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Rape Crisis Centers

Helping Victims, Changing Society

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Rape crisis centers (RCCs) are feminist organizations that, for nearly 40 years, have helped victims while also struggling to eliminate society's tolerance of rape (Campbell, Baker, & Marurek, 1998; Campbell & Martin, 2001; Gornick, Burt, & Pittman, 1985; Koss & Harvey, 1991; Largen, 1981; O'Sullivan, 1977, 1978; Rose, 1977; Schmitt & Martin, 1999, 2008).[1] Founded in the United States in the early 1970s, this "new organizational entity" (U.S. Department of Justice, 1975) spread rapidly across the nation and, possibly, is still spreading today (Martin, 2005). This chapter reviews RCCs' qualities and practices, historically and currently, and addresses their probable future.

RCCs are *harvests* of the second-wave women's movement—a term scholars use for U.S. feminists' mobilizing that began in the late 1960s (Evans, 2003; Ferree & Hess, 2000). As they were at the outset, RCCs are both a women's movement *and* human service organization (Rose, 1977; U.S. Department of Justice, 1975). They have many features in common but they also vary in philosophy, structures, and activities (but see Townsend & Campbell, 2007; Zilber, 2002). Their differences from mainstream organizations such as the police, hospitals, and courts and from domestic violence shelters, community mental health clinics, and public health departments often pose challenges for them, as Martin (2005) shows (and see below). Day and night, holiday and workday, 12 months a year, RCCs help rape survivors, assist mainstream organizations, and strive to improve society. Furthermore, they do these things despite having small budgets and limited staff and operating in a political climate that often frames them as troublesome if not obstructive

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(Campbell et al., 1998; Schmitt & Martin, 1999, 2008).

Relatively few RCCs today are freestanding. Most are located in not-for-profit or public organizations such as battered women's shelters, hospitals, mental health clinics, county health departments, YWCAs, or universities and colleges (Byington, Martin, DiNitto, & Maxwell, 1991; Campbell, 1998; Martin, 2005; Martin, DiNitto, Norton, & Maxwell, 1984). Although many are "programs" rather than stand-alone organizations, they qualify as human service organizations due to their assistance to victims and dedication to social change (cf. Bordt, 1997).

The most definitive historical evidence on early RCCs and the antirape wing of the women's movement is a nationwide study by the Law Enforcement Assistance Administration (LEAA) in 1974–1975 (U.S. Department of Justice, 1975; hereafter referred to as the "LEAA report"). Other early documentation by Rose (1977), O'Sullivan (1978), Largen (1981), Gornick, Burt and Pittman (1985), Martin et al. (1984), and Harvey (1985) largely agrees with the LEAA report, although some differences exist, possibly due to different time frames and samples. The LEAA report identified 60 RCCs in 27 different U.S. states in 1974 and characterized them as a "relatively new entity" without explaining what the depiction meant.

According to the report, the earliest centers were founded in 1972 in several U.S. cities at once. Wasserman (1973) says that the first "crisis line" was created in Washington, D.C., in 1972. In addition to the 60 centers, the LEAA study listed 136 stop-rape task forces, many of which later morphed into RCCs (Schmitt & Martin, 2008), that were founded by local chapters of the National Organization for Women. The 60 RCCs in the study were still establishing their philosophies, missions, policies, and practices in 1974–1975, thus the report's authors say that it contains "theory"—meaning plans and rationales—as much as "experience" (LEAA report, p. 123). As the chapter proceeds, I contrast early centers with those operating today. When sources disagree about, for example, how "radical" the early centers were, I report that as well. That said, consensus outweighs disagreements on most historical claims.

The chapter is organized as follows. First, I review the status and activities of RCCs, formerly and today. Second, I discuss the notion of "responsiveness" and suggest why most legal and medical organizations are less responsive to victims than RCCs are. Next, I include sections on RCCs' structures; mobilizing resources; service aims and technology; organizational networks; and organizational recruitment, training, and retention. At the end, I situate RCCs relative to institutionalization processes that allowed them to both conform to and resist mainstream norms and practices. I also review debates about RCCs' feminist ideology/ies and practices and conclude that mainstream organizations are unlikely ever to do what RCCs do. RCCs are still needed, I conclude, because violence toward and exploitation of women and girls by men and boys, sexually and in other ways, continues unabated.

Mainstream Organizations, Rape Crisis Centers, and Responsiveness to Victims

Responsive organizations make rape victims' welfare a key concern, high in their priority queue, whereas *unresponsive organizations* focus on other interests (Martin, 2005). Some examples of mainstream organizations' unresponsive practices include challenging rather than validating victims' accounts; remaining aloof rather than sharing their grief; and remaining silent rather than expressing empathy, comfort, or support.

Many mainstream jobs actually *require* incumbents to act in these ways as a matter of organizational policy and routine (Martin, 2005; Martin & Powell, 1994). According to the psychologist Mary Koss (1993b, p. 1066), rape victims need affirming and compassionate treatment to *prevent* them from blaming themselves; they need to be reassured that the rape was not their fault. Sadly, many mainstream workers communicate the opposite message by *judging* victims' behavior, judgment, dress, or demeanor. Although practices that empower victims are neither complicated nor demanding, few mainstream organizations instruct their staff to employ them, and indeed, many tell them to do the opposite (Martin, 2005).

So what accounts for the mainstream's unresponsiveness to rape victims? Are the workers simply cold and unfeeling? My answer is no, they are not. In fact, many are well-intentioned and even sympathetic. The culprit is, I suggest, the institutional contexts in which mainstream organizations are situated (Martin, 2005). The institutions of law and medicine are guided by cultural assumptions and practices that orient their workers to pursue goals other than rape victims' well-being (cf. Alford & Friedland, 1985; Heimer, 1999). RCCs, in contrast, as specialty organizations stemming from secondwave feminism, are free to make victims' well-being a top priority (Schmitt & Martin, 2008).

The legal system presents the police and court personnel with a dilemma. Legal workers must deal with the *victim of rape* and the *witness to the rape* in one and the same person. The script to which law enforcement and prosecutors are held accountable requires them to ensure that the victim is a "true victim," a "100% victim." This prompts them to focus on her ability to be a reliable, credible witness, who can hold her own in an adversarial legal system and provide a believable account of the rape. A person who is both a victim and a witness is thus soon treated by legal system workers *as a witness* who must be "toughened up"—as a Florida prosecutor said (Martin, 2005)—for the legal battles that lie ahead. Even when they "believe" a victim, the mainstream personnel are advised to remain aloof, require her to prove herself, and require her to show that she fills the bill as a "good witness." Skepticism, not unconditional acceptance, is required by the job.

This dynamic accounts for the police and the prosecutors' unresponsiveness, but what about medicine? Surely medical professionals have no need for rape victims to be good witnesses. In accord with their institutional goals, medical personnel resist work with rape victims partly because they view the sexual assault protocol (or "rape exam") as evidence collection for a legal case rather than as a medical treatment. For the most part, this belief is correct. Rape exams entail collection of semen, blood, sweat, urine, and saliva from a victim's body as well as fingernail scrapings and hairs from her head and pubis (DiNitto, Martin, Norton, & Maxwell, 1986; Martin, 2005; Martin & DiNitto, 1987; Martin, DiNitto, Norton, & Maxwell, 1985). Some hospitals give rape victims pregnancy prevention medication (or "morning after" pill) and prophylactic treatment for sexually transmitted diseases, although most do not (Campbell, 1998, says that fewer than half of U.S. rape victims receive such services—only 38%). Of course, victims who are physically injured are treated well by hospital personnel, but only a minority fall into this category.

Since rape exams seldom entail conventional medical treatment, ER physicians and nurses view them as an illegitimate imposition. Medical staff are oriented, professionally and organizationally, to treating injured or acutely ill "patients," not rape victims without physical injury. Their dilemma is whether a rape victim is a true patient, and their general assessment is that *she is not.*

They resent having to deal with her, refuse to be trained in the purposes and technology of rape exams, and treat a victim rudely—often refusing to examine her, contact the RCC, or allow RCC personnel to accompany her during the rape exam. Although these comments suggest harshness and insensitivity, it is fair to note that rape exams violate the standards of illness and injury that medical professional training and organizational mission specify. Medical professionals also fear becoming entangled in the "legal system," imagining that they will have to testify in court and lose time from work (Martin, 2005). Hospitals resist due to the state's failure to reimburse their full costs for rape exams. Conditions like this prompted me to label hospitals as "the reluctant partner" in a recent study (Martin, 2005, chap. 4).

In contrast, the mission of RCCs instructs their members to accept, offer comfort, and help rape victims regain their health and control of their lives (Martin, 2005). A rape crisis worker is *not* told to require a victim to "prove herself," tell a coherent story, or prove that she is physically injured. A rape victim can act however she pleases in a rape crisis setting. As one RCC worker said (cited more extensively later on), "I don't need a rational story" (Martin, 2005, p. 111). RCC personnel are told to be responsive, and few countervailing pressures prompt them to act otherwise. If they fail, the failure is personal, not a response to a job description or organizational imperative.

Work in an RCC offers a chance to be helpful to victims and, at the same time, be part of the women's movement, some RCC members say:

> Well, it's very rewarding to be paid for what you love. And I love being able to work in the women's movement and get paid for that. I mean it's very much a movement job so I really like that. I like meeting these tremendous people [rape victims] that have horrible horrible things done to them and manage to get on with their lives and work things out and write things like that poem up there [she points to a poem by a victim on her wall]. There are very inspiring parts of the job. And I work with the most wonderful people on the face of the earth. The counselors and everyone . . . whatever brings them to it . . . whether it be the movement or just caring about people . . . they are just really good, dedicated, loving people. (RCC staff member, white woman, aged 28)

What RCCs Do

Services and Political Work. From their earliest days (and now), RCCs performed two or three basic activities: (1) a 24-hour crisis hotline for victims to call in; (2) other counseling for victims (individual, group, and/or family/significant other support); (3) advocacy for victims with regard to legal and medical/health/social service organizations (Campbell & Martin, 2001, see Table 1; LEAA report). Some early centers were more "feminist" or "radical" than others, meaning that they framed rape as a political act stemming from systemic gender inequality and/or were confrontational when relating to media, public, and mainstream organizations. Centers founded before 1978–1979 were more radical in the 1990s than those founded later, and also, larger and better-funded centers were more politically active than smaller, less well-funded ones, according to Campbell (1998). Staff in larger/more affluent centers told Campbell, "We can *afford* to be political," suggesting that economic stability *facilitates rather than undermines political activism,* as some have suggested. A California center founded in 1974 embraced political activism from the beginning by practicing *discursive politics* (see below) and striving to improve hospitals and universities/colleges nationwide as well as locally (Schmitt & Martin, 1999).

Many more RCCs exist today than formerly (Martin, 2005). As noted, the LEAA report listed 60 in 1974–1975, whereas Campbell (1998) documented 785 in the 1990s and Martin (2005), 1,200 at around the same time (somewhat different definitions of an RCC were used). Such a dramatic increase suggests that RCCs enjoy a sure foothold in the U.S. human services arena. It also suggests that RCCs are among the most omnipresent *organizational product* of 20th-century U.S. feminism.[2] The LEAA report showed that Florida had four RCCs in 1974, two of which still exist (Florida had 51 centers in 2008).[3] Whatever one might say about RCCs, they seem to be here to stay. Their help to victims, expertise in sexual assault, and assistance to mainstream organizations prompt their communities to view them as valuable (Martin, 1997; Martin & Powell, 1994), a condition that did not exist earlier. Furthermore, their efforts to end violence against women and to challenge gender inequality place them in good stead with feminists and others who oppose sexual exploitation (Martin, 2005, chaps. 5, 6, 7, 10).

Improving Rape Laws and Legal Procedures. For 30 years, RCCs have produced positive changes in the legal processing of rape victims and cases (Bevacqua, 2000; Martin, 2005). They have written laws for legislators and local government officials, lobbied for progressive legal reforms, and served as expert witnesses on the impact of rape on victims (Martin, DiNitto, Byington, & Maxwell, 1992; Schmitt & Martin, 1999). RCCs regularly work *for* mainstream organizations and then *publicly thank them* for being responsive to victims (Martin, 2005; Martin et al., 1984). For more than three decades, RCCs in many cities have trained law enforcement, hospital, and prosecution personnel to impart to them feminist understandings of rape. Centers regularly strive to "indoctrinate" mainstream organizations with feminist understandings of rape, and they refuse to "stand outside and allocate blame" when things go awry (Martin, 2005; Schmitt & Martin, 1999). Of course, as I note later, cooperating with the mainstream exacts a price.

Sexual Assault Response Teams. RCCs initiated, staffed, and supported the founding and operation of community sexual assault response teams (SARTs) across the United States. These teams—variously known as task forces, working groups, councils, and coalitions—have members from multiple organizations that deal with rape victims or cases, including law enforcement, hospitals, prosecution units, and mental health agencies (Campbell, 1998; Martin et al., 1992). Many SARTs require the involvement of "street-level" personnel (Lipsky, 1980)—those who work directly with victims or rape cases—rather than (only) high-status chiefs, sheriffs, hospital administrators, or elected prosecutors. SARTs work to enhance coordination among organizations that do *rape work* (Martin, 2005) in order to promote responsive treatment of victims and effective detection and prosecution of rapists [4] (Byington et al., 1991; Campbell & Ahrens, 1998; Martin, 2007; Martin et al., 1992; Martin & Powell, 1994). They facilitate development of joint victim-processing protocols, cross-training of staff, education of children/youth, informing officials/the media and public about rape, preventing rape, and identifying and convicting rapists (Campbell & Martin, 2001; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). A multi-organizational structure helps rape workers situated in different institutional arenas—law, medicine, and the women's movement—become acquainted with and learn from each other about rape victims and crimes (Martin, 2007). It also fosters positive sentiments among members; for example, a sheriff's deputy working on a Stop Rape Task Force with "Penny, the

feminist nurse" less readily saw her as a "nutcase" after discovering their common sense of humor and love for Cherry Garcia ice cream (Martin et al., 1992).

Sexual Assault Nurse Examiners. RCCs have sponsored, founded, operated, or staffed Sexual Assault Nurse Examiner (SANE) programs. These programs entail specialist facilities (a separate sector or examination room and equipment) and specialist staff (most often nurses) for performing post-rape exams (Campbell et al., 2006; Ledray, 2005; Ledray, Faugno, & Speck, 2001; Martin, 2005; Martin et al., 1985). Much research documents the insensitive, often judgmental and incompetent, treatment of rape victims during rape exams by physicians and nurses in hospital emergency rooms (DiNitto, Martin, Byington, & Maxwell, 2006; Martin & DiNitto, 1987; Martin et al., 1985). Unresponsive behavior prompted communities around the nation to establish SANE programs that, in some instances, were founded and supported by RCCs. Although few SANE programs operate on RCC premises, RCCs nationwide support them politically and often financially (see www.sane-sart.com).

Education as Discursive Politics. Finally, RCCs strive to educate children/youth, the media, elected officials, staff in other organizations, and the public about rape, sexual assault, and incest. Following Katzenstein (1990), the term *discursive politics* represents RCC efforts to end society's toleration of rape (Martin, 2005, chap. 6; Schmitt & Martin, 1999). According to FBI statistics (collected from law enforcement agencies via the Uniform Crime Report system), 80% of rapes reported today are acquaintance rapes, whereas previously, most *reported* rapes were committed by strangers. Boyfriend, date, neighbor, friend, casual acquaintance, father, brother, and husband or ex-partner are the most common assailants today (Sawtell, 2008). The violations to self, identity, feelings of safety, and trust in others that follow from being sexually violated by a known, presumably trustworthy, person can be devastating (Koss, 1993a, 1993b, 2000; Norris & Kaniasty, 1994). RCCs strive to increase others' understandings of the contexts, causes, and effects of rape, and to this end, most of them accept every request from external groups to discuss such issues.

Structures, Members, and Ideologies of RCCs

Structures. From their earliest days, RCCs adopted a variety of structures. Yet the LEAA report says that many early centers were started by volunteers who "operated as collectives, sometimes with rotating leadership or a steering committee. Typically, each woman was involved in decision-making and every aspect of the program" (LEAA report, p. 124; cf. Largen 1981; O'Sullivan 1978). The usual system for helping victims was a network of volunteers who passed around a "beeper," which alerted them when a victim reported to police or was taken to hospital. The volunteer met and offered support to the victim and, in some communities, other services too (transportation, counseling, making physician appointments; Martin, 2005, chap. 2). After a while, this arrangement exhausted the volunteers. Also relying on unpaid women with life demands of their own meant that the ball was often dropped where victims were concerned.

For such reasons, along with the pressures associated with a deluge of requests for services or information from victims and the community, most centers soon adopted more conventional structures and practices because "having officers and committees was a more efficient way to operate."[5] By 1974, less than 3 years after the

first centers began, *nearly all centers in the LEAA study had changed to a "bureaucratic-like" structure* with "officers, bylaws, boards of directors, and committees" (LEAA report, p. 124; Bordt, 1997). I emphasize the pervasiveness and speed of these changes because some scholars suggest that only co-opted centers changed in these ways and that, in doing so, they abandoned feminist goals and practices. The evidence refutes that interpretation. By the 1980s, nearly all RCCs had structures, policies, and practices that accommodated mainstream norms and practices (Byington et al., 1991; Gornick, Burt, & Pittman, 1985; Harvey, 1985; Martin et al., 1984, 1985), a pattern that held into the 1990s (Bordt, 1997; Hyde, 1995; Matthews, 1994).[6] As noted, Campbell et al. (1998) found that centers founded before 1979 had more radical political views than those founded later, but they also identified very few radical centers in their national sample of 685.[7] In short, RCCs' fiery beginnings quickly cooled due to pragmatic concerns. Their commitment to victims and societal change persisted, however.

Many changes were, I suggest, pragmatic responses to external demands rather than abandonment of feminist aims. (Later, I offer a neo-institutional interpretation of these developments and suggest that their effects were generally positive for RCCs, rape victims, and their communities [cf. Townsend & Campbell, 2007].) Early centers had no way of anticipating the "enormous interest they stimulated in the crime of rape" (LEAA report, p. 125). "They were so successful in drawing attention to rape that they were soon overwhelmed with calls from media, groups wanting speakers, and students writing papers" (LEAA report, p. 125). Once the antirape movement placed "rape on the public agenda" (Bevacqua, 2000), RCCs were swamped by requests from victims and others requesting information, education, advice, and speakers. To respond, they changed their structures and practices. According to the political scientist Jane Mansbridge (1995), feminist organizations create up-from-the-bottom "street theory" to get the job done without being overly concerned about feminist philosophy or ideology. Changes toward more conventional organizational forms had a benefit, furthermore, of enhancing RCCs' legitimacy in the community, which helped them obtain political, financial, and media support (see below).

A further point cautions against focusing on the change from a flat, consensus-based form to a *more* bureaucratic form. Research on 25 Florida RCCs in the 1980s (Byington et al., 1991) showed that even the "most hierarchical" centers had no more than three administrative layers, consisting typically of (1) a director, (2) one or two supervisory staff members (e.g., counseling/advocacy and administrative—bookkeeping, finance, grant writing), and (3) counselor/advocates (see discussion below).[8] That is, RCCs' bureaucratic forms and practices did not resemble those of a business or government agency. RCCs had—and have—relatively few members, thus elaborate authority structures were neither necessary nor possible. Furthermore, a clear hierarchy and division of labor can facilitate clarity about duties, obligations, and opportunities (rather than alienate members), according to research on small feminist (Thurston, 1987; Zimmerer, 1982) and nonfeminist human service organizations (Martin, 1984, 2002).

Members: Who Founded RCCs? "Many of the women who have founded rape crisis centers view themselves as political activists or community organizers, rather than as volunteers who perform social services" (LEAA report, p. 127). Substantial historical evidence shows that the early RCC founders were mostly white, well-educated, and financially secure women with discretionary

time and energy to organize around rape.[9] They were informed by feminist critiques that called for fundamental social change, and many viewed the "establishment" as the enemy, with structures, ideologies, and practices that should be abolished. Due to such views, mainstream officials perceived some early RCCs as radical, unreliable, or just plain "nutty."

Ideology: Are RCCs Feminist? Despite some claims that all or most early RCCs were *radically feminist* in philosophy and practice, evidence from the LEAA report suggests otherwise. Although spawned by the second-wave women's movement (Martin, 1990), *only about half of the 60 in the LEAA report said that they were feminist* in 1974.

> This may be because there is no generally accepted definition of that term, so people are hesitant to apply it. It also may be that this word is considered too limiting for centers striving to become more inclusive and broadly based. (LEAA report, p. 126)

Alas, little has changed! Many women's organizations today, including RCCs, avoid the feminist label (Bordt, 1997).

But what *is* a feminist organization? Indeed, what is feminism? These are difficult questions (Mansbridge, 1995; Martin, 1990). Many RCCs failed from the outset to embrace an *explicit* feminist philosophy, and some did not even focus exclusively on rape (LEAA report)—for instance, due to a goal of "meet[ing] the needs of [minority] women in the community" (Matthews, 1994). Women's movement scholars Myra Marx Ferree and Carol Mueller (2004) say that women who organize around nonfeminist issues such as children's safety or the environment nevertheless create organizations with feminist elements. Women's empowerment is a key feature of feminist organizing and organizations (Acker, 1995; Ferree & Martin, 1995; Mansbridge, 1995; Martin, 1990); and since most RCCs embrace this goal, they are feminist in that regard (see Martin, 1990, for a review of multiple criteria on this point; but cf. Staggenborg, 1995). RCCs are also *harvests* of the second-wave women's movement, whether founded in the 1970s or later (Ferree & Martin, 1995). Narrow definitions that question RCCs' *feminist* bona fides are less useful, in my view, than exploring how these organizations are feminist and how they are not and, in either case, what difference (if any) their actions make in the lives of rape victims, their members, and their communities.[10]

Mobilizing Resources

How do RCCs acquire resources? As noted, most early centers winged it—relying on volunteers, a beeper, informal meetings, and a rotation system. Yet limits of this organizational design soon became apparent. As noted, volunteers became exhausted, and other obligations interfered with their service commitment. "Most groups found they needed some paid staff and a budget for operating expenses, so they decided to seek funding" (LEAA report, p. 125). A high volume of requests for services prompted RCCs to aspire to a permanent home base with desks, telephones, supplies, an address, and paid staff. As a result, most sought external funds from local and state governments, charitable organizations, private citizens, and the United Way.

The Search for External Funds. To prove that they deserved support, RCCs were encouraged, and in some cases required, to adopt conventional structures and practices. In Tallahassee, Florida, the city and county governments required the RCC to establish a board of directors, budget, and paid staff before awarding them funds. They later required the RCC to merge with the domestic

violence shelter, which both organizations initially opposed but in time reluctantly did. The decision to seek external funds focused on a need for resources and a desire to show that they were "respectable" (LEAA report). Resistance by "established institutions" and "professionally credentialed" people posed roadblocks for RCCs early on. Most were neither incorporated nor tax-exempt, and nearly all were viewed as less than "attractive grantees" by funders (LEAA report, p. 125). As unknown entities with no track record, they had difficulty proving that they deserved support. Although RCCs functioned from the outset as "social service" organizations and provided services to victims, the LEAA report says that mainstream funders resisted funding them due to their newness to the "community scene" (LEAA report, p. 136). They were particularly hesitant to fund "anti-establishment" or "alternative" centers, but even cooperative centers had to prove themselves.

An additional incentive to seek legitimacy in the funding community was a realization that confrontation prevented access to victims. Neither law enforcement nor hospitals had to notify a center when a victim arrived. An RCC director told me, "If we confront them publicly, we pay a price. Rather, victims pay the price! They won't let us have access to her." RCCs that criticize mainstream organizations publicly are viewed as hostile and avoided. Yet if they address problems "behind the scenes" (LEAA report, p. 131), they are accepted, but they also sacrifice autonomy, as some RCC leaders admit (Schmitt & Martin, 1999). Confrontation lowers RCCs' odds of being viewed as "reliable" and "worthy" by the mainstream (LEAA report; see also Largen, 1981; O'Sullivan, 1977; Rose, 1977).

Some early centers refused to accept external funds due to a concern with protecting victims' identities, although the LEAA report identified only one such center in 1974. "At least one rape crisis center has refused a grant that was contingent upon the keeping of records and reports, including the identification of victims" (p. 126). Most centers found a way to meet reporting demands and also protect victims' identities, a practice that continues today (Martin, 2005; Martin et al., 1984).

Funding patterns for RCCs vary from city to city and state to state. Like the rest of the United States, some Florida communities provide RCCs with annual allocations, but most do not (Martin, 2005; Martin et al., 1984). Some U.S. states allocate general revenue for rape, but again, most do not. Since the 1980s, a federal law has allocated funds to the 50 states for rape prevention work through the Centers for Disease Control (Martin, 2005). The states are not obliged to pass the funds on to the RCCs, however, and only some do so.[11]

Federal funds are available on a competitive and time-limited basis in accord with the Victims of Crime Act (VOCA) and Violence Against Women Act (VAWA). While competitive awards can help with establishing new programs (often "newness" is a requirement), they can be destructive if staff are laid off and programs terminated when funding ends. Funding for RCCs co-located with other organizations can be a help or a hindrance. For instance, domestic violence shelters may be "flush" due to state-allocated funds (e.g., a marriage license fee trust fund in Florida), while the RCC is poor. Some shelters view the RCC as an "ugly sister" who depends on "charity" and the largesse of domestic violence staff (O'Sullivan & Carlton, 2001; see Czarniawska, 1985, on "the ugly sister" concept). Yet Martin et al. (1992) report that shelters can also be a resource for RCCs, for example, when the director of a combined domestic violence/RCC uses the resources obtained for domestic violence purposes to help rape victims.

The RCCs' quest for funds is never-ending. My informants noted that rape is

discomfiting, prompting audiences to resist hearing about it. One RCC director spoke about visiting a senior citizens center, where women left the room to avoid her talk; they feared that it would make them afraid in their homes (Martin et al., 1992). Domestic violence is a favored charity for both individuals and groups, including conservative religious organizations, which regularly contribute to these programs. In contrast, almost no one donates for rape, RCC directors say (Martin et al., 1984).

Finding a Home. Obtaining housing—a permanent home base—was a crucial step toward legitimacy for early RCCs. Many found a home inside mainstream organizations that provided them with "volunteers, facilities (health services and security) and funding, telephones, supplies, printing services, and offices with furniture" (LEAA report, p. 125). Sites included private homes, the YWCA, churches, women's centers, and universities or colleges. In addition to the legitimacy of co-location, being part of a larger organization steered RCCs away from confrontation. All but two of the 25 Florida RCCs in the 1980s were housed with mainstream organizations such as battered women's shelters, mental health clinics, public health departments, and colleges (Byington et al., 1991), and all worked in concert with the mainstream. O'Sullivan and Carlton (2001) conclude that rape victims are not well served by RCCs affiliated with battered women's shelters, largely because rape is treated as a lesser priority. Byington et al. (1991) and Martin (2005) report that RCCs located in battered women's shelters, mental health clinics, or legal justice organizations have smaller budgets and staff and serve fewer rape victims per year compared with stand-alone centers and those in publicly funded health or social service settings. They are less involved with the community also (which Martin, 2005, calls "network embeddedness") and do less "political work" about rape (Martin, 2005, Table 5.2).[12] It would be useful to have more research on how particular *organizational homes* affect RCCs' circumstances and activities.

Service Aims and Practices

RCCs' service aims and practices have been quite consistent over time. Like today, early centers had four goals: (a) "To provide supportive services to victims; (b) to reform institutions [by which they meant 'mainstream organizations,' see Martin, 2005] which deal with victims; (c) to educate themselves and the public on rape-related issues; and (d) to reform the law" (LEAA report, p. 123). While most contemporary RCCs pursue these same goals, a few embrace only one or two—for example, advocacy or long-term psychological counseling. The LEAA report says that early "feminist centers" had a goal of creating "a context in which women help themselves and each other" (p. 124). This goal reflected suspicion of "professionals" who might convey to victims a sense of guilt or a need for "professional mental health treatment." Feminist centers emphasized "peer assistance," claiming that more important than "what you do" is "how you do it and how you treat each other" (p. 124). In response to this philosophy, some communities viewed RCCs as "antimale [*sic*], antiprofessional [*sic*], and difficult for more conventional groups to work with" (p. 124). Most RCCs today embrace both peer and professional approaches, viewing them as complementary. Responding to victims' wishes continues to take precedence over a top-down vision of their needs, however (Schmitt & Martin, 1999).

Working With Victims

Learning From Victims. Due to a lack of information about what *should* be done for victims, the early RCCs assumed a "learning

stance," a practice that continues today. To avoid telling victims what they needed to do or should do or think, a California center founded in 1974 (see Schmitt & Martin, 1999) had the motto "All we do comes from victims," which shaped its philosophy, policies, and practices (Schmitt & Martin, 1999). The LEAA report says that the early centers had a goal of buffering victims from the negative influences of the criminal justice system. RCCs allegedly invented the "counselor/advocate" job, as I note shortly, in part for this purpose.

The LEAA report describes early conditions and practices as follows:

> There was no existing body of knowledge about psychological consequences and appropriate treatment for rape victims for centers to draw upon. Consequently, they learned from experiences of rape victims about the kinds of services that might be beneficial. Many rape crisis centers believed that educating victims on the role that society and the law enforcement system play in her [*sic*] problems will help her recover from the attack. It is also believed that if the center serves as a buffer between the victim and criminal justice agencies, any negative impact on her might be reduced. Thus center personnel serve not only as crisis counselors but also as "advocates" for the victim if she proceeds through the criminal justice process. (p. 132)

Counselor-Advocate: Assisting Victims. The LEAA report says that RCCs *invented* the counselor/advocate position. This double-duty position required RCC members to support victims and advocate for them in the community. To support victims, many RCC personnel acted as peer counselors. While peer counseling was not invented by RCCs, many made it a hallmark of services that reject professionally trained psychiatrists and psychologists from fear that they might make victims feel responsible for or guilty about being raped. Peer counseling characterized as "empathic listening" was thought to allow victims to communicate in order to "restore the victim's self-confidence and diminish her feelings of helplessness by encouraging her to make necessary decisions about communications with family or friends, police reporting and medical treatment" (LEAA report, p. 132). Even today, such principles undergird the philosophy and practices of many RCCs.

"We Apologize *for* the Rapist."

Knowing that rape victims tend to blame themselves after being raped (Koss, 1993a, 1993b, 2000; Koss & Harvey, 1991), many RCCs employ a strategy of apologizing for the rapist's actions. Ideally, the rapist should apologize, but research on sex offenders shows that few of them acknowledge what they did, much less admit that their actions caused harm (Scully & Marolla, 1984). An RCC member's apology affirms that the victim was wronged. Whereas legal-justice officials routinely challenge rape victims and hospital ERs resist examining them, RCCs *accept* their accounts and *apologize* for their experience (Konradi, 2007; Martin, 2005; Rose, 1977). This action acknowledges a victim's feelings of violation, pain, injustice, and shame. One RCC counselor described her use of an apology strategy this way:

> I let her tell me whatever she likes and I sit quietly. . . . When she finishes, I hold her hand, look her in the eye, and say, "I am so sorry. I am so sorry he did this to you." This may not sound like much but I can see it helps. Many times, she'll cry for the first time when I say it. (rape crisis counselor, white woman, aged 51)

"I Accept Whatever She Says."

Another prevalent RCC practice is to accept a rape victim's account of her experience without questioning or challenging it. RCCs suffer no negative consequences if a victim later recalls a different sequence or changes her story, or, indeed, if she says that

parts of her original story were wrong. RCC workers appreciate the luxury of being able to accept a victim's account. One noted that mainstream processors, particularly prosecutors but also law enforcement, "need" a rational story, whereas she does not. When a victim fails to provide a proper account, mainstream processors define her as "bad"; but RCC representatives can remain sympathetic, view the situation as not unusual, and offer unqualified sympathy and support.

> I don't need a rational story. I don't need it which is what I like about working in a rape crisis center. My only need is what she needs. But they [the prosecutor's office] need that [a rational, coherent story] and so when they aren't getting that it's like "you are a bad victim." (RCC advocate, white woman, aged 28)

"We Do Whatever It Takes."

The motto "We do whatever it takes" reflects an RCC practice of taking resources obtained for one purpose and using them for another to meet victims' needs. The director of a south Florida RCC said that money for battered women is easy to come by, while funds for rape victims are difficult to find (Martin, 2005; Martin et al., 1992). Her center does not use scarce funds as an excuse but finds ways to help rape victims, one way or another.

> You can get support for a shelter and abused women but rape is a different matter. Everyone is put off by it . . . not willing to support [rape initiatives]. So we get money one way [for battery] and use it for rape too. . . . We do whatever it takes to serve victims . . . [and] we do all we can to prevent rapes too. (RCC director, white woman, aged 47)

Helping victims in ways that violate bureaucratic regulations, even laws, is common in RCCs, although the practice is seldom shared with others. As a social movement organization, located at the margins of mainstream society and voluntarily participating in rape-processing work, RCCs exploit the leeway of their situation to pursue goals in ways mainstream organizations eschew (Martin, 2005, chap. 5). For example, since RCCs have no official role in legally prosecuting rape cases, they can advise victims to report through a third party to avoid becoming embroiled in the politics of rape. Legal officials dislike this practice, since it denies them direct access to the victims, but it has the benefit of letting authorities know that a rape has occurred while helping victims avoid abuse by "the system."

"We Protect Victims From 'the System.'"

Protecting victims from abuse by "the system" is a practice oriented to preventing mainstream organizations from perpetrating a *second assault* using unresponsive practices (Horney & Spohn, 1991; Martin & Powell, 1994; Williams & Holmes, 1981). The community often treats rape victims harshly; and RCCs try to prevent it or, when it occurs, stop it. One RCC in Florida had a policy in the 1980s requiring the police and the prosecutor to expunge rape victims' addresses and phone numbers from official records so only the RCC could contact them (Martin et al., 1984). When law enforcement or the prosecutor needed to reach a victim, they had to contact the RCC, which in turn contacted the victim. This procedure, which was resisted and resented by legal officials, prevented victims' names and addresses from being passed around the jail and hindered the accused rapist's ability to harass her. The RCC in this community in turn helped the prosecutor by preparing victims for court appearances, escorting them to court, and supporting them emotionally during trial. Of course, few rape cases go to court, but when one did, the RCC assumed responsibility for the victim to protect her from undue distress.

Intervening in the Community

Practices aimed at intervening in the community include courtwatching, doing services *for* mainstream organizations, facilitating the work of SARTs, and educating youth and the public. I review some examples that show their diversity.

Courtwatching. The RCC innovation of courtwatching, which began very early, is described by the LEAA report as follows:

> Women activists around the country have begun to pack courtrooms where rapists are on trial. Courtwatching is but one of their purposes. They wish to lend moral support to the complaining witness, but their presence can be intimidating to the defendant and his attorney and usually does not go unnoticed by the jury. (LEAA report, pp. 131–132)

Now as then, when a rape case goes to trial, RCC representatives mobilize local feminists and other sympathizers to observe in court. In a celebrated Florida gang rape case in the 1980s (Martin & Hummer, 1989), my associates and I wore red ribbons to make our presence known and to show support for the victim. Our behavior attracted the attention of the media and made the defense team uneasy. It may also have contributed to a settlement before the formal trial began, although no one in authority would admit it.

Educating the Community. A key RCC activity, early on and now, is "educating the community." I refer to this activity as *discursive political work* aimed at changing understandings of and emotions about rape (see Katzenstein, 1990; Martin, 2005; Schmitt & Martin, 1999). The activities include going into schools to teach middle and high school children about rape, giving talks to community organizations that request it, talking to the media, holding press conferences, and so on. When allowed to, many RCCs train law enforcement recruits and prosecution and hospital/nursing staff. Results reported in Martin (2005) show RCCs reaching out to many groups to increase understanding of and encourage greater responsiveness to victims (chap. 6). Her results show that they do far more of such work than mainstream organizations do.

Doing Work "for" While Crediting the Mainstream. In the early years, the police and hospitals refused to interact with much less "refer women to a rape crisis center" (LEAA report, p. 135). The situation changed after RCCs became more conventional and particularly when they made themselves "useful." As reported in Martin (2005), RCCs perform many services for mainstream organizations, including training staff, arranging SART teams and meetings, developing protocols, and coordinating networks. They lobby judges, hospitals, and local officials to support SANE programs; accompany victims to court; and provide material, health, and emotional support to victims during the criminal justice process (Martin, 2005, chap. 5, 7; Martin et al., 1992). Doing such things helps victims and mainstream organizations and makes the latter indebted to the RCC.[13] RCCs publicly give credit to the mainstream for doing "progressive" things, many of which the RCC has pressured the organization to do or has actually done *for* them. Instead of seeing such RCC behavior as disingenuous, mainstream providers accept it as their due. If they are "good enough" to let the RCC help them, they deserve recognition and praise. This strategy serves the interests of victims and the organizations, but ironically, it costs the RCC. It means that the RCC cannot take credit for its behind-the-scenes work. The cost may be worth it, however, if it helps victims and improves the

community's responsiveness to victims (Martin, 2005, chap. 7).

Coordinating Community Networks

RCCs serve mainstream organizations and victims by doing *community coordinating work.* That is, they create interactional networks among the organizations that process victims and their cases. This practice, like so much else that RCCs do, is "nothing new." Vicki Rose, writing in the 1970s about how feminists and RCCs framed rape as a social problem, said that "cooperation among the various agencies managing rape cases is encouraged; in fact, their activities are often coordinated by rape crisis representatives" (1977, p. 76). From the start, RCCs performed a coordinating role in their communities (O'Sullivan, 1978). Campbell and Ahrens' (1998) national survey of RCCs found that communities that were more highly coordinated were "better" for victims, and my work on RCCs in Florida supports the same conclusion (Martin, 2005, 2007).

A rape-processing *network* is a set of organizations that interact with each other, directly or indirectly, around rape victims and their cases (Martin, 2005, chap. 7). In many communities, RCCs are key coordinators of such networks, alone or in cooperation with others. My research on four networks—(1) processing victims, (2) training each other's staffs, (3) doing education/discursive political work, and (4) developing joint protocols (e.g., in an SART format)—showed that coordination patterns affect a community's responsiveness to victims. Some kinds of coordination prioritize victims' interests more than others. Not surprisingly, communities with more densely linked networks and/or networks that are coordinated by the RCC or RCC-plus-police are more responsive to victims' needs (cf. Lord & Rassel, 2000).

A single organization cannot process a rape victim or case. That is, a minimum of two organizations are typically involved: the law enforcement agency and the hospital. As a rule, the victim reports a rape to law enforcement, which asks a hospital to do rape exams and, in many communities, the RCC, to assist the victim. If an assailant is arrested, the prosecutor asks law enforcement to "build a good case" and decides whether to file criminal charges (Konradi, 2007). Some prosecutors ask the RCC to "manage a victim" during the prosecution phase (Martin, Schrock, Leaf, & Van Rohr, 2007).[14] *Rape work* is thus interorganizational, with various organizations depending on each other. Although RCCs have *no official legal or medical role* in community networks, they participate by coordinating on victims' behalf and supporting them directly (Martin, 2005).

Recruiting and Training Rape Workers

Although early RCCs were staffed by volunteers, many centers now use both paid and volunteer personnel. (Those that focus on individual counseling often employ only paid staff [Martin et al., 1984].) As a rule, volunteer recruitment and training are done twice a year, with ads in the newspaper and on radio or television. Working as a rape crisis volunteer is so popular in some communities that centers have to limit cohort size, for example, to 40, and applicants are screened to assess their histories, motives, and commitment. Some RCCs use men volunteers, and some have men on salary, although many do not.[15] Particular policies depend on the RCC's mission and the views of its executive director.[16] Providing support and counseling to victims is emotionally demanding work (Campbell, 2002), and not everyone can handle it (Martin, 2005, chap. 9; Martin et al., 2007). Thus, RCC training for both volunteers and paid staff is extensive, entailing detailed manuals and classes taught by rape crisis experts and community representatives—from hospitals, law enforcement, the prosecution, mental health clinics,

and other service facilities. Paid staff are often recruited from among the most committed and skilled volunteers. In interviews, RCC directors often point to staff who first were volunteers, just as corporations and law firms hire outstanding interns into permanent positions after an apprenticeship. As far as I can tell, the practice serves them well.

RCC Development Over Time: A Neo-Institutional Interpretation

The neo-institutional theory of organizations offers a lens for understanding RCCs' development over time (see DiMaggio & Powell, 1991; Townsend & Campbell, 2007; Zilber, 2002). Beginning as "outsiders" and confrontational organizations, RCCs soon realized that obtaining legitimacy and working with the mainstream required accommodation. They saw that volunteers became exhausted, and that a permanent home and permanent staff were necessary for long-term survival. Passing a beeper—or messaging system—from one person to another was not sustainable. Also, informal and various alternative arrangements lacked legitimacy in mainstream circles.

To obtain resources, RCCs thus adopted conventional structures and practices. They embraced many institutional rules expected of, and exemplified by, mainstream organizations—a physical home base, paid staff, legal incorporation, a board of directors with officers and committees, a formal budget, and legal status with the Internal Revenue Service. In short, they reorganized in ways that resembled the normative structures and practices of mainstream organizations (Meyer & Rowan, 1977). At the same time, they buffered their unconventional internal work—their core service technology related to work with victims—from the more conventional structures, as neo-institutional theory predicts. For example, they developed ways to provide the required statistics to funders without revealing victims' identities (see LEAA report); they used money obtained for one purpose (e.g., domestic violence victims) for other purposes—to help rape victims; they refused to give mainstream processors rape victims' names or addresses (Martin, 2005). Thus, on the one hand, they adopted conventional organizational features that conformed to rationalized institutional rules, while, on the other hand, they continued doing their distinct, and in some ways subversive, core work as they had always done.

Their adoption of conventional structures and practices gave them *increased access to the mainstream,* which they had desired from the outset. Their apparent capitulation let them function as "wolves in sheep's clothing." Greater external conventionality gave them more access to rape victims and the mainstream personnel whom they hoped to reform. Embracing conventional forms thus let them *occupy* the mainstream, facilitating the goal of *indoctrinating* by promoting feminist understandings of victims and of rape (Martin, 2005; Schmitt & Martin, 1999).

In this respect, they became *institutional entrepreneurs* in promoting radically different norms and rules about how to treat rape victims. Their substantial success at infusing feminist understandings and practices into police departments, hospitals, courts, municipalities, and legislatures in the United States and around the globe is perhaps their premier achievement (see Martin, 2005; Mueller, 1987; Staggenborg, 1995).[17]

Discussion and Conclusions

RCCs were created by feminists at the height of the second-wave women's movement. As the historian Sara Evans (2003) says, lawmakers at the time seemed determined to give women whatever they wanted. The U.S. Congress passed an Equal

Rights Amendment to the Constitution in 1971 with almost no opposition, although opposition soon developed and the amendment was never ratified. The antirape wing of the women's movement placed "rape on the public agenda" (Bevacqua, 2000), and women and men who favored gender justice were mobilized in droves. Rape appeared to have struck a chord in the *collective consciousness* (Mueller, 1987).

While the white heat of the movement has dimmed into a slow-burning glow, it is not extinguished. The women's movement continues to promote a gender-just society by trying to prevent rape and help women (and others) who have been raped recover and obtain justice (Schmitt & Martin, 1999). RCCs are arguably unique organizations in these respects. The need for them has not diminished, and support for them, institutionally and at the grassroots, appears to have increased (see Jensen & Karpos, 1993, for a contrary claim). A few years ago, a colleague challenged our research team to debate the need for RCCs (Maxwell, Martin, DiNitto, & Byington, 1994). Since mainstream organizations treat rape as a legitimate problem and offer services to victims, he alleged, the need for a specialist organization no longer exists. We disagreed.

Yes rape has more legitimacy—and less stigma—than before, but neither rape nor its victims are top priorities in most mainstream organizations. Many conditions account for this result. Their institutional contexts, concern with diverse issues, low census of rape cases, pervasive inexperience, and lack of expertise and skill in rape work prompt perceptions and practices that often harm rather than help victims. As I have argued (Martin, 2005), even caring, empathic people treat rape victims harshly when their jobs require it. Legal institution demands for producing a good case and good witnesses (Martin, 2005, chap. 3) and medical institution resistance to rape exams (Martin, 2005, chap. 4) are enemies of responsiveness. Mental health professionals rarely understand rape or its impact, and most lack the specialized knowledge and skills that rape victims need (Koss, 1993a, 1993b, 2000; O'Sullivan & Carlton, 2001). Also, mainstream organizations such as the police, hospitals, prosecutors, and mental and public health clinics make less of an investment in "improving" society than RCCs do.

RCCs are human service organizations with origins in a social movement and goals that include both service and political ends (but see Blackstone, 2007). They are fascinating anomalies, as recent scholarship shows. Imperfect in many respects—on race/ethnicity, social class, age, and sexuality, they are nevertheless the primary, and often *only,* game in town where rape is concerned (see Scott, 2000, 2006, on race in RCCs). They will "improve" society only if feminists push the agenda and mainstream society supports them. As Catherine MacKinnon (1987) has said, violence against women is so pervasive in U.S. society as to be nearly invisible (also Brownmiller, 1975). RCCs are singular in striving to make visible men's sexual violence against women and to challenge and eliminate it (Martin, 2005). For this reason, they should be around for some time to come.

Notes

1. The notion of a feminist organization generally refers to organizations founded in accord with the U.S. second-wave women's movement (which began in the late 1960s) and that work to improve the opportunities and lives of women and girls (see Evans, 2003; Ferree & Hess, 2000; Martin, 1990).

2. Other feminist organizations founded at the same time as RCCs include book stores, restaurants, theater companies, record/music stores, and shelters for battered women and children.

3. While 51 may seem a large number, when adjusted for population, it is low. Florida's rape

index (rapes per 100,000 of the population) is higher than that of three larger U.S. states and Florida's number of RCCs is lower. Despite lower rape indices, that is, California has 73 centers, New York has 70, and Texas has 60. Martin (2005) says that Florida is far from being progressive with regard to services for victims and rape prevention efforts.

4. Rape work consists chiefly of labor involved in doing something to, for, or with the victims after they report being sexually assaulted.

> The most pervasive types are done after a victim reports being raped to an organization such as law enforcement, hospital, and/or rape crisis center. When such an allegation is made, a range of activities are undertaken by a variety of people. These activities include transporting and medically treating victims, collecting evidence from victims, protecting crime scenes, interviewing witnesses, identifying, arresting, and prosecuting rapists, and so forth. Rape work also entails interacting with members of other organizations, e.g., moving victims from place A to place B, establishing protocols for work with victims, training staff about rape (cf. Campbell, 1998), educating the public about rape. (Martin, 2005, pp. 2–4)

5. Jo Freeman's article on militantly nonhierarchical feminist organizations ("The Tyranny of Structurelessness," 1972) alerted early RCC founders to the risks of elitism associated with "structurelessness," which can do more harm than "the democratic process used and abused in male-dominated institutions" (LEAA report, p. 124).

6. In 2007, an RCC in Germany (founded in 1978) had the same "mixed" structures, policies, and practices that characterize most U.S. centers today.

7. I asked Campbell for the exact number, which she could not recall, but she said that it was small.

8. Whether a center employed paid or volunteer staff, a supervisor had the responsibility of recruiting, training, and monitoring them on how to treat victims and rape workers in other organizations.

9. RCCs have struggled to overcome their reputation as white, middle-class outposts by seeking to improve the diversity of staff, volunteers, and service recipients (Martin, 2005; Matthews, 1994; Scott, 2000, 2006). They have also struggled with sexuality, including transgendering as well as issues related to homosexuality (cf. Schilt, 2006). Such struggles are apt to continue inside RCCs since they are also issues in the wider society.

10. Typical criteria used to separate "genuine" from inauthentic feminist organizations are a public commitment to being feminist, a nonhierarchical structure, and use of consensus decision making (Bordt, 1997; Martin, 1990). A body of research shows that even when such conditions exist, they can fail to create democratic processes, including the empowerment aims of feminist philosophy and goals (Freeman, 1972).

11. Florida, for example, retains most of its annual funds to support a statewide office in Tallahassee. Other states, for example, Texas and Pennsylvania, initially passed the funds directly to all centers in the state, but I do not know if this practice is followed today.

12. Among the RCCs studied by LEAA, 8 were located in universities and another 15 in university towns, suggesting a focus on university-age women. This focus is true today as well; for example, 10 of Florida's 11 public universities had rape crisis programs on campus in 2008.

13. Research by Rose (1977) and O'Sullivan (1977) agrees with the LEAA report regarding RCCs in the 1970s. Also, research in the 1980s and later by Harvey (1985), Gornick, Burt, and Pittman (1985), and Martin et al. (1984, 1985) also confirms the report's accuracy. Bordt's (1997) survey of 100 "women's non-profit" organizations in the New York City area and Campbell et al.'s (1998) survey of 785 RCCs provide further evidence that the early reports held more or less true in later decades regarding the structures and practices of RCCs. All six RCCs in Bordt's (1997) study had "hybrid" structures and philosophies; that is, they were neither solely feminist nor solely bureaucratic (see also Hyde, 1995; Matthews, 1994). In 2007, an RCC that I visited in Germany (founded in 1978) had similarly "mixed" views, structures, and practices.

14. If the prosecutor has victim-advocates in the office, he or she may not let rape crisis

people deal with rape victims during the prosecution process. On the other hand, if the RCC is willing to work alongside the victim-advocate, they often can participate.

15. See Martin (1997) and Martin (2005, chap. 8) on the contradictory uses and accounts of gender in organizations where rape work is done.

16. Some RCC directors hire men to work with boys and/or men who are sexually violated, while others hire them for public relations reasons because "having a man represent us in the community aids credibility" (Martin, 2005; Martin et al., 1992).

17. According to Meyer and Rowan (1977), the survival of institutionalized organizations such as RCCs depends less on their technical proficiency than on their adherence to dominant institutional rules, that is, demonstration of appropriate structures and operations. Institutional rules are expressed in normative organizational forms, such as proper structures and procedures (incorporation, board of directors), external relations (formal reporting to funders), and processing of "clients"—in this case, rape victims (keeping records, admitting, dismissing according to protocols). Such forms are, at some level, myth and ceremony more than a true rationalization of effort or relationships. Since RCCs' core work technology is indeterminate, ambiguous, and in some ways in conflict with the rules of its institutionalized environment, they protect it by buffering it from required organizational forms. According to neo-institutional theory, RCCs survived by formally conforming to the rules of their institutional environments while buffering their core work activities—for example, with victims—from formal organizational controls and external influences.

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