apparent when one examines the different types of systems advocacy necessary to best serve victims/survivors. Viewing the dynamics of sexual assault through the lens of a domestic violence model can falsely allow society to feel that they have “done their job” regarding rape if they have begun to make progress in addressing domestic violence. Such an assumption can penalize victims of sexual assault who are silenced both as individuals and as a group of people with a common issue.
The Michigan Experience
Mary Keefe, Executive Director
Kathy Hagenian, Executive Public Policy Director
Jenefer O’Dell, Program Manager
Michigan Coalition Against Domestic and Sexual Violence

Dedication
This article is dedicated to the incredible leaders of both the domestic violence and sexual assault movements, here in Michigan, in our local communities, and across the nation. We wish to acknowledge the particular heroism of our dual coalitions and dual program leaders who are facing the delicate and challenging task each and every day of advancing the needs and issues of both domestic violence and sexual assault survivors and the programs that serve them. Many times, for a leader in a dual coalition, or a dual program, it is you who are called to serve the needs of two distinct, yet allied social movements; on a daily basis righting the wrong of two massive social injustices; and sharing the profound grief and healing for two types of unique survivors. At times, you travel twice as many miles to ensure that they get the needed services, the appropriate response, and the justice they deserve. You often have to write twice as many grants, raise twice as much money and talk to twice as many policy and community leaders, in half the time. Your job is so immense, so complex and is never done. Thank you for your leadership, strength and commitment.

“Many times, for a leader in a dual coalition, or a dual program, it is you who are called to serve the needs of two distinct, yet allied social movements; on a daily basis righting the wrong of two massive social injustices; and sharing the profound grief and healing for two types of unique survivors.”

Michigan Background
This article was written collaboratively to share the perspective of dual coalition strategies and challenges that we have faced here in Michigan over the last ten years since our membership and our Board voted to expand our mission to include sexual assault. Michigan’s experience is unique and the historical context in which it occurred is important for our sister coalitions across the nation to comprehend.

The Sexual Assault Information Network (SAIN) was the sexual assault coalition that served Michigan programs. The coalition’s brave and visionary founding mothers paved the way for a strong sexual assault coalition that advanced the needs of Michigan’s earliest sexual assault programs. In 1995, sadly, the Board of Directors of SAIN, facing tremendous problems that many non-profits face, voted to dissolve the corporation to address longstanding fiscal problems. This framed the circumstances by which, the Michigan Coalition Against Domestic Violence (MCADV), looked to expand their mission to include sexual assault. As such, the result was less of a merger but more an expansion to include the voices of sexual assault at a special time of need in our state. As the sister coalition to the Michigan Coalition Against Domestic Violence (as it was known then), the two coalitions and the many courageous trailblazers of the violence against women movement in Michigan took on the task of assuring the needs of sexual assault programs and survivors would be addressed.

Sister Coalitions
The sister coalitions of Michigan shared many of the same struggles that we inevitably face bringing the voices of survivors to the Capitol, crafting social and public policy to respond to their needs, waging landmark battles over policy, legislation, services and funding. Some of the struggles were similar; some were different, each coalition acting in various leading, supporting or divergent roles at different points in our history. The oral and written history of our movements in Michigan gave testimony to the fact that the sister coalitions often shared the role of advocate, ally, teacher, cheerleader, and coach for each other. Our history also gives witness to the fact that at times the philosophical underpinnings of each movement have, for the most part, been compatible. We have to be held accountable for understanding and respecting when the history, the analysis, and the best practices differ. In those early two decades of organizing on a statewide basis, the distinct voices and power of two strong coalitions made incredible progress advancing an agenda of justice and empowerment for survivors of sexual assault and domestic violence.

Shared Goal
There are many commonalities and differences within the movements to end domestic violence and sexual assault. Domestic violence and sexual assault activists strive towards the same ultimate goal—to affect social change at the local, state, national and global level. The path to social change can be debated. The effectiveness of the work we have done and will do can be debated. But the end goal is the same—to build a world where women no
longer live in fear of the threat or reality of sexual assault or domestic violence.  

“We are often working to dispel the same myths, improve systems response to victims, improve service provision to survivors, involve diverse communities in our work, and prevent violence in all of its forms.”

The goals of our day to day work—adequate funding, policy reform, offender accountability—are also the same. We are often working to dispel the same myths, improve systems response to victims, improve service provision to survivors, involve diverse communities in our work, and prevent violence in all of its forms. Making the decision to become a dual issue organization can make sense philosophically and can therefore be successful. Dual-issue coalitions and programs face unique challenges when working to address domestic violence and sexual assault in their communities and states. In order to promote true parity between domestic violence and sexual assault, careful and deliberate consideration needs to be given to both issues in all aspects of our work.

Informing the Work: Sexual Assault Survivor, Advocate and Program Voices

It is important for dual programs to make a continuous effort to seek out and listen to the voices of sexual assault survivors, advocates and programs. Listening can be an important frame of reference. Ask questions and listen, these voices should inform every level of our work and become the backdrop for everything, from what is written in a newsletter to what topics are included in a statewide conference. Ask for input early and often.

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MCADSV is survivor centered in all aspects, in our mission, in our philosophy—we work continuously to include the diverse and courageous voices of sexual assault and domestic violence survivors as they inform our work at every step. Sometimes these voices have similar issues and needs, and sometimes they are different.

Ask for Guidance

It is vital to invite sexual assault movement leaders from national programs or sister coalitions to help you develop your goals and the process for achieving those goals. Gather national, state and local survivors and advocates to help facilitate the process of addressing sexual assault within the state. Talk with these groups about naming the important issues for survivors and advocates including, policy needs, funding needs, coordinating systems, and service provision. Work hard to capture all of the concepts and work them into a strategy at all levels of the organization.

“Earning trust will be an important step in becoming an effective program. Work to deliver results and prove to the sexual assault community that you are committed to the work.”

Establish Trust

In Michigan, because it was a domestic violence coalition that expanded its mission to include the vision and work of sexual assault, it was essential to establish trust within that community. One must reach out to sexual assault leaders for their input, leadership and vision. Listen to their problems, challenges and successes. Earning trust will be an important step in becoming an effective program. Work to deliver results and prove to the sexual assault community that you are committed to the work.

Invest Time, Energy and Resources into the Process

It is fundamental to tackle the question of parity as part of the organization’s strategic planning process which will involve a comprehensive approach to getting constituent and stakeholder input. Hire consultants to help your organization sort and prioritize all aspects of the organization. Hire a researcher to solicit feedback from targeted stakeholders. Compile the information for the board as a usable document so the board will have something to inform its decision making. Proceed carefully and slowly and pay particular attention to the needs of sexual assault programs, movement leaders and survivors. Develop bylaw and mission language that incorpo-
rates both issues. Once mission and philosophy are developed and agreed upon, structural changes can be made to ensure success.

Be sure to encourage the board to take sufficient time to study the sexual assault constituent landscape in the state and needs of stakeholders. Time is not a luxury—it is a necessity. With these results in mind the board and other key leaders and stakeholders can craft a membership and board structure that will give equity to both issues. The staff and board need to make sexual assault a priority.

**Dual Program Philosophy and Mission**

The board structure—that MCADSV took a year to craft—was deliberately structured to ensure the voices of both were incorporated. We had six regions and two representatives from each region, one from a sexual assault program and one from a domestic violence program. (This has since changed as it had some impractical, as well an unintended consequence of undermining MCADSV’s diversity goals).

The staff structure was also important. Although our sister colleagues from across the nation advised us to have staff dedicated to sexual assault, after quite a bit of thought, we decided that this would also have unintended consequences on our work to advance sexual assault issues in Michigan. This approach had the potential for marginalizing sexual assault issues by placing the responsibility to addressing sexual assault on one or two staff positions. We determined that the most appropriate response would be to integrate sexual assault survivor needs into the agency’s goals and mission from the top down and be deliberate in holding the entire agency accountable to sexual assault survivors.

“We decided early on that MCADSV needed our sexual assault work to be much more visible if we were to fulfill the mission and vision our constituency had given us.”

We decided early on that MCADSV needed our sexual assault work to be much more visible if we were to fulfill the mission and vision our constituency had given us. We needed the highest level staff and all the staff to attend to both issues. For example, our Executive Public Policy Director, Kathy Hagenian, needed to use her clout and her entry into the legislative arenas to advance sexual assault survivor needs. This applied equally to Mary Keefe, Executive Director, who needed to travel at a national level representing Michigan’s sexual assault needs at a very high level and did not want the perception of sending any other than the executive to address this issue.

**Train Staff**

All staff must be equally committed to both issues. We have made a commitment to hire staff from both the domestic violence and sexual assault movements and require that they learn about the other issue, including applicable laws, programs and unique survivor needs.

**Practical Implications to Addressing the Work**

The following are questions to ask yourselves when considering whether you are adequately addressing the needs of sexual assault programs and survivors:

- How many legislative bills address sexual assault issues?
- How many sexual assault workgroups or committees are sponsored by the coalition?
- How many articles in the newsletters and publications focus specifically on sexual assault?
- How many workshops at the annual conference address sexual assault issues? How many sexual assault presenters are featured?
- How often does the conference keynote speaker address sexual assault issues?
- How much training throughout the year is focused on sexual assault?

Finally, cross-training all staff on both issues equally and writing dual-purpose grants that incorporate domestic violence and sexual assault programming will contribute to the success of your coalition.
I’m a proud member of the Dual Issues Movement. I can claim the Battered Woman’s Movement since I’ve been working to help women and children since I started in 1985 as a volunteer in Carson City, Nevada. And I can claim the Sexual Violence Movement since 1986 when I started working as a volunteer hotline advocate in Norfolk, Virginia. Over the years I’ve gone in between, and back and forth, sometimes working in organizations that addressed one or the other, sometimes both, and sometimes in cities where the two programs stood on opposite sides of the city spitting at each other. But mostly I identify as a dual issues movement person who understands that my bread has been primarily buttered by the domestic violence movement for years.

I think we’re all dual issues movement people – if you are working in a rape crisis center you are helping women raped by their partners. If you are working in a battered woman’s shelter, you are working with women who have been raped by their partners and children who have been sexually abused by their fathers. And even more important than those practical realities is the fundamental truth that the inequality of power creates opportunity for victimization. And that by joining, our voices together for a common cause, we create power with which to fight back.

“The guiding principal in doing the right thing is EQUITY.”

Up until a year ago, and for more than nine years prior to that, I was the Executive Director of Refuge House, a rape crisis and domestic violence center located in Tallahassee and serving the largest number of counties in the state of Florida. Refuge House is actually the result of two agencies merging in 1980 - the Tallahassee Rape Crisis Center (which began in 1972) and the Refuge House shelter (opened in 1978). They were merged, according to the Board’s minutes, due to “recognition of similar client populations and need to be cost effective.” The agency has been in uninterrupted operation since that time. Up until 1993 the only sexual violence services offered were primarily over the hotline. In 1993 an Executive Director was hired that had a strong understanding and commitment to improving sexual violence services and during her three years with the agency she added counseling and education components to the SV Program. When she left in 1996, the Board advertised for someone with a background in both sexual assault and domestic violence – and there begins my history with Refuge House.

The guiding principal in doing the right thing is EQUITY. Equity of the two issues - which is not the
same thing as equity of time. Clearly, the amount of public attention and funding, coupled with the human resource challenge of running 24 hour a day/7 days a week emergency shelter creates a situation where there are going to be more DV staff, therefore more minutes and hours in your day spent on DV issues. Equity of the issues doesn’t mean that you’re going to spend the same amount of time on each issue – it means you need to be as equally respectful.

One of the first things I did was restructure the organization. Rather than having the Sexual Violence Program aligned with the Courthouse Program, the Shelter and the Volunteer Program, I created two equal Director positions that reported directly to me. Their titles were Domestic Violence Program Director and Sexual Violence Program Director. That change alone created a fundamental shift in how the agency saw the services – SV was no longer a “program under something else” but now had a separate identity from the domestic violence side of the agency. I also set the salary range for that position equal to that of the domestic violence position, in spite of the DV position having more staff. This was absolutely essential in order to promote true equality between the programs. It’s a form of social justice and easily justified.

The Board of Directors agreed to concentrate on recruiting new board members with specific sexual assault issue experience. We created a Sexual Violence Committee of the Board and it worked to ascertain that the program remained strongly in the Board’s strategic discussions and worked closely with the staff to increase the community’s understanding.

Our next efforts centered on developing a stronger public awareness of the sexual violence part of our mission and work since the community so strongly identified us as a battered woman’s shelter. Our strategy for accomplishing this was to go straight to the press and talk. This was a bigger challenge then you would think since by that time the community’s dialogue around domestic violence had reached a fever pitch. A high profile homicide created a major community buzz to do more with domestic violence and sometimes it took every breath we had to get two words in about sexual assault. One of the ways that we were successful in doing this was by giving the public face of sexual assault to the Sexual Violence Program Director, rather than me trying to be the face for both issues. By having that person step out and take a very visible role, it gave the program an identity separate from the domestic violence side of the agency and was effective. Between the two of us we wrote guest columns, letters to the editor and managed to get ourselves on several of the TV and print reporters’ speed dial.

We breathed new life into a defunct community Sexual Battery Task Force and gave that group goals and objectives in order to keep them involved. In order to address the almost complete lack of participation by the African American community in sexual assault discussions, we invited 10 strong leaders to form an African American Sexual Violence Task Force and had them help us work to increase the awareness of the program. Priscilla Barnes, the SV Program Director, created a support group curriculum for African American women founded on the principle of Ujima. The activities generated by these groups resulted in increased community awareness about Refuge House’s role as the rape crisis program as well as increased discussion about the issue.

“I’ll never forget a particular staffing meeting, after hearing yet another story about the seven hour wait a rape victim experienced waiting for a forensic exam, when all of us literally just rose up at the same time and said “that’s enough! We are never going to be able to make this better until we control the process.”

These years are also marked by a period of the development of some serious advocacy strategies for ways to increase appropriate services for rape victims. During that period of time, we were only being called to the hospital for about 35% of all sexual assault calls since they viewed calling us as a “courtesy.” I’ll never forget a particular staffing meeting, after hearing yet another story about the seven hour wait a rape victim experienced waiting for a forensic exam, when all of us literally just rose up at the same time and said “that’s enough! We are never going to be able to make this better until we control the process.” That began our efforts to raise the significant funding needed for a Sexual Assault Nurse Examiner Program. One of the ways we found the funding was to approach United Way and successfully argue that the Sexual Violence Program should be allowed to submit its own funding application. The way I justified this was to point out that in many of the counties
across the state other United Ways would be funding two separate agencies and by convincing them that the domestic violence side of the agency was drowning the voice of the rape crisis side. The first year the program stood on its own, we received an allocation for $60,000! We also made this same case for VOCA funds – and successfully argued that you could not compare the funding that Refuge House received with another DV program in the State. That an apples to apples comparison would be Refugee House on one side and a Rape Crisis Agency and DV Agency on the other. We worked to educate the funders’ understanding about unique challenges of being a dual issue agency – we were the same as BOTH of those agencies, not the same as one or the other. And that we saved the community a significant amount of money by not having two separate agencies – but that if both weren’t equally respected and funded as distinct issues, the victims would suffer and separate agencies would become imperative. It was a proud day for all of us when we successfully opened the SANE Program in late 1999, thanks in large measure to VAWA funding. By the end of its first year of operation we had responded to the hospital for 100% of all the calls, and the wait times dropped from seven hours to 3.5! As the agency charged with providing all forensic exams, the program’s visibility reached an all time high.

“EQUITY in the eyes of the women working in our program would never have been realized if we talked all about it but then paid the DV people more.”

We also increased our efforts to provide sexual violence education throughout our eight county service area. At one point we had a team of three full time educators working in that program and we organized an educational presentation in every University, College, Middle and High School in every one of our counties - approximately 37 schools. We worked very hard to make certain that the dual services were being provided in every program and in every county. There was a huge increase in the dual services in the seven rural counties – for many of them we went from having never served a single rape victim to serving 15-30 in a year (in counties with populations of 6,500 - 15,000 this is extraordinary change!). We reminded our communities at every turn (print materials as well as speaking opportunities) that our shelter provided services for rape survivors as well as battered women. We held a DV awareness event in October and a SV event in April in every county. The Sexual Violence staff held weekly support and educational groups in shelter. The Directors of the DV and SV Programs co-facilitated a monthly discussion group for all direct service staff, which supported our belief that everything we did was a partnership between the two issues. Every new staff person and volunteer was required to attend dual training and staff were all paid equitable wages, not more if they were DV because of the higher number of staff supervised or the higher number of people served. EQUITY in the eyes of the women working in our program would never have been realized if we talked all about it but then paid the DV people more. Equal pay for equal issues!

Statewide we worked to promote the leadership of our Sexual Violence Program by giving every opportunity to the staff to participate on Boards, committees, panels, etc. The SV Program Director served both on the Board of the Florida Council Against Sexual Violence and the Florida Coalition Against Domestic Violence. The agency was a member of both the National Coalition Against Sexual Assault and the National Coalition Against Domestic Violence.

So as I wrap this up, I’d like to go back to what I originally said in the beginning – in order to move us all toward a common understanding that SV and DV programs are all in this together, we have to start one program at a time. So if you are a dual program, I’ll leave you with these questions:

- Are you really addressing both issues or are you providing sexual assault services in a domestic violence agency?
- What does your mission say you do?
- Does your community know that you are the Rape Crisis Program?
- Do you recognize that unrestricted donations should be shared equally with both programs and that people aren’t just giving to the children in your shelter?
- What is the message that you deliver to your staff? Who makes more money - DV or SV?
- Who are the leaders in your organization and what is their experience?
• What are the backgrounds of your Board Members?

• Do you require dual training to every staff person and every volunteer or does every one attend a full training with a sub-component in sexual assault?

• Do you recognize that SV suffers from greater silence than DV and that you have to work harder to get the community talking?

• How many speeches did you give last year about DV? SV?

• Who many media interviews did you give, or let ters to the editor did you write, about each issue?

• Do you work to make certain that everyone understands that on a very fundamental level we are all doing the same work?

• Do you educate the women who work for you about the history of the two movements and how the rape crisis movement was first? Do you tell the stories of how the first shelters started because the volunteers on rape crisis lines recognized that there was a need?

• Have you bought into the idea that there are less SV victims because they represent smaller numbers in your programs or do you know, with all of your heart and soul that it’s only because we haven’t done enough to raise the community discussion?

Out of respect for my nerves, I have to move to conclusion by reiterating that everything that happened at Refuge House was the result of the work of extraordinarily committed staff and volunteers – including, over the years, three very fired up and dedicated SV Program Directors and some amazing activists on the Board. I certainly am not going to claim that I’m the all knowing about how to do this work – I feel fairly certain that I could fill a room with Advocates in both movements who could put together a hefty list of things I haven’t done well. But I am very proud of the work we accomplished at Refuge House – as a dual issue agency dealing with conflicting community values and extraordinarily out of balance activity and interest in DV issues over and above SV - we made both of the programs stronger and today they serve more people.

In 1996 our SV program had a budget of $57,000 and when I left last year our budget hovered around $350,000. And that’s important because that money enabled us to serve about 75 sexual violence victims in 1996 and 675 people last year. Doing the right thing is important for its very own sake – EQUITY is an obligation we have as a movement working to help people. But the bottom line for doing the right thing with both issues is that the people who need us benefit from our hard work.

Kelly Otte is the President of Action Consulting, which offers Executive Support and Staff Development for Advocates. For 9 years prior to starting Action Consulting, Kelly was the Executive Director of Refuge House, a rape crisis/domestic violence center located in Tallahassee, Florida. She has over 21 years experience working in domestic violence, rape crisis centers and women’s centers in Nevada, Virginia, and Florida. She is a Lecturer at Florida State University in both the Colleges of Public Administration and Social Work, and serves on numerous boards. Kelly will tell you her most important job however, is being a mother to two spectacular kids, ages 5 and 11.
Virginia Sexual & Domestic Violence Action Alliance:
The Transition from Two Coalitions to One
Ruth Micklem, Kristi VanAudenhove & Jeanine Woodruff
Co-Directors
Virginia Sexual & Domestic Violence Action Alliance

Five years ago the sexual assault and domestic violence coalitions in Virginia embarked on a process to create a paradigm shift for the state’s response to sexual and domestic violence. What follows is a brief account of the history of our organizations, the impetus that led our members to begin this journey, the process that was used to get us to joint coalition status, and the results of that work.

ABOUT US: Virginians Aligned Against Sexual Assault and Virginians Against Domestic Violence have had long histories in the state, both having formally entered our work at the beginning of the 1980s. The Sexual Assault Crisis Centers and Domestic Violence Programs that existed in communities at that time created the coalitions in order to have statewide representation. The work of both coalitions has evolved over the years to include support for services, outreach and technical assistance to local programs; training of members and allied professionals; statewide education and public awareness initiatives; public policy development and monitoring; certification standards for programs; and resource lending libraries. Over the last decade the coalitions have worked together in the creation and use of a statewide data collection system (VAdata), jointly operated a 24 hour toll-free Statewide Family Violence and Sexual Assault Hotline, and co-sponsored an annual membership training retreat. The coalitions have collectively represented 52 domestic violence programs and 37 sexual assault centers, 26 of them joint programs.

The structures of the two Boards of Directors differed. While VAASA’s Board was made up of a representative from each of the 37 centers, and 6 members at large, VADV had undergone re-organization several years before, and it’s Board consisted of about 20 members, with a percentage of the seats representing programs and the remainder being allied professionals.

At the beginning of our process, VAASA’s budget was about one-third of VADV’s budget; VAASA had a staff of six and VADV had a staff of 18. VAASA had a director. VADV had co-directors. VAASA’s office was located in the center of the state, while VADV had two offices—one in the capitol city of Richmond, and one in the eastern coastal city of Williamsburg.

WHY TRANSFORM? The impetus for transformation came from members of both organizations, who envisioned: (1) more efficient management of coalition projects—both from the perspectives of the work done by the Governing Board and the work done by the coalition staff; (2) increased resources for both the membership and those served by the coalitions, with particular attention being paid to the needs of sexual assault; and (3) many members sought a greater voice for populations marginalized in our work, and viewed the process of coalition transformation as an opportunity to make a major shift in representation at the decision-making level. More broadly, participants registered a desire that competitive energy between the coalitions be shifted into collective energy. Hoping to reflect the kind of change they wanted to see working at all levels of the organization, they set out to make decisions by building consensus within their meetings and workgroups.

THE PROCESS: The process involved several years’ work, with recommendations from committees coming back to both Boards for approval. The first step was a 6-month study conducted by the Executive Committees of the two coalitions to discuss the feasibility of such a joint venture. At the conclusion of their study the Executive Committees recommended to both boards that the coalitions enter into a formal process to define coalition transformation. The process was to include the development of guiding principles and a structure for discussing transformation; a plan for member participation throughout the process; and the identification of sources for fiscal support of the process.

Both Boards voted to support this recommendation. To accomplish the goals, a 30-member Coalition Transformation Committee was established through membership invitation. The Committee met 6 times, under the facilitation of an independent contractor, before making a recommendation to the boards. The Committee reviewed options that included (1) a more defined partnership with the coalitions continuing to work on overlapping projects, but remaining separate; (2) a shared administration—sharing membership, board, staff, financial administration while maintaining separate programs; (3) a partnership that shared fiscal and joint legal responsibility for
joint projects and activities; and (4) a new coalition in which both former organizations would dissolve and a new organization would be developed to meet the needs of a broader constituency.

At the end of the 6-month process, the Transformation Committee, by consensus, agreed to recommend that the two boards begin the process of the development of a new coalition and support the continuation of the Transformation Committee in order to develop a proposal for staff structure, membership structure, board structure, and a task/timeline for working on vision/mission, by-laws, and personnel policies.

Both Boards voted unanimously to support this recommendation. Six work groups comprised of staff, members, and allies, spent the next 9 months working in the following ways:

**Staff Structure** - Interviewed all staff of both coalitions about strengths, interests, ideas for staff structure, and work location preference.

**Membership and Board Structure** - Interviewed members of both organizations who represented diverse perspectives--12 VAASA members and 12 VADV members, surveyed members of both boards of directors, and interviewed committee chairs and regional/task force/caucus reps to identify ideas for new governing body and membership structure.

**Resources: Finances and Strategic Plans** - Reviewed current grants, long range plans and budgets of each coalition to identify possibilities for how a new structure can maximize resources.

**Allies** - Interviewed key allies, funders, other coalitions and agencies the coalitions work with regularly to obtain recommendations for maintaining and strengthening coalition work through the transformation process.

**Information & Technology** - Reviewed current technology and communications as well as options available and made recommendations for tools to assist with ensuring an equitable and unified coalition across offices and issues.

**Inclusion of Marginalized Groups** - Interviewed marginalized groups within the coalitions and made recommendations for “widening the circle” as part of the transformation process.

Utilizing the information gleaned from this process, opportunities for working on committees in the development of the mission statement and guiding principles, naming the organization, designing the new logo, developing the by-laws, membership and governing body structure, and crafting the strategic plan were offered to members.

“Additionally, there is a commitment to providing the resources necessary to equitably address both sexual and domestic violence.”

**THE RESULTS:** The new organization, the Virginia Sexual and Domestic Violence Action Alliance, brought many changes to our work, the greatest of which has taken place in Governing Body representation.

The mission statement and guiding principles adopted by the Governing Body reflect an understanding of the need to engage in an analysis of oppression and articulate a commitment to changing the influences of dominant culture. Additionally, there is a commitment to providing the resources necessary to equitably address both sexual and domestic violence.

**Mission Statement**
The Virginia Sexual and Domestic Violence Action Alliance is a diverse group of individuals and organizations that believe that ALL people have the right to a life free of violence.

We recognize that sexual and domestic violence are linked to other forms of oppression, which disproportionately affect women, children and other marginalized people, harming individuals, families and societies as a whole.

We will use our diverse and collective voice to create a Virginia free from sexual and domestic violence—inspiring others to join and support values of equality, respect and shared power.

**Guiding Principles**
The following principles were created to guide our transformation into one organization, and our progression thereafter:

- As The Alliance conducts its work, it is essential that survivors, the interests of survivors, and those impacted by sexual assault and domestic violence
are at the forefront of all decision-making.

- Recognizing that local agencies have been the foundation of coalition work by connecting communities and survivors to statewide advocacy, we are committed to an Alliance in which Sexual Assault Crisis Centers and Domestic Violence Programs continue to be the driving force of The Alliance.

- Recognizing the historical inequities between resources allocated to address sexual assault and domestic violence, we seek to create a change that includes an Alliance that equitably addresses the elimination of both sexual and domestic violence.

- Recognizing that sexual and domestic violence affects all Virginians, we seek to create an Alliance where those who have been traditionally oppressed in society and/or marginalized in anti-violence work have the opportunity to be full and active participants in The Alliance. The Alliance recognizes that representation of traditionally oppressed groups is only a beginning. Intentional diversity also involves an analysis of oppression and a commitment to challenging and changing the disempowering influences of dominant culture. Everyone must share responsibility for ensuring that ALL voices are heard and valued.

In the new Governing Board structure, members meet in three councils - the Membership Services Council, the Resource Development Council and the Advocacy Council. Each Council selects representatives to the Governing Body through a formula that designates one person from a sexual assault center, one from a domestic violence program, one from a dual program, two who self-identify as being at risk for marginalization within our movement, and one from a historically oppressed racial or ethnic group. Caucuses and task forces that form to provide peer/professional support and leadership development each send a representative to the Governing Body. Currently there are seven task forces (Social Justice Task Force; Lesbian, Gay, Bisexual, Transgender and Questioning Task Force; two regional task forces, Disabilities Task Force) and two caucuses (Women of Color Caucus; Survivor Caucus), which collectively send 9 representatives to the Governing Body.

The Governing Body includes a Principles and Process Committee that is charged with the responsibility of evaluating Alliance meetings and helping members build skills for intervening when the organization’s Guiding Principles are violated. This is the process that was built into the Governing Body structure to assure equitability between sexual and domestic violence, and the full participation of traditionally oppressed members of our organizations.

THE STAFF: The twenty-six staff work from the three original offices, currently in teams across offices. There is a Services Team, a Hotline Team, and a Prevention, Resources and Training Team. There are 5 members of the staff whose positions are primarily dedicated to sexual assault work: the Sexual Assault Service Coordinator, Sexual Assault Outreach Coordinator, Sexual Assault Advocacy Coordinator, Sexual Assault Prevention Coordinator and a Statewide Sexual Assault Hotline Specialist. Post-transformation there are only three positions on the staff primarily dedicated to domestic violence. Of the remaining positions, about half are divided equally in their sexual violence/domestic violence responsibilities and the rest devote about one quarter of their time to anti-sexual violence work. This has been a tremendous “net gain” for the staff resources dedicated to sexual violence.

The Alliance has three Co-Directors - the two former DV Coalition Directors and the former SA Coalition Director. The Co-Directors are collectively responsible for the leadership of The Alliance, staff support and development, membership support and development, agency operations, and planning documents. We work from a shared leadership model, and have developed an agreement as to what decisions can be made independently, which ones require the three Co-Directors’ involvement, and which require consensus. This year we have each been attached to one of the teams, providing support and guidance.

“We have also incorporated sexual violence objectives into all of our domestic violence funding proposals—leveraging funds that are more plentiful here in Virginia and nationally to support the piece of sexual violence work that is intertwined with domestic violence and allowing us to focus our sexual violence funding more on the many other forms of sexual violence.”
HOW HAS SEXUAL ASSAULT WORK BENEFITTED? There are many ways, and the scope or this article does not allow for all of them to be addressed, but here are some examples:

- We now have a number of staff who work to coordinate our public policy initiatives. Building on work begun by the domestic violence coalition, the Alliance staff works in collaboration with our membership’s Public Policy Committee. This committee has developed a strategic plan that guides our public policy initiatives over the next five years, addressing the needs of both sexual and domestic violence. This approach is more coordinated and productive than engaging members from two separate organizations, which often resulted in members being overwhelmed with appeals from both of us to take action around a legislative issue. Building on the support of a growing number of members (being recruited by the Governing Body’s Membership Committee) also offers an opportunity for organizing more voices for action.

- Four members of the staff work with one Co-Director to develop and report on our grants. This group is particularly intent on increasing sexual violence related funding. One way that we have been able to do that is by decreasing the amount of administrative expenses that are included in grants that have historically been dedicated to sexual violence—allowing more of these dollars to support vital services. We have also incorporated sexual violence objectives into all of our domestic violence funding proposals—leveraging funds that are more plentiful here in Virginia and nationally to support the piece of sexual violence work that is intertwined with domestic violence and allowing us to focus our sexual violence funding more on the many other forms of sexual violence. Finally, we have sought out new sources of funding to support sexual violence prevention and while we have yet to be successful with a proposal exclusively devoted to sexual violence, we recently were awarded funding for a new multi-year campus-based dating violence prevention project that will have a significant focus on sexual assault.

- The Training Institute—formerly the training arm of the domestic violence coalition—has developed a sexual assault component, a training for trainers, which prepares faculty to present, among others, Key Elements to an Effective Response to Sexual Violence trainings. The goal of this particular training is to offer more communities across the state a better understanding of issues surrounding sexual assault, and to prepare them to more effectively respond to victims. The message is consistent and can be delivered in one day to any audience anywhere in the state.

CHALLENGES: The challenges that have arisen generally come from the changes that have taken place organizationally. Making such sweeping changes in our governing body structure means that members who have not formerly been involved in state board leadership are now filling those roles. We are in the developmental process of “growing” the new Governing Body, and interpreting the new by-laws and determining how to make the structure work has taken much time and energy. Some of our former leaders we had looked to for support in this process have left this field for other jobs, or have stepped back from Governing Body work, requiring more effort from fewer remaining members and from the staff working in this role. So we are slowly evolving.

"Using a team approach across offices has been beneficial in combining staff from both sexual assault and domestic violence work and has at times been fraught with the challenges of staff feeling uneasy about shifted “loyalties.”"

From a staff perspective, the changes have challenged all of us to open ourselves to working in a different manner. Throughout our process, staff expressed fears such as:

- Fear of the unknown in general
- “Us” versus “them”
- Will the restructuring squeeze me out of the solid place I’ve had in this coalition?
- As a staff member, will this create less work for me, or more?
- Will I have to relocate?
- What will happen to my office family? Will this create an impersonal bureaucracy?
- How do we simultaneously “start anew” while continuing to honor the work of the coalitions over the past 20+ years?

Weaving the separate cultures of the previous coalitions into a new working relationship has been challenging. Using a team approach across offices has
been beneficial in combining staff from both sexual assault and domestic violence work and has at times been fraught with the challenges of staff feeling uneasy about shifted “loyalties.” A cross-training team has scheduled monthly full-staff meetings that engage us in learning more about each other as individuals, provide opportunities for gaining knowledge about the sexual or domestic violence topics that have not been part of our past expertise, and have led us to understand the need to be involved in internal anti-racism work.

Another challenge has been becoming accustomed to the leadership model of three co-directors—not a structure often experienced in this culture. The value for the co-directors has been having the opportunity to work collaboratively, drawing on the skills and expertise of each other as we carry out our work. It takes longer to get three people’s perspectives on whatever needs action, and allowing ourselves the time to build consensus on a given issue while at the same time responding to staff in a timely manner requires effort, and is not always possible.

In an attempt to utilize a structure with minimal hierarchy, two members of each team have coordinated the work of the teams, but they do not have supervisory roles. This has meant that often decisions needed to have the approval of the Co-Directors—especially in this first developing year. This has proved to be burdensome, and has pushed us to seek out a structure that will work more efficiently. As we move into our second year, in an attempt to expedite work processes, we will be adding project managers with supervisory responsibilities to the teams. These managers will work with the Co-Directors in a leadership team model, and will be collectively engaged in carrying out the action priorities (from the strategic plan) of The Alliance.

FINALLY: We recently celebrated the end of our first year of working together as The Virginia Sexual and Domestic Violence Action Alliance. This year has given us opportunities to work through some growing pains, and has allowed us to establish a pretty solid groundwork from which to move into our second year. Transformation has provided us with an opportunity to have greater numbers of people and resources focused on sexual violence, and to have a more diverse representation of members involved in work of The Alliance. Ours is a process that has worked for us, and is not necessarily one that others would choose, or that would work for everyone.

As coalitions around the country begin to look at different ways of coming together, we offer our experience as one to be added to the national conversation.
Stand Alone Organizations Stand Tall
Polly Poskin, Executive Director
Illinois Coalition Against Sexual Assault

Rape crisis services in Illinois are represented by a single purpose coalition, the Illinois Coalition Against Sexual Assault. However, only one third of the local programs are single service; others are part of a domestic violence program, a YWCA or another multi-service agency. Though each of these program structures has strengths and drawbacks, I want to focus on the positive aspects of organizations that focus solely on anti-rape work.

Stand-alone services develop a singular identity and focus. They do not have to divide their resources in response to multiple issues. The stand-alone approach provides victims, communities and funders with a clear understanding of the organization’s efforts. The agency is defined by its work, leaving no confusion over what it is working for, what it is working against and which clients it is working to serve.

Stand-alone rape crisis centers/coalitions eliminate the possibility of being overshadowed by the immediacy of shelter needs for domestic violence victims. Addressing sexual violence apart from domestic violence, or other services such as mental health, day care, homeless outreach/shelter, acknowledges that these client populations do not necessarily overlap and that each set of clients has needs related to the particular trauma they have experienced.

Most importantly, victims can benefit from a stand-alone center’s singular focus. Community members know that the stand-alone center is the place to receive help if you are a victim of rape or any other form of sexual violence. There is no uncertainty about where to access services. Also, this singular focus enables centers or coalitions to focus all its training resources on the unique needs of rape crisis center staff and partners in the response to sexual violence (e.g. medical personnel, law enforcement, educators, etc.).

A stand-alone center or coalition is also the identified voice in the community or state on sexual assault issues, focusing its work on specific sexual assault issues. It allows the center to broaden its work on sexual assault issues because it will not divide resources with other issue areas. This singular approach is especially beneficial in legislative efforts. Focusing all a coalition’s attention on sexual assault legislation increases the possibilities of improving laws for sexual assault victims. The agency does not have to compromise on sexual assault legislation in order to pass other anti-violence bills.

While the single focus on sexual violence brings much strength, a stand-alone rape crisis center or state sexual assault coalition never really stands alone. Rape crisis centers and sexual assault coalitions join other organizations in the effort to end violence as part of the larger fabric of anti-violence efforts.

Through collaboration with others, the work of sexual assault prevention and intervention is woven together with other anti-violence work, while clarity about the borders of each issue is retained, ensuring victim access to the service most related to her need.
SIMPLE SELF-ASSESSMENT TOOL FOR DUAL AGENCIES
Provided by the Wisconsin Coalition Against Sexual Assault

Editor's note: Several of the articles in this edition of Reshape have checklists regarding this same topic but are fairly unique in content. The reader is encouraged to use all of them in assessing their services to victims.

- Does the name of the program indicate that the program just serves victims of domestic violence? Are the words domestic violence or abuse in your organizational name? And if so, are the words “sexual assault” also in the name?

- Does the program’s mission statement reflect a mission to address sexual assault or just domestic violence?

- Does the Board of Directors have an equal number of sexual assault experts seated on the Board (people with expertise specifically in sexual assault, such as a SANE nurse)

- Do the DV staff and the SA staff report at the same level or does the SA staff report to the DV staff? (needless to say, they should report at the same level)

- Are members of the SA staff paid the same as the DV staff?

- If the DV staff have clerical assistance, does the SA staff have access to the same clerical assistance?

- Does the SA staff have resources necessary to complete their work equal to what the DV staff has? (i.e. computers, telephones...)

- Does the staff size reflect a full-time problem of sexual assault in the community? (i.e. If there is not even one full-time sexual assault staff, how is the community supposed to recognize sexual assault as a full-time problem?)

- Do agency materials reflect equality between the sexual assault and domestic violence programs?

- Do public presentations reflect a 50/50 relationship between the two issues?

- If there is a Coordinated Community Response to Domestic Violence in the community, is there also a Coordinated Community Response to Sexual Assault committee? If it is a dual CCR, is there a specific amount of time designated to discuss sexual assault?

- Is there community outreach to potential victims/survivors who may not choose to access services at a domestic violence or battered women’s shelter, i.e. teens, boys, men, people with disabilities, wealthy women, children...?
"Ask the Tech"

**Technology, Data and Statistics**

Toby Cremer  
National Network to End Domestic Violence

Research and statistics have played a crucial role in our work to educate the general public, inform policy debates and make funding requests. Trends in technology have strongly influenced the collection of data and the methods by which it is analyzed and distributed. Surveillance and data collection are now more efficient – which is both of incredible benefit and a serious concern in terms of survivor safety and privacy.

One component of the Prison Rape Elimination Act is a data collection initiative to assess the extent of the problem. The Bureau of Justice Statistics (BJS), a part of the US Department of Justice, recently released a publication detailing data from institutions of reported sexual assaults. The second phase of data collection involves inmates self-reporting through a computerized, touch-screen survey. It is hoped that the resulting data will help shape future policy.

The recent BJS/JRSA (Justice Research & Statistics Association) conference in St. Petersburg, FL brought together state and federal researchers on a variety of criminal justice topics including sexual assault, stalking and prison rape. Presenters at the conference emphasized the resources available and also the implications of that availability, especially in regards the impact on policy decisions.

Several sources of statistics are now more readily accessible to both researchers and advocates. For many years, BJS has published statistics on prisons, tribal jurisdictions, probation/parole, hate crimes and juvenile justice. These reports are now available on the BJS website, or at the National Criminal Justice Reference Service (NCJRS) in combination with other federal statistics and reports. Both organizations have made extensive use of emerging technology by providing nearly all of their reports for free online and sending regular email announcements of new reports and new research. Several useful links are at the bottom of this article.

The analysis of research and data shapes policy decisions. Researchers are quick to point out that requests for information from policymakers can be problematic. Findings are often taken out of context, or preliminary findings are used to justify long-term policy decisions. On the other hand – what purpose does research serve if it does not inform our decisions as a society?

While increased access to this information can benefit our education efforts, researchers continue to caution that data can be framed to make it appear as though it supports sometimes opposing viewpoints. Having researchers available to policymakers to explain the methods and meaning behind the numbers, is certainly a solid first step toward alleviating misconceptions.

Finally, we should also be aware of the impact that research, surveillance and data can have on individual survivors. Whenever coalitions or local centers collect data, the risks and benefits of participation should be clearly explained to survivors. This kind of awareness of their right to selectively share personal information will be incredibly valuable to survivors as they work with other systems which also collect data.

A survivor’s right to safeguard personal information includes choosing the time, place, and people with whom to share it, is paramount to establishing and maintaining personal safety. Our internal practices and those of our systems partners should support this in theory and in practice.

**NCJRS:** [www.ncjrs.org](http://www.ncjrs.org)  
**BJS:** [www.ojp.usdoj.gov/bjs](http://www.ojp.usdoj.gov/bjs)  
**Sourcebook:** [www.albany.edu/sourcebook](http://www.albany.edu/sourcebook)  
**BJS/NJRA** conference presentations: [www.jrsa.org/events/conference](http://www.jrsa.org/events/conference)
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Send your tech question to Toby Cremer at: tac@nnedv.org

To join a listserv dedicated to conversations surrounding sexual assault and technology send an e-mail to:
• sacoalitiontech-subscribe@yahoogroups.com

NSVRC Call for API Language Resources

The NSVRC is building its library collection on Asian & Pacific Islander (API) language materials. We are especially interested in brochures, fact-sheets, posters, and articles in Chinese, Korean, Filipino, and Fiji.

Please mail, fax, or email material to Tatiana Diaz at:
123 N Enola Dr. Enola, PA 17025  *  Fax 717-909-0714  *  tdiaz@nsvrc.org

Relief Fund for Sexual Assault Victims

The Relief Fund for Sexual Assault Victims has been established to collect donations that will aid affected sexual assault victims and advocacy programs that were affected by hurricanes Katrina and others in the Gulf Coast. The Fund is designed to:

1. Support the needs of sexual assault survivors
2. Support the needs of sexual assault advocacy program staff
3. Assist with expanded direct service capacity needs
4. Assist with prevention initiatives to protect evacuees from sexual violence
5. Support relocation/rebuilding efforts for flood-damaged sexual assault advocacy programs

The following state sexual assault coalitions were involved in the development in this fund and will be the primary recipients of funds collected:

• Alabama Coalition Against Rape
• Florida Council Against Sexual Violence
• Louisiana Foundation Against Sexual Assault
• Mississippi Coalition Against Sexual Assault
• Texas Association Against Sexual Assault

Now more than ever our friends in the Gulf Coast need our generous support. Please join us in helping to ease the physical emotional distress of sexual assault by contributing to the Relief Fund for Sexual Assault Victims.

100% of donations will go to victims in affected areas. Administrative costs are being donated by the sponsoring agencies.

Winter 2006
To donate or obtain more information/resources Visit: http://relieffundforsexualassaultvictims.org

Upcoming Events:
For a list of conferences and training opportunities see: www.nsvrc.org and click on calendar

Contact your RSP Regional Coordinator for Technical Assistance:
Cat Fribley  ICASA  319-339-0899  rsp@iowacasa.org
Tracy Wright  NCCASA  919-870-8881  tracy@nccasa.org
Evelyn Larsen  WCSAP  360-754-7583  evelyn@wcsap.org

Reshape is a publication...
Reshape is a publication of the Washington Coalition of Sexual Assault Programs, 2415 Pacific Ave. SE Olympia, WA 98501, (360)754-7583. Contact the editor, Evelyn Larsen at evelyn@wcsap.org.”

This project was supported by Grant No. 2003-WT-BX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the Department of Justice.

Comments? email evelyn@wcsap.org