Organization of Sexual Assault Programs
Research conducted by *The Public Intersection Project*

July 1, 2005 – June 30, 2006

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Executive Summary

The goal of this project was to provide objective information about how or whether organizational structure affects the provision or reporting of sexual assault services in single program or combined domestic violence/sexual assault program agencies. Over a four month period (December 2005-March 2006), we surveyed staff who have direct contact with clients in agencies serving victims of sexual assault and domestic violence.

The anonymous survey offered a series of realistically ambiguous scenarios and asked respondents to identify how they would respond to potential victims: what services they might offer, the priority order in which those services would be offered, and how they might code these clients' problems. Data about a respondent's job title and initial preparation for working with clients was also gathered.

The full report details the responses to each scenario, comparing how respondents in each type of organization answered. It also compares the differences in responses and priorities by professionals from each of the two types of organizations: stand alone (SA) and combined (SA/DV) programs.

Overall, there is little systemic difference between the services SA agency personnel say they would offer clients and those SA/DV personnel say they would offer clients. In some scenarios, however, differences between the two types of programs become evident at the third or fourth priority for action. There is also considerable disagreement among personnel in both SA and SA/DV agencies about order in which services would be offered.

While respondents from the two types of agencies generally assigned similar client codes to these hypothetical incidents, respondents reported considerable difference both between SA and SA/ DV agencies and within each type of agency in the way they would classify the clients in the five scenarios. These differences have implications for the usefulness of the state-required reports. The coding is critical because the data provided through these reports can influence both local and state policy development and service planning.

Additionally, the project collected limited data about whether single and combined programs use volunteers, how long the volunteer training is, and the extent to which particular topics are covered during their training. While this data is incidental to the main research questions, it is included in the Appendix. In general, volunteer training in stand-alone sexual assault programs is longer and covers more topics than does the volunteer training provided by combined programs. This research project did not assess service performance provided by

volunteers, but the data we collected suggests that might be an area for further assessment.

The Problem

Sexual assault response services are provided by three types of agencies:
1. Organizations that provide only those services (a "stand alone" SA program);
2. Organizations that provide both domestic violence and sexual assault services ("combined" SA/DV programs); and
3. "Umbrella" organizations that provide other services, such as family counseling, in addition to domestic violence and sexual assault.

Most of these organizations also provide education and advocacy aimed at reducing sexual assault and/or domestic violence and other social problems. This study focuses only on services provided to clients facing problems related to sexual assault, however.

Across the country, anecdotal information suggests that when sexual assault services are combined with programs providing domestic violence services, the latter dominates in terms of the number of clients served, types of service provided, reported, and publicized, resources allocated, and energy expended. Meanwhile, financial, political, and logistical pressures exist at local and state levels that encourage sexual assault programs to be combined with others, particularly domestic violence programs.

This project studied SA and SA/DV programs in North Carolina to assess whether there are differences in the types of services each type provides to clients and in the ways clients' complaints are coded for reporting purposes.[1]

We address four research questions:

Research Question #1: How do SA and SA/DV agency personnel differ in their likely actions regarding the same clients?
Research Question #2: How much variation is there within each type of agency in the responses their personnel are likely to offer for the same clients?
Research Question #3: How do service priorities differ between SA and SA/DV personnel for the same clients?
Research Question #4: How does client coding differ between SA and SA/DV personnel?

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[1] We also gathered data on the training programs these organizations conduct for volunteer service providers. Those data are reported in Appendix 4 but are not incorporated into our analysis of the four research questions.

Research Design

Staff at the School of Government at UNC-Chapel Hill contacted all North Carolina organizations that receive state support for sexual assault services through the NC Council for Women/Domestic Violence Commission, the coordinating state level funding and administrative agency for both domestic violence and sexual assault programs. We asked each organization to invite all staff members who provide sexual assault services to clients to complete a survey and return it to us anonymously. We also asked all executive directors of these organizations to complete the survey anonymously.

Although we had also tentatively proposed conducting phone and in-person interviews of organizational directors and professional peers to gain more in-depth information about organizational attention to sexual assault, our limited budget did not permit us to do so.

From the available lists of service providers, we could not easily distinguish among programs provided by stand-alone, combined, or umbrella organizations. Our cover letter was addressed to directors of stand alone and combined programs, but we learned that the sampling frame included umbrella organizations, as well. (See the following section on "Data.") The type of organization (SA or SA/DV) is the independent variable of interest in all four of our research questions.

The survey instrument included five client-story scenarios and asked respondents to prioritize the top five actions they would take in response to each situation. It also asked respondents to specify how they would code the situation the client presents in each scenario. Responses to these questions provide the measures for the dependent variables in our research questions. A copy of the survey instrument is included in Section 2 of the Appendix.

When designing the survey, we sought and received input from the NC Coalition Against Sexual Assault (NCCASA) and the NC Coalition Against Domestic Violence (NCCADV). The two coalitions also supported the research by promoting the invitation to participate in the survey among their members through their listservs, a conference presentation, and newsletters.

Surveys and cover letters were mailed out to 81 single, combined, and umbrella programs[2]. The mailings included postage paid return envelopes, with instructions that the surveys could be copied, completed, and returned by mail or completed on-line at SurveyMonkey.com. (See Section 1 of the Appendix for the cover letter.)

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[2] There are 78 sexual assault programs listed in Section 3 of the Appendix. The total mailing included duplications from multiple offices of one organization and outdated addresses from organizations that had moved, disbanded, or reorganized.

Data

A total of 72 surveys were completed. Twenty-six were returned by mail; forty-six were completed on-line. As we explain below, some respondents did not answer all of the questions on the survey, and a few did not fit our criteria for inclusion in the analysis. The number of valid cases is shown for each of the tables we present. As the tables indicate, much of the analysis is based on only 54 responses.

Because we do not know how many personnel in total are employed to provide services to sexual assault victims in the programs, we cannot calculate a response rate. To assure the confidentiality of their responses, respondents were not asked to name themselves or their employing organization. We do not know, therefore, how many separate programs are represented in our sample.

We do have some indications of how representative our sample is, however. Respondents were asked to indicate the type of organization for which they work. As Table 1 shows, 13 indicated they are employed by stand alone sexual assault organizations, 42 by combined sexual assault and domestic violence organizations, and 5 by umbrella organizations. Unfortunately, 10 respondents failed to indicate the type of organization employing them. Statewide, there are 11 stand alone organizations and 58 combined organizations providing sexual assault services.[3] While our samples are small, we think they roughly reflect the proportions of personnel providing direct services to sexual assault clients in these two types of organization.

Table 1.

I work or volunteer for an organization that provides services related to:	
Sexual violence only	13
Domestic and sexual violence	42
Sexual violence within an umbrella agency	5
Sexual violence services on a college campus	0
No answer	10
Not eligible: Statewide organization or survey too incomplete to use	2
	72

We received five responses from staff of umbrella programs in two regions. There are nine umbrella programs in four regions. Because this sample was small, we ultimately did not include these responses in our analysis of service response and coding. In our comparisons of services provided by stand alone and combined programs, we do not include the responses from those in umbrella organizations or from those who did not identify their type of organization.

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[3] Refer to the chart of organizations in Section 3 the Appendix. Resources from the websites of the NC Coalition Against Sexual Assault, the NC Coalition Against Domestic Violence, and the NC Council for Women/Domestic Violence Commission were used to compile the list.

Respondents were also asked to identify their programs by the region in which they operate, using the NC Council for Women's regional structure. As shown in Table 2, responses were widely distributed across the state and came from personnel in each of the Council's regions.[4] While the number of respondents is too small to permit analysis by region, the entire sample appears broadly representative of the state-wide pool.

Table 2.

My organization is located in this geographic region:		
	Individual responses from the region	**Total number of single, combined, or umbrella programs within the region**
Central	13	12
Northeastern	6	10
Southeastern	6	11
Southwestern	7	15
Northwestern	11	10
Western	12	20
Unknown[5]	5	
Statewide[6]	1	
	61	**78**

Respondents were asked to identify their job positions and the types of clients with whom they primarily work. As Table 3 shows, most survey respondents of both types of programs were staff who provide direct services to clients as a primary part of their job descriptions. Five directors (45%) of the state's eleven stand-alone rape crisis programs responded. Five directors (8%) of the 59 combined programs in the state completed the survey.

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[4] The regional categories are those reported on the NC Council for Women website: www.doa.state.nc.us/cfw/regions.htm.

Central:	Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Moore, Robeson, Scotland, Vance, Wake, Warren
Northeastern:	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Johnston, Martin, Nash,, Northampton, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wilson
Southeastern:	Bladen, Brunswick, Carteret, Columbus, Craven, Duplin, Greene, Jones, Lenoir, New Hanover, Onslow, Pamlico, Pender, Sampson, Wayne.
Southwestern:	Alexander, Anson, Burke, Cabarrus, Caldwell, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Richmond, Rowan, Stanly, Union.
Northwestern:	Alamance, Alleghany, Caswell, Davidson, Davie, Forsyth, Guilford, Orange, Person, Randolph, Rockingham, Stokes, Surry, Wilkes, Yadkin.
Western:	Ashe,, Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Yancey..

[5] These respondents did not indicate the regions in which they are located; nor were there postmarks which might have provided that information.
[6] The respondent from the statewide organization was excluded from the data analysis.

Table 3

My position with this organization is:				
	Sexual Assault Only		**SA & Domestic Violence**	
Executive Director	5	38.5%	5	12.2%
Volunteer Coordinator or Program Manager	2	15.4%	5	12.2%
Other Direct Service Staff	1	7.7%	20	48.8%
Other (see titles given)	5	38.5%	11	26.8%
Note: the percentages given are # responses to # respondents	Child advocate, crisis response coordinator, supervisor, assistant director, coordinator of counseling services		Victim case manager, victim advocate, SA program supervisor, community education, therapist, court advocate/case manager, crisis counselor, SA counselor.	

All 13 of the respondents from stand alone agencies indicated they work primarily with victims of sexual violence. In contrast, only 5% of the respondents in combined programs said they worked primarily with victims of sexual violence. Most (78%) said they worked primarily with victims of both sexual violence and domestic violence. A few (17%) said they worked primarily with victims of domestic violence. This information is reported in Table 4.

Table 4

In direct client contact, I primarily deal with:				
	Sexual Assault Only		**SA & Domestic Violence**	
Victims of sexual violence	13	100%	2	4.9%
Victims of domestic violence			7	17.1%
Both SA/DV victims			32	78.0%

Respondents were also asked how they were initially prepared to work directly with victims of sexual or domestic violence – through personal experience, volunteer or on-the-job training, or professional or academic training. As Table 5 shows, staff of combined programs were twice as likely as staff of stand alone SA programs to report initially being prepared to work with victims through their own personal experience. They were four times as likely to report being prepared to work with victims through on-the-job training.

Table 5

The primary means by which I was initially prepared to work directly with victims of sexual or domestic violence was:				
	Sexual Assault Only		**SA & Domestic Violence**	
Personal experience	1	7.7%	6	15.0%
Volunteer training	3	23.1%	5	12.5%
On the job	1	7.7%	13	32.5%
Professional/academic training	7	53.8%	15	37.5%
Other	1	7.7%	1	2.5%
No response			1	

Finally, we asked respondents whether they typically complete internal client report forms or the quarterly organizational reports that are submitted to the NC Council for Women. The staff who complete the client and quarterly report forms make coding decisions on each client that contribute to a collective profile of the community and the state.

All of the staff of the stand-alone programs complete client contact sheets. In contrast, 90% of the staff of the combined programs reported doing so. A larger percentage of the respondents from stand-alone programs (77% versus 63%) also have the responsibility of completing the NC CFW quarterly reports.

Table 6

As part of my regular responsibilities, I complete client contact sheets that describe the victim and the violence or concern for which the victim seeks assistance:				
	Sexual Assault Only		**SA & Domestic Violence**	
Yes	13	100%	37	90.2%
No			3	7.3%
No response			1	2.4%

As part of my regular responsibilities, I complete the quarterly summary sheets that are submitted to the NC Council for Women:				
	Sexual Assault Only		**SA & Domestic Violence**	
Yes	10	76.9%	26	63.4%
No	3	23.1%	14	34.2%
No response			1	2.4%

Additionally, respondents were asked to provide data about their organizations' volunteer training programs: the total length of the training programs, the topics covered, and an estimate of the time spent on each topic. While not directly related to our four research questions, these data may be of interest to either those who manage rape crisis volunteers or those who want to assess how systematically or successfully volunteers are being prepared for this work. They are reported in Section 4 of the Appendix.

The Scenarios: Service Priorities and Coding Decisions

To determine how personnel of SA and SA/DV organizations were likely to respond to clients, we asked respondents to indicate the top five actions they would take in each of five scenarios. We also asked them how they would code the client, given the seven categories used by the NC Council for Women (rape, date rape, adult survivor of child sexual abuse, marital rape, child sex offense, incest, and other) and two additional categories of our own (sexual harassment and stalking).

The scenarios are complex, just as the situations that clients present often are. We were deliberate in presenting ambiguous situations with no obviously "correct" service or coding response.

We asked respondents to provide their top five service priorities in responding to each client. Although some responses, such as "listen to whatever the client has to say," might seem to be a basic response to all calls, we did not want to make the assumption that every respondent would, in fact, choose that response. As it turned out, the options to listen and to assess the current level of violence and safety were commonly chosen.

Generally, in fact, respondents from both SA and SA/DV agencies reported they would take similar actions in most of these scenarios. In some scenarios, however, differences between the two types of programs become evident at the third or fourth priority for action.

In general, respondents from the two types of agencies assigned similar client codes to these hypothetical incidents.

Here are the five scenarios, followed by a summation of the respondents' service priorities and by their coding of each.

Scenario 1 (Step-father scenario)
A seventeen year old girl calls and says she believes her step-father is beginning to mess with her younger sister the same way he did with the caller, when she was that age. He used to make her sit on his lap when he was aroused, "accidentally" touch her breasts and genitals during physical play or when tucking her in bed for the night, etc. So far, she has been able to distract him from her sister by intervening one way or another. She says she can't keep up that protection forever though, because she will soon go off to college.

Her mother isn't much use, because she is emotionally and financially dependent on him. The mother's last boyfriend was physically abusive, and, aside from the touching, this step-father is pretty good to them all. The caller just wants him to stop touching her sister.

Scenario 2 (Employer scenario)
A woman calls and says her employer assaulted her in a supply room at work today. He had forced her up against a wall, grabbing her breasts and putting his hands under her skirt, when he was paged over the intercom. He left, saying he'd be wanting more of that later.

She is very emotional as she describes how she needs this job to support her baby, how her ex-boyfriend was mean to her and still comes around to intimidate her. She then describes how her ex-boyfriend used to abuse her, but she just had enough and left, taking the baby and hiding out for a while with relatives in another town. She came back here because she couldn't find a job there, and now her boss turned mean on her, too. She thinks maybe her boss has done this before, judging from the smirking look a male co-worker gave her when she came out of the supply room. She is fed up with men; they all want one thing and don't care how they get it.

Scenario 3   (Young man scenario)
A young man in college calls the crisis line late at night. He can't sleep because of nightmares he's been having lately. The bad dreams are all about a youth minister who used to create opportunities to be alone with him and touch him sexually when he was young. That all happened years ago; he thought he had dealt with it. He especially does not need this stress now that he is getting used to life in a fraternity. Some of the hazing activities - while all in good fun, he is quick to say - get physical and work on his fears and vulnerabilities.

Last night the pledges were rousted out of bed at 3 AM, then stripped and blindfolded and guided downstairs for an initiation ritual. He gets increasingly uncomfortable as he describes the activities. One of the "games" involved foot races while holding objects (feathers, ice cubes) clenched in their buttocks.

Scenario 4 (After school/boyfriend scenario)
A girl calls saying she needs information. The girl says her boyfriend, who has become increasingly jealous and controlling as of late, forced her to perform oral sex on him when they were at her house. He got mean enough to scare her. He grabbed her hair and arm to control her. Other than leaving a bruise, he didn't physically hurt her because she did what he wanted. They are both fourteen.

The incident happened after school, and her parents weren't home from work yet. They have spent time together there after school on many occasions, just watching TV, even though she isn't supposed to have boys over when her parents aren't there. Today her boyfriend told her he would be expecting a better performance out of her the next time. She is afraid to go home now.

Scenario 5 (Creepy neighbor scenario)
A woman comes to your center, ready to blow off steam and get some help. She had a detour in an otherwise good life when she got involved with a guy who became physically abusive. He had a run of bad luck and took it out on her. She left the day he hit her for the second time and cut off all contact with him. He doesn't bother her now, but the experience rattled her so much that she hasn't dated again.

She just moved into a nice new apartment complex, and found it easy to settle in happily. Then one neighbor guy asked her out and refuses to take no for an answer. She gets a creepy feeling she is being watched at times. The guy started leaving notes in her mailbox or on her car, as well as little gifts on her doorstep. When she told him to stop, he got mad. She blocks his calls and emails. The anger in his behavior is accelerating on a daily basis. She noticed a car following her most of the way to work this morning.

This brings back all the bad feelings from her ex-boyfriend, who seemed so nice in the beginning and who turned out to be a violent loser. She can't sleep or eat from all the tension.

Research Question #1:
How do SA and SA/DV agency personnel differ in their likely actions regarding each scenario?

Overall, there is little systematic difference between the services SA agency personnel say they would offer clients and those SA/DV personnel say they would offer the same clients. Table 7 presents the number and percentage of respondents from each type of agency who said they would include each service action among their top five priorities.

For this analysis we focus on the differences between SA and DV/SA responses for each scenario on each row of the table. The top five responses are in bold.

Table 7

SERVICE ACTION	SCENARIO 1. 17 year old girl; step-father; younger sister; unhelpful mother		SCENARIO 2. Employer assaults woman with prior abusive boyfriend		SCENARIO 3 Young man in fraternity; prior child abuse	
	SA	SA/DV	SA	SA/DV	SA	SA/DV
1. Ask violence/safety	**13 100%**	**29 69%**	**10 77%**	**24 57%**	5 38%	12 29%
2. Ask about needs	3 23%	13 31%	5 38%	**19 45%**	**6 46%**	**22 52%**
3. Safety plan	**7 54%**	**25 60%**	**6 46%**	**21 50%**	1 8%	2 5%
4. Discuss mandatory reporting.	**12 92%**	**34 81%**	0	8 19%	0	9 21%
5. In-house services: counseling	4 31%	10 24%	4 31%	**19 45%**	**9 69%**	**30 71%**
6. In-house services: support group	2 15%	4 10%	2 15%	8 19%	3 23%	8 19%
7. In-house services: 24 crisis line	3 23%	9 21%	1 8%	6 14%	5 38%	10 24%
8. Legal options	1 8%	9 21%	**9 69%**	**30 71%**	**6 46%**	11 26%
9. Discuss decisions facing client	**6 46%**	**18 43%**	7 54%	13 31%	**9 69%**	**21 50%**
10. Listen to whatever	**8 62%**	**34 81%**	**9 69%**	**32 76%**	**13 100%**	**35 83%**
11. Offer reading	2 15%	4 10%	3 23%	6 14%	4 31%	**20 48%**
12. Offer referrals	2 15%	14 33%	**8 62%**	14 33%	3 23%	17 40%
13. Other	0	2 5%	1 8%	3 8%	0	4 10%

Table 7 (continued)

SERVICE ACTION	SCENARIO 4. Girl with aggressive boyfriend; at home after school				SCENARIO 5. Woman with creepy neighbor			
	SA		**SA/DV**		**SA**		**SA/DV**	
1. Ask violence/safety	**11**	**85%**	**30**	**71%**	**8**	**62%**	**32**	**76%**
2. Ask about needs	4	31%	7	17%	2	15%	6	14%
3. Safety plan	**10**	**77%**	**33**	**79%**	**10**	**77%**	**38**	**90%**
4. Discuss mandatory reporting.	3	23%	**16**	**38%**	0		4	10%
5. In-house services: counseling	4	31%	15	36%	**4**	**31%**	12	29%
6. In-house services: support group	2	15%	5	12%	0		13	31%
7. In-house services: 24 crisis line	3	23%	12	29%	**4**	**31%**	8	19%
8. Legal options	2	15%	12	29%	**11**	**85%**	**28**	**67%**
9. Discuss decisions facing client	**10**	**77%**	**18**	**43%**	2	15%	8	19%
10. Listen to whatever	**9**	**69%**	**32**	**76%**	**8**	**62%**	**27**	**64%**
11. Offer reading	1	8%	7	17%	1	8%	6	15%
12. Offer referrals	**5**	**38%**	14	33%	9	21%	**21**	**50%**
13. Other	1	8%	2	5%	1	8%	2	5%

Hearing client perspectives
Personnel from both types of agencies were likely to listen to whatever the client
had to say in all five scenarios. As Table 7 shows, the percentage of
respondents that included listening to the client ranged from 62% to 100%.
There was no systematic difference between personnel in the two types of
agencies in their selection of listening to whatever the client had to say as a
priority response.

In general, personnel of both kinds of agencies were equally likely to discuss the
decisions facing the client, although a majority of both did so only in scenario 3
(the young man).   In scenario 4 (the girl with the sexually aggressive boyfriend),
77% of SA personnel indicated they would discuss the decisions she faced while
only 43% of the SA/DV agency personnel did so.

Few respondents from either SA or SA/DV agencies were likely to ask about
clients' needs. This response was most common in scenario 3 (the young man).

In that case, about half of those from each kind of agency included asking about client needs among their top five responses.

Gauging violence and safety
SA agency personnel were somewhat more likely than SA/DV personnel to ask questions about violence and client safety in scenarios with a current, ongoing threat (1, 2, 4, and 5). Personnel in both types of agencies were somewhat less likely to help those clients create a safety plan, however; although most did so in those four cases.

Informing about the law
Personnel from both types of agencies were likely to discuss mandatory reporting in only one of the two scenarios involving minors. Most respondents, regardless of agency type, indicated they would discuss reporting requirements in scenario 1, but fewer than half as many said they would discuss reporting requirements in scenario 4 where the alleged abuser was described as "boyfriend" rather than as scenario 1's "stepfather."

Regardless of agency type, personnel were generally likely to discuss the client's legal options only in the case of the harassing employer and the harassing neighbor (scenarios 2 and 5).

Offering other support
Personnel from both types of agencies were equally likely to offer the agency's counseling services, but only in scenario 3 (the young man) did a majority of respondents raise this option as a priority response. In general, few respondents from either type of agency included mention of support groups, a 24-hour crisis line, reading materials, referrals to other agencies, or other kinds of support in their priority responses to any of the five scenarios.

Research Question #2:
How much variation is there within each type of agency in the responses their personnel are likely to offer for each scenario?

In general there is considerable disagreement over service actions among personnel in both SA and SA/DV agencies. (Here our focus in Table 7 is on the SA and SA/DV columns under each scenario. We compare the frequency with which each action was listed as a top-five response by those in each type of agency.)

Scenario 1   (Step-father scenario)
Both SA and SA/DV respondents demonstrated high levels of agreement on three of five actions as priority responses to scenario 1: Asking about violence and client safety, discussing mandatory reporting requirements, and listening to whatever the client has to say. As the columns in Table 7 show, however, in each type of agency there was disagreement among respondents over what other actions were most appropriate, although at least half of both groups also listed discussing a safety plan with the client and nearly half of both groups included discussing decisions the client faces.

Scenario 2   (Employer scenario)
There is less general agreement among personnel from each type of agency with regard to appropriate actions in scenario 2. Asking about violence and client safety, listening to whatever the client has to say, and discussing legal options were listed by well over half of the staff from each type of agency. At least half of the SA agency personnel also listed discussing decisions facing the client and offering referrals to other agencies. Half of the SA/DV personnel listed discussing a safety plan. There was considerable disagreement among respondents about how important other actions would be in this case.

Scenario 3   (Young man scenario)
In scenario 3, all of the SA personnel and most of the SA/DV personnel indicated they would listen to whatever the client had to say. Two thirds of the SA personnel also said they would discuss in-house counseling services and discuss decisions facing the client. Other responses from this group were widely scattered, although asking about client needs and discussing legal options were listed by almost half of these respondents. Over two thirds of the SA/DV personnel also said they would discuss in-house counseling services with this client. Over half said they, too, would ask about his needs and discuss the decisions he faces. Nearly half said they would offer reading materials, but there is also a wide range of actions listed as priorities by respondents from SA/DV agencies.

Scenario 4   (After school/boyfriend scenario)
SA personnel were quite likely to choose four actions in scenario 4: listening to whatever the client has to say, asking about violence and client safety,

discussing a safety plan, and discussing decisions facing the client. There was similarly high agreement among SA/DV personnel on three of those four actions: listening to whatever the client has to say, asking about violence and client safety, and discussing a safety plan. Thus, there was generally less agreement among SA/DV respondents on appropriate actions than among SA respondents in this case.

Scenario 5   (Creepy neighbor scenario)
There was broad agreement among respondents from both types of agencies on responses to the client in scenario 5: listen to whatever she has to say, ask about violence and her safety, discuss a safety plan, and discuss legal options. Half of the SA/DV respondents also indicated they would offer her referrals to other agencies.

Research Question #3:
How do service priorities differ between SA and SA/DV personnel?

Despite their general agreement on which actions to take in most of these scenarios, SA and SA/DV personnel do differ somewhat in service priorities. To compare the priorities of personnel in the two types of agencies, we calculated the average priority rankings each group assigns to each action.

The survey asked respondents to rank five actions in order of priority. We assigned a 5 to each respondent's top priority action and so on down to a 1 for the respondent's lowest ranked action. Unranked actions received 0. We then added all the scores for each action given by respondents in each group and divided by the number of respondents in that type of agency. The possible range of average priority rankings is thus from 5 (if all respondents ranked that action top priority) to 0 (if no respondent indicated that action would be among the top five priorities). Table 8 presents these weighted priority scores.

Scenario 1   (Step-father scenario)
On average, SA personnel ranked asking about violence and client safety highest (3.92) among actions to take in scenario 1. SA/DV personnel's highest ranked response was listening to whatever the client has to say (3.46), although there was not quite as much agreement among them as among the SA respondents. While they ranked them in somewhat different order, personnel from both types of agencies agreed on four top priorities: asking about violence and safety, listening to the client, discussing mandatory reporting, and discussing a safety plan. They differed on the fifth. SA respondents ranked discussing the decisions the client faces as next most important, while SA/DV respondents ranked asking about needs fifth.

Scenario 2   (Employer scenario)
SA personnel were in less agreement with each other about what to do in scenario 2. Listening to the client and asking about violence and client safety were nearly tied for top priority (2.92 and 2.85). (Note that this is an entire point lower than the average score for highest priority action in scenario 1.) As with scenario 1, SA/DV personnel ranked listening to the client highest for scenario 2. (3.39) In this scenario, personnel from each of the two agencies included only three actions among their top priorities: listening, asking about violence and safety, and discussing legal options. On average, SA personnel also included discussing decisions facing the client and offering referrals in their top five actions, although several also said asking about needs and developing a safety plan should be priorities, too. (The average rankings for both were more than 1.0.) Asking about needs and developing a safety plan were the fourth and fifth priorities for SA/DV personnel. Discussing in-house counseling services also received an average score above 1.0 from these respondents.

Table 8
The top three weighted actions are highlighted in each column.

Weighted Service Actions	SCENARIO 1. 17 year old girl; step-father; younger sister; unhelpful mother		SCENARIO 2. Employer assaults woman with prior abusive boyfriend		SCENARIO 3 Young man in fraternity; prior child abuse	
	SA	SA/DV	SA	SA/DV	SA	SA/DV
1. Ask violence/safety	**3.92**	**2.98**	**2.85**	**2.59**	1.38	1.24
2. Ask about needs	0.62	0.98	1.08	1.44	1.46	1.76
3. Safety plan	1.77	1.22	1.15	1.41	0.31	0.29
4. Discuss mandatory reporting.	**3.15**	**2.83**	0.00	0.59	0.00	0.56
5. In-house services: counseling	1.00	0.56	0.77	1.15	**2.15**	**2.22**
6. In-house services: support group	0.23	0.24	0.23	0.39	0.46	0.56
7. In-house services: 24 crisis line	0.31	0.32	0.08	0.22	1.08	0.76
8. Legal options	0.08	0.56	**2.31**	**1.93**	0.92	0.63
9. Discuss decisions facing client	1.15	0.93	1.92	0.68	1.92	1.17
10. Listen to whatever	**2.69**	**3.46**	**2.92**	**3.39**	**4.31**	**3.83**
11. Offer reading	0.23	0.20	0.31	0.17	0.62	0.88
12. Offer referrals	0.23	0.59	1.31	0.76	0.31	0.93
13. Other	0.00	0.10	0.08	0.22	0.00	0.17

Table 8 (Continued)
The top three weighted actions are highlighted in each column.)

Weighted Service Actions	SCENARIO 4. Girl with aggressive boyfriend; at home after school		SCENARIO 5. Woman with creepy neighbor	
	SA	SA/DV	SA	SA/DV
1. Ask violence/safety	**3.15**	**3.00**	**2.38**	**3.32**
2. Ask about needs	0.77	0.56	0.38	.59
3. Safety plan	2.31	**2.34**	**2.77**	**2.73**
4. Discuss mandatory reporting.	0.85	1.17	0.00	0.37
6. In-house services: counseling	0.62	0.85	0.54	0.49
6. In-house services: support group	0.15	0.17	0.00	.59
7. In-house services: 24 crisis line	0.23	0.66	0.69	.51
8. Legal options	0.15	0.71	**2.62**	1.83
9. Discuss decisions facing client	**2.38**	0.90	0.62	.37
10. Listen to whatever	**3.08**	**3.20**	**2.38**	**2.71**
11. Offer reading	0.15	0.34	0.15	0.27
12. Offer referrals	0.77	0.85	1.23	1.20
13. Other	0.38	0.12	0.08	0.15

Scenario 3   (Young man scenario)
Respondents from both types of agencies agreed on the top five priority actions in scenario 3. For both groups, listening to whatever the client has to say was the top priority (4.31 for SA and 3.83 for SA/DV personnel). In-house counseling services ranked second, with asking about violence and client safety, asking about client needs, and discussing decisions facing the client rounding out the top actions. There was also broader agreement among personnel of each type of agency on this scenario, although SA respondents did rank discussing the 24-hour crisis line above 1.0.

Scenario 4   (After school/boyfriend scenario)
In scenario 4, respondents from both types of agencies also agreed on the top five actions: listening to whatever the client has to say, asking about violence and client safety, discussing decisions facing the client, discussing a safety plan, and discussing mandatory reporting. The order in which respondents ranked

these actions varied considerably, however, so that the average priority scores tend to be lower than for most other scenarios. In fact, for each group, the fifth priority action has a score below 1.0 for scenario 4. The fifth priority for SA personnel was discussing mandatory reporting with a rating of only .85. The fifth priority for SA/DV personnel was discussing decisions facing the client with a rating of only .90.

Scenario 5   (Creepy neighbor scenario)

Respondents from both types of agencies agreed on priorities in scenario 5. For SA personnel, the highest average ranking was creating a safety plan. For SA/DV personnel, asking about violence and client safety ranked first. Other top actions included listening to whatever the client has to say, discussing legal options, and offering referrals. As with scenario 4, respondents in each group differed on how they ranked these five actions so that the average priority scores tend to be lower overall.

Research Question #4:
How does client coding differ between SA and SA/DV personnel?

Assessing differences in service actions, not client coding, was the original goal of this research project. However the differences in coding reported by our survey respondents have implications for the usefulness of their reports.

The NC Council for Women/Domestic Violence Commission requires one statistical report for sexual assault clients and another for domestic violence clients. The sexual assault client report asks about the type of assault, identified according to one of seven categories: rape, date rape, adult survivor of child sexual abuse, marital rape, child sex offense, incest, and other. That report also asks for the offender relationship to the client: relative, acquaintance, boy/girlfriend, stranger, or unknown. The domestic violence client report, however, does not ask about the type of assault or offender relationship. Instead, this report asks about shelter services.

Although coding practices might vary between organizations, and even among staff members within the same organization, if a client comes in with multiple issues of concern, generally the most immediately pressing issue determines whether the client is counted as a victim of domestic or sexual violence. Since domestic violence typically carries a more immediate safety threat than sexual violence, a client facing both problems is likely to be counted as a domestic violence victim, leaving the characteristics related to sexual violence unreported. If that client was counted under both reports, the program would be "double-counting" clients. The choice for combined programs seems to lie between under-reporting sexual violence or over-reporting client counts.

The STOP Violence Against Women Formula Grants Program (VAWA) Annual Progress Report simply categorizes clients as either victims of domestic violence, sexual violence, or stalking but require nine categories for the type of service provided the client.

The Victims of Crime Act State Progress Report (VOCA) offers eleven categories of victimization (including child sexual abuse, domestic violence, adult sexual assault, adults molested as children) and thirteen categories of victim services.

The reports for VAWA and VOCA are only completed by individual programs when they are receiving grants from those sources. The NC Council for Women funding is on-going; their reports, therefore, are regularly required from all sexual and domestic violence programs receiving these state funds. For this reason, the NC Council for Women statistics are the most consistently provided.

The reports only capture the clients who seek assistance from these programs during specific time frames, not all the victims of recent or past sexual assault. Even so, by default, the NC Council for Women reports are frequently used to

convey a sense of the total number of people seeking services related to sexual violence.

The coding is critical because the data provided through the state-required reports can influence both local and state policy and services. The client coding data presents two possible concerns:

- <u>Interpretation</u>   Service providers might code the same situation differently.
- <u>Dilution</u>   Specific client characteristics disappear when the appropriate category is not offered as an option and the "Other" category is used.

The difference in interpretation could happen because individual providers might be sensitive to identifying particular forms of violence based on their personal or professional perspectives. It could also happen if there is not adequate agreement, guidance, or training on how to categorize clients -- particularly in complex situations involving multiple episodes or types of violence.

Reporting "dilution" can occur if the appropriate specific category is not chosen. "Sexual harassment," for example, is not commonly available as a category on required state or federal reports in North Carolina. If all victims of sexual harassment are included in the "Other" category; the specificity of that need would essentially go unreported in the aggregate. Similarly, information gets diluted if service providers are using the "Other" category when another category is actually more appropriate, based on a uniformly accepted hierarchy of need, definition, or perspective.

Our respondents reported considerable difference in interpretation, both between SA and SA/ DV agencies and within each type of agency in the way they would classify the clients in the five scenarios. One difference was some respondents' use of specific criminal charges (sexual battery, simple assault) or personal diagnosis (post traumatic stress disorder) as the client code, rather than fitting the client's situation into the most similar of the provided categories. For some scenarios, this led to considerable coding as "other." Other respondents seemed to be distinguishing between the client's immediate challenge and larger or more violent, but more distant experiences.

As Table 9 shows, scenarios 1 and 2 demonstrate the largest differences in client coding between SA and SA/DV programs. Table 9 provides the number of codes used and the code used by the majority of respondents; Table 10 identifies all the codes used.

Table 9: Consistency of Client Coding

	SEXUAL ASSAULT ONLY PROGRAMS		COMBINED SA & DV PROGRAMS	
	# client codes used	% and code used by majority of respondents	# client codes used	% and code used by majority of respondents
Scenario 1 Step-father scenario	4	69% Child Sex Offense	6	44% Child Sex Offense
Scenario 2 Employer scenario	5	46.2% Sexual Harassment	6	71% Sexual Harassment
Scenario 3 Young man scenario	1	100% Adult Survivor/CSA	3	90% Adult Survivor/CSA
Scenario 4 After school/boyfriend scenario	6	38.5% Date Rape	10	46% Date Rape
Scenario 5 Creepy neighbor scenario	2	92% Stalking	3	88% Stalking

In their statistical reports, the NC Council for Women asks programs about the type of assault and offers seven categories: rape, date rape, adult survivor of child sexual abuse, marital rape, child sex offense, incest, and other. The Governor's Crime Commission collapses the categories even further in VOCA and VAWA reports.

This survey used the NC Council for Women codes and added two more: sexual harassment, and stalking. Even with the additional categories, respondents used the "Other" category in four of the five scenarios. Respondents used "Other" as a code in four of the five scenarios. When they did so, they also provided the code that they would elect to use. These are listed in Table 10.

Table 10: Other Client Codes Used

	SEXUAL ASSAULT ONLY PROGRAMS	COMBINED SEXUAL ASSAULT & DOMESTIC VIOLENCE PROGRAMS
Scenario 1 Step-father scenario	Secondary survivor	Sexual assault
Scenario 2 Employer scenario	Sexual assault; sex offense; sexual battery	Sexual assault; assault; sexual battery
Scenario 3 Young man scenario	n/a	n/a
Scenario 4 After school/boyfriend scenario	Sexual assault Sex offense	Dating violence; sexual assault; sexual assault/domestic violence; simple assault; forcible sexual assault
Scenario 5 Creepy neighbor scenario	n/a	PTSD

Appendix

Section 1.
Cover letter to directors of rape crisis programs

Inside address for SA or SA/DV executive director

Dear Executive Director:

We are inviting you and your staff who provide direct services to clients to voluntarily participate in the Organization of Sexual Assault Services Research Project and to complete the survey instrument titled, SURVEY OF SERVICES PROVIDED TO VICTIMS OF SEXUAL ASSAULT. As professionals who have direct contact with clients, your perspectives are critical as we study services that are offered to victims. All data obtained in this study will be reported as group data. No individual can be or will be identified. We plan on publishing the results of this research as well as communicating these results to the Governors Crime Commission and to professionals in domestic violence and sexual assault services.

You and your staff may access the survey at http://www.nplg.unc.edu/survey/index.htm and enter the following information to get started:
> USERNAME: survey
> PW: directservices

In case responding on-line is not convenient, we have included copies for your staff of a cover letter requesting participation and a questionnaire. We also enclose self-addressed, postage paid envelopes for returning completed questionnaires. We can provide additional copies of these materials, if you need them.

The goal of this project is to provide objective information about how or whether organizational structure affects the provision or reporting of sexual assault services in single program or combined domestic violence (DV)/Sexual Assault (SA) program agencies. Surveys are being sent to all single and combined DV and SA agencies in North Carolina (approximately 85 organizations). We are surveying *only* agency employees that have *direct contact with clients*, even if client contact is only occasional.

This questionnaire is composed of a series of scenarios that hypothetical clients may present. You are to indicate how you would respond to the client and what services you might offer to them. There are also a few questions about your organization and training. Completion of the questionnaire should take no longer than 20 minutes. Participants are free to answer or not answer any particular question and have no obligation to complete answering the questions once they begin.

Participation is anonymous. Respondents are asked not to put any identifying information on the survey form or return envelope if responding by US mail. Survey Monkey also returns responses without identifying the sender. The only persons who will have access to these data are the investigators, the staff handling the return mail, and the data entry personnel.

There are no risks anticipated for participates in this study nor any anticipated personal benefits from being involved with it. However, there will be professional benefit from this study, as the information we obtain will be communicated to the profession through

publication in the literature and/or direct dissemination to the Governors Crime Commission and professional associations.   There is no cost to participants or financial benefit for participation.

You may contact me and the research team with any questions at (919) 962-0427 or by email (whitaker@iogmail.iog.unc.edu).

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Thank you for considering participation in this study. We hope that you will agree to participate and will provide this opportunity to participate to all your staff who have direct contact with clients. Broad participation will help us better understand how domestic violence and sexual assault organizations across North Carolina serve their clients.

Sincerely,

Dr. Gordon P. Whitaker
Professor

Scenario 1
A seventeen year old girl calls and says she believes her step-father is beginning to mess with her younger sister the same way he did with the caller, when she was that age. He used to make her sit on his lap when he was aroused, "accidentally" touch her breasts and genitals during physical play or when tucking her in bed for the night, etc. So far, she has been able to distract him from her sister by intervening one way or another. She says she can't keep up that protection forever though, because she will soon go off to college.

Her mother isn't much use, because she is emotionally and financially dependent on him. The mother's last boyfriend was physically abusive, and, aside from the touching, this step-father is pretty good to them all. The caller just wants him to stop touching her sister.

Scenario 2
A woman calls and says her employer assaulted her in a supply room at work today. He had forced her up against a wall, grabbing her breasts and putting his hands under her skirt, when he was paged over the intercom. He left, saying he'd be wanting more of that later.

She is very emotional as she describes how she needs this job to support her baby, how her ex-boyfriend was mean to her and still comes around to intimidate her. She then describes how her ex-boyfriend used to abuse her, but she just had enough and left, taking the baby and hiding out for a while with relatives in another town. She came back here because she couldn't find a job there, and now her boss turned mean on her, too. She thinks maybe her boss has done this before, judging from the smirking look a male co-worker gave her when she came out of the supply room. She is fed up with men; they all want one thing and don't care how they get it.

Scenario 3
A young man in college calls the crisis line late at night. He can't sleep because of nightmares he's been having lately. The bad dreams are all about a youth minister who used to create opportunities to be alone with him and touch him sexually when he was young. That all happened years ago; he thought he had dealt with it. He especially does not need this stress now that he is getting used to life in a fraternity. Some of the hazing activities - while all in good fun, he is quick to say - get physical and work on his fears and vulnerabilities.

Last night the pledges were rousted out of bed at 3 AM, then stripped and blindfolded and guided downstairs for an initiation ritual. He gets increasingly uncomfortable as he describes the activities. One of the "games" involved foot races while holding objects (feathers, ice cubes) clenched in their buttocks.

Scenario 4
A girl calls saying she needs information. The girl says her boyfriend, who has become increasingly jealous and controlling as of late, forced her to perform oral sex on him when they were at her house. He got mean enough to scare her. He grabbed her hair and arm to control her. Other than leaving a bruise, he didn't physically hurt her because she did what he wanted. They are both fourteen.

The incident happened after school, and her parents weren't home from work yet. They have spent time together there after school on many occasions, just watching TV, even though she isn't supposed to have boys over when her parents aren't there. Today her boyfriend told her he would be expecting a better performance out of her the next time. She is afraid to go home now.

Scenario 5
A woman comes to your center, ready to blow off steam and get some help. She had a detour in an otherwise good life when she got involved with a guy who became physically abusive. He had a run of bad luck and took it out on her. She left the day he hit her for the second time and cut off all contact with him. He doesn't bother her now, but the experience rattled her so much that she hasn't dated again.

She just moved into a nice new apartment complex, and found it easy to settle in happily. Then one neighbor guy asked her out and refuses to take no for an answer. She gets a creepy feeling she is being watched at times. The guy started leaving notes in her mailbox or on her car, as well as little gifts on her doorstep. When she told him to stop, he got mad. She blocks his calls and emails. The anger in his behavior is accelerating on a daily basis. She noticed a car following her most of the way to work this morning.

This brings back all the bad feelings from her ex-boyfriend, who seemed so nice in the beginning and who turned out to be a violent loser. She can't sleep or eat from all the tension.

For each of the five scenarios, we asked respondents these two questions:

Which of these activities would you be likely to do with this client?
Please mark only **five** responses, in order of priority 1 through 5.

    ___ Ask questions to gain understanding of the violence and her current level of safety

    ___ Ask questions to gain an understanding of what she needs from your office

    ___ Create a safety plan

    ___ Discuss any mandatory reporting requirements to external organizations.

    ___ Discuss legal options

    ___ Discuss in-house services: 24 crisis response line

    ___ Discuss in-house services: One-on-one counseling or

    ___ Discuss in-house services: Support group options

      If you chose this option, what kind of group would you offer?_____

    ___ Discuss the immediate or longer-term decisions facing her

    ___ Listen to whatever she has to say

    ___ Offer her brochures or other reading material to take home and consider

    ___ Offer referrals to community resources, (law enforcement, hospital, etc.)

    ___ Other_____

How you would code this client? Choose only **one** category:

    ___ Adult survivor of childhood sexual abuse

    ___ Child sex offense

    ___ Date rape

    ___ Domestic violence

    ___ Incest

    ___ Marital rape

    ___ Rape

    ___ Sexual harassment

    ___ Stalking

    ___ Other_____

Information about Volunteer Training

My organization provides training for volunteers who then have direct client contact.

(Note: This question only applies to the **initial** training session, not additional in-service events or specialized training that might take place later in a volunteer's experience.)

    ___ Yes

    ___ No

If the answer to is **no**, skip the next question.

If the answer is **yes**, please check **one** of the following:

    ___ The whole training is less than 20 hours long.

    ___ The whole training is between 20-35 hours long.

    ___ The whole training is between 35-50 hours long.

    ___ The whole training is over 50 hours long.

Please estimate the number of hours spent on these topics throughout the training:

Topics Covered in Volunteer Training	We do not cover this topic.	We address this topic if someone brings it up.	We spend less than one hour on this topic.	We spend 1 to 3 hours on this topic	We spend over 3 hours on this topic
Confidentiality					
Active Listening					
Advocacy on behalf of clients					
Male/Female Socialization					
Crisis Intervention & Suicide Prevention					
Post Traumatic Stress Disorder					
Self-Care; Secondary Trauma					
Diversity Issues					
Stalking					
Sexual Harassment					
Date/Acquaintance Rape					
Stranger Rape					
Child Sexual Abuse					
Adult Survivors of Child Sexual Abuse					
Sex Offender Typology					
Domestic Violence 101 (cycle of battering, etc.)					
Safety Planning					
Shelter Resources; life in the shelter					
Law enforcement processes & resources (reporting, investigation, etc.)					
Judicial and legal processes & resources (courts, magistrates. etc.)					
Physical health processes & resources (emergency room, etc.)					
Mental health processes & resources (counseling, therapy, etc. available outside your organization)					
Other related community resources (DSS, housing, food assistance, etc.)					
Your agency's services, processes, procedures, & expectations of volunteers					
Other topics:_____					

Information about the Respondent

Responses to this and all other survey questions cannot be traced to any particular person.

Responses to this question will be reported collectively in order to provide additional protection for confidentiality.

Please tell us the top means by which you were ***initially*** prepared to work directly with victims of sexual or domestic violence:
___   I learned by personally experiencing or witnessing the violence.
___   I learned through volunteer training.
___   I learned on the job by working with victims.
___   I learned through professional or academic training.
___   Other _____

Information about the Organization

I work or volunteer for an organization that
___   provides services related to only sexual violence
___   provides services related to both sexual and domestic violence
___   provides sexual violence services within an umbrella agency, such as a family resource center
___   provides sexual violence services on a college campus

My position with this organization is
___   Executive director
___   Volunteer coordinator/program manager
___   Other direct services staff
___   Other _____

In direct client contact, I primarily deal with
___   Victims of sexual violence
___   Victims of domestic violence
___   Both victims of sexual and domestic violence
___   Other _____

As part of my regular responsibilities, I complete client contact sheets that describe the victim and the violence or concern for which the victim seeks assistance.
___   Yes
___   No

As part of my regular responsibilities, I complete the quarterly summary sheets that are submitted to the NC Council for Women/Domestic Violence Commission.
___   Yes
___   No

Section 3.
Stand Alone SA, Combined SA/DV, and SA Programs Contained within Umbrella Organizations, by Region and County[7]

Similar names (REACH, Family Services) are used by separate organizations in multiple counties. When a county receives sexual assault services from programs located in other counties, reference information is given in parentheses.

Central Region – 15 counties

County	Sexual Assault	Sexual Assault & Domestic Violence	Umbrella
Chatham		Family Violence and Rape Crisis Services	
Cumberland	Rape Crisis of Cumberland County		
Durham		Durham Crisis Response Center	
Franklin	[see Durham and Wake]		
Granville		Families Living Violence Free	
Harnett		SAFE of Harnett County	
Hoke	[see Cumberland]		
Johnston		Harbor	
Lee		Haven	
Moore		Friend to Friend Crisis Center	
Robeson	Rape Crisis Center of Robeson County		
Scotland		Domestic Violence and Rape Crisis Center	
Vance	District 9 Sexual Assault Program (no NCCFW funding)		
Wake		Interact	
Warren	[see Halifax and Vance Counties]		

- **3 stand alone SA programs**
- **9 combined SA/DV programs**
- **0 SA programs contained within umbrella organizations**
- **3 counties covered by SA programs in other places**

- **13 survey responses were received from this region.**

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[7] Data collected from The NC Council for Women/Domestic Violence Commission website: http://www.doa.state.nc.us/cfw/dvsadir.pdf and The NC Coalition Against Sexual Assault website: www.nccasa.org/NeedHelpNow.html#RCC in May, 2006.

Stand Alone SA, Combined SA/DV, and SA Programs Contained within Umbrella Organizations, by Region and County (continued)

Northeastern Region – 20 counties

County	Sexual Assault	Sexual Assault & Domestic Violence	Umbrella
Beaufort		Options to DV/SA, Inc.	
Bertie	[see Hertford]		
Camden	[see Pasquotank]		
Chowan	[see Hertford and Pasquotank]		
Currituck	[see Pasquotank]		
Dare		Outer Banks Hotline, Inc.	
Edgecombe		My Sister's House	
Gates	[see Hertford and Pasquotank]		
Halifax		Hannah's Place	
Hertford		Roanoke-Chowan SAFE	
Hyde	[see Beaufort]		
Martin		Options	
Nash	[see Edgecombe]		
Northampton	[see Halifax and Hertford]		
Pasquotank		Albemarle Hopeline	
Perquimans	[see Pasquotank County]		
Pitt	REAL Crisis Intervention		
Tyrell	[see Beaufort and Dare Counties]		
Washington		Options	
Wilson		Wesley Shelter	

- **1 stand alone SA program**
- **9 combined SA/DV programs**
- **0 SA programs contained within umbrella organizations**
- **10 counties covered by SA programs in other places**

- **6 survey responses were received from this region.**

Stand Alone SA, Combined SA/DV, and SA Programs Contained within Umbrella Organizations, by Region and County (continued)

Southeastern Region – 15 counties

County	Sexual Assault	Sexual Assault & Domestic Violence	Umbrella
Bladen	[see Cumberland]		
Brunswick		Hope Harbor Home	
Carteret	Carteret County Rape Crisis Program		
Columbus		Families First, Inc.	
Craven	Community Coalition Against Family Violence		
Duplin		Sarah's Refuge, Inc.	
Greene	[see Lenoir, Pitt, and Wilson]		
Jones	[see Craven, Lenoir, and Onslow]		
Lenoir		SAFE in Lenoir County	
New Hanover			Rape Crisis Center of Coastal Horizons
Onslow		Onslow Women's Center	
Pamlico	[see Craven]		
Pender		Safe Haven Pender County	
Sampson		U-CARE	
Wayne		Lighthouse of Wayne County	

- **2 stand alone SA programs**
- **8 combined SA/DV programs**
- **1 SA program contained within an umbrella organization**
- **4 counties covered by SA programs in other places**

- **6 survey responses were received from this region.**

Stand Alone SA, Combined SA/DV, and SA Programs Contained within Umbrella Organizations, by Region and County (continued)

Southwestern Region – 16 counties			
County	**Sexual Assault**	**Sexual Assault & Domestic Violence**	**Umbrella**
Alexander		DV Resource Center	
Anson		Anson County DV Coalition	
Burke		Options	
Cabarrus			United Family Services
Caldwell		Shelter Home of Caldwell	
Catawba	Rape Crisis Center of Catawba County		
Cleveland		Abuse Prevention Council	
Gaston			Family Services
Iredell		My Sister's House	
Lincoln		Lincoln County Coalition Against DV/SA	
Mecklenburg			United Family Services
Montgomery		Crisis Council	
Richmond		Womenfolk Unlimited	
Rowan		Rape, Child & Family Abuse Crisis Council	
Stanly	[see Cabarrus, Montgomery and Union]		
Union			United Family Services

- **1 stand alone SA program**
- **10 combined SA/DV programs**
- **4 SA programs contained within umbrella organizations**
- **1 county covered by SA programs in other places**

- **7 survey responses were received from this region.**

Stand Alone SA, Combined SA/DV, and SA Programs Contained within Umbrella Organizations, by Region and County (continued)

County	Sexual Assault	Sexual Assault & Domestic Violence	Umbrella
Northwestern Region – 15 counties			
Alamance	Crossroads		
Alleghany		Domestic Abuse is Not Acceptable (DANA)	
Caswell	[See Alamance, Orange, Rockingham]		
Davidson			Family Services
Davie		Davie DV Services and Rape Crisis Center	
Forsyth			Family Services
Guilford			Family Services
Orange	Orange County Rape Crisis Center		
Person	[see Orange]		
Randolph		Family Crisis Center	
Rockingham		HELP, Inc.	
Stokes	[see Forsyth and Rockingham]		
Surry	[see Alleghany and Wilkes]		
Wilkes		Safe, Inc.	
Yadkin	[see Davie, Forsyth, Iredell, Surry, and Wilkes]		

- **2 stand alone SA programs**
- **5 combined SA/DV programs**
- **3 SA programs contained within umbrella organizations**
- **5 counties covered by SA programs in other places**

- **11 survey responses were received from this region.**

Stand Alone SA, Combined SA/DV, and SA Programs Contained within Umbrella Organizations, by Region and County (continued)

Western Region – 19 counties

County	Sexual Assault	Sexual Assault & Domestic Violence	Umbrella
Ashe		A Safe Home for Everyone	
Avery		ACADA Home	
Buncombe	Our Voice		
Cherokee		REACH, Inc.	
Clay		REACH, Inc.	
Graham		Hope for Families	
Haywood		REACH of Haywood	
Henderson	The Healing Place		
Jackson		REACH of Jackson	
Macon		REACH of Macon	
Madison		My Sister's Place	
McDowell			Family Services
Mitchell		SafePlace	
Polk		Steps to Hope	
Rutherford		Family Resources of Rutherford County	
Swain		Swain/Qualla SAFE DV/SA Program for Eastern Band of Cherokee	
Transylvania		SAFE of Transylvania County	
Watauga		OASIS	
Yancey		Family Violence Coalition of Yancey	

- **2 stand alone SA programs**
- **17 combined SA/DV programs**
- **1 SA program contained within umbrella organizations**
- **0 counties covered by SA programs in other places**

- **12 survey responses were received from this region.**

Total for North Carolina:

- **11 stand alone SA programs**
- **58 combined SA/DV programs**
- **9 SA programs contained within umbrella organizations**
- **23 counties covered by SA programs in other places**

The total for all counties equals 101 programs. Swain County reports having two combined programs. Vance County has a stand alone program through the judicial system that is not funded by the NC Council for Women. Rape crisis services provided by universities and colleges are not included.

Section 4.
Information about the Volunteer Training Programs

Across North Carolina, sexual assault and domestic violence programs are encouraged, but not mandated, to extend their service capacity by using volunteers who are trained in providing direct services to victims. All of the responding stand-alone programs reported using volunteers, but 85.4% of the combined programs did so.

How volunteers are trained and supervised, as well as what functions they are expected to perform, varies widely across single and combined programs. One might assume that more comprehensive volunteer training would lead to more effective service provision by volunteers. Since this survey sought responses from staff, not volunteers, that hypothesis cannot be tested.

This research project did collect some limited data about whether single and combined programs use volunteers, how long the volunteer training is, and the extent to which particular topics are covered during the training.

My organization provides training for volunteers who then have direct client contact (Note: This question only applies to the <u>initial</u> training session, not additional in-service events or specialized training that might take place later in a volunteer's experience)**:**				
	Sexual Assault		SA & Domestic Violence	
Yes	13	100%	35	85.4%
No			6	14.6%
No response				

Based on the information provided by the respondents to this survey, volunteer training tends to be longer in stand-alone sexual assault programs.

The length of the initial volunteer training is:				
	Sexual Assault		SA & Domestic Violence	
Less than 20 hours	0	0	20	58.8%
20 – 35 hours	7	53.8%	11	32.4%
35 – 50 hours	2	15.4%	3	8.8%
Over 50 hours	4	30.8%	0	0
No response			7	---

Survey respondents were given a list of potential training topics and asked to estimate how much time in their training is devoted to each one. Respondents could rank the topics using five options, each of which was given a corresponding weight. We then added up all the weights and divided by the number of respondents.

A larger numeric weight indicates that more collective emphasis is placed on that topic during volunteer training, indicated both by number of hours and number of programs.

Response	Weighting
We do not cover this topic	0
We address this topic if someone brings it up	.3
We spend less than 1 hour on this topic	.8
We spend 1-3 hours on this topic	2.0
We spend over 3 hours on this topic	4.0

Training Topics, Weighted Responses

The top six responses are in bold.

	SA	SA/DV
1. Confidentiality	1.78	.93
2. Active listening	**2.52**	1.11
3. Advocacy on behalf of clients	**2.77**	**1.33**
4. Male/female Socialization	1.20	0.43
5. Crisis intervention and suicide prevention	**2.74**	1.13
6. Post-traumatic stress disorder	1.94	0.63
7. Self-care; secondary trauma	1.78	0.74
8. Diversity issues	2.09	0.81
9. Stalking	1.50	0.92
10. Sexual harassment	1.50	0.70
11. Date/acquaintance	1.82	**1.22**
12. Stranger rape	1.82	1.13
13. Child sexual abuse	**2.58**	1.10
14. Adult survivors of child sexual abuse	1.85	0.74
15. Sex offender typology	1.72	0.53
16. Domestic violence 101 (cycle of battering)	1.35	**1.98**
17. Safety planning	1.17	1.19
18. Shelter resources; life in shelter	0.52	1.15
19. Law enforcement processes & resources	2.37	**1.28**
20. Judicial and legal processes & resources	2.28	**1.22**
21. Physical health processes & resources	**2.77**	0.97
22. Mental health processes & resources	2.12	0.88
23. Other related community resources	1.72	0.69
24. Your agency's services, processes, etc.	**2.77**	**1.50**

Topics in order of weight ** indicated similar weights			
(13 respondents)	**SA**	(35 to 37 respondents)	**SA/DV**
*Advocacy	2.77	DV 101	1.98
*Physical health resources	2.77	Agency's services & processes	1.50
*Agency's services & processes	2.77	Advocacy	1.33
Crisis intervention	2.74	LEA	1.28
Child sexual abuse	2.58	*Date/acquaintance	1.22
Active listening	2.52	*Judicial & legal	1.22
LEA	2.37	Safety planning	1.19
Judicial & legal	2.28	Shelter resources, life in shelter	1.15
Mental health	2.12	Stranger rape	1.13
Diversity	2.09	Crisis intervention	1.13
PSTD	1.94	Active listening	1.11
AS/CSA	1.85	Child sexual abuse	1.10
*Date/acquaintance rape	1.82	Physical health resources	.97
*Stranger rape	1.82	Confidentiality	.93
**Self-care, secondary trauma	1.78	Stalking	.92
**Confidentiality	1.78	Mental health	.88
***Sex offender typology	1.72	Diversity	.81
***Other community resources	1.72	*Self-care, secondary trauma	.74
****Stalking	1.50	*AS/CSA	.74
****Sexual harassment	1.50	Sexual harassment	.70
DV 101	1.35	Other community resources	.69
Male/female socialization	1.20	PSTD	.63
Safety planning	1.17	Sex offender typology	.53
Shelter resources, life in shelter	.52	Male/female socialization	.43

Topics covered in 3 or more hours, by % of respondents			
(13 respondents)	**SA**	(35 to 37 respondents)	**SA/DV**
Crisis intervention	**46.2**	**DV 101**	**27.0**
Advocacy	**38.5**	**Advocacy**	**11.4**
Physical health resources	**38.5**	**Agency's services & processes**	**10.8**
Agency's services & processes	**38.5**	**Crisis intervention**	**5.4**
Child sexual abuse	**38.5**	**Child sexual abuse**	**2.7**
Active listening	**30.8**	**Confidentiality**	**2.7**
Diversity	**23.1**	**Judicial & legal**	**2.7**
LEA	**23.1**	**Mental health**	**2.7**
Judicial & legal	**23.1**	**Shelter resources, life in shelter**	**2.7**
Mental health	**15.4**	Active listening	0
Sex offender typology	**15.4**	AS/CSA	0
DV 101	**15.4**	Date/acquaintance	0
PSTD	**15.4**	Diversity	0
AS/CSA	**15.4**	LEA	0
Self-care, secondary trauma	**7.7**	Male/Female socialization	0
Confidentiality	**7.7**	Other community resources	0
Date/Acquaintance Rape	0	Physical health resources	0
Male/Female socialization	0	PSTD	0
Other community resources	0	Safety planning	0
Safety planning	0	Self-care, secondary trauma	0
Sexual harassment	0	Sex offender typology	0
Shelter resources, life in shelter	0	Sexual harassment	0
Stalking	0	Stalking	0
Stranger Rape	0	Stranger Rape	0

Topics covered in 1-3 hours, by % of respondents			
(13 respondents)	**SA**	(35 to 37 respondents)	**SA/DV**
Date/acquaintance rape	**84.6**	**LEA**	**59.5**
Stranger rape	**84.6**	**Date/acquaintance rape**	**54.1**
Other community resources	**76.9**	**Agency's services & processes**	**51.4**
LEA	**69.2**	**DV 101**	**51.4**
Mental health	**69.2**	**Safety planning**	**51.4**
Active listening	**61.5**	**Active listening**	**50.0**
Advocacy	**61.5**	**Judicial & legal**	**48.6**
Agency's services & processes	**61.5**	**Stranger rape**	**45.9**
Confidentiality	**61.5**	**Advocacy**	**42.9**
Physical health resources	**61.5**	**Shelter resources, life in shelter**	**40.5**
Self-care, secondary trauma	**61.5**	**Crisis intervention**	**37.8**
Sexual harassment	**61.5**	**Child sexual abuse**	**37.8**
Stalking	**61.5**	**Physical health resources**	**37.8**
Judicial & legal	**61.5**	**Stalking**	**27.0**
PTSD	**53.8**	**AS/CSA**	**24.3**
AS/CSA	**46.2**	**Self-care, secondary trauma**	**22.2**
Child sexual abuse	**46.2**	**Diversity**	**21.6**
Diversity	**46.2**	**Mental Health**	**21.6**
Male/female socialization	**46.2**	**Confidentiality**	**18.9**
Crisis intervention	**38.5**	**Sex offender typology**	**18.9**
Sex offender typology	**38.5**	**PTSD**	**16.2**
Safety planning	**30.8**	**Sexual harassment**	**14.6**
DV 101	**23.1**	**Other community resources**	**13.5**
Shelter resources, life in shelter	0	**Male/female socialization**	**5.6**

Topics covered <u>only</u> if someone brings it up, by % of respondents			
(13 respondents)	SA	(35 to 37 respondents)	SA/DV
Active listening	0	Active listening	0
Advocacy	0	**Advocacy**	**11.4**
Agency's services & processes	0	**Agency's services & processes**	**8.1**
AS/CSA	0	**AS/CSA**	**24.3**
Child sexual abuse	0	**Child sexual abuse**	**2.7**
Confidentiality	0	**Confidentiality**	**2.7**
Crisis intervention	0	**Crisis intervention**	**0**
Date/acquaintance rape	0	**Date/acquaintance rape**	**2.7**
Diversity	0	**Diversity**	**5.4**
DV 101	**30.8**	DV 101	0
Judicial & legal	0	**Judicial & legal**	**5.4**
LEA	0	**LEA**	**2.7**
Male/female socialization	**30.8**	**Male/female socialization**	**13.9**
Mental health	0	**Mental health**	**16.2**
Other community resources	0	**Other community resources**	**21.6**
Physical health resources	0	**Physical health resources**	**10.8**
PTSD	0	**PTSD**	**16.2**
Safety planning	0	**Safety planning**	**2.7**
Self-care, secondary trauma	0	**Self-care, secondary trauma**	**13.9**
Sex offender typology	**7.7**	**Sex offender typology**	**13.5**
Sexual harassment	**7.7**	**Sexual harassment**	**12.2**
Shelter resources, life in shelter	**30.8**	**Shelter resources, life in shelter**	**2.7**
Stalking	**7.7**	**Stalking**	**8.1**
Stranger Rape	0	**Stranger Rape**	**2.7**

(13 respondents)	SA	(35 to 37 respondents)	SA/DV
Active listening	0	**Active listening**	**16.7**
Advocacy	0	**Advocacy**	**11.4**
Agency's services & processes	0	**Agency's services & processes**	**8.1**
AS/CSA	0	**AS/CSA**	**18.9**
Child sexual abuse	0	**Child sexual abuse**	**13.5**
Confidentiality	0	**Confidentiality**	**8.1**
Crisis intervention	0	**Crisis intervention**	**21.6**
Date/acquaintance rape	0	**Date/acquaintance rape**	**10.8**
Diversity	0	**Diversity**	**16.2**
DV 101	**7.7**	**DV 101**	**10.8**
Judicial & legal	0	**Judicial & legal**	**10.8**
LEA	0	**LEA**	**10.8**
Male/female socialization	0	**Male/female socialization**	**38.9**
Mental health	0	**Mental health**	**10.8**
Other community resources	0	**Other community resources**	**10.8**
Physical health resources	0	**Physical health resources**	**16.2**
PTSD	0	**PTSD**	**27.0**
Safety planning	0	**Safety planning**	**10.8**
Self-care, secondary trauma	0	**Self-care, secondary trauma**	**19.4**
Sex offender typology	0	**Sex offender typology**	**45.9**
Sexual harassment	0	**Sexual harassment**	**14.6**
Shelter resources, life in shelter	**15.4**	**Shelter resources, life in shelter**	**10.8**
Stalking	0	**Stalking**	**8.1**
Stranger rape	0	**Stranger rape**	**10.8**

The title above the table:

Topics not covered,
by % of respondents