

The History of the Anti-Rape and Rape Crisis Center Movements

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In the early 1970s, the anti-rape wing of the second wave women's movement spawned the first rape crisis centers in the U. S. (Largen 1981; O'Sullivan 1978; Campbell and Martin 2001). The rest is history. A Washington, D. C. center published guidelines for founding a center in 1973 and, in the same year, Seattle's Rape Relief Rape Crisis Center secured the first Law Enforcement Assistance Administration funding grant (U. S. Department of Justice 1975). More consequentially, the National Organization for Women (NOW) established a National Task Force on rape in 1973 and, by 1974, over 200 local chapters had their own task forces (U. S. Department of Justice 1975; Gornick, Burt and Pittman 1985), many of which morphed into volunteer-run crisis hotlines and, later, permanent organizations. A U. S. Department of Justice report listed 136 rape crisis centers (RCCs) or stop rape task forces in 1975. The day of the rape crisis center had arrived. Largen (1981) estimates a total of 400 centers by 1976 and 1,000 by 1979 while Martin (2005) documented 1200 in 1996.ⁱ

Over time, RCCs changed from a small homogenous core to a large, fluid, and diverse group of organizations (Gornick et al. 1985; Bordt 1997; Campbell, Baker and Marurek 1998). Many original centers folded, surviving ones changed, and scores of new ones opened (Gornick et al. 1985; Matthews 1994). According to Gornick et al. (1985), "Approximately a decade after the anti-rape movement began, the original 'model' of the RCC is virtually extinct" (p. 251) yet Campbell, Baker and Marurek (1998) found that centers begun before 1979 retained their more radical commitments and practices in the 1990s, confirming the influence of founding circumstances on an organization's philosophy, practices and goals.

Rape crisis centers proliferated in conjunction with the early successes of the new women's movement (U. S. Department of Justice 1975; Ferree and Martin 1995; Bevacqua 2000). Historian Sara Evans (2003) says law makers and the public seemed eager in the 1970s to give women whatever they wanted. Government and the media began addressing problems that particularly affected women--abortion, birth control, and rape--and Susan Brownmiller's (1975) book, *Against Our Will*, inflamed public opinion and framed rape as a practice that materially oppresses women. Early anti-rape activists offered a political critique of rape, drawing on their own experiences (Harvey 1985) and focusing on rape's harm. They viewed traditional police, medical and court practices as detrimental to victims' well-being and labeled their unsavory practices a "second assault" (Williams and Holmes 1981), a phrase that still resonates with victims and anti-rape activists (Holmstrom and Burgess 1978; Martin and Powell 1994).

The earliest centers demanded fundamental changes to U. S. society (Gornick et al. 1985; O'Sullivan 1978) and, to that end, worked to improve legislation, public opinion, and mainstream organizations' policies and practices. They wanted victims to view rape as due to a gendered institution that oppresses women, not the actions of a few sex-crazed men or boys (Harvey 1985; MacKinnon 1987; Martin 2004). "Organizers and activists in the early centers, almost all volunteers, believed that rape could be eliminated only if men's economic, political, social, and cultural privileges relative to women were eliminated" (Martin 1992:4). Many early centers viewed the *mainstream* as hostile to women's welfare and created egalitarian, less authoritarian, and non-hierarchical organizations to embody their feminist ideals (Martin 1990; Bordt 1997).

Many early centers denounced *ameliorative treatment* for victims, viewing it as victim-blaming and accepting of the status quo--i.e., the inevitability of women's being raped (Rose 1977; U.S. Department of Justice 1975). They believed psychological treatment told victims the rape was their fault. They favored a political explanation of rape and political education and mobilization to eliminate rape. Yet, many early RCCs offered treatment to victims, e.g., crisis-counseling, and from the outset, monitored mainstream organizations--including police, hospitals and courts (Schmitt and Martin 1999). They also did outreach to change the public's understanding of rape, a practice that continues today. Martin (2005) finds "political work" or public education among the most frequent activities of rape crisis centers.

RCCs have influenced U.S. society in multiple ways (Schmitt and Martin 1999; Bevacqua 2000). Campbell and Martin (2001) say their ameliorative services for victims substantially speeds up recovery. They have improved rape statutes in nearly all U. S. states (Schmitt and Martin 1999; Martin, DiNitto, Byington and Maxwell 1992; Bevacqua 2000). They have pressured law enforcement, prosecutors, and hospitals to improve and coordinate their practices and local officials and state legislators to pressure insurance companies to conduct and pay for rape exams, use uniform rape kits, and compensate victims for time lost at work. As a rule, rape crisis centers make rape victims and community improvement top priorities, despite their imperfections on race/ethnicity and social class, among other issues (Martin 2005; Scott 2005).ⁱⁱ

After initially resisting, most U. S. cities accepted the involvement of RCCs in work with victims by the mid-1980s (Martin and Powell 1994). Communities began adopting protocols to designate specific roles for each organization and many included

the RCC. In response, RCCs stopped chastising mainstream organizations publicly and worked *within the system* to assure access to victims and to their staff (Bevacqua 2000:84; Martin 2005:Chapter 7). Rape crisis centers started “mobilizing unobtrusively inside society’s core institutions” rather than using a confrontational approach of “standing outside and allocating blame” (Schmitt and Martin 1999; Martin 2005). They sacrificed some freedoms but also enhanced their odds of influencing mainstream *rape workers* and their employers (Martin 2005).

According to Martin (2005), rape crisis centers are one of five feminist innovations that have improved life for rape victims.ⁱⁱⁱ RCCs see more victims than mainstream organizations do (even with more limited budgets and staff; Martin 2005) and they are more responsive to victims’ needs. Unlike most mainstream processors, victims are their main concern. A woman who reports rape enters an arena where many interests are at stake; police and prosecutors view rape victims primarily as witnesses to a crime and hospitals focus on their qualifications as “real patients” (Martin 2005). Only rape crisis centers can avoid asking rape victims to fulfill another role (Campbell and Martin 2001; Martin 2005).

Although they have not eliminated rape, RCCs have had an impact (Bevacqua 2000; Schmitt and Martin 1999; Campbell and Martin 2001). In the 1970s and 1980s, they pressured state officials and local organizations to eliminate victim-blaming rape laws and improve their policies and practices. They advocated for and assisted victims when dealing with legal and healthcare organizations and worked to improve the public’s understanding of rape (Schmitt and Martin 1999; Konradi 2004). Finally, they coordinated community organizations around the issues of staff training, protocol

development, and public education (Martin 2005). Because more interaction and coordination benefit victims (Campbell, Wasco, Ahrens, Sefl and Barnes 2001; Campbell and Ahrens 1998), communities with a rape crisis center to facilitate these ends are more responsive (Martin 2007). The impact of these small, resource poor, and allegedly inconsequential “women’s movement organizations” on their communities and indeed the nation is extensive, far more than is generally assumed (Martin 2005, 2007).

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ⁱ If Florida is typical, the number is likely greater, since that state went from 42 to 55 between 1996 and 2005 (Martin 2005).

ⁱⁱ Most early centers were founded by middle-class white women, many of them students, ranging in age from 20 to 40. Few victims served as volunteers and few women of color, poor women, full-time workers, or women with children were involved (U. S. Department of Justice 1975). Also, few minority women sought their help (Matthews 1994; Scott 2005). RCCs have since improved their inclusion of and responsiveness to women of color but improvement is still needed (Scott 2005).

ⁱⁱⁱ The other four are: Sexual Assault Nurse Examiner programs, Sexual Assault Response Teams, victim advocates, and legal/statutory reforms.