

Rape Crisis Volunteerism

Heather Macpherson

“Rape is a crime against sleep and memory; its afterimage imprints itself like an irreversible negative from the camera obscura of dreams. Though our bodies may heal, our souls sustain the damage beyond comprehension. Violence sends deep roots into the heart; it has no seasons; it is always ripe, evergreen.”

Pat Conroy, *The Prince of Tides*

According to the RAINN statistics, every two minutes, somewhere in America, someone is sexually assaulted. In 2000, there were 261,000 victims of rape, attempted rape, or sexual assault. An estimated 62 percent of female victims knew their assailant and only 28 percent of rapes are reported to the police. Of those rapes reported, there is only a 16.3 percent chance the rapist will spend any time in prison. Nineteen of every twenty rapists will walk away free. Victim profiles know no gender, age and racial boundaries. Rape affects all sectors of society and few do not know someone whose life has been touched by this injustice (RAINN 2001).

Before 1970, no community-based service or advocacy group had given necessary attention to the phenomenon of rape in the United States (Harvey 1985, Koss and Harvey 1991). The women’s movement, arising in the 1960’s, directed its efforts toward the topic of rape in the early 1970’s (Scott 1993). The emergence of rape crisis centers was part of a passionate feminist wave maintaining three driving forces: “Anger—at the widespread violence against women. Fear—for the safety of women and children. Hope—for healing and social change” (Renzetti, Edleson, & Bergen 2001). While the crime of rape cannot

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be erased, and the life of the victim is indeed forever altered, there are now well-established services that can assist the victim achieve healthy mental and physical recovery (Koss and Harvey 1985). Moreover, RCCs help guide victims through the complicated medical and legal systems, while striving for rape prevention through community education (Becker and Kaplan 1991).

Koss and Harvey (1991:43) suggest a model of rape trauma concerned with the interrelationships among the following three components in conjunction with rape recovery: “the characteristics of the person who has been victimized, the rape that has occurred, and the social environment in which the recovery must take place.” While the first two are pre-existing factors, rape crisis centers can help the victim to create adequate conditions for his or her recovery. King and Webb (1991:97) note the typical RCC focuses on “assisting the rape victim to respond to the environmental trauma which she has recently experienced and views the rape victim as a normal, healthy, functioning person who simply needs assistance in dealing with the crisis.” Additionally, the staff and volunteers within RCCs attempt to prevent “victim-blaming harm to the survivor,” thus secondary victimization, by other community sources (Renzetti, Edleson and Bergen 2001).

The original rape crisis centers were composed entirely of volunteers, working collectively to establish policies and provide victim services (O’Sullivan and Carlton 2001). While agencies composed entirely of volunteers still exist, most RCCs exist either with a mixture of paid staff and volunteers or as a component to another entity, such as a hospital or domestic violence program (King and Webb 1991, Koss and Harvey 1991, Harvey 1985). In the following, attention is directed to the pertinent involvement of volunteers in RCCs:

...funding for most centers remains tenuous and professional staff is minimal. With the ever increasing need for the centers, due to the increasing number of women reporting rape and receiving treatment, it is all most centers can do to continue to meet the crisis intervention need of the victims (King and Webb 1991:102).

With minimal funding and increasing need, RCCs are forced to turn to a strong volunteer pool to assist or direct victim services. As part of

the volunteer typical roles of crisis intervention, victim advocacy, and community education, O'Sullivan and Carlton (2001:354) discuss the benefits of volunteers and former volunteers as private citizens advising and supporting "family, friends, or neighbors affected by sexual assault." Also, the opinions formed and shared through exposure to sexual assault may be a source of motivation for community change. Motivated volunteers are imperative in order to fill such roles; thus, careful attention must be paid to volunteer recruitment, screening, training and utilization (Harvey 1985). Unfortunately, there are several challenges faced by those working with rape victims. Such consequences include an increased feeling of vulnerability, possibly posing relationship building problems, and burnout, due to the emotionally intense and demanding nature of the work (Koss and Harvey 1991).

Beverly Black's study (1992), "Volunteers Serving Survivors of Battering and Sexual Assault," further recognizes volunteers as crucial to, if not the backbone of, rape crisis centers. Black attests that the survival of many of these agencies would be impossible without a voluntary work force, due to economic recession, increased demand for services, and budget cutbacks (1992:2). Surveying within rape crisis agencies in Texas, several key motivations surrounding such a volunteer commitment were found. These philanthropical motivations included desires to (1) help persons in need; (2) help stop the problem of rape; (3) fulfill a civic responsibility; and (4) support issues of the women's movement. Acceptance by staff and clients were ranked as being important factors in decisions to continue volunteering within an agency, and satisfaction with the volunteer experience lay in the volunteer's feeling of having made a positive contribution—having helped another.

While Black's study points out the motivations of committed volunteers, there are still questions that remain unanswered. If such philanthropical motivations exist, what stands in the way of RCCs having the volunteer pools that they need and desire? How do various RCCs attempt to keep, or succeed in keeping, volunteers active within the agency? If acceptance by staff and clients is important, how do different agencies interact with their volunteers in order to relay such acceptance? The present study is meant to be an extension of Black's research.

Methods

A list of nearly 1000 nationwide Rape Crisis Centers (RCCs) was compiled using both the RAINN website at www.rainn.org and state lists of social service agencies, as posted on the Internet. One hundred and sixty of these were selected, using several qualifying factors. At least one agency was chosen from each state, and more densely populated states were more heavily sampled. While efforts were made to target larger agencies, smaller RCCs and their potential insights were not discounted. Also, agencies were chosen partially in accordance to affiliation. Centers that deal solely with rape cases were highly preferred, as opposed to those that also deal with domestic violence cases or those that are primarily counseling centers. Each of the chosen RCCs was called in order to validate the agency mailing address and, in some cases, assess the agency's compatibility with the survey goals. Over half of the agencies had incorrect or outdated information on the Internet. While the phone numbers were frequently correct, the mailing addresses had often changed. Of the 160 RCCs, 25 were eliminated due to either the structure of the agency or incorrect contact information.

A survey on "Rape Crisis Volunteerism" (see Appendix) was mailed to the 135 remaining rape crisis centers and specifically addressed to the Volunteer Coordinator at each. Many general questions were asked to assess the size and composition (volunteers vs. staff members) of each RCC, thus helping to uncover the importance of volunteers to the agency. Open-ended questions pertained primarily to the victim services provided by the agency and the volunteer component of the RCC, including training, responsibilities, commitment, recognition, and attrition. These questions are intended to help evaluate volunteer attrition problems. Furthermore, agency non-English victim resources, and volunteer contribution to such resources, were explored.

Results

Of the 135 sent surveys, 56 rape crisis centers (42%) responded, and an additional two replied that the survey was inapplicable to their agencies. Due to the normal, consuming environment of a rape crisis agency, in addition to the surrounding Anthrax postal scare, the re-

sponse rate is noteworthy and adequate for the purpose of this study's organizational analyses.

The number of volunteers among the agencies ranged from 2 to 706, with a mean of 53 and median of 35. Number of paid staff ranged from 0 to 38, with a mean of 8 and median of 6. The annual number of rape victims helped ranged from 18 to 10,925, with a mean of 1387.6 and median of 625. The sum of victims helped among the 54 agencies answering this component of the survey was 74,931 (see Table 1). This number is surprisingly high in comparison to the aforementioned RAINN statistic of 261,000 victims helped in 2000. Either the 54 RCCs surveyed serve a high percentage of the nation's victims, when one takes into account the hundreds of RCCs *not* surveyed, or the national estimate of rape and sexual assault victims is inaccurate in relation to the amount of victim services actually performed among rape crisis centers.

The importance of volunteers becomes apparent when the ratio of victims to staff members is analyzed. There is an average of 178.2 victims per staff member per year, median of 100, with a range of 1.8 to 916.7 rape victims per paid staff member. When volunteers are added into the equation, realizing that volunteers and staff typically do not do an equal amount of victim service work, an average of 27.8 victims per staff/volunteer is found with a median of 18.9 and range of .18 to 144.7 (see Table 1). For the most part, a dedicated volunteer force appears crucial to the survival of the RCC and, most likely, the sanity of the paid staff.

The victim services offered among the RCCs are fairly consistent between agencies (see Table 2). Of the 56 reporting agencies, 91.1 percent provide hospital accompaniment, 85.7 offer court accompaniment, 89.3 manage a 24 hour crisis line, 98.2 percent provide some sort of counseling services, 73.2 percent offer support groups, 75.0 percent make community or educational presentations, and 71.4 percent provide referrals. These statistics are a compilation of the reported services and, in some instances, the services listed in agency brochures and websites. The most common volunteer contributions to these services were assistance with the crisis line, hospital accompaniment, educational presentations, and shelter aid, in the 14.3 percent of RCCs

that contained victim shelters.

In regards to volunteer solicitation, there is a broad range of reported solicitation tactics (see Table 3). The reported types of volunteer solicitation among the 56 responding agencies were: flyers (82.1%), health and volunteer fairs (42.9%), public service announcements (66.1%), television adds (33.9%), printed articles (78.6%), word-of-mouth (57.1%), and through the local university or universities (35.7%). Other sources included websites, churches, and businesses. Anna Goldstein, the Volunteer Coordinator at Bay Area Women Against Rape (CA), commented:

Because we are in an urban, liberal community with several universities we rarely have a shortage of candidates. I attempt to create a volunteer pool of diverse ages, socio-cultural backgrounds, linguistic abilities, etc. So depending on my needs, I may go recruit at several African American churches or in the Afghan or Indian communities.

A diverse volunteer pool is preferred in dealing with diverse communities and diverse victim backgrounds. Many agencies are striving to vary and expand their recruitment techniques in attempts to deal with issues of volunteer attrition.

“Volunteer attrition” refers to the dwindling of volunteers within a rape crisis agency. The survey asks what problems, if any, the RCC has encountered in regards to keeping volunteers active within the agency. Once again, a variety of responses were acquired. Most agencies noted issues of life changes, such as graduation, relocation, pregnancy, etc., as affecting their volunteer pool, and most consider this normal and expected. Some try to predict such turnover, while others try to seek more established volunteers. There is also a significant amount of reported burnout due to either too many calls or the nature of the volunteer work. As one method of dealing with these issues, almost all agencies allow volunteers to take a leave of absence, a break, from volunteering. Other agencies note a boredom among volunteers, due to lack of crisis responses, and agencies need to work on keeping their volunteers occupied so that they feel occupied and so the agency doesn’t lose volunteers out of a perceived lack of necessity.

Ultimately, the goal of the study is to discover successful solutions to attrition issues among rape crisis centers. While life changes and even mere burnout are often considered normal and expected, there are often volunteers who just fade away. Why and how can this be solved?

A common way for volunteer organizations to deal with attrition issues is through volunteer recognition. Reported methods of volunteer rewards and recognition among the surveyed RCCs included regular meetings (monthly or quarterly), certificates, gifts, volunteer of the month/year, parties, banquets, thank-you notes, verbal gratitude, and even a small stipend for evening and weekend shift coverage. Connected with reward and recognition issues are agency efforts to get to know their volunteers. In regards to volunteer attrition, Brandy Hamby from Bluegrass Rape Crisis Center (KY) notes the importance of not only recognizing the work of her volunteers, but also knowing them and what is going on in their lives. Concentration is placed on “self-care,” or concentration on volunteer well-being, as was noted among a significant percentage of surveyed RCCs, and Hamby reports having “self-care parties in addition to the volunteer recognition parties.” Her efforts appear to have been successful, in that she additionally comments: “I could not have asked to work with a better group of volunteers. We really focus on a team approach. And I feel fortunate that volunteers feel comfortable enough to call us or stop by to process, ask questions, utilize our resource library, or just chat!”

As is evident above, the Volunteer Coordinator is vital in the success of a volunteer program in conjunction with agency goals. Marianne Fahey, from the Rape Crisis Center in Savannah, GA, notes the importance of the Volunteer Coordinator as “the connection between the volunteer and the agency. The Volunteer Coordinator has to have a lot of energy and enthusiasm to keep the volunteers motivated and interested.” Among the surveys, agency interaction with volunteers was noted as being key to the success of a volunteer program, and a key problem with volunteer attrition. Many agencies have “on-call” systems. Black (1992:5) notes the presence of “sporadic contact with staff due to the fact that volunteers often make contact with a client one-to-one at locations other than the rape crisis centers and without staff involvement.” With such a system, unless problems arise,

the volunteer never needs to have contact with the regular RCC staff. The volunteer may feel underappreciated or unrecognized by staff, or that they are not a part of the agency or “the team.” Unless efforts are made to connect the two realms, the volunteer will likely feel little allegiance to the agency itself. The most common efforts reported included: newsletters, meetings, parties, working together, follow-up after shifts, and attempts on the behalf of many Volunteer Coordinators know the volunteers personally through phone-calls and personal notes. One agency, SPARCC (Safe Place and Rape Crisis Center, FL), holds staff trainings on how they may better utilize, incorporate, and motivate volunteers. Furthermore, when connections do exist between staff and volunteers, staff turnover can affect volunteer attrition. According to Brooke Bryson, staff turnover causes “confusion and frustration” among the volunteer pool. Additionally, the volunteer may feel further distanced from the agency and the connections that have been formed.

Eleven agencies (19.6%) of the responding 56 RCCs reported having little to no problems with volunteer attrition. Those reporting attrition solely due to life changes, such as relocation, were included in this category. What was unique among the majority of these agencies was an increased demand for commitment among volunteers. This is first seen in the duration of volunteer trainings among these agencies. The number of hours required for volunteer training ranged from 6 to 63 with a mean of 34.6, median of 35, and mode of 40. The majority of agencies reporting little to no attrition problems held volunteer trainings exceeding the median of 35 hours total. In addition, these agencies tended to stress their careful selection and screening process, explaining the expectations, and getting signed commitments. Perhaps an increased time commitment with the trainings is properly perceived as reflective of the commitment expected for the volunteer position. Whether or not this is the case, the uncommitted seem to be filtered through this process. Potential volunteers may also be assessed for purpose. If a student wishes to volunteer, or complete training, merely to receive academic credit, a screening process can determine the dedication of him or her. Will the commitment be met? Or is the student “more motivated by getting credit than helping victims?” (Anita Nelson,

STAR). Moreover, those who have chosen this realm of volunteer work because of previous trauma are assessed through both a screening process and extended exposure to the issues within a training setting. Have they dealt with their personal traumas sufficiently to adequately assist other victims?

The final component of the study was an assessment of the availability of non-English resources among our nations RCCs and how, or if, volunteers contribute to such resources. Of the 56 surveyed RCCs, 52 (92.9%) had some sort of foreign language, or non-English, component (see Table 4). The populations that were most frequently additionally served were Spanish speaking and hearing impaired victims, though other languages were also represented within volunteer pools and among literary resources. Overall, of the 52 agencies, 25 (67.3%) have at least one paid staff member speaking at least one other language, 41 (78.8%) reported having volunteers that speak languages other than English, 35 (67.3%) reported having brochures in at least one other language, and 19 (36.5%) reported having other means of dealing with non-English speaking victims. These "other means" include hiring translators when needed, utilizing hospital or police interpreters in crisis settings, and using specialized phone services. Volunteers assisted through translation of brochures and other literature, as well as in crisis situations.

Conclusion

All respondents to the survey seemed more than happy to assist with this project and many went so far as to send letters, thank-you notes, and overwhelming amounts of helpful literature. For example, Tara Wood from ACCESS in Iowa remarked, "Working on the answers to your questions gave me an organizational tool with which I was able to take stock of the program's strengths and weaknesses, goals and priorities." The perceived strength of the survey instrument and abundant responses were greatly appreciated and very helpful. In a field whose need is created through negative forces, it is reassuring to know that such positive, dedicated and helpful individuals lie at the heart. Many RCCs asked for a copy of the final product, which will be mailed to all contributing agencies. In addition to distribution of re-

sults, an updated list of contact information will be sent to the websites utilized in the initial portion of this endeavor. Hopefully, through these means, the agencies that so generously gave their support will be benefited by the research.

Volunteers within rape crisis agencies are often crucial to the survival of the agency; thus, a dedicated pool of volunteers is imperative. Attrition problems are related to:

- “ life changes
- “ burnout
- “ boredom
- “ feelings of disconnection
- “ feelings of under-appreciation
- “ attrition in conjunction with staff turnover

In order to curb such attrition, many RCCs have explored various methods of volunteer solicitation, volunteer recognition, positive agency contact, and leaves of absence from volunteering. The most successful method seems to be a persistent emphasis of the demands of the role to the potential volunteer. This can be relayed through:

- “ screening and interview processes
- “ extensive training
- “ volunteer contracts

On an alternate note, some regard attrition in a more positive light, pointing out that it brings about “a new group of fresh energy and new faces” (Laura Ibañez, Santa Barbara, CA). While new, positive, possibly more idealistic outlooks may be present in RCCs with high rates of attrition, a skilled and experienced staff of volunteers will not. There is a need to examine why such a turnover rate exists. Further research may be done to explore varieties of attempted changes as they occur within the rape crisis agencies, in order to more accurately assess their affects on volunteer attrition.

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Appendix: Questionnaire

Rape Crisis Volunteerism

Note: Please also attach any agency statistics and brochures. Thanks!

1. Approximate number of active volunteers

2. Number of paid staff members dealing specifically or primarily with rape victims _____

3. Approximate number of victims helped per year

4. What services are provided by your agency? (ex: hospital accompaniment, counseling, referrals, etc.)

5. How does your agency solicit volunteers? (ex: flyers, radio announcements, etc.)

6. Volunteer training- length (number of days/hours)

(If possible, please attach a brief description of your volunteer training and/or a training schedule)

7. What are the responsibilities of your volunteers?

8. What time commitment do you require of your volunteers? (ex: # of months and/or shifts per month)

9. If shift work is used, shift length and times

10. Methods, if any, of rewarding/recognizing volunteers (ex: parties, awards, etc.)

11. Agency interaction with volunteers – are there any regular meetings, parties, newsletters, etc.?

12. What problems, if any, have you encountered in regards to keeping volunteers active within the agency? (volunteer attrition)

Have there been attempted and/or successful solutions to these problems? If so, please explain.

13. Does your agency have resources available for victims that speak languages other than English? If so, please explain.

Are volunteers utilized within these non-English resources? If so, please explain their role.

Thank you for your time and cooperation!

Feel free to add any additional comments below.

Table 1: Descriptive statistics for volunteers, staff, victims and volunteer training hours

	Active volunteers	Paid staff	Victims helped/year
N valid	56	56	54
N missing	0	0	2
Mean	53	8.07	1387.61
Median	35	6	625
Mode	40	5	300
Std. Deviation	93.97	6.80	2024.35
Minimum	2	0	18
Maximum	706	38	10925

	Victims per staff/vol.	Vol. vs. staff ratio
N valid	55	54
N missing	1	2
Mean	27.81	14.10
Median	18.91	5.33
Mode	5*	5.00
Std. Deviation	32.54	47.33
Minimum	0.18	0.14
Maximum	144.74	353.00

	Victims per staff member	Volunteer training hours
N valid	53	55
N missing	3	1
Mean	178.17	34.62
Median	100.00	35
Mode	30*	40
Std. Deviation	203.06	13.68
Minimum	1.80	6
Maximum	916.67	63

* = multiple modes exist

Table 2: Types of victim services reportedly offered

Services offered	RCC's offering (N=56)	% offering
Hospital Accompaniment	51	91.1
Court Accompaniment	48	85.7
Crisis Calls	50	89.3
Counseling (professional or crisis counseling)	55	98.2
Support Groups	41	73.2
Educational Presentations	42	75.0
Shelter	8	14.3
Referrals	40	71.4
Additional Services	32	57.1

Table 3: Methods of volunteer solicitation

Method	RCC's using (N=56)	% using
Flyers	46	82.1
Health/volunteer fairs	24	42.9
PSA's	37	66.1
Television	19	33.9
Printed articles	44	78.6
Word-of-mouth	32	57.1
Through local university	20	35.7

Table 4: Non-English resources

Service offered	# offering (N=52)	% offering
Paid staff speaking other language(s)	25	67.3
Volunteers speaking other language(s)	41	78.8
Brochures/materials in other language(s)	35	67.3
Other methods for non-English victims	19	36.5