RAPE CRISIS CENTRES IN ONTARIO: AN APPRAISAL

(A Report to the Solicitor General)

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PREFACE

History

Rape Crisis Centres are an unique grass-roots phenomenon developed in the 1970's, mainly as an offshoot of the Feminist Movement. They emerged in different locations in the U.S.A. and Canada, but still share essentially the same general perspectives and practices. Other groups in the community, which did not join the centres, worked toward reform in legislation and for changes in the climate and procedures of agencies and services which deal with victims of rape.

Why

Various combined factors are at the ideological base of the centres: rape is on the increase, the reporting of rape to the police is rare, and convictions of rapists are negligible; the concerns about the community's attitude toward rape vistims--of despair, benign neglect, if not overt hostility; of dissatisfaction with agencies which dealt with rape victims which tended to view the victim of rape mainly as an object, as a source of information, a piece of evidence for the court. Their approaches to the victims were found to be detached if not outright resentful, which often worsened the victim's condition due to the existence of "sexist" ideology in a society which nurtures rape.

As human service organizations, Rape Crisis Centres grew out of the determination of some groups of women to work for change and of services to comply, often reluctantly, with the demands of these groups. Thus, Rape Crisis Centres--organizations that formed aroung the unmet needs of rape victims and the need for social change--were established to cater to women who sought help and redress from reluctant, often hostile and prejudiced agencies and services, and were ready to respond more humanely and efficiently to rape victims.

What

The centres are free, voluntary, store-front types of settings, based on peer-help which provide various psychological, social, legal and other support to rape victims; or refer them to or advocate for them in other services. It is done in various climates--from strictly non-judgmental to a more ideological

bent--but all share a common mission of assisting and caring for victims, changing community attitudes towards women in general and towards rape and its victims and the services which deal with them. All centres embark on programs of public education and campaign for change in agencies and services to victims. In this respect, Rape Crisis Centres are engaged, and correctly see themselves, as labouring towards the prevention of rape.

Who

The workers in the centres are those who, inspite of their different ideological stances in terms of feminist issues, all feel that the private, professional or governmental services for rape victims are either missing or inadequate, and in need of change. They are, more often, part of the activist segment of the feminist movement, but also, of concerned women, professional and non-professional, who are dissatisfied with the kind and quality of services--legal, health, social, and psychological--rendered to rape victims. Volunteers also respond to the wider issues of rape and thus work in public education missions, and in individual and concentrated efforts towards reforms in the handling of rape victims and women in general. Rape victims too have joined centres as volunteers or have worked in the community to gain support for the centres or in reform of laws, services and agencies which deal with rape victims or women in distress.

Mission

The centres are located in a variety of communities and while they differ in their organizational character, all give some kind of direct services to victims of rape, engage in public education programs to change concepts about the existing nature of men-women relationships, and about rape. They attempt to change the traditional services which hitherto dealt with rape victims and some centres develop programs for other types of sexual assaults and abuses, such as against children and males.

Survival

Most of the centres exist on a meager budget, living from month to month on LIP and other small and short-term grants. Two exceptions are centres that receive larger grants to ensure their stability and development for at least a year. Inspite of their uncertain and poor financial conditions, all the centres are functionally viable and developing because of the dedication of those who volunteer their time, effort, or small contributions. They are self-supportive, but often resist handouts, even stable funding because they fear, correctly, losing their special identity, autonomy and independence in structure and functioning.

The present report relates the observations of an exploratory type of study aimed at understanding the phenomenon of Rape Crisis Centres in the Province of Ontario. It describes and analyzes the main features of the organizational and functioning aspects of seven centres in various stages of development. It attempts to understand these features in the light of the ideological, social, and community background and the special processes which led to different organizational characteristics and service delivery among centres. Because of time and financial limitations, some other important aspects of centres were only touched upon but the study covers the most salient structural and inherent problems which every centre faces, and thus although limited by generality, offers directions for further research and support for Rape Crisis Centres.

I

PERSPECTIVES

A. Historical Perspective

We did not research in depth the historical development of the women's and anti-rape movements in Canada. Our attempt to grasp quickly these salient factors failed because of dearth of summarized and published data[1]. We talked with some professional women who are acquainted with the subject, reviewed some documents, analyzed rape crisis centres' publications, as well as other material, and on this basis formed our impressionistic view of the history of rape crisis centres in Canada.

Rape crisis centres in Canada are the brain child of the American and Canadian Feminist Movements. But it is the historical background of the U.S.A. centres that we shall first present, because of the existance of published data and because the same basic issues and inherent structural dilemmas are present in all centres. The resolution of these dilemmas and the coping mechanisms used in these processes are culturally and locally determined.

In the 1970's rape in the U.S.A. became a media topic, after victims testified publicly about how their encounter with official agencies exacted a terrible price from them. Due to strong sexist stereotypes among officialdom, the victims, in their effort to surmount the thicket of legal technicalities to obtain convictions, were often further victimized (see Connel and Wilson, Eds., 1971; Russel, 1974). Members of the Feminist Movement became engaged in raising women's and community awareness to the plight of women in general, and increasingly, to rape victims in particular. The fate of the victim, especially, in the aftermath of rape, was viewed as exemplifying the "existential" conditions of women in a male-dominated society (Hafer, 1976; Largen, 1976). These conditions were evidenced in "speak outs", surveys and studies on rape. They emphasized to broader sections of the Feminist Movement, as well as to women who considered themselves as service rather than "political" groups, that rape, in

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(1) For a general historical description on the role of women in Canada and the present condition of women in Canadian society see Clenerson, 1976; Matheson (Ed.) 1976; Stephenson (Ed.) 1976.

various degrees and kinds (Meadea and Thompson, 1974) and the damaging reactions and procedures to rape victims by law enforcement officials, the courts and even the medical services, are not isolated occurrences. Rather, they are systematic, prevalent and rooted deeply in society (e.g. Griffin, 1971). The Feminist Movement thus shifted the blame of rape from the "pathological" offender to the social and cultural order, and to institutional arrangements, all dominated by males.

The pressures of the Feminist Movement, its ideological fervour, organizational skills and practical plans were centered upon attacking traditional services and procedures of handling victims of rape, and became a catalyst for changes in these areas. These demands were enhanced by the combined force of results of local investigations (e.g. Copeland1976) on rape and services available to rape victims, of research findings, of social science and legal studies, as well as by the accumulation of observations and experiences of professionals in the therapeutic sphere. These studies became a major impetus and provided vehicles for education and blue-prints for change in the existing laws, procedures and services (e.g. Hicks and Platt, 1976; Keefe and O'Reilly, 1976; Ben Dor, 1976). This surge of research has been focused mainly on the following areas:

The historical perspective (Brownmiller, 1976; Clark and Lewis, 1977).

Patterns in rape and the characteristics of those involved in the event (e.g. Amir, 1967, 1971; Chappel et al, 1974; MacDonald, 1971; Mulvill, 1969).

Trends and variations in rape rates (e.g. Agopian et al, 1971; Chappel et al, 1974).

The relationships between culture, society and rape (e.g. Amir, 1971; Chappel, 1976; Clark and Lewis, 1976; Curtis, 1975, 1976; Weis and Burgess, 1973).

The aftermath of rape for the victims in the services and agencies which deal with them (e.g. Brodyaga, 1975; MacKellar and Amir, 1975; Fulero, 1977; Jones and Aronson, 1973).

The psychological and social reactions of rape victims and their personal and social needs (e.g. Adleman, 1976; Walker and Brodsky, 1976; Brodyaga, 1976; Copeland, 1976; Dubow, 1976; Dussich, 1976; Horos, 1974; Natman and Nadelson, 1976; Peters, 1975; Sutherland and Scheri, 1970).

Studies of victims' behaviour before, during and after the rape (e.g. Amir, 1971; Duke, 1974; Klemmack and Kelmmack, 1976; Selkin, 1974).

Studies on the services to and treatment of victims (e.g. Bard, 1976; Bard and Ellison, 1974; Dussich, 1976a, 1976b; Hicks and Hilberman, 1976; Lynds, 1976).

Studies on prevention of rape (e.g. Brodsky, 1976, pp. 75-90; Burgess and Holmestrom, 1974; Copeland, 1976; Curtis, 1976b; Queen's Bench Foundation, 1976; Storaska, 1975).

These studies have shown that although the impact of rape varies with the individuality of the victim and the circumstances of the traumatic event, all women are affected and most suffer prolonged, even life-time, psychological damage and major alterations in their life cycle and social roles (Burgess and Holmstrom, 1976). Most women do not obtain the help they need, and the experience of victims in the existing formal criminal justice procedure and even in health and social services in the handling of rape victims, often create more problems for them, and at times even further traumatizes them. These findings led to the concept of rape as a health-care crisis, with implications for the mental, emotional and social well-being of the victims. Inspite of this, the services needed for victims were found to be, in most locales, in dire want, and in need of revamping and development. Services often were found to be apathetic, wasteful, even sometimes harmful to the victims. They are frequently inaccessible because of cost, lack of knowledge or, due to negative attitudes on the part of the services toward them, rape victims in turn become hesitant to use the services. Thus, many or most, victims go through the trauma of rape and its aftermath without the needed help and services. The aforementioned developments and disclosures led to the recognition of rape victims as bona fide and distinct groups of victims. This paved the way for the establishment of special services for them.

Inasmuch as the traditional services for rape victims have proven to be inoperant or overtly hostile to the victims' needs, it was incumbent on the Feminist Movement to react to this void and to espouse a position which emphasizes :

new definitions of victims' needs, formulated by the victims or their advocates;

services for the victims provided by Rape Crisis Centres;

struggle for changes in the traditional services dealing with rape victims or developing alternative services;

labouring for changes in legislation and procedures for dealing with rape victims;

aiming toward change in cultural and institutional order which are conducive to rape.

All this is to be accomplished by raising political and social awareness about rape and its victims and by direct political pressures to institute these changes.

In the beginning in Canada, as in the U.S.A., it was on the local level that women, oftentimes members of the Feminist Movement, made rape and handling of victims a local issue. Initially it was always defined as a health, service delivery and a legal problem. On the national level it became also a political issue, i.e. an area for pressures toward changes in the existing services and laws pertaining to rape victims and women in general. From the beginning, however, most "anti-rape" local groups decided to deal with the problem of rape and its victims on their own, but enlisted the help of other agencies in the community. Depending on local conditions, rape crisis centres as service-oriented, victim and volunteers self-help programs, emerged as independent, grass-roots organizations. Though this seems to be the general pattern, in some places centres became units in host agencies (such as hospitals).

The organizational activities around and because of Women's International Year, 1974-75, led to an increase in interest in rape as a general issue for women. These activities also furnished ideological and organizational bases and womenpower to tackle these problems of women, including those related to rape. In terms of development, some centres, rather than providing only specific services for rape victims, such as referral, education, advocacy and counselling, branched out to become general distress centres. Services were then provided to women other than rape victims. They became advocates, refuge and referral centres to all women in need of help.

The general, social and ideological origin of the anti-rape movement and its crystalization in the rape crisis centres has been charted. Other factors, some of them specific to each centre, were conducive and supportive to the establishment of the centres, to mention at this stage only the following:

> Ideology: An initial critique of the community and especially the services to rape victims; the acceptance of common and shared premises, goals and arrangements.
>
> Primary group formation: A sense of solidarity and commitment; the need to organize and function in a hostile surrounding which characterizes a small core group of women.
>
> Leadership: Dedication, innovation and initiative, at least of a few members who became models for others to emulate.
>
> Organizational base: Some organizational skills, a minimum of expertise which enable the centres to initiate and maintain services for victims, public education programs and basic stability in the centres' division of labour and administration.
>
> Womanpower: Effective programs of recruiting and training basic numbers of volunteers to initiate and staff the centres' programs.
>
> Community Support: The initial support of the centre by a certain organization within the community which, at the initial stage, served as a basis for the centre's programs (a location for meetings, for hot line service, etc.).

The Comparative Aspect: A note.

The portrayal of the general historical, social and ideological background of the anti-rape movement should by no means lead us to believe that the Canadian experience is identical to that of the U.S.A. While we think that general processes and the ideological stances which stem from them prevail and hence are pertinent to the Canadian scene, there are still important and distinguishable differences between the U.S.A. and Canadian anti-rape movements. They could be traced to the more general differences in the United States and Canada in the broader Women's Movement and to the fact that the counter-culture, new left, anti-bureaucracy movements, borrowed or independently developed in Canada, emerged in a different social and cultural climate. Prof. Lorenne Clark, from the University of Toronto, who has been engaged in political work on women's issues and who studied rape in Canada (Clark and Lewis, 1977), has

communicated her ideas about the history of the anti-rape movement in Canada in a letter (May 9, 1977). She suggested the following points: there are significant differences between Canada and the U.S.A. as to their experience in relation to rape crisis centres. The impetus of the Canadian anti-rape movements "come(s) from a desire for comprehensive and institutionalized change and from the conviction that this cannot be accomplished successfully without broad and far-reaching educational approaches". Counselling or other direct services to victims has never been, then, the only function of the centres, albeit it is a fundamental part of the centres' role. This stems from the history of Canada's women's movement, "...which remains broadly a reformist movement from the 19th century to the present". It means working toward "effecting change at the level of legislation, the courts and police and to see this as an advocacy function outside, but not unrelated to counselling and educational objectives". It is in the area of rape, as in other areas, that the Canadian women's movement is reformist, in "that it seeks to use the established means to generate meaningful change".

For the rape crisis centres, this background and orientation implies that they have been conceived as having tripartite functions:

a) providing services to rape victims, mainly counselling and advocacy; and which, according to Professor Clark, are fundamental but not a primary part of the centre's function;

b) the public education function, and

c) the provision of para-professional medical and para-legal advice and assistance.

Professor Clark did not mention other functions of the centres: their work toward institutional change and changes in the services for rape victims, and the prevention of rape. We believe she included them in the category of public education.

Another broad characteristic of Canadian rape crisis centres is their emphasis on being independent or refusing to be a part of a host-organization; and this inspite of the fact that some of the women in the centres were professionals. According to Professor Clark, no rape crisis centre in Canada is a part of a host-organization because "no rape crisis centre ever saw itself as a fundamentally victim-oriented service centre". To

continue her argument, the centre could not see how a host-organization could do the educational, the advocacy functions, in short, to assume a reformist function.

Without entering a historical, theoretical debate, we would like to comment on the above arguments. While Clark's characterization of the women's movement in Canada may be correct, the implication that Canada's centres differ from the American centres by emphasizing education and para-professionalism is exaggerated. All centres in the U.S.A. contain the three functions because of necessity. The very nature of direct services to the victim, however minimal, often compels the use of back-up services in the community. It thus forces the centres to engage in public education in order to elicit the cooperation of the services which deal with rape victims. Further, all centres must engage in public education in order to recruit volunteers and to encourage victims and potential victims to come to the centre. What may differ in Canada is that the movement has made an initial and basic decision to include the three functions as an integral part of the centres' mission (Strauss). This may have no relation to the nature of the women's movement.

In the United States, centres usually started with counselling of and advocacy for victims, inspite of the radical nature of the movement. Their radicalism, espoused in the critique of the system and its services, was often given outside the centre. It may also be that the American experience has been well observed and learnt by the Canadian anti-rape movement, so that no centre in Canada could maintain itself, in terms of credibility and volunteers, without engaging in public education. And lastly, we think that Professor Clark's observation that Canadian centres are ideologically bent on independence, is exaggerating the differences between the U.S.A. and Canada. The very nature of the impetus to establish the centres implied a rejection of being part of a host-organization. In the last analysis, hospitals did not fare better than the police in the women's critique on community services for rape victims. Indeed, almost all American and Canadian centres are independent. Only a few are part of a host-organization as a matter of convenience rather than of an ideology. It should be remembered that many centres in Canada were initially attached, and some kept this attachment, to Women's Centres, to Planned Parenthood clinics, etc. Founders and members found there an affinity of interest

and kind. Because the founders often worked in host-organizations, it was convenient, if not of sheer necessity, at least in the initial stage of the centres, to stay within the host organization.

In the course of describing the historical background of the anti-rape movement in the U.S.A. (and with some remarks on Canada) in terms of its cultural, social and ideological components, some inherent elements of the centres' functioning and some of their ideological underpinnings emerge. In the next chapter, some additions will be made for a better understanding of the ideological and theoretical basis of the centres and their implications for the centres' organization and functioning.

B. Ideological Perspective

When one speaks about rape crisis centres, reads published material, or talks to workers at centres he will never find an objective uninvolved approach. Rather the rule is involvement and the argument is that whatever people and agencies are doing or not doing, in regards to victims of rape or for women in general, the basis and the end result are de facto a normative evaluative position. Thus, "treatment", for example, which assumes a "mental health" orientation, is an ideological position. Also, the critique on the services for rape victims, or of societal approaches to women, to sexual exploitation and rape, is always accompanied by a demand for the inclusion of explicit normative elements which concern questions such as: why, how, for whom, by whom and for what ends the centre will be functioning. In short, ideology pervades and influences the theory, philosophy and the work milieu of the centres. It is relevant, therefore, to discuss at the outset the ideological aspect of the rape crisis centre because ideology provides a base for establishing and operating any organization, but in certain organizations the ideological factor looms large in the organization's structure and functioning. "By ideology we imply a body of systematically related beliefs held by a group of people, which

a) articulate their opinions on issues and situations which are controversial, and

b) serves also as a rationale for their behaviour." (Strauss et al, p.8).

The ideology provides the basic premises of the organization, its raison d'être and the basis of explaining the phenomenon (its origin, processes

and conditions) which the organization aims to act upon. The ideology also influences the "working philosophy" of the organization (i.e. the working rationale for the priority among goals in terms of allocation of resources, division of labour and authority, structure of the organization, etc.). The ideology creates a self-image and identity for the members of the organizations as well as for the outside environment. In organizations which are based on social critique of, and change in the environment, the ideological aspect of the organization's life are constantly evoked and play an important role in its structure in internal processes and in the relations with the outside environment. The rape crisis centres are a case in mind.

i) Original Ideologies

The very fact that the Feminist Movement was the seedbed of the centres (at least in the U.S.A. where the centres first emerged), was enough to have them acquire a unique complex of ideological and social bases. The cultural and social background of the movement, however, together with other cultural and social movements, gave the centres some unique directions and orientations in terms of their organization, mission and inherent problems (e.g. legitimization, financial support, etc.). The following presents some of the major social and ideological movements which independently and in combination each contributed directly and indirectly to the bases of the anti-rape movement and its embodiment in the rape crisis centres[2].

a) Rape crisis centres are one segment of the Feminist Movement, and in some circles are accused of being a "separatist and revisionist faction" (e.g. McDuff, Pernell and Saunders, 1976). This segment focused on the specific dissatisfactions with the services accorded to rape victims. Like the rest of the Women's Liberation Movement, the anti-rape segment often consists of militant women, the veterans (or their followers) of the civil rights and the counter-culture movements.

b) The activist nature of the civil rights, anti-Vietnam and the community control movements.

c) The cultural revolution in the form of the counter-culture which enveloped part of the Feminist Movement and emphasized, among other elements, anti-bureaucracy as a solution for

(2) The same background but with a different focus led to the development of the Free-Clinic Movement (see Freudenberger, 1974).

organizational alienation of clients and members, and local control by clients, workers and community over the agencies and services.

d) The revolt of clients, patients or customers which led to the establishment of grass-roots organizations and advocacy, e.g. Free Clinics, legal aid (Haug and Sussman, 1969).

e) The new-left ideology which emphasizes collective action. In terms of women it means the mobilization of the common experiences of women--the victims and the potential victims of rape and exploitation.

f) The self-help movement which stems from the critique on the services and agencies which deal with human needs and people in crisis, e.g. drug addicts, lower-class patients or welfare recipients (Reisman, 1976). The critique centered mainly around the fact that services promoted their self-interest rather than the service ethic and are dominated by bureaucratic considerations of professionals or administrators.

This populist anti-bureaucratic orientation, which is a strong ideological element in the counter-culture movement, and a strong component in clients' revolt movements, led to, and combined with, some processes in service organizations. The most important are the following:

g) The processes of the de-professionalization within service organizations, e.g. the Free Clinics or self-help drug addiction centres. This egalitarian orientation is characterized by the emergence and training of para- and semi-professionals (and in the drug centres of ex-addicts as para-professionals). It was accompanied by the process of de-mystification and erosion in the autonomy of professions (Wilensky, 1964). Professionalism was discovered to be based on and espousing a special ideology, i.e. "a set of ideas that relies on the normative support for its realization rather than on empirical verification" (Strauss). It led to "professional dominance" (Friedson, 1970), whereby, among other consequences, clients were excluded from decision-making processes and from just voicing their opinion on the services. Clients have revolted and developed a new egalitarian organizational ideology. In some areas they found that they or their indigenous brethren can "do the job as well", as para-professional or just as "peer-helpers". These ideas were integrated into the movement of community-based control of services (Ross, 1977).

h) It should be remembered that some groups of professionals have been imbued with the fusion of ideology and service, which led them to join anti-establishment movements among the professions (e.g. laws, medical, social work) and to train and work with

para-professionals in community service settings (Kidder, 1976; Resnick, 1976). They allowed clients to have a say in the decision-making process as well as to promote community participation in the functioning, improvements and developing of services. These settings became advocacy and client-centres, community-controlled organizations operated by para-professional and peer-help to meet the needs of clients and the community.

i) All these developments--ideological and social--meant the engagement in critique and adversary actions to make the community aware of the needed changes. This transformed the new service settings into a base for public education and political action in order to have them gain acceptance, support and possibility to exist viably and to develop.

ii) Working Ideology.

Once a movement with an identified group emerges, i.e. a group that shares common problems and ideology (such as the Feminist Movement), then some specifications of goals, means and explicit designed organization are logically expected provided there are defined abstract purposes, leadership and a conducive social environment (Dahrendof, 1959). It means that the group--in our case the centres--upon their establishment and as a consequence of their functioning, becomes an interest group which reflects specific needs. Thus, independent of the original ideological and social background, centres developed and espoused "existential" concerns and struggles, rather than only social and ideological origins. Because of the very fact of their emergence, centres had to react to their environment. They readily found that most women did not interpret their experiences in the course of their life as the Feminist Movement or the centres wished or expected them to do. The painful fact was that many women (victims or not) did not join the Movement or the centres. Further, centres had to surmount community apathy if not outright hostility. Hence, added to the ideology of the Feminist Movement and other aforementioned ideologies, centres in the course of their development unfold a "working ideology".

The working ideology of every centre thus contains elements that describe and explain: the etiology and nature of rape; the social and political aspects of rape and their implications; the sources of the victims' reactions to rape, the sources of the community's reaction and the reasons for the way services deal with rape victims; the needs of the victims; the necessary and

best functions of the centre and the role of its members in relation to the above elements. Some of the most salient elements in this "working ideology" are discussed below.

The etiology of rape: Rape represents and symbolizes the whole nature of male-female relationships, i.e. "sexism" and male-repression carried to its logical conclusion. It stems from the existence of ideas and practices about sex roles, such as the dominance of men, which often neither guarantee the autonomy of women nor their protection. Rather, because women are economically and politically disenfranchised, they are legally at the mercy of men.

The manifestation of this condition can be found in the status of women's sexuality which can be bought, sold, traded for use by its owners, or taken by force (Macmillan). Thus, the image of men and women as projected in the media, and to which women and men are socialized, is of men as powerful and aggressive, taking by force or seduction whatever they deem; the women are conceived as passive, mindless and using sex as barter for security (Clark and Lewis, 1977; Weiss and Burgess, 1973).

Forcible rape, being an individual, horrendous and injurious experience, is also a universally horrifying fear for all women. It is the extreme case of a broader concept of rape--any unconsented sexual relationship and any coercion of women to behave contrary to their will, consent and interests. The attitude of society toward rape is exemplified in the myths surrounding rape and evidence in the attitude of society toward rape victims. These myths have an adverse effect by becoming part of the motivation for rape and because they influence policies which determine what will happen to the victim in the services and in the criminal justice system. They also help to create and maintain sexual norms and become part of the content of the socialization process of men. They nurture, continue and become conducive to rape. Indeed, every brochure of rape crisis centres which we analyzed, and in scientific studies and articles, list some of these myths (Amir, 1971; MacKellar and Amir, 1975; Schwendinger and Schwendinger, 1974). They include, mainly, the following:

> Naturalistic premises about the offender and situations, e.g. the uncontrollable passion of men, the attraction they have only toward young and attractive women, women liberation movements cause an increase in rape, prostitution diminishes rape.

The characteristics of the offender: the offender is "sick" and "crazy" and he acts out his sexual frustrations, the rapist is a stranger to his victim. The offender is easily identified by the way he looks or behaves.

The nature of the victim: e.g. women are at fault and lead men to rape because they enact their inner fantasies of wanting to be raped (and thus "enjoy it") or because they are "bad" due to their style of life (dress, promiscuity) or negligence.

The nature of the act: the impossibility of rape of a healthy, resisting woman, unless she consented or precipitated her victimization. Rape is usually committed with violence and use of weapon.

The falsehood of rape: women frequently cry "rape" falsely for reasons of revenge, pregnancy, etc.

The characteristics of rape: it does not happen so often, and then only in special places (dark alleys), among strangers and against certain women only.

Victim reaction: those who resist are maimed or killed, a real rape victim will be hysterical.

The nature of the law: any man who uses physical violence in order to have intercourse with a woman can be charged with rape, the law and court procedures are designed to protect the victims.

Most of these myths are totally false, but some of these statements contain some trugh for individual rape situations, although they cannot be seen as the facts about rape. Without being wholly false, they have a pernicious effect on behaviour (of women and men in general and on rapists and victims). They become part of the complex of ideas and practices termed "sexism" and influence policies of dealing with rape victims. This is so because they are accepted as generalized statements of distorted reality or of what once appeared to be true.

The Politics of Rape: Rape is not only an horrendous personal experience for a specific woman, it is also a political and a collective social phenomenon. This is so because one group almost exclusively does it to another group. While only a minority of women are actually raped, still "one rape is already too much" and the fear of rape is universal among all women. The attitude of the male sector of the community toward rape and its victims is that of apathy if not of malevolence. That of the majority of women--quiet and

muzzled rage or resentment. Services, agencies and the criminal justice system further "rape the victim's soul" with their insensitivity, inequity and inefficiency. The victims' experiences in these agencies are extreme examples of the fate of women in society. These conditions cannot be changed by only providing better care for individual victims. What is demanded is political action in the sense first, of social critique on the conditions which nurture rape and the approaches to rape victims; second, education to raise the consciousness of the victim and the public, especially of women about their general plight and especially as actual and potential victims, and then to effect political pressures to change the conditions of women in general and those which victims face in particular. Thus, assuming the role of social and political reformers, the centres are considered by their members and in various degrees of intensity, as a base for social action (e.g. Brodyaga, Connel and Wilson; Medea and Thompson). To others, the centre appears as a base for an avant-garde committed group who act on behalf of the powerless and the uncommitted (McDuff et al., 1971). Conceiving rape as mainly an externally created crisis, rape, it is envisaged, will disappear when the general subjugation of women is eliminated. This will come through political action, working for long-term changes in the social conditions of women, and the overall changes in all institutional arrangements, and not only those which deal with rape victims.

The implications of these political premises are that besides direct services for the individual victim, the centres initially are also engaged in public education and in collective action which raises critique on the whole nature of society's approach to women in general and rape victims in particular. Centres combine this critique with negotiations and actions to change norms, laws, institutional and service arrangements and procedures in the manner of "class action" on behalf of all women. In this sense, centres see themselves, correctly, as working for the prevention of one of the most horrible crimes.

The reaction of the victim: Victims' reactions to their victimization depends not only on the circumstances of the event and the amount and kind of injury suffered but also on past experiences and socialization to passivity in a man-dominated culture. Thus, many victims suffer guilt over their behaviour before, during or after the event; no matter how innocent, innocuous and expedient it was. They feel angry, damaged or worthless and no

longer in control of their lives. To ameliorate and overcome these feelings, so that victims will be able to resume adequate functioning, they need, and can get, the services of the centres or their back-up services. Some centres believe that this personal anger should be translated into social rage and directed--upon the agreement and the capacity of the victim to handle it--toward social action. Specifically, by participating in peer-help for other victims or engaging in public education and social change missions. This is so because being submitted only to crisis intervention, of accepting help and assistance and dealing with her feelings with an orientation toward adaptation, is to encourage, again, the passive and powerless role of the victim. In this respect, it is a "reactionary" endeavour (McDuff et al., 1976; Sidel and Sidel, 1976).

The community's reaction toward rape victims: This ranges from apathy to rejection and hostility. Often it leads to the worsening of the victim's condition, causing her to suffer "secondary" victimization. It stems from the same conditions which nurture rape and the set-up of regulations and services which allow it to continue. As reflected in the pamphlet by the Waterloo Regional Rape Distress Centre "...by perpetuating myths; failing to reach women how to defend themselves physically; perpetuation of husband right to rape his wife; combining and confusing sex and masculinity and hostility and by not providing services to disturbed males..." "...Refusing women's right to control their life and body and teaching them to be passive and men to be aggressive and not listening and caring for women who have been raped."

In the face of these adverse conditions, victims must be able to get support, care and guidance to meet their physical, emotional and social needs which emerge or become more serious because of the traumatic impact of rape.

Caring for the victim must be done in the framework of basic human rights; the rights to one's body and the right to autonomy (Brodyaga, p. 124). Rape is an assault on both of these (and other) rights. Therefore, the handling of the victim's needs should not further assault these rights. Thus, peer- and self-help are the best guarantee against this pitfall. Also, women can benefit by being able, via the centre, to share their experiences and feelings with other women. "Their need to be helped and to help themselves rather than to submit their problems to an authority figure, especially males"(Brodyaga, p. 124), can be enhanced in the centre, which provides the opportunity for

victims not only to help others but also to participate in the educational and social programs of the centre.

It should be expected that centres, on the basis of their development, in terms of the type of ideology which their founders uphold and the nature of their acceptance by the community, will reflect different emphasis on the above ideological stances. Conflicts over elements of this ideology become divisive and can beset the functioning of the centre. However, as appears from their published material, centres reach a "concord", that is, they all share some common ideology, components of which allow consensus over goals and working arrangements to realize them. It allows, for instance, a deductive approach, whereby special events or cases are handled without the need to resort to special ideological directives but on the basis of the "concord" (Strauss et al, p. 14).

Many will term this ideology as "radical". No doubt, the radical elements of social critique, of pressure for change, the espousal of anti-bureaucracy of peer control, anti-professionalism, etc., are part of the origin of the centre. They are change-oriented ideologies indeed(if this is what people term as "radical"), and especially when aimed toward the community and the existing services for rape victims. But a close look at the published material of the centres will reveal that by the very nature of their organization (voluntarism) and mission (to help other people through self-help voluntary services) their ideology also consists of elements which are not only "radical": humanitarianism, idealism, commitment and altruism, collectivism and social or political morality.

> Humanitarianism--by emphasizing support for women in distress and the rights of women in general in the centre and in their negotiations with other services.
>
> Idealism and Commitment--by believing in, and working relentlessly for, their humanistic goals.
>
> Altruism--by doing the utmost in their responsibilities for the clients and comrades.
>
> Collectivism--a sense of cameraderie and responsibility to fellow members, to women in general and rape victims in particular.
>
> Social and Political Morality--the rise and fall of small groups is evidence that without an ideological base, without some broad common

> purpose to make them viable, isolated special interests and purposes cannot sustain themselves. The centres put themselves into a clearer relationship with broader social objectives by advancing goals beyond the personal service to victims--labouring for changes in the community to ameliorate, if not to eradicate, the plight of women and not only rape victims.

C. Organizational Perspective

Since we deal with organizations which provide services to individuals and to the community, it is important that the framework of the conceptual discussion will be that of a human service organization whose goals, as defined in the literature, are to process, treat and change people and their environment(3). Rape crisis centres, as they appear in the American scene, are store-front grass-roots mutual and peer-help voluntary organizations with some features of self-help groups. Each of these attributes has implications for such an organization in terms of its goals, internal working arrangements and the standing which it has in its environment. First, we shall discuss these attributes and their implications. Then, the rape crisis centre as a special type of voluntary service organization will be analyzed. Together with the ideological perspective, it will provide a framework for analysis of the data.

Generally speaking, voluntary organizations are defined as non-profit, non-governmental organizations and most of the organizations' personnel are unsalaried volunteers(4). The resources of the organization--monies, manpower and knowledge--are given freely and voluntarily rather than budgeted or taken by coercion such as in taxes, as in government services organizations. The clients also come freely and voluntarily. All this means that the organiations must engage in activities to recruit resources, volunteers and clients through creating an image of, and a base for, credibility and legitimation

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(3) For the characteristics and differences of people-changing organizations and people-processing organizations, see Hasenfeld, 1972; Hasenfeld and English, 1974; and Vinter, 1963.

(4) For a discussion on the definitions and characteristics of voluntary organizations, see Perrow, 1961, 1970. On voluntarism, see Hardy, 1973; Sill, 1968.

that will enhance the process and scope of volunteerism. Volunteers are expected to contribute various kinds of resources. While the "name" of board members is important because it signifies status in the community and thus helps to build the legitimate base of the organization, other members contribute manpower--time and work--others their skill and still others their personality in devotion and commitment as clients or volunteers (characteristic mainly in self-oriented change organizations such as in alcoholic or drug self-help groups). Some members may give more than one of these resources, e.g. when a board member contributes skill. Relying predominantly on volunteers creates some problems for the organization (Perrow, 1970). First, unlike money, volunteered manpower cannot be stored. It must be constantly restored and maintained. Volunteers are an unsafe source; often recalcitrant, self-activating and may become a contra-group within the organization and demand a greater say in decision-making. If dissensions rock the organization, the problems of volunteers' independence and power may become an issue. They may turn out to be a source of, and a faction in, the ideological and power struggle within the organization. Furthermore, volunteers' commitments and dedication must be rewarded in order to be sustained and "burned out" symptoms to be prevented (Freundenberger, 1974). Indeed, every voluntary organization creates mechanisms to sustain volunteerism such as cameraderie, social contacts, sense of importance and achievement, a feeling of participation in an important mission and ideological involvement, cultural and personal enrichment.

Rape crisis centres tend to be a grass-roots organization, that is they are open to any woman in the community. As any such organization, they have to orient themselves also toward the unorganized, often the socially stigmatized sectors in the community (e.g. addicts or rape victims). If the attempt is to have them join the organization, as clients or volunteers, this negative evaluation may extend to the organization. It becomes more difficult to secure legitimation and resources.

Grass-roots organizations often declare themselves as alternatives to private, public and governmental services which deal with the same clients or problems. The very raison d'être of their establishment is to become a different or an alternative service, because the existing services are deemed inadequate, inappropriate or expensive, in economic or human terms. Often,

when hope for changing the existing services is relinquished, they attempt not to substitute but to replace or develop new services because of the will to regulate them on behalf of their clients. Grass-roots organizations, to justify their being a radical alternative, tend to espouse some radical critique on the existing services. This, in turn, may add to their difficulties in winning acceptance and support, and may cause a certain self-selection of volunteers as well as posing difficulties in gaining the acceptance and the support of these services.

The literature on rape crisis centres (mainly American, e.g. Brodyaga) and the publications of Canadian centres define the centres as service organizations. As such they often define their goals as serving people, i.e. either providing something for them, or "working" on "their clients" to change them or their status, or to help them in their negotiations with their environment. Thus, generally[5], human service organizations take up the following professed general and multiple goals:

> (a) To refer, and treat people who are in crisis and need help. Having to work on and serve people presents some constraints for the service organization. To name but a few: the fact that people are the subjects of intervention sets aside legal and moral constraints over what can be done with them; clients are also self-activating, and attending voluntarily means that they can determine the extent, the length and the kind of treatment they will be ready to undergo[6]. Thus, the organization faces the problem of how to attract and maintain the client's contact and involvement with the organization, so he or she can be served and treated. In other words, how to minimize the uncertainty in such contacts and involvement by a certain degree of control over the clients (Parsons, 1970). The goal of serving people may clash with community and other service organizations' definitions and values of what is the nature of the problem of the client to be served, and the type of treatment accepted by the community. It is related to the organization's standing in the community in terms of prestige, legimation and in the competition for resources, etc.
>
> (b) The second professed goal of human service organizations is to mediate between clients and other organizations or services. Thus, they serve as referrals and advocates for their clients.

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(5) For a discussion on organizational goals and human-service organizations' goals, see Hasenfeld and English (Eds.), 1974; Perrow, 1961, 1974.

(6) On these problems of laterality and compliance of clients, see Rosengren, 1970; and Perrow, 1970.

> Their success in doing so depends on the legitimacy and support they have been able to gain from these organizations, which, in turn, depends upon past successes, the type of clients they serve, the kind of staff they employ and the ideology they espouse vis-à-vis the other services, i.e. the kind and style of critique they level against the organizations they negotiate with on behalf of their clients.
>
> (c) Voluntary service organizations have another but latent function: to satisfy their volunteer members. The members can see as their reward the dispensing of service, or in social and personal terms what the organization may have for them. The multi-purpose nature of human service organizations: referring, advocating, negotiating, changing and treating, is likely to create some inherent structural problems and tensions. These are concomitantly internal problems as well as external; i.e. related to the organization within its environment.

First, the very problem of defining a set of multiple goals and setting priorities and allocation of resources. Second, the place of professionals within a voluntary grass-roots treatment service organization. Third, goal displacement--a special set of goals for maintaining the institution and its services may become an implicit goal by itself, thus competing with other goals for resources and attention. Fourth, lack of consensus over the direction of the organization, which may erupt into internal dissensions and struggle over priority and implementation of goals.

Multiple goals of service organizations complicate the nature of the relationship between the organization and its environment. Here, the problems are those of legitimation of the organization's goals and activities, the acquisition of facilities and resources and the extent of independency of the organization.

These and other problems, which emerge because of the multiple goals in service organizations, give rise to various mechanisms to limit the conflict among goals, and to minimize the negative implications which may arise because of multiplicity of goals. For example, official, i.e. publically professed goals are often generally and vaguely defined to enlist larger support for the organization. Or the organization may use goal displacement, i.e. other goals which are not related directly to the organization's official or operative goals. All these, and other mechanisms (Clarke B., 1956), are used in the effort to extend the legitimation base and strengthen the credibility and prestige of the organization.

Treatment

Service organizations, which define themselves as 'treatment' organizations, contain some inherent problems related to these functions. Any psychological intervention with human beings is problematic in terms of determinancy and exclusiveness. This is so mainly because of the following reasons:

a) Client Problems: The variability of people and conditions to be treated, e.g. there are differences as to the significance of the crisis, the ability to cope with it, the type of crisis or trauma experienced and the different definitions by clients, and others, of their needs, etc. The unpredictability of people, e.g. refusing to continue contacts and treatment or other courses of action they have undertaken before or during their initial contact with the service.

b) Problems in the Techniques: The lack of reliable and accurate knowledge and a definitive theory about cause-and-effect relations of behaviour in general or in the crisis situation. Thus it is difficult, if at all possible, to suggest a definite course of action (treatment) and to predict the outcomes of such action; and the vagueness of goals prevent determining what specifically is expected from the treatment, its outcome and the course of action which may achieve it.

Thus, despite the accumulation of knowledge and experience, treatment is provided in a relatively high degree of uncertainty. This can be minimized and stability can be attained by various mechanisms such as:

Using normative and evaluative definitions such as falling back to common sense concepts of humanism welfare approach to counteract the lack of knowledge of what and how to treat the client.

Using normative, ideological or professional assumptions which create homogeneous categories of clients, their "troubles" and needs. This again helps in minimizing the variability of clients.

Development of some basic and routine techniques of treatment which include "training" the client to abide to the demand (albeit minimal and basic) of the treatment personnel. By this it is possible to limit, or control, the clients' reaction-potential.

The use of selective screening of clients on the basis of such assumptions and categories, by which, again, a certain homogeneity among clients is reached (Scott, 1967) e.g. by negative selection through avoiding seemingly "undeserved", thus ineligible clients (Ruth, 1967).

> A conscious decision to treat only a narrow part of clients' characteristics or needs, thus limiting the extent of intensiveness and length of treatment, i.e. "short-term and shallow" kinds of treatment (Rosengren, 1970).
>
> Avoid any concern with eligibility but then limit the treatment only to referral and short contact support.
>
> Limit the treatment techniques, their extent and length to those wished, defined by and agreed upon by the client (Lefton). Thus advocating an "open-door" voluntary type of treatment policy and being able to "blame" the victim for lack of success.

By these and other mechanisms, the organization can defend itself against accusation of non-professionalism, and limit the possibility of lack of trust of clients in the centre--"we do not promise a lot, thus, do not expect more". Or by putting a premium on maximum investment in the client in the limits of their organization choices. "It all depends on your wishes and motivation, you can, however, trust our commitment and dedication to you and to the cause". To solve the problem of lack of knowledge about cause and effect in explaining behaviour and changes after treatment, and to explain limited success, treatment organizations may resort to creating and emphasizing self-conforming service ideologies, i.e. creating explicit beliefs and normative evaluations about what the service is supposed to do and is doing, and for whom and for what. It gives coherency and provides rationalization and legitimacy to what the organization is doing. The organization is, thus, reacting ideologically to what it cannot justify scientifically and technically. One other mechanism is that of displacement of goals--emphasizing other purposes of the organization such as public education, advocacy or referral rather than "treatment". The organization can then claim successes in areas other than in its treatment function--in changing public attitude or procedures or services to which clients are referred, e.g. police or hospital handling of rape victims.

All these mechanisms will be used extensively when the organization lacks manpower, mainly professionals, or uses para-professionals to render treatment.

The Problem of Professionalism[7]

Reliance on professionals is characteristic with treatment-service organizations since they claim as their mandate, if not exclusively, the treatment of clients. The organization's prestige, legitimacy and liaison with other services depends on the amount and kind of professionals it uses. The role of professionals becomes, then, a major concern for the organization. Professionals may be doctrinaires. They tend to have a claim for autonomy, of monopoly or dominance in decision-making over allocation of resources and over work philosophy and organization of work within the organization (Friedson, 1970; Straus, 1964). They may push the organization to forsake or lessen the commitment to the other goals of the organizations, e.g. public education or political work.

Organizations can counteract these problems in the following ways (to name but a few)(See Litwak, Vinter, op cit.):

> To develop consensus over core goals, common perceptions about clients needs, ethics and standards of work.
>
> To select professionals who profess commitment to the general goals and to goals which are not implying treatment.
>
> Segregation of place, tasks and roles between professional and non-professionals (which may have intensified the tension) but giving subordination to one group or one goal.
>
> To maximize collegiate control over individual professionals who step outside the boundaries of shared and agreed-upon domain and responsibility.
>
> To encourage the recruitment and training of indigenous helpers and para-professionals or peer-helpers who will be less bent on dominance and "agencism". They can solve the problem of manpower shortage, bring better liaison with the community and enhance the attraction of clients (Katan). However, they may clash with the professionals or enter a coalition with them against other groups in the organization who adhere to other goals and their application. The use of para-professionals, however, may damage the reputation of the organization as a treatment service. The multi-purpose organizations will tend, then, to emphasize their non-treatment goals, and the

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(7) On the definition of professional and professionalism, see Greenwood, 1957; Wilensky, 1964.

> value of commitment dedication over that of personal treatment to clients. Also, para-professionals may be closely supervised, will be given the less complex, more routine task of dealing with clients (e.g. answering crisis lines). This demands more standardization and routinization of procedures, formulations and centralization of regulations. It limits the claim on the para-professionals while stressing the quality of the treatment, albeit simple, which they are dispensing, and the commitment of the organization to broader goals, ideology and to the clients. Such professed commitment becomes a substitute for lack, or a lower level, of expertise. Intensity of involvement with few clients or with derived activities tends to replace small load and short, technical contact with clients. Moreover, commitment to the organization, its goals and mission, can save the member from alienation, but under certain conditions it may cause "burn-out" and quitting (Dewar, 1977; Freudenberger, op cit).

Internal Organizational Problems

We have dealt with some basic issues which voluntary service organizations face and especially when professing treatment among their set of goals, but organizations of whatever kind have, despite their vast variation, some basic needs, internal and external, which they must neet and which result in some basic similarities in structural dilemmas to be resolved.

One set of problems concerns their goals: the very fact that they are deliberately set up with some sort of objectives in mind gives them an identity. The problem is to maintain and promote these objectives in a way that the organization will be accepted and supported by its environment while still keeping its identity. Service organizations have an additional goal-problem to resolve: how to integrate, within the organization's activities, instrumental goals (service, treatment, etc.), with expressive ones (creating and sustaining beliefs). This can be translated into the problem of the dualism between humanitarian, welfare and other ideological concepts and effectiveness and efficiency in the attempts to meet stated goals. Once goals are set up and priorities among them are established, the organization's needs qua an organization must be met. These needs are resources (e.g. monies and personnel), co-ordination between tasks, authority and control over people and tasks (the problem of accountability), and maintaining solidarity in the face of structural differentiation, and tensions over ideologies and working conditions. Moreover, the organization must maintain itself within its environment, i.e. forming inter-organizational relations so

that the organization will receive and sustain acceptance and support, be adaptable to changes in the environment and still maintain its domain, identity and independence.

There is an interdependence among these structural needs and dilemmas, and organizations differ as to the dominance of one or more of these dilemmas, depending on their stages of structural development, their stand in the environment and the solutions for their internal and external needs.

Resources: The chance of getting the amount and kind of resources needed for the organization's survival and accomplishing of its mission, depends on: the acceptance of its goals by environment; the prestige and reputation of the organization on the basis of personnel; type of clients, and technologies used; and on the basis of outcomes. The existence of other organizations which provide the same services thus creates competition for resources. An organization which is also committed to change in the environment and other groups may face a severe problem of recruitment of resources, especially if it refuses to moderate its critical ideology.

The administrative aspect of co-ordinating tasks, allocating resources to competing tasks and their interest group representatives, the maintenance of a division of labour, is a crucial dimension if the organization hopes for a smooth maximization of goal attainment.

Supervision and Control: The nature of power, authority and leadership are other issues that the organization must resolve. Once the organization is functioning, compliance with expectation of roles and tasks becomes important. Co-ordination and monitoring of recruitment, training and work performance are not enough to prevent conflicts and dissensions. Patterns of decision-making, leadership and authority structures are some of the mechanisms to cope with these conditions.

Underlying the mechanisms of control lies the capacity for sanctioning people. It expresses itself in authority and leadership, whose main area of action is in the formulations of goals, mediating between the organization and its environment, rewarding compliance, sanctioning deviations and ruling over conflicts. In voluntary service organizations, the issue of authority and control extends beyond the problem of recruiting, training, deploying and controlling volunteers, to that of client and helper relationships as well as to the relationships between the professional and non-professional treatment personnel.

Because treatment relations are of low visibility, those engaged in treatment or in public education assignments are hard to control in their front-line tasks (Smith). Voluntary organizations are sensitive to power or any kind of struggle because voluntarism is not a commodity to be stored. It depends on continuous commitment and dedication. Failure means losing members, turn-over of personnel and the constant need to recruit new ones.

Power and authority issues differ in the organizations according to their size, level or stages of development, as well as in the goals of the organizations. Thus, for example, new organizations which are small depend on volunteers, and relying on ideological commitment, can evade serious power and authority problems because of egalitarian atmospheres. But this stage is also marked by ideological fervour, it can be marred by power conflict over the formulation of goals and relationships with the outside environment. It is in the consolidation stage with division of labour, specialization of roles, development of work patterns and stratification, that power and authority become an issue, but in this instance over decisions of resource allocation, definitions of position, rights, etc., it is at this phase that issues of control and authority may become personal, defined as leadership style of pro-active or reactive patterns of action vis-à-vis internal and external problems.

An important and frequent aspect of the structure of authority and control and of tensions around it is that of the composition and power of the Board. Its roles as a liaison between the organization and the environment, of conferring status and prestige on the organization, and its importance in recruitment, support and resources, make the Board an important contender for authority (Zald, 1969), despite the fact of being remote from the daily realities of the organization. These issues, as well as others of rights and power, are resolved by special mechanisms such as selecting "appropriate" Board members on the basis of their allegiance to the basic premises of the organization and its work philosophy.

A special issue in the structure of authority is that of the nature of decision-making processes. It often appears as the problem of "democratic vs. oligarchic tendencies" in the organization. It arises especially when clear-cut hierarchical order emerges, which may hinder democratic participation in the organization, which espouses voluntarism and collective decisions (at least in

the initial stage of the organization). When not just a matter of style of leadership, it can bring alienation toward the organization, where competence, expertise and power rather than commitment to founding ideologies are rewarded.

Among the mechanisms to minimize such conflict, it is suggested, are the segregation of roles, formal procedures of voicing dissensions and grievances and consensus and solidarity across lines over core objectives.

The Organization and its Environment

Every organization must adapt to its existing and changing environment--the community's agencies and services which impinge on the organization's fulfilling its objectives, and the public which provides support, manpower and clients. Thus the problems of the organization within its environment are those of recruiting and establishing legitimacy, prestige and independence. These problems imply adaptation to uncertainty and competition over acceptance, support and resources. This is due to the existance of other agencies and services which compete for clientele and resources, and the possibility of apathetic if not hostile environment. These conditions set legal, normative and economic constraints on the organization. They can set limits on commitment to certain goals: they can limit the domain (service jurisdiction) of the organization; the range and kinds of technique it can use in its pursuance of its goals; and its possibility to survive and grow.

Thus, to secure resources and independence, every organization must establish and enlarge its legitimation base, i.e. the general social value which is conferred on it or its acceptance by others of relevance and significance. This is based on acceptance of the organization's goals and activities as being congruent with the dominant values of the superordinate system--the community and its relevant services. It also means that the community accepts, upon evaluation, the organization as a valid agency for carrying out its mission and those who labour in it (personnel, qualifications and reputation).

It is, therefore, in the first phase of development that legitimation is most important for recruitment of resources (monies and manpower, clients, and support services). In the later phases, legitimation is important to keep resources flowing, but added to it is the element of credibility, i.e. that element

in the legitimacy base which refers to the outcome of past activities; the amount and kinds of the organization's manpower.

To establish, strengthen and broaden the base of legitimacy and credibility, the organization must be involved in persuasion as well as political pressure tactics (critique and actions) aimed at the community at large (the public) as well as at competing agencies, and resource-allocating institutions. Because it involves evaluation of the organization's goals, mission and personnel, norms, values and ideologies play, therefore, an important role in securing legitimacy.

Voluntary service organizations have special problems in their claim for legitimacy (e.g. Hannigan, 1977). First, because they are voluntary, they depend for their resources on the public (for manpower and contributions), on other agencies for back-up support services, and on funding agencies for financial support. Secondly, they often compete with other organizations as a qualified, distinctive, functional service alternative to the same problems or new or different kind of wants or problems. It is, therefore, a competition and conflict over "domain" ("we too treat the same people") and resources. Thirdly, service organizations which deal with crisis intervention, risk the denial by other agencies of the crisis. Fourth, service organizations which cater to new clients or newly defined crises, tend to be engaged in critique which can assume the nature of attack on other strong, well-established agencies. This critique and newness, which may be strong in ideology and commitment, but weak in visibility and independency, may endanger the granting of legitimacy to the new service organization and may deflect from the service component of its mission. And last, being voluntary, service organizations cannot store resources (volunteers) and, therefore, must constantly engage in the recruitment of "good will" for recognition of legitimacy.

Because legitimation is an evaluative, ideological and political process with tangible outcomes (money, support, clients and personnel, and the ability to achieve professed objectives), measures of validations of claims and counterclaims are, therefore, difficult to formulate. What are the standards for judging success? How to minimize and prevent the use of self-validating, self-serving measures as methods of rejecting evaluations of other organizations?

Since the arena for securing legitimation, resources, prestige and independence is in the "community", this term deserves some clarification. The concept "community" contains the following components:

> a) the social and cultural ecology, i.e. the economic and class structure, the dominant value system pertaining to the definition of the organization's goals, clients' needs and the level of services organizations to meet them;
>
> b) the public--the population, its values, level of sophistication and orientation, etc., from which volunteers, clients, professionals and support can be recruited, e.g. the female population in the case of rape crisis centres;
>
> c) the agencies and services, official and unofficial, private or public, which also deal directly or indirectly with the clients or their problems, e.g. police, hospitals, criminal justice systems, social agencies and other voluntary organizations which may serve as support agencies, or referral or clients to and from the organization.

It has been suggested that voluntary organizations, especially new ones, have to constantly allocate effort and resources to public education. This is so because in being non-profit, organizations are, at least in the beginning, heavily dependent on the community's "goodwill" (legitimacy and credibility) for securing resources. With new organizations, the contact with the community raises an ambivalent situation. On the one hand, the reason for the establishment of the new service was dissatisfaction, often accompanied by criticism and pressure on the services. On the other hand, the community's support is needed and at certain phases is essential, if the new agency is to provide the services it professes to give. The resolution of this ambivalence entails establishing continuous positive relations and co-ordination with the other services and the moderation in the intensity of the critique on the services(persuasion rather than confrontation and "radical" posture). It may lead to agreeing to have the other services being represented on the Board of the organization or an advocacy service is developed whereby a co-ordination policy is arranged or contacts are based on a case-by-case basis where the terms are either agreed upon or negotiated anew in each case. The new organization then assumes the posture of partly substitute and partly supplementary service.

In their interaction with their environment, organizations often evoke a posture of independence, but always have to consider their relative

dependency or independency vis-à-vis other agencies in the "community". Independency thus means the clout that the organization has in comparison to others in providing its valid claim for new, better or different services. Independency further means negotiation and exchange with other services (Levin and White, 1960; Litwak and Rothman, 1970). The exchange or negotiation of resources or support can be conducted with apathetic or hostile organizations; for example, when other services (e.g. police or hospitals) refuse to change their set patterns of work because they are secure in their position through legislation, seniority, stable resources and functions that are deemed necessary. A minimum amount of co-operation and co-ordination, which means pressures toward uniformity and standardization, is thus necessary if support or back-up services, let alone resources, are opted for.

Exchange relationships with other organizations are asymetrical, the nature of which determines the degree of independence an organization has. It varies in nature according to some variables. To mention but a few--the parties to the exchange, i.e. size, prestige, type of authority, etc.; what is exchanges, e.g. clients or services, etc.; the formality or procedures; the direction of the exchange (unilateral, reciprocal or joint); the climate of exchange confrontation and conflict or shared visions (Litwak, 1970; Miller, 1968).

While organizations are objectively dependent on other agencies, they may assume a posture of independence, protect their domain and identity as a unique service. Whatever the factual bases to support this are, they may develop an "awareness of dependency" for the sake of public policy, but still remain functionally autonomous. Every organization in its relations with others attempts to maintain an actual and a sense of functional autonomy, i.e. of its special uniqueness and identity. Within this framework the organization will enter into exchange relationships with other bodies. Depending on the autonomy they have, as measured by support, resources, etc., they may attempt to maintain this autonomy by regarding other agencies in the community as a "confederation", that is, considering all services which deal with similar clients or problems as sequentially linked through procedures, rather than homogeneous systems which deal with the same clients or problems(Thomas, 1957). As a planned policy, this concept of facilitative rather than competitive interdependence

allows the maintenance of a sense of plurality of values, approaches that even conflict, but with shared procedures for exchanging services. It protects the claim that small, new, innovative organizations have a right to exist without being co-opted.

Finally, organizations have to relate to "sister" organizations, i.e. groups which are, formally or informally, part of a federation with the same mission or type of clientele. They may differ by various variables but see themselves as serving the same cause. The interpretation of the cause, the means adopted to recruit volunteers, resources, promote co-ordination and co-operation with the community may polarize them or introduce tension and conflict among them. It is only shared core goals, consensus around basic assumptions and functions to meet accepted objectives, and a liaison and co-ordinated leadership which can maintain those sister organizations as a united, unique service throughout the state.

Evaluation

Every organization must evaluate the outcome of its effort in achieving its goals. The evaluation can be internal, i.e. monitoring its activities and structural arrangement, and external, by outsiders who measure the organization's performance in terms of effectiveness, efficiency, adequacy, process and other aims of evaluation (Tripodi et al., Suchman, Weis). Evaluation is important because it is used to establish legitimacy, credibility and prestige. For new organizations, evaluation is often crucial because it can serve as a basis for a claim for support and resources and for their demand for changes in the environment. Evaluation results can be used as indications for necessary internal changes within the organization or for new accommodation with the outside environment.

Voluntary human service organizations present some special problems for evaluation (Hasenfeld and English, 1974). We already alluded to the fact of ambiguity in the definition of goals, so that evaluation may be of the declaration of intent rather than of specific goals. Further, the methods of evaluating and measuring outcomes of treatment are problematic because clients are self-activating and unpredictable, and cause and effect relationships of

their behaviour are not clear; the techniques of treatment and their influence are undetermined and unclear; there is no control on clients in the input and output stages and there is often no follow-up of clients. To counteract these and other difficulties, organizations will resort to types of evaluation which will still show success or will diminish the amount of failures (Lerman, 1968), e.g. by developing approximate or extrinsic rather than intrinsic measures of success, or developing self-validated self-servicing measures on which the organization can score high.

Changes and Innovations

Every organization faces the conflict between inertia--the wish for stability--and the need to change or adapt to external pressures for change. Change means the introduction of uncertainty in the structure and functioning of the organization, in the division of labour, or in the allocation of resources, but it also affects people, their tasks and positions (Hasenfeld, 1971; Starbuck, 1965). Changes can be initiated by internal and external pressures, they can be planned and anticipated (innovations) and unanticipated. The survival and continuity of the organization depends on its ability to adapt to the changes, to respond appropriately to pressures toward change. Voluntary human service organizations have some special problems in this respect because their resources--human and voluntary--are more influenced by changes in the organizations environment, because of unpredictability in its behaviour, including ideological rigidity and narrowness which limits its adaptation to necessary changes. Also voluntary service organizations, especially new ones and others also ideologically committed, have more stake in adapting to changes. It becomes a political issue with the chance of divisiveness within the organization, as well as a matter of resources and legitimation.

The ability to adapt to changes, i.e. restructuring of the organization's set up and functioning and its relation to the environment was found to depend on (Hage and Aiker; Hasenfeld and England, op cit.): openness and flexibility, that is openness to change and initiating necessary accommodations, while at the same time maintaining commitments to goals and the special identity, domain legitimacy and resources of the organization.

The ideological "openness"--the narrow commitment to the ideology and goals of the organization limits the flexibility and openness toward change because it limits the absorption or correct interpretation of new knowledge about the environment and the organization and accordingly the initiation of changes. The "openness" of the members of the organization, especially its leaders, toward change, e.g. changes may threaten the existing power structure which may cause resistance to change. The "openness" of the administrative structure, e.g. centralized administrations which resist change can better stall introduction of changes. The existance of resources which can bear the costs of change (time, money and continuous commitment of the personnel). The size, complexity and diversity of the organization--the smaller the size, all things considered, changes are more easy to absorb. The status, security and satisfaction of office-holders and members of the organization. The sharing of and consensus around core goals as an ideology among the membership. Resistance to change is thus predicated on perceiving the changes as challenging the ideology, the goals, the power and administrative structure of the organization, and the failure to translate changes into the task, resource, allocations and establishment of mechanisms to absorb changes.

We have conducted a tour-de-force of the characteristics and the main dilemmas which confront voluntary service organizations. Rape crisis centres are an example but a special one of this type of organization. There follows a summary of their special uniqueness.

Rape crisis centres are a special type of voluntary human service organization. They integrate in their ideology, organization and operations the characteristics of new organizations and of grass-roots, voluntary, peer-help, sometimes self-help, store-front organizations. Ideology is at the base of every voluntary service organization, but it is a more striking feature in rape crisis centres because they emerge mainly from the Feminist Movement and they incorporate in their ideological base elements from social and political movements and ideologies developed in the 1960's and 1970's in the United States and Canada.

This ideological basis led the centres toward a dual social commitment to social critique, assisting rape victims and towards initiating changes in institutional arrangements which affect victims and impinge on the whole phenomenon of rape. Their ideological basis led the centres to adopt a

multiplicity of objectives and activities. In turn, they defined the centres as a separate, alternative and supplementary service for individual clients as well as a special base for social and political actions in the community.

Ideology is pervasive criteria for defining the nature of the phenomenon which the centre has to tackle (rape) and looms large in the decision of how to deal with it. On the individual basis, the ideological stances define the kind of services for victims and in the public arena the decisions are around the issues of accommodation or confrontation. Ideology influences the decisions on working arrangements and structuring of the centre. The emphasis on the ideology of equality to women, or eradication of dominance among sex roles orient the centres to become, for the community, a model for social and personal relations and social arrangments. Centres, therefore, espouse a collective and non-hierarchical working arrangement among their members. Living up to the model they espouse, allows them to become an avant-garde for social change, at least as it refers to women. The differences among the centres are partly dependent on the strength of commitment to the ideological premises, or on the ability to compromise without losing sight of their special mission, independence and identity.

The voluntary nature of the centre, working with people who may be considered tainted--"victims of rape"--in the midst of apathy, if not resentment, involves the centre in a continuous struggle for acceptance and support from victims, potential victims and the general public. Professing the goal of counselling, involves the centre in ceaseless efforts to establish a reputation and a credibility to its personnel, and their effectiveness. Because of these and other reasons, centres espouse para-professionals and peer-help to victims, and their direct services tend to be of the nature of contact or crisis intervention. Services may also assume the nature of referral and advocacy which, therefore, involves the centres in negotiations and coordination with community services inspite of the criticism often leveled against them. All centres rely, however, on expert and professional back-up services in the community.

Rounded by the ideology of voluntarism and human rights, the centres abide by the rule that it is the victim who determines the kind, the length, and the terms of services she will receive from the centre. Again, ideological emphasis may be given not only to instrumental help to victims but also to creating certain beliefs and opinions which are beyond the immediate experience of victimization.

Rape crisis centres' operations depend on volunteers. Besides the usual difficulties with volunteers--an unpredictable, uncertain resource--the centres face special problems of image. They are established by small groups of women, often activists and radicals, in the sense of being imbued with a critical approach toward the community, and volunteers may be deterred from joining the centre as well as victims from seeking assistance. The centres, therefore, contain and serve a selective group of women, but are involved in a continuous program to enlarge the population of its members and clientele. The external control on the centre is exercised by normative evaluation, but mainly by being dependent on other agencies and institutions for providing money and services for victims and an arena for educational and political programs.

The nature of the centre's focal concerns--rape, rape victims, social critique and social change--and overcoming the community's attitude towards these concerns (from apathy to resistance), makes it difficult to gain community support. The background of volunteers (often young, feminist and activist) and the level of expertise of their services(support, short-term counselling) may create more difficulties in securing resources. Rendering new or supplementary direct services on the one hand and espousing a special and unique service on the other(advocacy or work in the community), makes the centre often entirely dependent on the community's goodwill for resources, and the very possibility to execute their public programs. Again, ideological stances determine how to survive, grow and develop under such conditions of dependency while still maintaining basic identity, sense of uniqueness and autonomy.

Rationale for the Directions of the Study

We have placed rape crisis centres within the category of human service organizations, and more specifically in the category of voluntary, grass-roots, peer-help, store-front service agencies and suggested some of the special structural dilemmas inherent in such organizations. We also surveyed the historical and the socio-ideological backgrounds of the anti-rape movement (mainly in the U.S.A.) and the components they contribute to the crystallization of the rape crisis centres.

Scanning the literature and the actual scene in Canada and the U.S.A. we found the centres to be a relatively new type of organization (since 1972),

and in various stages and models of structuring. Rape crisis centres elicit ambivalent feelings because while their aim to serve is well taken, there are many prejudices against the centres because of those who have established or operate them, and because the contributions of the centres are not yet known. It was decided, therefore, to conduct an exploratory study on a number of centres with the hope of laying the foundation for a more broad and indepth research on this type of organization. We examine the characteristics of the centres as an organization and its services from a frame of reference of their sources (the independent variables), and the processes of their institutionalization, the creation of internal structures and the development of their services. In this type of study, no hypotheses were formulated and no measures devised for variables and outcomes. We postulated a dual trust of the centres as a service and as a base for social and political action. Their basic orientation, we assume, impinges on the centres' organization and missions, and serves as a source for mobilizing behaviour and attitude in the community.

Service organizations integrate in their mission a social and political orientation, and this is more striking in the case of rape crisis centres. To divorce this orientation from the centres' services seems impossible, given their historical socio-ideological background sketched above. Thus, it was decided to study the spectrum of the centres as a service and as a base for social and political actions as they evolve over time (dependent variable) and as an independent variable, i.e. how in a given time the centres' structure and functioning are related to basic orientation or any other dimension that will be found from the examination of data. There is another and broader purpose for the study besides the understanding of this type of organization: the process of transformation of ideology into a movement and the institutionalization of the movement.

II

THE STUDY DESIGN AND METHODOLOGY

Phases

Each centre was contacted and an appointment was made to meet with its representative. The meetings were conducted at the centre, and there were contacts with others connected with the centre, e.g. Board members or someone in a supportive capacity--psychologist, lawyer or psychiatrist.

Three of the centres were visited twice, one six times. In the others there was only one meeting which lasted all day. Each meeting extended into sessions of four to five hours in length, broken by a lunch and continued into the evening hours. In some centres there were evening and night sessions, to be followed by a whole day's meeting. In one centre, after a three-hour session, we were told that a continuation of the centre's participation in the study depended on the decision of the Board. After three weeks, the Board's refusal to participate was communicated through a copy of a letter to the Solicitor General's office. Another centre decided to delay its participation to a future date and still another terminated its participation after a number of meetings. Two meetings were held with the National Assistor, one in Ottawa and one in Montreal. A meeting was held with a professor at the University of Toronto who was active in the local centre and a meeting was held with Mr. Hart from the Health and Welfare office.

Sampling

In an attempt to obtain information on the centres from any source the "availability sample" approach was used. In this type of sampling, the researcher attempts to investigate as many cases as possible within categories of theoretical interest (i.e. for us the centre). No attempt was made to ensure, thus no claims are raised, that the sample is representative of some larger population. This approach stems from the fact that this is an explorative study and not a hypotheses testing research. Also, we had to accept the persons made

available to us. Only in two centres was there a collective decision about their representative and this made it necessary to plan a special interview schedule in terms of content and general approach.

All told, we visited seven centres in the Province of Ontario in different stages of development, organization and operation. About 30 people were interviewed and there were about 80 hours of interviews. There are still two centres in Ontario that were not visited, one apparently inoperative and the other in the midst of reorganization, and there are communities in the Province where centres have ceased to function. Reasons to time and budget prevented visits to these places, a great limitation in understanding the process of growth and change of centres.

Collection of Data

A main source of information was the interviews, but printed material from the centres, such as pamphlets, newsletters and other educational and informational material was collected. It should be remembered that our knowledge of rape crisis centres extended before the present study based on visits to centres in the U.S.A. and Australia, and on our acquaintance with the literature on rape, service organizations, the sociology of organization and on first-hand experience in treatment and casework.

The Interview

In retrospect, it appeared that centres chose as interview representatives their most active members and in some cases those who actually ran the centres administratively. Interviews with these representatives were guided by an open-ended interview schedule (reproduced in the Appendix). It consists of questions on various aspects of the centres' history, development, organization, and functions. The method used in the interviews was to tap the collective memory of the interviewees, asking them to describe and analyze the most salient conditions shared by the centre and those which they think differentiate them from other centres. This produced some historical and developmental perspectives on the rape crisis centre movement in Ontario and a present picture of the

centres as fixed entities with, however, an attempt to see the fluidity in their organization and functioning.

The data gathered is uneven in terms of quantity and depth in covering the shared problems of the centres, because among those investigated were some in different degrees of development, organizationally and operationally. One centre was visited on the day of its establishment, when its by-laws for incorporation were discussed. Two others were found to be administratively less complex. In one instance only partial data were collected since, as mentioned before, the centre had refused to participate in the study. Four centres provided information to the limit imposed by time and budget. In the light of these facts, the reader should be cautioned against unwarranted generalizations. As an exploratory study and in the limits of budget and objectives the data gathered were satisfactory. Some insight was gained into the basic and inherent problems of each centre and of those of the rape crisis centres' movement. It is, however, clear that much ground and more data have to be covered, which calls for further studies.

Analysis of data

The topic of the study necessitated an historical and developmental portrayal of the centres, as well as a description and analysis of them as organizations at a given moment in time. Instead of describing and analyzing each centre separately, various issues were examined and a cross-sectional description and analysis was made of how different centres coped with them organizationally and operationally. Only by this process could we accomplish what we aimed for:

> suggesting distinctions among centres and the attributes of each group of centres (if groups, types of classes of centre will emerge);
>
> determining the sequential regularities of events and social processes, which led to the emergence of organizational and functional properties of centres;
>
> establishing the relationship between centres and their environment; and
>
> charting the centres' coping mechanisms with internal and external crises.

In a way we led our informants to differentiate among centres, based on orientation toward rape, the community, their internal organization and overall performance. They themselves tended to see issues in terms of tensions between two orientations: the purely "agency" type and the political-ideological (often termed a collective). It should be remembered that on the basis of our previous knowledge about rape crisis centres we assume in our proposal and postulated at the outset of the study these two major orientations: the ideological and the individual-treatment. We also assumed that while in each centre there will be tendencies to stress one of the orientations, behind these seeming divergencies lies an area of fundamental, shared but negotiated agreement on significant issues about rape and needs of rape victims and about mode of operations inside and outside the centre. This negotiated agreement serves as the basis for the stability and order, albeit fluidity, of the centre. However, the very nature of our sampling "technique", the availability of informants on the basis of centres' decisions, raised a number of considerations in the analysis of the data, e.g. are the different ideological factions that comprise the staff and volunteers, similarly represented among our informants? If not (and we suspect so), then this factor alone could account for whatever differences or similarities which might emerge in our analysis. On the other hand, the variability of kinds of volunteers and staff and the organizational prerequisités of centres can tell us much about the organization of the centre, inspite of the fact that they were excluded from the sample. This is why in the interview we delve into questions on the background, characteristics and selection of the staff and volunteers and into common organizational aspects of each centre.

There exists the problem of the impact of the centre on the volunteers and the staff which could, through training and work experience, change their attitudes and orientations. Thus the sharpness of ideological stances can be neutralized. We, therefore, inquire and present data on the training, supervision and work-organization in the centres. Only on the basis of such data did we hope to see whether in terms of gross comparisons the centres consistently differ in their overall ideological climate and work philosophy and why and what contribute to the existence or absence of such differences.

Since we recognize the social (and individual) aspects of rape and their consequences in terms of the function of the centres we assumed the

ideological basis of the centres. Our attempt then to study their inner logic and main feature was guided by the recognition that the centres are voluntary peer supportive or crisis intervention service delivery organizations as well as part and expression of an ideological movement. The presentation of the data had to take into consideration this fact of multiple goals and the multi-faceted nature of the centres. It means discussing the salient and special problems that such types of organizations present in terms of image, credibility or legitimation, the attraction of clientele (Victims) and volunteers and, in terms of organization and functioning, e.g. division of labour, priorities among goals and their pursuit, the issue of budget, community and inter-organizational relationships and the outcomes that can be expected from the centres' programs.

This brings us back to the problem of the sample. Since we assume relationship between ideology (or orientation to basic issues of rape, the functions and nature of rape crisis centres), then the best way to understand the aforementioned and other problems is through the eyes of "purists", those who are strongly committed to and advocates of a particular orientation. They can be "biased" by being partisans but at least they can be expected to be consistent about their views of the problems of and issues surrounding the centre: e.g. rape, the community, the role of the centre as a pressure group, the nature of relations with agencies and the criminal justice system, and the differences among centres on the basis of the relationship between ideology and practice.

To summarize, the data upon which the study is based were gathered in 1977 in seven centres located in the Province of Ontario. Informants in each centre were those chosen by it. The centres differed in their organizational structure and the development of their programs and services. The centres differed also according to their response to ideological stances as well as to their external environment--the community and its agencies and services dealing with rape victims.

We assumed the centre to be a system, i.e. an organization with sub-units with their interaction and configuration explaining part of what happens in the organization and what it attempts and actually does. We further assumed that the centres differ in their organization and function due to historical, local and ideological factors which existed when the centres were established and which influenced their subsequent organizational development and their

functioning. Thus we attempted to relate organizational characteristics and their background to the services which the centre provides to victims and the community. We feel deficient in some aspects. Ours is not a longitudinal study. We do have data on the historical development of the centres but it is still too meagre to postulate the full range of cause-and-effect relationship to the centres' organization and functioning.

We obtained data from a sample of informants: their views on the problems we presented to them may be one-sided and limited. In the time and budget at our disposal we had to accept this limitation recognizing that ours is an exploratory study--a start for further studies. We could not talk to victims: the centres objected to giving us their identities. Nor did we talk to enough volunteers and in some centres we saw none of them. Since data on outcomes were not available, we saw it outside of our aims to develop measures to examine outcome. Thus, we cannot determine the impact of different centres on the victims, their influence on volunteers and their success in reforming the community. We do have some crude data on activities which may serve as a basis for outcome measures.

The community was not tapped for information. Again, in the limits of our budget and time we could not talk to police, health and criminal justice and social services personnel about their views and evaluation of the centre. Their views were reported to us through the opinions of our informants. We leave this important aspect to future research.

Let us add another aspect to the methodology of the study. We believe in services to research subjects. In some studies they get credits (e.g. in psychology courses). We believe that those who contributed to the study by volunteering their time and effort (and, as we shall see later, volunteerism for certain groups smacks of exploitation) must be rewarded in kind. Thus, whenever asked, we agreed to lecture, be on a panel. or were ready to be, and indeed "subject" to study by the centres on issues of rape, treatment and organization. In one place we initiated and negotiated a back-up service for the centre. This was not a technique of "establishing rapport". It was intended to be, and was, our contribution to those who made the study possible.

III

ANALYSIS

A. The Name

Names of organizations are usually aimed at communicating and symbolizing their mission, to confer identity and status to members and clients. Like a flag it evokes sympathy, apathy or resentment. The name "Rape Crisis Centre" presents, dramatically, the subject of its existence: Rape is a Crisis, and the centres assume the care and amelioration of this crisis. The fact that centres go by different names indicates that various considerations influenced the adoption of a name, to mention but two; creating an image, or attracting certain groups of clients and volunteers. Thus, names like "Rape Distress Centre", "Sexual Assault Centre" or "Sex Relief Centre" suggest that the centres aimed at a larger spectrum of clientele. By broadening the base for potential clientele, the centre can avoid a negative identity ("a place for women's libbers") and promote a positive one, as related to us: "What is more respectful than to care for children who have been molested or sodomized?" In one centre, the name "Distress Centre" was chosen to suggest a political stance: "it does not matter if the woman was raped, the very fact that she is in distress means she needs help; we are here to provide it". One centre chose the simple name of "Rape Crisis Centre" because the founders discovered that at the initial stages they could cater only to a narrow group of clients. However, the plan is to enlarge the centre's services to victims of all types of sexual assault and abuse. The name of the centre will be changed accordingly.

The names of the centres were given by their founders. In two which were established and are administered by individual women, they chose the name for practical reasons only. One wanted a "distress centre" to avoid the stigma of rape, but since there was already a general "distress centre" in the community she refused to compete with them. However, she agreed to use the name "Rape Crisis Centre", but immediately advertised that the mission of the centre was to cater to victims of all types of sexual abuse, and initiated the centre's participation in block parents' activities. It helped to support the centre's

claim as a general distress centre. In the other centre, administrated by one woman, a general name was adopted: "Relief Centre", again to minimize the identification of the centre with the broader issue of rape. In both of these centres the individual founders are professionals (nurses) and the centres maintain neutrality of ideological issues and espouse, mainly, an agency-type of service to individual victims.

B. Conception of Goals

Discussions on the historical and ideological perspectives of rape crisis centres suggested that they focus their attention on tackling the double nature of rape: as a personal experience and a socio-political reality. Thus all centres espouse a multiplicity of objectives to meet this double nature. This is reflected in their official publications where the declaration of the centres' functions and the list of their services is put forward. It is also reflected in the answers to the question "What do you see as the centre's goals (in order of priority)?" All maintained (in writing and in interviews) that they combine direct services to victims with public education, information and work for change in the services for rape victims. Some suggested that they are also part of the movement to change the legislation pertaining to rape. All stressed that they are doing preventive work to reduce the incidence of rape.

All the centres start their list of objectives with direct services to victims--'crisis' lines, emotional support including accompaniment of the victim to the services, counselling and referral. This is followed by listing the social services of the centre--public education, coordination with other services, working to change laws, observing the services and the criminal justice system, and the prevention of rape. Even centres which strongly emphasize the social and political nature of their work maintain this order of objectives. They do so because they see in service to victims a primary function of the centre, and because they want to avoid antagonizing the community, which will more readily accept one that is service-oriented.

Priority of goals may cause tensions within a centre which is primarily what happened in one of them. The original statement of goals, for the purpose of getting a grant, gave priority to direct services to victims. A year

later, when a new board took over, an assessment of the centre's operations was made and a 'program modification' was issued and sent to the funding agency. There, a new orientation from which "strategies and goals (which) will form the rationale for the allocation of resources and the organization of the centre's activities" was stated. In order of priority, rape is first a social issue and then a personal issue. It, therefore, "requires first critical examination and social action in the community and the services". While direct services to victims are to be provided we are cautioned against"...developing a parallel social agency structure..." and that "care will be taken to avoid establishing a specialized professional service" (Ottawa Rape Crisis Centre "Program Modification ", 17/1/1977). The 'program modification' led to the resignation of board members and of professionals in the centre.

As stated before, all the centres, except the above case, maintain that they are first both a supplementary but special service delivery organization, and a base for social actions. We learned that centres that started from "Women's Centres" were engaged more in discussions about the priority of goals, but all agreed that direct services for victims come first. Centres which started through the initiative of individual women, or by a group of professionals, assumed immediately that "victims come first". Some centres opt also for new and long-term objectives such as broadening of the direct services to boys and males. One centre conceived, at the beginning, that its main objective is to become superfluous, i.e. to train and change community services so that in three years they can take over the centre's functions. An evaluation of this centre's activities, after a year of operation, led to the question of the feasibility of this ultimate objective (Ottawa: Preliminary Report by Records Consultants, November, 1976).

It could be assumed that multiplicity of goals and the need to set priorities among them for the very reasons of allocation of resources and division of labour, are determined by ideological and normative decisions as well as by practical consideration. Every centre must serve victims if it wishes to be accepted as a unique service organization. To attract volunteers and clients, it ought to work in the community. Functioning as a platform for public education, reform and change can cause tensions between a strong critical and activist stance against community services and a mild one with emphasis on cooperation.

It is possible, however, as was found in centres where this dilemma was raised, that political work will be divorced from the centre's framework and be conducted outside or that criticism will be moderately voiced on the outside, while in the centre the ideological battle can be fought.

All centres agreed that they are needed as unique organizations to care for the rape victims and for educating the public. When asked "why do we need Rape Crisis Centres?", the most common answer was that they provide supplementary services which other private, public or government services do not provide at all, or do so inadequately. "We do more than the other services. Who takes care of victims 24 hours a day, seven days a week?" They see themselves also as a unique service by the fact that they care for a special group of victims, advancing their cause and intervening on their behalf.

All the centres see themselves as special organizations in that they are the only groups which engage in public education and reforms on behalf of women who have been abused sexually, not only through rape. Two centres, more socially oriented, suggest that their uniqueness is in being a base to further the cause of women's rights and for general social change. They maintained that centres must orient themselves beyond the care of victims or ameliorate services procedures for victims. To quote:

> "If centres are really to be engaged in the prevention of rape they must go beyond education of the public. Industries have made great gains by first polluting the rivers and then producing and selling installations for cleaning up the environment. In some way the present perception of the R.C.C. is that of one that installed as many pollution fighting services as possible but neglects to eliminate the source of pollution." (Ottawa R.C.C. Progress Report, November 30, 1976).

C. Stages in the Development of Rape Crisis Centres

Almost all the centres studied started as a grass-roots enterprise, with a group of concerned women who belonged to the Women's Centre in their community or to the Committee on Women's Issues. These groups served the centres, at their founding stage, as an ideological base, a source for volunteers and even as an initial base for operations. Two centres started through the initiative of a single professional woman with organizational skills who came from a

Planned Parenthood agency, but they too worked with volunteers from the Women's Centre in planning and actually organizing the units. Sometimes an event triggered the establishment of a centre while the idea of such an agency may have been "kicked around" before. In one city a housewife was confronted by a young victim who knocked on her door for help after being raped. She was ignorant as to the available services in such cases and called the police. Her encounter with their approach to the victim caused her much concern and distress. She was ready to be involved in establishing a centre to meet the need she found to be in dire want. In the Committee on Women's Issues, she found a supportive address. Together they laid the foundation of the R.C.C. in that city.

Among the founders of the centres we studied, we found political activists, students, professionals or concerned housewives, but women from existing community services were absent in the founding stage. Almost all the founders had close personal experience with the issue of rape. Coming mainly from the Women's Centre meant that many of the founders had been exposed to and participated in feminist ideology and social critique on the services to victims of rape. They also often had experience with the close, intensive and collective type of living. For two centres, the background of the Women's Centres was considered important in a negative sense. The intensive political and ideological disputes within those groups made them decide to divorce the R.C.C.'s from any ideological and political activities. Usually, at the Women's Centres, the idea of the R.C.C. was discussed and planned, often drawing from the experience and model and actual help of already existing centres. For example, some of the centres looked on Toronto as a model for their services, while others considered Hamilton's training as ideal for volunteers. At the founding phase, all centres agreed upon a basic division of labour between supporting, counselling, public education and liaison with community services. All agreed to be engaged in "passing the word and the hat for volunteers and contributions"; tasks and roles were assigned, actually volunteered for, according to inclinations and skill. In this stage, centres had the feature of an anti-rape social movement, directed by participatory democracy and job camaraderie.

Unable even to pay rent and utility bills (mainly telephone), the centre used the hospitality of a host organization or resided in a place that cost little. For example, one centre started in the University, one at first was

located in the Y.W.C.A., three were initially located in the Women's Centre. All but one centre, which is still within a host organization (Planned Parenthood), moved out from their initial location when their first grant was obtained. The centres thus far studied were officially established between late 1974 and 1977, and some are, in a way, still in the phase of getting started. The National Assistor (Coordinator) elected in 1976 and funded by part of the grant to the Ottawa R.C.C., now assists new centres in their initial stages, drawing on the experience of other centres and introducing some elements of standardization in operations. It should be mentioned that some centres carry with them a memory of prior past attempts to establish an R.C.C. which failed. Two centres started their planning stage after a survey of needs, i.e. a number of rapes reported to the police and the services to rape victims in their locale.

Getting the Word Out

Once the founding of the centre has been decided, the basic woman-power existing to start the services and a place for operations has been secured, the next step has been to make the centre known to potential clients, and to communicate the centre's objectives to the community. This was mostly carried out by appealing to the media and in instances involving two centres a reporter visited them and wrote favourably on their aims, personnel and activities. At this stage most of the centres had already begun their hot-line services and some liaison activities with a variety of community services.

Getting Organized

While a rudimentary division of labour already exists in the initial founding stage, centres must, and do, create a basic work policy, i.e. division of assignments, scheduling of shifts for the hot-line, advocacy and public speaking appearances. Also, special attention is given to recruiting volunteers. At this stage, tensions can arise as some members fear that by the new emphasis on competence and administration, the centre will in fact become an "agency" and may compromise some of the overt critique and style of life when negotiating with community services. Also, at this stage, volunteer training begins, hot-line services operate (within the limits of women-power and budget) and liaison contacts are made with agencies and services which come in contact with rape victims. The police, hospitals and Crown Attorney's Office are usually contacted

first. The police are asked to refer victims to the centre, and to allow volunteers to sit in on the interrogation of the victim. Hospitals are asked to treat the victim on an emergency basis and to refer victims to the centres. All agencies are requested to accord services to victims referred by the centre, as well as to be sensitive, humane and supportive. Centres offer their advice on how to go about doing it and in this way begin back-up support systems.

The Community.

The success of establishing and organizing an R.C.C. depends on the community's acceptance, more specifically, on how the particular community views the phenomenon of rape and attitudes toward women who established the centre. The centres found that they faced a "conservative" community which denied that rape existed as a problem--if it did it was only "a problem among university students" or "of strangers who come to the city". Police produced statistics which showed small numbers of rape cases, or that rape was not on the increase, that "by advertising about the R.C.C. there will be more complaints on rape, often unfounded". Agencies also questioned "our credibility to treat victims when we never said we treat but support". In one place, the police and the Crown Attorney's office asked the centre to deal with homosexuals and incest cases because "these cases are less reported and the centre can raise awareness about these offences".

An additional reason suggested for apathy and even overt suspicion and resentment to the establishment of the centre was "the paranoia against women in general, especially of 'women libbers'". In two centres a dramatic case got the centre actually started and accepted. In one place the idea of a centre was kicked around but a case of rape in which a concerned citizen found herself ignorant of what to do with a victim who knocked on her door observed "police insensitivity to the girl", making her the prime mover of the centre's foundation. This incident made the police more receptive. In another centre the fact that a detective's relative was raped made him at once a supporter and the "centre's man on the force". Such "reception" by the community enhanced and testified to the criticism of centres initially against the services and agencies. Centres which from the outset decided to concentrate on direct services to victims adopted a policy of "let's try to win them over by persuasion and not confrontation". The more critically minded centres also accepted this approach but, "it won't stop us from attempting to change them more drastically".

All the centres reported apathy, benign neglect and sometimes resentment to their establishment. Winning support was taken as an important task, for "the sake of the victim and not for the sake of changing them" (the agencies). All centres engaged from the outset in advertising themselves and in direct contact with other services. Some had a clear plan, even a special coordinator, to deal with liaison activities. Most of the centres relied on a case-by-case approach and on good relations formed with one member among the personnel of the agencies (a detective in the police, a nurse in the hospital, a social worker in a social agency or a young Crown Attorney). Centres administered by one woman started their "acceptance campaign" and still continue it on the basis of personal contacts with the high echelons in the community's agencies. It was done, as one woman said, not only because "it is the best public relations technique but it is also less frightening than having a crazy group of women after you". To gain and enhance their acceptance, all centres established boards which served also as mediators when tensions with community agencies occurred. All reported that community attitudes have changed in favour of the centres. Such changes were gauged by the fact that agencies refer more cases to the centres which are more often allowed to use their advocacy services, and are more often invited to speak before groups who at the beginning refused (e.g. school boards). Centres are allowed to teach their approach to rape victims to the police (in one centre, police allocated a grant to teach the centre's methods and message in the Police Academy), in hospitals and in one instance even in prison--to prisoners. It is still apparent, however, that centres are met with suspicion by the police, hospitals, Crown Attorney's Office and social agencies. "We are not accepted yet as the representative of the victims and agencies question us as professionals" or "they still do not (hospitals and police) refer victims to us".

It is hard to decide which centre made faster and better inroads into the community and its services. It seems, however, that all centres found it more productive and constructive to adopt a cooperative approach with the agencies, "keeping our frustration to ourselves". It seems also that centres which presented an outside "agency image", and which also include more professionals on their Boards, report better and improving relationships with the other services and agencies. In one example its' opinion as to the accreditation of

hospital services to victims for granting money was sought. Two centres were even offered a base in the local hospital, but these centres also report difficulties with other agencies, mainly police. One of the centres which reported difficulties with the community services tended to blame it on "our old image was not changed, because we are still looked upon as an extension of the Women's Centre from which we started". The current militant posture of this centre maintained the old image and the services and agencies "still have an attitude of rejection".

The Process of Institutionalization

Once centres started to operate they all reported that they underwent certain transformations which can be summarized as follows: there are variations along a continuum from close to detached contact with Women's Centres. All the centres but two detached themselves from the facility where they started and were located. It meant also severing the close relations they had with the political movement which was also the ideological base for the centres. However, some centres still see themselves as part of the Women's Movement, but neither a branch of the movement nor its representative. Membership in R.C.C.'s does not mean membership in the movement but does not necessitate a dissassociation from the movement. In one of the three centres which became more agency-oriented it was related: "In a certain phase we decided that commitment to the movement weakens the centre. Therefore, we differentiate membership in the movement from work and commitment to the victims". One centre, which is run as a collective, sees close ties with the movement but not in the actual work with victims. Two centres see themselves as part, as another base for the movement and eschew "agencism" as the natural development of the centre.

Another aspect in the process of institutionalization is the development of internal organization, of division of labour and authority systems. Centres reported that quite rapidly they became better organized in delivering their services. An administration was formed which supervises division of labour, allocation of resources, contact with agencies. Also, patterns of authority were formed and the centres settled into routine operations. Furthermore, all centres developed their own system of training, deploying and supervising volunteers and record keeping. All centres reported developing mechanisms to deal with internal crises: group sessions, "supervisors or coordinators talks",

or other forms of decision-making. Only in one centre did we observe temporary set-backs: the centre's operations, administration and development were halted because of internal dissensions and a Board coup.

Some centres admit that they moved quite rapidly to become a service type of operation. It occurred in one place "when a leading figure from the Women's Centre left the R.C.C. We declare immediately that we are not ideologists but a service. Ideological credentials were unimportant to do the job". One centre, however, started as a service agency and turned, after "program modifications", into a more ideologically oriented centre. But all the centres never neglected, never ceased to advance and develop their services to the victims and the educational and preventive programs. Some, feeling strong administratively or because of smaller numbers of rape victims to serve, broadened their services to include victims of other types of sexual assault (including boys) or services to relatives of rape victims. One service-oriented centre was accredited as a placement for social work students. Another, run by a professional woman, attempts to make the centre a "general distress centre" for women who need any kind of support and assistance.

What led to these processes of change toward a more efficiently run service-type centre? We dealt with relatively new centres in different stages of development, and more intensive study is needed to answer this question. It seems, however, that those centres which were initially established by a professional group of individuals or decided to break away from the Women's Centre, tend already in the founding stage to orient themselves mainly toward direct services to victims.

All centres that could rely on stable volunteer groups, developed their direct service programs more quickly and delivered what they promised to fill a void, a need in services to rape victims and to educate and change the public and the services in their handling of rape victims. Fairly rapidly, they transformed an idea into an organization and, in some cases, in great strides became an institution.

D. The Budget.

One thing all rape crisis centres have in common is a constant financial shortage and as a result are more dependent on volunteers and

contributions. It is hard for a group of young women, who are not independently wealthy, to meet the continuous expenses of rent, phone and other utility bills. Self-sufficiency, dedication and contributions can take the centre up to a certain point beyond which it cannot exist, let alone develop, be innovative and creative. Therefore, one of the greater energy drains of the R.C.C. is the constant hustling for funds. One centre moaned that "half of its' women's hours have been spent on fund raising rather than for services delivery to the community and clients".

In general, financial support is hard to come by for new organizations which are anti-establishment or declare themselves as "alternative services" which rape crisis centres often consider themselves. As a new organization, its contributions not yet demonstrated, while its clientele and personnel are tainted (rape victims, or radical), the acceptance of the centre by the community is influenced and because of it its readiness to contribute more stable funding. Grants are also hard to secure because other more established organizations compete with the centres, and the community prefers to provide money to more established agencies which claim to care for rape victims. As a source for funding the Federal Government has channeled, for the last year, a relatively large grant to one centre as a demonstration-action project, to examine how, if at all, the centre "can meet the obligations and conditions set up in the proposal, and to what extent the centre is a responsible body not only in terms of services but politically too".*

Getting By

In the beginning, almost all centres received free services from the host-organization from which they emerged. Women's Centres or Planned Parenthood provided a place for the "infant" organization, a telephone to start their hot-line and other services. Also in the initial stage and up to date, almost all the centres received some small temporary grants from local and Federal Government (e.g. LIP, Department of Secretary of State, Employment Programs for Students) and other local, government and private sources. They also received contributions from individuals or local groups and agencies (including police). Some centres have relied on selling their services to the

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* From an interview with Mr. Robert Hart, Health & Welfare official ...

community while giving them free to its victims. They receive fees for their public appearances and two centres sell the manuals and publications they produce. One centre, in a financial squeeze, sustained itself by its members forming a collective, contributing their waitress salaries to the cooperative, for payment of utility bills.

This state of financial uncertainty and insufficiency also reflects certain basic ideology espoused by the centres. They all voice an apprehension of sacrificing their social autonomy, identity and innovativeness for the price of economic security. It is well expressed in the following discussion between the National Assistor (Coordinator) of Rape Crisis Centres and Robert Hart from the Ministry of Health and Welfare.

> "...Having settled that question, I asked him why he wanted to know that particular information. He said that were the centres to demonstrate that they were not duplicating services and were fulfilling a community need not being met by existing health care agencies, then perhaps Health & Welfare could 'accredit' R.C.C.'s on a Federal level, thus paving the way for provincial recognition of the validity of R.C.C.'s operation. This could lead to cost sharing by the Federal and provincial governments. Well, I replied, this is very nice but a fear shared by all centres would be a loss of control by the people running the centre once funding (read: financial control) made centres answerable to the government. How could we take money in the form of permanent funding without sustaining an ultimate loss of power? Maybe not now, but what about in ten years? Who would control the hiring, the politics, the (gulp) sex of R.C.C. workers? Would we be equal opportunity employers? Rob agreed that my fears were valid. He said that often when citizens' groups applied for government funding the government might request certain changes in the organization in order for it to qualify for money. The government might say, 'Well, we like 80% of your proposal but we don't like that 20% and we think you should add this 20%.' This might go on until the group was not doing what it had set out to do. I also pointed out that one of the reasons R.C.C.'s are being used by people who won't use 'legitimate' community services is because we aren't part of the 'establishment'--huge and impersonal. We are a grass-roots organization. Would we still help people distrustful of the system if we obtained permanent funding? (Note, to counter this, remember that many conservative and/or older women won't call us <u>now</u> because of our public image as angry women's libbers and fiery radicals.) ..."
> (Newsletter, December 3, 1976.)

Other centres raised the spectre of external intervention into internal policies when community money like United Way, is considered. Two centres which could get money from the United Way in the community refused to do so because of the need to drop their abortion policy (i.e. recommendations of free abortions) and their freedom to continue independent fund raising. Another aspect connected with the financial basis of the centres is related to the voluntarism. As was suggested in one centre, voluntarism is a social ethic or part of political work which demands dedication and sacrifice. On the other hand, a new consciousness arose that views voluntarism as a bourgeois virtue connected with the worthlessness of women and the exploitation of their work. Thus, R.C.C.'s which are a substitute or supplementary service for the government must receive money for the services they provide. If public agencies are not ready then for that kind of public service, centres are ready to engage in fund raising or selling their services.

Other arguments were given for refusing funds. That "it was a lot of paper work" or "our programs will be subjected to cost-analysis as if you can really measure them in this way". Or, as stated in a collectively operated centre (and voiced in another one with cooperative orientation): "Even with permanent funds not everyone could be paid." It will create tension, hierarchy and even a split between the salaried few and the volunteers.

Various suggestions and policies were made by centres with regard to financial support. First, centres should limit their services initially to the limits of their modest budget and develop programs according to the flow of money and a clearly planned program. A second suggestion was that the service for permanent budget or any kind of money from the Federal government would preferably come from Health and Welfare, but it would be subjected to national guidelines agreed upon by the whole network of centres in the country. The National Assistor or a national committee of all the centres would monitor the influence this and other external sources had on the centres receiving money.

An alternative way for dissipating the power of the Federal Government was suggested by a centre which received a federal grant. This is to be achieved by the Federal and provincial governments sharing the cost of permanently maintaining the centres. Still another was raised by a centre which is ready, in the face of financial drought, to forego independence and be integrated into

a host organization (hospital or a social agency). "This will save the centre from continuous uncertainty of its existance, let alone development. Any funding involves de facto or de jure regulations, so let us choose the least interfering arrangement." This is a minority view. All the centres contend that whatever the arrangement, they are all dependant on the recognition of the importance and viability of their operations and their quest and need for independence and unique identity.

IV

INTERNAL ORGANIZATION

Every human service organization has, at its base, an ideology that determines its goals but also the organization of efforts to meet them. In R.C.C.'s the role of ideology in determining their internal organization is much more explicit, and has more direct consequences as to the kind of internal organization they will develop. Interpreting rape as an extreme example of dominance and coercion means that at least within centres power relations had to be levelled and minimized. Those who condemn dominance in the nature of relationships between people must avoid them at their "home base". However, the thrust of the centres' goals as service organizations and as a base for work in the community, dictates the creation of a work philosophy and internal organization to meet these goals. Centres are, therefore, involved in creating a balance between the ideological premises and the imperatives of reality. Centres will differ according to the solution they found for this dilemma.

A. Administration

All the centres are administrated by some salaried staff, and by volunteers. The number of paid staff depends on the budget. In one centre the only paid staff members receives her salary from a host organization to which she still gives her services. The number of paid personnel changes due to acquisition of summer grants for students, or diminshes when money is scarce. In two centres that run as a collective, salaries are equal, based on the rationale that the centre must serve as a model and practice its beliefs--equality between sex-roles and people. In another centre, however, the enforcement of equal salary led (among other reasons) to the departure of the professional staff.

In most centres the administrator, or "centre coordinator", and one more key person (e.g. coordinator for counselling or volunteers) are salaried. Almost all the centres' activities are performed by volunteers, and in one centre even the administration of the office is volunteered. Centres which received sizeable grants enlarged their paid staff to cover areas which, in

other centres are administrated by volunteers. The National Assistor (Coordinator) of Canadian R.C.C.'s gets a salary from the budget of one centre. All centres developed a division of labour according to the main areas of activities. Sections are formed and staffed accordingly. In every centre there are: office or centre coordinator, volunteer coordinator who sometimes is also responsible for counselling, and a public education or public relations coordinator. Two centres differentiated between counselling and volunteers' coordinators.

In every centre but one the office work is performed by one person. In one centre, which runs as a collective, the idea of an office was rejected. The office work is rotated: "Everybody pitches in to do the 'shit work', which detracts from the 'real work' and from the life of the group." However, in this centre a division of labour, tasks and responsibility, between "public work" and counselling is still maintained.

Centres which are staffed by a relatively large number of paid workers (seven in one instance and four in another) were found to have a relatively rigid division of labour and authority, with the "office head" in one centre incurring some criticism of "bossism". Otherwise, all centres demonstrated a high spirit of cooperation and willingness to share and exchange responsibility. Two centres which are run more like agencies explained that division of labour and authority are necessary "because we are accountable for the money we received". In one centre, which experienced a Board coup and aims to become a collective, the office structure of division of labour, responsibility and authority was still maintained but now the Board members participate daily in the activities of the office. All centres contend that being small and relying on members' dedication enables them to run their office smoothly. All centres encourage an open-door, drop-in policy. The centres' offices, often small, have a warm atmosphere in which volunteers come in to help even if not on duty.

Internal Activities

The direct services of the centres to victims are given 24 hours a day. At night, when the office is closed, the crisis hot line is operating through various arrangements whereby two volunteers who are on-call can respond immediately. During the day the calls for assistance by victims, relatives and other concerned citizens are taken in by the centre. Many other centre activities are conducted in the evening: training sessions, supervision meetings,

self-defence lessons and other types of group activities. The activities are scheduled ahead of time, usually a month in advance. Committees are formed for counselling public education and volunteer recruitment. Two centres, which are run more as a service, also have a library, fund raising, publicity and office committees.

While much of the centre's activities are conducted within, many proceed from it. Of the direct services to victims, only the day crisis hot-line is performed from the centre. The other direct services, such as counselling or advocacy, are conducted outside the centre. Volunteers come out from the centre, their home or place of work to meet a victim, or to accompany her to the services. In this respect, the centre is engaged in front-line activities. The social meetings, training and supervision or defence activities are conducted "at the centre". The multitude of the afore-mentioned activities are often shouldered by a small group, sometimes paid staff, but mainly volunteers. It may cause some grumbling among members who do not see others sharing the burden. Thus, some division arises between "just members" and "core group". Volunteers are often evaluated according to their "dedication and commitment to the centre", i.e. voluntarily taking responsibilities beyond the scheduling. Some centres admitted that the unequal sharing of responsibilities may cause a "burn-out" of volunteers "who became exhausted and frustrated". All told, it is amazing how much is done by so few, whose dedication is what makes the centres viable and their services rendered and developed continuously.

Supervision and Control

Rape crisis centres, as with any organization, must exercise authority and control over its members and their actions. Decisions have to be made about the best way to accomplish set objectives, i.e. to set priorities and allocate resources to meet professed goals. Furthermore, the organization must ensure compliance to roles and tasks even when assumed voluntarily. Voluntarism cannot be stored and slackness can creep in. Therefore, mechanisms of arbitration, of sanctioning, must be formed when certain situations arise that can cause tension, divisiveness and break-up of the solidarity among members, and deterioration of the integration between parts of the centre's organization.

Rape crisis centres must also ensure that the recruitment, training, deployment and maintaining of their volunteers will be exercised as smoothly as possible. The low visibility and front-line characteristics of the volunteers'

work necessitates supervision and accountability. Since the volunteers' work is in the community with individuals, the public or agencies, they have to maintain adherence to the guidelines that were set up by the centre pertaining to the interactions with the outside environment. The division of labour within the organization may lead to the emergence of competing groups, e.g. between paid and unpaid members or between counsellors and those who are engaged in public education. Whatever the "concord" or "work philosophy" that has developed, disagreements may still remain.

The first line of control is the selection and training of volunteers. Every centre admits volunteers who are motivated and can do what is expected of them; one centre told us about a "sister centre" where "they select 'ready made' volunteers to suit their ideology". It means that centres weed out "freaks and those who come for wrong reasons and who cannot work with people". The training sessions and on-the-job training socializes the volunteers to accept the basic ideology of the centre, and teaches them the technicalities of the mission.

The second line of control is that of peer-work. Almost every task performed by a volunteer involves another member. "Almost", because the hot-line service is performed usually by one volunteer who must, however, record the content of her contacts. The record is reviewed later, usually the next day, with the supervisor. Meeting a victim or accompanying her to the services, or appearing before the public in speaking sessions almost always and in all centres is conducted in pairs. This serves as a training method since, as far as possible, a new volunteer will go to her mission with a more experienced peer. This arrangement serves, also, as a mechanism of double-control whereby each member of the team is later subjected by her peer to a review of her actions. Furthermore, each activity is discussed later with the supervisors. Cases are reviewed too once a month before the whole section (of counsellors or public educators). Volunteers are, therefore, under much supervision and control of peers and of those in authority because of seniority, experience and competence.

A third line of control is the peer group. Training sessions, "rap sessions", section and general meetings are conducted routinely on schedule (at least once a month in most centres). It is used to "remind" members of "our basic approach and to correct them if needed". In these meetings, general guidelines for the centre's activities and for individual members are discussed. If

disagreements arise and are not solved on these levels, the issues are brought to the Board, or to the general session of the collective. Daily and mundane decisions, which do not involve major policy issues, are usually made by the permanent staff of the centre. In centres run as a collective, it is the "core group", the "collective" or the "steering committee" which decides upon problems, sometimes major, which are not decided by the Board. When unexpected problems arise, decisions are usually made by the paid staff or "those who run the office". They also decide what topics to bring before the Board, the general meeting, or to discuss with the section coordinator.

As wel shall see later, the power that was concentrated in the "office" led, in some centres, to criticism and tension. This power stems from the fact that the office is usually staffed by "veteran members, often the founders or the most active members". In one centre, the office head said, "those who are in the centre all the time take all the responsibility and are keeping the centre running". In a centre which is operated on a relatively large grant, however, concentration in the office head was defended by, "We are accountable to the proposal and the budget" or "We are not a collective, they spend too much time interacting among themselves and not on their work in the centre". A member of a collectively-run centre counteracted: "Being a member of the centre becomes a job for them" (the administrators).

Two centres which openly maintained that they are "like an agency" emphasized that with good functional division of labour "you don't need much authority. Every member knows her job". In one such centre, even the Board is deemed unnecessary. Thus, an "internal board" consisting of the paid staff and the representatives of the volunteers serves as the highest authority. In another such centre, the Board is only an "advisory board". It seems that in most of the centres the actual control lies in the hands of the paid staff and active volunteers who form, sometimes formally, a "steering committee" consisting of the central person and her helpers or of a core-group which discusses and decides upon the daily administration of the centre.

The Board

The highest authority in most centres is, theoretically, invested in the Board. Even if the centre is actually controlled by a central person or a core group that makes the main decisions, still all the centres have a Board

out of necessity and desirability. In order to receive grants, the centre has to incorporate itself and establish a Board. One centre refused to have a Board until compelled to establish one when a grant was offered to them for a project long coveted. The Board can be viewed as necessary and desirable because of its functions for the centre. Internally, the Board directs and oversees the general orientation of the centre, especially when goals are broadly and vaguely defined, and it directs the acquisition of resources and the development of services. Through their decisions the Board monitors the centre's adherence to its goals, to its basic identity and mission. When crises arise within the centre and are not resolved on the lower levels of decision-making, the Board is called in to make the final decision.

The dual external functions of the Board consist of representing the Centre to the community and the representation of the community in the centre. For newly established centres, the Board is most important for establishing and promoting legitimacy and respectability, which, in turn, determines the amount and kind of resources they can secure. For example, if representatives from community agencies are on the Board, they can help "opening the door" of agencies for referral and as back-up services for the centre. Another input of the Board is to enlighten the organization as to developments in the community. The power of the Board seems, therefore, related to its input capacity for the centre. While the Board can delegate its authority in daily affairs, its external functions are irreplacable, especially for a new centre. In two centres it was found that if they received large grants, the power of the "executives" tended to exceed that of the Board. Those centres which still struggle for resources and inroads to the local services allowed the Board to assume a more decisive role in directing the centre.

Each centre, upon its establishment, attempted to identify with public figures, local leaders and known professionals who would be sympathetic to the cause and would agree to give general support and later join the Board. In most cases, the ones who joined the Board were professionals and concerned citizens and representatives of agencies, but not "leaders in the community". This lessened the immediate acceptance of the centre by the community. Also, potential board members made it clear and, in some cases, explicitly, that they would support services to victims but not the "political work of the centre".

All boards include professionals, either independent or affiliated with agencies and "public figures". Centres which claim to be, or operate as, agencies, tend to include more professionals on their boards. Including staff members on the board was an issue in some centres. The tendency is to avoid having staff on the board because of potential conflict of interest, but in two centres, run by strong office administrators, staff were included on the board. In one centre where members of the paid personnel were on the board, they were voted out when the board found that the staff was contesting its decisions. In other centres the staff attend the board meetings or sit in as ex-officio members. Actually, because the centres are small everyone who wishes may have an imput into the process of decision-making, including at the board level, because almost all centres, especially those run as collectives, emphasize that the board or the steering committee meetings are open to all staff and volunteers.

One of the differences among centres is in the power allotted to the board. The board is most often removed from the daily life of the centre, so in reality, it becomes only an advisory body. This happens mainly in a collective type centre, where the power of decision is in the hands of the collective. In one centre the board attempted to exercise active control when problems of expenditures and hiring and firing were involved. It actually masked an attempt by the board to prevent some of its members from having the centre reformulate its goals and strategies. The majority of the board left the centre when they failed. Another troubled situation for the board is when the centre decides to "hand loose" without a structure or administrative guideline. In one case, the board then decided to function only in an advisory capacity.

The Law

We cannot conclude the discussion on the control aspect of the centres without reference to the law. Besides the normative contraints on the centres (e.g. pertaining to counselling services), there are some legal fundamentals which they as organizations must follow to avoid legal entanglements. Before opening a centre, one of the first priorities is to be incorporated according to the law of the state. It serves to protect individual members from potential liability, shifting it to the corporate entity. Centres, therefore, seek an attorney as a member of the board; in two centres they helped in the incorporation proceedings, which includes the creation of a board. The

incorporation of the centre as a non-profit organization is a necessary step to classify it, for tax purposes, as a public charity organization. The centre must comply with federal and provincial laws concerning Workmen's Compensation, sanitation, fire hazard laws, etc. In one centre, a legal problem involved recommending abortion to a victim, and in another of harbouring a girl who had run away. In another instance we were told that police were watching the centre because of suspicion of drug abuse. In a precarious situation of reputation, the centres maintain strict adherence to the law.

To summarize, all the centres evolved a system of internal contral through the establishment of functional and formal authority of supervision. Administrative and social leadership emerged on the basis of seniority, experience, dedication, and competence. Most of the centres attempted to get away from hierarchical structures, but in some cases an administrative executive pattern of authority (sometimes concentrated in one perosn or a small group), emerged which managed the daily operations. Even in these agencies rigidity is minimal and each member can have an input in the decision-making process.

V

MAINTAINING SOLIDARITY AND INTEGRATION

Every organization, in order to function, must maintain solidarity among its members, i.e. identification with the organization qua organization, and an acceptance and agreement to basic premises concerning the goals, the structure and functions. Disagreements about these premises may cause rifts among individuals and groups in the organization, hinder its operation and cause difficulties in obtaining resources and credibility. The multiplicity of goals and the ideological components which are at the base of most similar organizations become a source of constant tension over ideological interpretations of their objectives, internal structure and relationships with the outside environment.

R.C.C.'s are more vulnerable to solidarity crises especially in their initial stages. The ideological elements in the emergence of the centres becomes a striking feature later while organizing to deliver services. While the care for victims unites all centres, some basic inherent controversies exist, often dormant, sometimes eruptive. They evolve around concrete issues but tend, because of their ideological basis, to be linked with broader issues. Like any other organization R.C.C.'s create mechanisms to minimize and contain the conflicts, thus maintaining solidarity and integration. All centres except one reported smooth operations and broad basic consensus among the members and non heated, open ideological debates. Centres have created a "work philosophy" and organization that grew out of past dissensions, especially those characteristic of beginning stages, e.g. priority of goals, the nature of the administration, and towards outsiders, the centres may have good reasons to cover or minimize their internal problems.

"Internal problems" in two Ontario Centres were defined by others as "political problems of centres that are very ideological". Some recurrent themes emerged in the interviews as having the potential, or actually had produced strains, tensions and dissensions in the centres' lives and operations. These were often interrelated themes and not mutually exclusive. The "purely" ideological-political controversy between "ideology and service" contains issues of broad strategies related to a centre's basic dual commitment between

services to victims and emphasis on social action in the community on behalf of all women. This conflict arises from the fact that individual members or groups with a (political) activist orientation tend to make a dichotomy between political action and service. They believe that undue emphasis on "service to victims" may lead to radical rhetoric that will make delivery of service more difficult, while not directly benefitting the centre.

The nature of the centre's organization and administration was most frequently suggested as a cause for contestation. It received the meaning of the polemic between a "collective vs. an agency" type of centre, and was conceived as an outcome of the controversy between "ideology vs. service" orientations of the mission. Those who were politically inclined and who subscribed to an ideological orientation raised the spectre of "agencism" of the centre, arguing that transforming it into "just another agency" carries some possible consequences in terms of administration, the conception of rape and the needs of victims. It also influences the recruitment and training of volunteers, and the nature of the relationship between the centre and the community. More specifically, "agencism" entails, organizationally, a hierarchy between staff and volunteers as well as between (para) professionals and the rest of the centre's members. "Agencism" may lead to an increase in goal-displacement whereby the needs of the organization override the issue of rape and how to deal with it on the social level. In terms of volunteers, an hierarchical order emerges where volunteers are recruited, deployed and judged only on the basis of performance and competence, rather than on dedication and altruism. Thus, agency type centres will create "Florence Nightingales which will accept the status quo that produces rape and the traditional approach to rape victims". In terms of services an agency-type centre assumes the supremacy of professionalism with its elitist approach, and its emphasis on the victim of rape rather than on rape as the issue to be solved. Thus professionalism advocates negotiations and accommodation with outside services and the muzzling of critique on them.

In terms of treatment, "agencism" subscribes to a "blame-free" model in the counselling of the victim--the tendency is to avoid presenting to the victim the "real" general social causes of her plight and experience, men-dominated society and the institutional arrangements they have created. In short, agency-type centres are looked upon by their opponents as re-creating the

relationship of dominance that has been women's experience in society. The Centre ought to serve as a model for new and better social relations before it works towards changing such conditions in society.

Under the controversy of a "collective vs. an agency", other conflicts evolve and take the form of the "democratic vs. oligarchic" nature of the centre's control system. The hierarchical nature of an "agency"type centre enhances, so it is said, tendencies towards centralization of power and bureaucracy, thus preventing a full participation of all members in its life and decision-making processes. Paid staff or professionals tend to dominate the centre and the role of the volunteers is fixed on their specific tasks. Recurrence of "organizational alienation" is an ensuing danger under such conditions. The objections against the process of "agencism" in the centres are well expressed in a quote from a Toronto rape crisis centre:

> "An idea becomes a movement,
> The movement becomes an organization,
> The organization becomes an institution,
> And there lies the death of the idea."
> (Pence) "Newsletter", Vol. 1, No. 2, 1977, p.5.

There were other issues that were contested in the centres, but were not conceived by some members as directly related to rape, such as the stand taken over issues of abortion, or the assumption of functions not related to rape (e.g. participation in block-parent programs), the role men can play in the centre and the issue of autonomy and independence when grants are considered. These conflicts tend often to assume personal rivalries and struggles which actually masked more broad and basic dissensions. In one centre controversies surfaced on the outside (including the media) and actually rocked its organization and operations when a large grant was received. The need to organize the centre according to the specifications of the granted proposal and the availability of salaries triggered the not-so-dormant controversies between "collective vs. agency" and "ideology vs. services".

The above-mentioned controversies existed in all centres but in different degrees of intensity and it should be remembered that inspite of these internal polemics all developed ways to minimize and contain the intensity of the strife. It allowed the centres to deliver their direct services to victims whatever their "political" orientation and to function as smoothly as possible in executing their programs.

The centres reported heated "political questions" debated at the founding stage, which subsided when they became organized to deliver services. Those who disagreed with the decisions either left or accepted the consensus. Basic issues, therefore, remained dormant and reappeared and were discussed in training sessions of new volunteers or in "rap" sessions. Recently, these "political" issues were more frequently discussed because of a situation in one centre which became known through the national newsletter of R.C.C.'s.

What has been discussed so far has been the content and nature of the controversy. It's easyfor the sake of clarity to exaggerate the differences among centres or groups of centres on the issue of "ideology vs. service" or "collective vs. agency". From the data, however, it appears that the centres agreed on a certain "political platform" which makes them a network with a common cause, ideology and programs. It appears that some, especially service-oriented, make a distinction between "ideology" and "politics". "Ideology" refers to the explanation of rape and the way society treats rape victims. "Politics" suggests ways to prevent and eradicate rape. Thus, while all agreed about some components of the ideology, they differ as to the "politics of rape".

The common ideology explains rape because of the nature of man's world, the values which guide people and institutions towards women and the biases which mark the institutional arrangements that have been created to deal with rape victims. Centres must go, therefore, beyond direct service to victims and work towards changing at least the services and agencies which deal directly with rape victims. Because of expediency--the dependency on community's agencies--centres must negotiate with, and therefore appear as, non-activist service-delivery organizations. Another premise is that rape is a woman's issue and has to be dealt with by women only. Only women can, at this stage, understand the real issue of rape and create the special service to victims and supplement other services that are given by other agencies in the community. The common ideology also assumes that women must be trained in self-defense rather than rely only on protection by men. Moreover, R.C.C.'s are the only organizations that include in their mission the education of the community about the issues of rape. Through these and other special programs they are engaged in the prevention of rape. Centres do support changes in the legislation concerning rape but do not see it as a part of the political work of the Centre. The struggle is relegated

to the Women's Movement and other groups with centres providing input into the struggle by testifying, from their experience, of what happens to victims in the criminal justice system. These general premises unite the centres ideologically. What sets them apart and what is contested within the centres, is their conception of the "politics of the centre", i.e. the consequences of the ideology for the centre's organization and functioning.

For analytical purposes we shall differentiate between the two types of centres which appear to represent the two extremes on a continuum between "agency" or "service" type centres and a "collective-ideological" type. We shall describe the stands which these types took on the controversies according to the following points: (a) conception of the "politics of rape" or variations on the common ideology; (b) the conception of the functions of the centre; (c) the structure of the administration of the centre; (d) counselling of victims; (e) the approach towards the community and the services; (f) the volunteers; (g) other issues which may cause dissensions in the centre, and (h) mechanisms for the containment of tensions and dissensions.

Collective-Ideological Oriented Centres

In their general approach these centres made no real distinction between ideology and the politics of rape. For them, the problem of rape encompasses the whole issue of "feminism" and "sexism": the struggle for women's rights can be won only by politically-direct action. "Sexism" is defined as the dominant and exploitative relationship that prevails among men and women. Therefore, at least in the Centre, such relationships must be negated and the centre ought to conduct its affairs as a collective.

The Issue of Rape

Rape is a social problem rather than only an individual crisis. It reflects the chronic condition of women in society--coercion and exploitation. Rape is an extreme example of such conditions and the role of the centre is to work toward broader and deeper changes in society. It must, therefore, keep its allegiance to the movement which conducts the struggle outside the centre.

The Function of the Centre

The centre provides unique and special services to victims and the community. While it must provide services to victims, it ought not neglect or

should more forcefully emphasize in its activities the fact that it is also an independent base for political action. An undue emphasis on victims and direct services to them means that the commitment to the solution of the rape issue is often downgraded. It is this feature that should mark the centre as an unique place. In most of its other functions, the centre only supplements and uses the services in the community.

The Structure of the Centre

The centre must be a model of the desired relationship between the sexes and between people in general and should structure itself on egalitarian principles. This can be attained by having the centre run as a collective. It means mutually sharing responsibilities, open and free participation in decision-making processes, i.e. participatory democracy. It entails the elimination of power structures based on authority, (e.g. professionalism and differential payments) and the evaluation of people mainly according to dedication by competence and expertise. Operating the centres as a collective can save them from the danger inherent in "agencism" and enable them to maintain a radical posture, i.e. social critique and direct social action. Collective centres, therefore, are "not only an ideology, but also a form of administration that allows flexibility, social and personal satisfaction, in face of the conditions under which we were operating". Also, the attempt to have the centres removed from their source in the Women's Movement, weakens their critical stand on general women's issues and on rape as a social issue. "The centre is the setting in which the ideology is acted upon, working in the centre is not just a job". Such a stand may create problems among members who may object to the equal-salary principle. This led in one centre (among other reasons) to the departure of the salaried professionals. The collective principle also dictates that all members of the centre have an input and access to decision-making processes, thus, their boards tend to be denied special powers. They become only an "advisory board" in which every concerned volunteer can voice her opinion or participate in decision-making.

When agency-type centres contain a strong group of collective-minded members a continuous struggle may exist between the board and the staff and within the board over direction, structure and administration. This happened in one centre, and it achieved a crisis proportion. While the centre was initiated to care for rape victims, some of the board members who were still

affiliated with the Women's Centre, and some volunteers favoured a more politically active anti-establishment role. This group hoped to eliminate the hierarchical structure in the centre and instead, making all staff members on an equal level of payment and authority, directly answerable to the board, or more correctly, to very few board members. Those who opposed these ideas maintained that to become too politically active might divert the centre from its primary goal and for which a grant was given--to provide services for rape victims. It could also destroy the credibility of the centre, alienate potential victims and volunteers, and destroy the possibility of gaining support from the community. The infight led to the departure of volunteers and of most board members but the "radical" group. The professionals were compelled to leave too. The "coup" also halted most of the centre's programs for at least six months. What happened in this centre was connected with the whole issue of identity--as a service organization or as an ideological political base for activities not directly related to rape.

Counselling

Counselling the victim should not be divorced from political action. Conversely, using only traditional counselling may be more harmful to the victim because it tends to instill, or at least enhance, her feelings of guilt related to her victimization. Rather, counselling should also emphasize conscious and cognitive elements. For example, it should be pointed out to the victim that the source of her trauma is external, in social and not, or only, in her feelings. It should be inculcated in the victim that what happened to her in agencies is just another example of what happens to women in general. Thus, victims should be prepared and enabled, via counselling, for social action and not only to "adjust to her feelings of guilt". Treatment, like every other purposeful activity cannot be an uninvolved "blame free" endeavour. It means, therefore, the introduction of evaluative elements into counselling and other direct services to victims. In the ideological framework of women's rights and not only as a principle of counselling, it is the victim who determined the kind, length and depths of involvement with the centre's services and the critical stance she will be ready to accept.

The Approach to the Community

Broad critique on society and on the local approach to rape and rape victims should be the guiding principle of the centre's relationship with the community. Involvement in social action is, therefore, the "order of the day". The centre should participate and be a base for more broad changes in society. It means that when appearing before the public, the whole nature of women's conditions in society rather than only rape should be raised.

Relationships with Community Services and Agencies

Agencies should be educated to change their traditional approach and procedures towards rape victims. This is a specific, narrow and short-term goal, for the centre. It is also a "good tactic" to win their support. The general strategy, however, should be to change them as part of the whole radical transformation of society.

Volunteers

While volunteers should be trained for their tasks as counsellors, advocates or public speakers, they should be inculcated with a critical (political) approach to the issue of rape. It means screening volunteers also on the basis of "right attitude" and they should be able, when appropriate, to translate and direct the victim's psychological agony and anger toward social rage. When appearing before the public, they should be able to communicate the issues of rape rather than only of rape victims. Moreover, the "collective" centre advocates that volunteers should have the same power as the staff, they can become members of the collective and, therefore, have access to decision-making processes. Such power for volunteers, especially when they become organized, may create problems for the radical board as happened in the centre described above.

Other Issues of Contestation

The broad definition of rape, the enlargement of the centre's mandate, creates problems which are indirectly related to services for victims or to the general problems of rape. Thus, abortion was fought for on a general background rather than as a solution for a concrete case. Men were denied participating in the centre on the basis that "they are still the enemy" rather than "victims will react badly to a man immediately after the rape". In one centre a debate ensued about an offer for a back-up medical and psychiatric service. The offer was rejected on the grounds that "the man does not have the 'right attitude'".

As in any ideological organization, ideological rifts tend to cause departures and splits. Those who disagree with the intensive ideological atmosphere of the centre and the close social and personal relationships formed in a collective tend to leave. Continual dedication and commitment is demanded in such centres and increases the chances of "burn out". Splits occur in which more radical groups may leave to work on other feminist issues. In one centre "radicalization" of the centre led to the departure of the non-radicals on the board and staff. To prevent the possibility of constant rifts and dissensions, collective-type centres resort to containment techniques. First, volunteers who do not agree with the centres' ideology or form of organization (a collective) either do not come or leave at the training sessions. Also, collectives tend to engage in many "rap sessions" where ideas and disagreements are aired and discussed. Further, "the intensive sociability, mutual aid, and personal satisfaction from interacting with sisters" provides personal rewards to counteract disagreements. Volunteers and staff are represented or become part of the decision-making process where controversies in the form of concrete and daily issues are discussed and agreed upon. Decisions add to the basic consensus which had been previously reached over ideological issues, work philosophy and organization, and over the main short-term goals of the centre to service victims and the community.

Agency-Oriented Centres

In the politics of rape, these centres make a clear distinction between "ideology" and the "politics of rape". They may accept the ideology of rape and in presenting it in their appearances before the public see themselves engaged in the politics of rape: "Public education is also politics". Direct political action from the centre is rejected. First, because "politics is bad for our image in the community". The emphasis on direct service to the victim dictates the need to rely on community agencies and therefore "keeping a low profile". In such centres, often run by one strong professional person or an office staff, their personal stances over the issues of ideology and politics prevail. Thus, as one said, "I do not like political activists, they fight down professionals". In that centre, the activist members still affiliated with the Women's Centre criticized the centre's head for her style of governing.

In these types of centres there was, upon their establishment, a decision to sever relations with the Women's Centre "because (among other things) the politics and the infights split the centre". Thus, an early decision was also reached to "emphasize our services to victims and education of the community. The centre will not be the political base for any group."

The Issue of Rape

Rape is a personal and a legal matter. It has a social background and is rooted in certain notions among men about women. This double background of rape dictates a double "Commitment": to the victim and to public education, but with a clear distinction between these activities. Rape is an internal acute personal experience and should be treated as such. The best way is through personal counselling and, if needed, by professional long-term psycho-therapeutic techniques. As a general stance, the commitment of the centre is to the ideology of human rights and humanitarianism rather than only to "feminist" ideology.

The Structure and Administration of the Centre

The structure of the centre evolved from initiative and the organizational skill of its founders, often professionals. As an administrator said, "ideology introduces unrest, disagreement; it interferes with the efficient administration of the centre" and it is this tendency toward efficiency which has caused tensions. Often members, not necessarily activist, criticized the "personal management of the centre", while more activist members decried the "lack of politics and too much narrow professionalism" in the administration. Centralized control, in one person or in the administration, tends to view ideological criticism as a personal matter. As one volunteer said in an agency-oriented centre, "to run the office became an ego trip for her (the head) and she sees differences of opinions as a personal affront. It comes down to how much you can take criticism". The office head counteracted, "they do not understand that I am responsible for the centre ". The issue of democratic vs. oligarchic control tends to become a matter of the style of leadership. As far as the representation of various groups in the decision-making process, volunteers either were not encouraged to have input in major decisions, or in one instance, only their representatives were on the board.

The board in such centres was actually dependent on the input of the administration for issues to be decided upon and was used mainly to get

support services in the community. The agency-type centre manages its identity to suit its internal definition as a service. The reason is also that women, especially from lower class groups, do not come to the centre as volunteers or when victimized because "they lack any interest in the ideology of the movement and they are afraid to be associated with it". It is, then, "a good policy to segregate between service and ideology". This is done by "emphasizing humanitarianism and not radicalism" and by broadening the activities of the centres to include those that are not directly related to rape but they "make us more acceptable" (Block Parents) or even to adopt a name that is not connected with the care of rape victims only, e.g. "sexual relief centre" or "sexual assault centre" or "distress centre".

Counselling

Direct services to victims, especially counselling, is conducted "without laying an ideological trip on her". "Politics is enforcing a power trip on her when she cannot handle this". Activists in these centres or in collective centres counteracted that a "pure" counselling model is a "blame free" approach. Agency-type centres agree with this statement: "What we tell her is that whatever she did, she did what she could and there is no sense at this stage to tell her about the injustice and exploitation of all the women". Counselling emphasizes understanding the victim's feelings and support for her decisions made after "we tell her the options she has".

The Approach to the Community

The basic approach is that of "low profile" in terms of critique and direct social action. The need to help victims dictates that "we try to win and not to antagonize them". Concretely, it means that "before the public, we do not talk about the problems of women", or, "we try to appear as a moderate centre". Thus, on some agency-oriented centres, a detailed manual was prepared of "how and what to say, do and appear" when going out to the community for public speakings. In their relationships with community agencies, agency-oriented centres emphasize negotiations and accommodation as a basic approach and not as a matter of tactics and expediency. "We say the system is inadequate and not bad." Thus "the services must be educated without criticism and hostility." "Political views do not require hostility and aggressiveness towards the services", such feelings "can be kept in the centre; we present ourselves as responsible people".

One reason given for this is that "our credibility is questioned" (as counsellors) and to arouse criticism on the agencies may add to the problematic image of the centre.

Volunteers

Volunteers are screened for their personal motives for joining the centre as they are related to "their ability to work with people". Their "maturity to work with victims and their conditions" is also screened and they are questioned as to "their ability to be understanding and non-judgmental". These attributes are emphasized in the training sessions. The emphasis in these centres is on broad extensive and long training of volunteers and on efficiency in their deployment. "Politics is for the training sessions and the 'rap' sessions or outside the centre. Volunteers are exposed to 'feminist issues during training sessions; they can also pick it up on the job'. There is no code in what to believe, we assume that there is a process of growth." Radical volunteers are accepted but "they tend to leave during the training sessions if they do not agree".

Other issues that may cause dissensions are those connected with images of the centre. Abortion was debated in one case, not as a problem of the right of women or as a moral issue, but on the ground that one hospital refused services because of the centre's stand on free abortion on choice. In agency-oriented centres dissensions do not cause splits or mass departures, but individuals do leave because they disagree with the administrative procedures and disagreements often appear as personal conflicts with administrator(s).

To contain disruptions the agency-type centre relies on "screening out feminists" and on creating an efficient division of labour and scheduling. Volunteers are not asked to be totally involved, but if they are they are supposed to attend training sessions, committee meetings and participate in the general meeting. This is enough to qualify them as "good volunteers". "An ideological credit is not important to do the job" and this is what is disputed by activists--that volunteering "becomes a job". Agency-oriented centres use "rap sessions" to discuss "political issues". "I do not put such issues on the formal agenda of the meetings, they come out in the rap sessions after the meeting (the general meeting)". In another instance, political issues are not "discussed in special sessions and never resolved, but do not enter the business sessions" (training, etc.),

or "the volunteers can express their views in the committees they belong to". One technique is to avoid a general open debate on political issues. "Ideological issues" tend to be translated into personal rivalries or "jealousy" or into matters of administration, therefore, decisions are made by the same mechanisms that are criticized--the administration which claims "responsibility, seniority and experience" as the basis of its right to make final decisions. As in the collective-type centres, those that are agency-oriented minimize and contain dissensions by relying on the consensus which imbued the members around the common premises (or "ideology") suggested above.

National Politics and National Liaison

The Ottawa-Hull Demonstration Project included a part-time position for a national coordinator of all Canadian rape crisis centres. In may, 1976, after much bickering, a National Conference was assembled in which a National Assistor position was decided upon. After six weeks, another National Conference elected the present National Assistor. The whole process was conceived by many as an attempt by one centre to enforce its ideas, termed "radical", on the national scene. Another storm arose when one centre attempted to have others intervene in the crisis which existed in a sister group. Some centres, mainly agency-oriented, reacted vehemently against what they saw as an attempt to enforce political ideas and to disregard the local conditions.

Nevertheless, centres do cooperate with each other. One trains a sister group in "Wen Do" (self defence techniques); another serves as a model for training volunteers. Agency-oriented centres, which are run by an office head claim that "we do not look up to any centre but learn from others their best services, like their hot-line service, and from another their volunteers' training". Most voiced apprehension of what happened in one centre which underwent a "coup" and reorganization. The fear is that this would reflect on all centres, and especially affect chances to get government funds. The National Assistor publishes a monthly "Newsletter" in which she reports her activities and the developments and special events in R.C.C.'s throughout Canada. One of her commendable achievements was the recent publication of a guidebook which includes chapters on: how to start and organize a R.C.C.; how to organize the services and administrate them, including keeping records; how to coordinate volunteers

work; and how to dissiminate information and raise funds. Various forms were suggested to be used in each centre for standardizing records.

VI

THE VOLUNTEERS

No doubt, volunteers are the great strength of the R.C.C.'s. They are the life-blood of the centres especially in the face of the ever-present problem of funding and initially all relied only on volunteers for their functioning. Later, with grants, centres have employed a few full or part-time paid employees but still rely totally on volunteers. The number fluctuates between centres and some reported that when they depend on student volunteers, their numbers diminish during the summer vacation. Large centres tend to have more volunteers who waited for training than could be used and trained. At their initial stage of development, centres that are agency-oriented but run by a central person reported a scarcity of volunteers to meet their planned programs. Some reported underemployment of volunteers, inspite of their relatively small number, because few victims called for assistance. All centres distinguish between active members on whom they can rely and less active ones.

Sources and Recruitment

Some centres feel that there is an inherent problem with the source of volunteers. Since not all women have the energy and the economic security to sacrifice their time, volunteers in the R.C.C.'s are most often representative of a narrow group, young, middle-class or students. There is a conspicuous absence of volunteers (and for that matter, victims) from lower-class and minority groups and efforts to recruit them have been largely unsuccessful (the same was reported in the U.S., see Brodyaga, p. 126, and Connel and Wilson). Also absent among the volunteers are militant feminists, who may have participated in the planning stage as members of the Women's Centres. Some have sat on the board, but they did not volunteer for actual work. It is said that radical women refuse to volunteer because it is a degrading form of exploitation, by which they feel that their work is donated to render services which the government should provide. This voluntarism creates a vicious circle: no money is available, volunteers are recruited, the centres function and the granting agencies see no reason to provide funds. Radical women will then turn to other agencies or issues which serve the cause of women.

Centres reported someolder women among their volunteers and some have volunteers who are professionals (teachers, social workers or psychologists). In small towns centres that are agency oriented have recruited more professional and older women volunteers, some of them employed by other agencies in the community. In university towns, students become an important source for volunteers, some of them from professional schools. Ideologically, not all volunteers see themselves as feminists. At least in one centre it was reported to us that feminists are "weeded out". Most of them are "moderate" (assuming there is a generally accepted definition of "feminism") and all but one reported that "feminism" is not a criterion to reject or admit volunteers.

Recruitment of volunteers is a never-ending effort of all centres. Programs are developed and need more women-power and some centres have difficulty maintaining adequately the 24-hour crisis line. The load on the small number of volunteers is sometimes heavy. Recruitment is carried out by ads in the local newspaper and write-ups on the centres which always contain an appeal for volunteers, but usually through public speaking or by volunteers influencing friends. Since a small and relatively homogeneous group volunteer and stay in the centre, it testifies to a certain failure on the part of it to become a base, to represent a broad spectrum of women (Brodyaga, p. 127).

Screening

Screening of volunteers is done usually by a committee. In one centre, run as an agency with a strong office, the head was the one who did the screening. In other centres the volunteers and the counselling coordinators and sometimes professionals do the screening. Volunteers are screened on the basis of "their motivation and ability to work with people", and are not accepted or rejected because of their ideological stance. One "collective" centre looks also for "openness to feminist issues" and the approach to rape, i.e. if it is viewed as a social or individual problem. Personal attributes are the main screening criteria: volunteers must show ability to work with people and especially to be non-judgmental, patient, tolerant, non-aggressive and reliable. One collective-run centre also wants volunteers who "could adjust to the life of the collective" or to "non-organization". Age is not a factor in screening, and in one case even high school girls are accepted, but the minimum age for volunteer-counsellors is set at 18. Younger women can work in fund-raising programs or in the centre.

Training

Every centre has a mandatory training period, and some have continuous in-service training sessions. Two developed manuals for training and one agency-type centre is used as a model for training for others. Training is conducted by the more experienced members, especially by the professionals among them (psychologists, social workers). In two agency-type centres administrated actively by one person, there are no training programs. In one the key person does the training and in the other it was conducted "from books" twice a week while the office head is supervising the sessions. In this centre the office head and volunteers coordinator enrolled in counselling classes in a near-by college.

All centres include at the beginning stages of training a detailed acquaintance with all the aspects related to rape and the services to rape victims in the community. The issue of "sexism", of social and cultural factors that nurture rape are discussed, the law and its implication for the victim in her contact with the agencies is analyzed. The police, the medical aspects, the court situations as related to rape victims are thoroughly reviewed. The local conditions of these aspects are learned. The training, conducted in group sessions, includes lectures, role playing and psychodrama, empathy training and basic counselling skills such as listening, feed-back and guidance. Much of the training of volunteers is on-the-job training whereby a new volunteer who has been through the formal training goes to her assignment with a more experienced team-mate. Some centres make use of professionals in the community in their training. Psychologists and psychiatrists participate in counselling-training, while police and Crown Attorneys teach volunteers the issues pertaining to their area of expertise.

Continuous training in every centre consists of individual supervisory sessions or in the group sessions where the experience of the volunteer with the reality and her handling of cases are discussed. Participation in training sessions and in supervision (individual and group) meetings are mandatory. In some centres volunteers are also trained in self-defence and assertive techniques. One centre developed an expertise in these areas and teaches other centres its special techniques. Training is to prepare volunteers for their tasks as counsellors, advocates or public educators, but especially the prospective counsellors to be non-judgmental and patient with victims. They are

trained for sensitivity to understand the victim's problems and to interpret to her what happened, the crisis she will undergo and those she may face in her contact with the agencies in the community. The emphasis in the training is on good listening, sensitivity and the protection of victims' rights to decide upon the nature, length, place of the contact with the centre and with the counsellor, whom she may also choose. Particularly underscored is that "you are not professionals but para-professionals, supporters".

Those who choose to work in public education are trained on how to bring before the public the missions of the centre, the problems of rape and the crisis of victims. "They are trained what and how to say, and how to behave in a hostile environment." Thus, all centres train volunteers on how to face the questions of stigma. Are you "radical" or "have you been raped?". Collective-oriented centres train their volunteers on how to bring before different audiences the general issues of women. In agency-oriented centres, "feminism is discussed in the training and rap sessions and remains there". The emphasis in the training of public speakers is "not to antagonize; adapt to the audience and appear respectable". Thus, for instance, blue jeans are not allowed except before young audiences or university students.

Centres tend to transform the training sessions into social as well as educational meetings. In one agency-type centre these sessions are allocated also for discussing general issues of rape and internal controversies and dissensions are aired rather than being put "on the formal agenda". Person problems are often brought forward by the supervisor of the volunteers, "if the volunteers showed a tendency to be aggressive in public appearances or be manipulated by the victim" or when their relations with other members are strained. All centres allow their volunteers to specialize in counselling or in public education to minimize dissatisfaction and drop outs. All maintain, however, that "everyone may choose to learn and work" according to inclination and ability. Those centres which developed special training for counsellors and public education allow the volunteer, after the general training sessions, to specialize in the line of work she chooses.

Deployment

In all centres the volunteer is expected to be on a shift at least once a week according to the schedule agreed upon three weeks or a month in

advance. A shift consists of four to eight hours of servicing the hot-line, or being on call (at home or work) to contact a victim, or going to a public education assignment. The schedule is divided into daily and hourly slots of shift duties and if unable to meet the shift, volunteers are responsible for locating a replacement either directly or through the coordinator. For every assignment but servicing the hot-line volunteers act in teams of two, and in one centre three attend public speaking assignments. Team work exercises mutual support, training and supervision. In agency-oriented centres there is more emphasis on written reports of the assignment, to be discussed later with the sections supervisor. In all centres two volunteers are always sent to meet a victim, mostly for protection, but this also allows the victim to choose a volunteer she would like to continue contact with.

Volunteers are also occupied in various tasks in the centre: library, writing material for publication or helping out in the office. In agency-oriented centres more than in collective types volunteers seem more concentrated on scheduled tasks than in unscheduled assignments. In some centres, mainly of the agency type and especially those run by a strong office head, it was admitted that volunteers "have not much to do, and most of them only do their shift". In one such centre there was an attempt to get volunteers more involved by creating many committees for them to join.

Supervision

The nature of voluntarism (uncertain, unstable and unpredictable), the nature of volunteers' work (working with people) and the fact of (para) professional work all dictate the need for supervision. All centres allocate functions and efforts towards supervision and three even rely on "contracts" with volunteers to have them abide by minimal assignments they may choose to perform. Supervision is performed by peers, by supervisors and by a group of peers. About once a month the section meeting (counselling or public education) discusses cases, and sets recommendations and guidelines for future assignments. Volunteers expect some kind of systematic supervision and in one centre where supervision was not systematic complaints of not enough to do" led to the departure of some workers.

Classification of Volunteers

Interviews were conducted with those who supervised centres and also with section coordinators supervising counsellors or those engaged in public education. They gave some characteristics of volunteers which actually amounted to a rudimentary classification. The first criterion was that of competence and was often used in agency-oriented centres: "good counsellor", "excellent speaker", etc. The second denoted attitudes toward the centres and was often used in collective-type centres where volunteers were differentiated as "just a member" and "active", "committed" or "involved". The third criterion, used by all centres, was that of personal attributes, e.g. "honest", "reliable", "open to feminist ideas". For all centres, the problematic volunteer was the "irresponsible", meaning the one who does not perform her scheduled assignments (shifts) or in one centre, the one "whose records of what happened (in phone counselling) were lousy".

Maintaining Dedication

Basically, volunteers are unpredictable sources of women power, thus their dedication to their tasks and their solidarity with the other members must be maintained and strengthened. These are achieved by providing some volunteers with an opportunity to learn a skill they can use later, to develop aspirations, to express their wish "to help people". In collective-type centres, the life of the collective becomes a focal life point for many young volunteers. The centre provides them with the social and emotional satisfaction that comes with close, primary relationships anchored around a cause. It also provides a sense of mutuality--in one centre actually mutual aid in money, housing, etc. It allows gaining status by entering a core-group. It was said that volunteers, through their confrontation with the public and with community agencies, or because of their exposure to victims' plights, do become, if not radical, at least more understanding of feminist issues.

Centres attempt to maintain dedication of volunteers by allowing them to choose different assignments, getting them involved in activities beyond their scheduled tasks (committees). Flexibility is introduced in the schedule to prevent competition with other obligations and to enable them to meet different members. When "personal problems" hinder full participation in the volunteer's assignments, the supervisor steps in to discuss and alleviate these problems.

Organizational Power of the Volunteers

Under certain conditions volunteers become an organized group that can bring pressure to bear on the administrators of centres or on the board. In some centres volunteers may have representation on the board and in all centres volunteers are encouraged to be more involved in the centre's life. In one instance, however, a radical board fearing the "moderate" volunteers even prevented them from being represented or present at board meetings. In collective-type centres only few become core-group members because "it demands relatively considerable time and 'social commitment'". In agency-type centres there is a lesser tendency to encourage a "drop-in" policy. The emphasis is on efficient scheduling of tasks and their attempt to have a say is muzzled by evoking "seniority and responsibility".

Actually, the organization of volunteers into a special group emerges in two places. In one centre where the head was too busy to train and supervise volunteers, one decided to organize and lead them. In another, a condition of disorganization existed because an organizational upheaval left the volunteers without the leadership which was formerly exercised by a paid professional volunteer-coordinator. Some of the volunteers organized themselves against the new board and assumed the initiative to organize those volunteers who decided to stay in the centre in order to continue the direct services to victims. On the individual level, volunteers have no real power but some discretion in their tasks, especially in counselling. They may decide certain things as part of the counselling and are allowed some discretion in planning the counselling, especially when it extends beyond an initial contact with the victim. This power of discretion is curtailed by the close team and section supervision of the volunteer's work. Those who work on public education have less chance of exercising discretion because, besides peer and section supervision, the audience exercises control on the speaker and one agency-type centre requests an evaluation of the volunteer's performance.

Volunteer's Under-Employment

In small agency-oriented centres and in one "collective" which underwent organizational change, volunteers, so it was said, had "nothing to do". This caused frustration especially among those who had just finished their

counselling training and "were ready for action". The problem stemmed from the fact that there were few calls for assistance and those who called requested information and advice which was given on the phone. All centres reported that the case-load for a counsellor was restricted to one or two at a time for counselling purposes and also to distribute cases among counsellors.

Some centres explained volunteers' under-employment as an indication that "we are not yet really accepted and established" and that "maybe publicity is what we need now most". In one agency-oriented centre another self serving explanation was that "our expertise is still questioned but there is no connection between expertise and what the centre really does". Meaning the centre performs other missions besides counselling (how correct!). Centres attempt to solve the problem of volunteers under-employment by flexibility in assigning tasks. In one agency-oriented centre with only hot-line service, seven committees were formed to give the volunteers "something to do in the centre". In other centres volunteers are encouraged to drop in, and in collective oriented centres the social life of the collective is offered as a solution for under-employment, "there is so much going on here", and volunteers are encouraged to pitch in to help in the office work and to write for the book the centre plans to publish.

Self-Help or Peer-Help

Self-help service is based on the assumption that people can be more effectively helped by someone who was, or is now, in similar circumstances (Reisman, 1976). However, none of the programs of the R.C.C.'s can be strictly designated as self-help, first of all because not all volunteers are rape victims. Second, all centres rejected the idea of women who have only recently been victimized counselling other victims. "They are not yet ready for this, they have to work out their experience." In one centre, doubt was cast even on their ability to be engaged in public speaking. "They may not be rational, they will pour out their anger." It is also feared that such victims may enhance the misconception about centres as a place only for victims of rape and radicals. In the past, many of the founders and volunteers were victims of rape and the founding of the centre gave many victims "who kept for long their secret to themselves a chance to come out. There was a place for them to come and do something." Rape

Crisis Centres appear, therefore, as more peer-help than self-help organizations, or only partly so.

Men in the Centre

Consistent with the philosophy that women must organize themselves to help each other in a male dominated culture which is insensitive to women's needs (Brodyaga, p. 129), in the U.S.A. and in Canada male volunteers are rejected. Johny Vance, the National Assistor, writes in the January, 1977, "Newsletter" to all centres in Canada:

> "Another interesting point that I would like to bring up is that of male volunteers. The Edmonton Centre has one handling case work and two in training. In the past Winnipeg had one, Ottawa had one. Now, assuming that men never handle the phones, what does everyone think of that?"

In the centres visited only two were ready to use men as volunteers and only to work with male relatives or friends of victims. Centres have reported that men, especially students, were ready to volunteer but they were rejected because "this is a matter of our paranoia" and, in one collective-type centre, "it is hard to integrate them in the life of the centre". Centres also question the motivation of males, e.g. in one instance a male volunteer came to revenge his girl-friend's victimization. In another case it was suggested that the male student who volunteered wanted only to collect data for a seminar paper.*

Gay Women in the Centre

The involvement of gay women in centres can become a problem. While volunteers are not screened for their sexual preferences, the involvement of lesbians can cause problems of projecting an image. One centre was founded by women from the Women's Centre which had the reputation of being a "nest of

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* This is a problem which was raised, also about women volunteers who are students and come only to have access to data, mainly on victims. Centres report an increased interest in them, and many requests are made for information and data including from high school students. In Ottawa, two M.A. theses were written on the centre, and we know about others written on other centres.

radicals and lesbians". The police added this fact to their hesitation to support the R.C.C. Gay women do back the centres and some volunteer to work with or in them.

The Problem of "Burn-Out"

Recently two magazine articles appeared in which activist women explained why they left the active life they led in the Feminist movement (Dewar, 1977) and in an R.C.C. (Black, 1977). They actually reported that they have been "burned out" because of over-commitment to their missions. Ms. Black, who was a volunteer in a collective-oriented centre reported also a personal disappointment in a case she counselled which triggered her departure from the Centre. Freudenberger (1974) discussed the symptoms and causes of "burn-out" in free clinics. He maintains that burn-out often occurs among volunteers of organizations which demand dedication and commitment beyond job specification. The symptoms of "burn-out" (physical, behavioural and psychological) are more likely to occur among very active and central people in the organization who put working for the cause before their own private affairs. Often these people work so much, so long and so intensely that they deprive themselves of rest and diversions. They demand too much from themselves and others, and when the others do not meet their expectations, or they cannot meet their own, they get frustrated and disillusioned. They may regress into depression, curtail their activities or leave.

The issue of "burn-out" was discussed in relation to the problem of volunteers' turn-over and departures and it was equated more with departure rather than loss of enthusiasm and slackening of activities in the centre. The reasons given for burn-out were similar to those listed by Freundenberger. First, those who are over-committed and involved, sometimes because of immature reasons; second, in small mainly agency-oriented centres the load is not shared or there are few volunteers to share with. This may cause fatigue, also disappointment even for a paid worker who has little commitments outside the centre. Thirdly, and most often mentioned in all cases, is the competition between commitments and responsibilities. Many of the volunteers are students, some are married or have children, others work for a living. If the centre demands added involvement beyond regular duties, they may not be able to handle these various commitments.

This situation is likely to arise during training sessions, which together with section and general meetings, demand much time from the new volunteer. Fourth, boredom. Volunteers may be under-employed or boredom may creep in because of the routime of the assignment, e.g. managing the hot-line often alone for four to six hours. Boredom may come after a period of excitement, in joining the centre, or especially when the centre is in its founding stages. Once the centre starts operating, the activities become more routine, less challenging and especially when the expectation to "treat" victims has not materialized.

Fifth, the situation may arise, as in the case of Ms. Black (Black, 1977) when counsellors become aware that helping individual victims does not effect changes in the community's agencies in their traditional apathetic or hostile approaches to rape victims, or to the centre. Sixth, some volunteers who join a collective-type centre may not be able to tolerate the "tyranny of structurelessness" (Freeman, 1973). They are "deterred from the disorganization and the total involvement in our centre", but this is only "at the beginning, if they stay they enter the collective". In another such centre it was suggested the structurelessness, or so it is seen by some volunteers, may cause a sense of alienation.

Before leaving, or slackening their involvement and activities with the centre, volunteers may express themselves in a way which suggests a creeping process of "burn-out". Thus, the "pure" form of expression of being "burned out" is: "I gave all my energies to the centre" or using the competing commitment reason: "I cannot stay because of some personal problems" or, a sense of personal failure "I failed in ...". The feeling of lack of support or reward are expressed in: "Others do not appreciate what I have done". Or, transfer of commitment: "I gave everything to the centre, now other womens' issues attract me more".

Centres have developed techniques to prevent and deal with the problem of burn-out; three of them can be mentioned--flexibility, reward and support. All centres arrange their monthly schedule according to the volunteer's choice. Volunteers can plan, almost a month ahead, their shifts and assignments and if an emergency arises, they can call the coordinator to arrange for a substitute. Also, case loads are not heavy and public speaking engagements are limited to three or four a month. Rotations in shifts is possible to the choosing of the volunteers. Centres reward volunteers for their involvement. They can learn

new skills as para-professional counsellors, as public speakers or as participants in special projects. They are offered self-growth through the self-awareness that is raised in group meetings or in supervision. They learn and strengthen their self-assertiveness through the self-defence and assertiveness courses. They are more instrumental types of rewards; the social and emotional rewards are gained through the opportunity to become a member in a group with a cause, or being able to enter a core group which espouses mutual aid and support.

Support is given by peers, the supervisor or the whole group in a collective-type centre, and if all fails "we allow leave of absences". No stigma is attached to leaving and there is always the possibility of rejoining, or of volunteering for another feminist and humanitarian cause.

VII

SERVICES PROVIDED BY THE CENTRES

The double mission of R.C.C.'s is to provide services to direct and indirect victims of rape and to furnish services to the community. The centres train their members to render these services and become a base of operations to administer and execute them. It is these services that we shall survey below.

Direct Services to Victims and Indirect Victims

Historically, official agencies--primarily the police, the courts and even the hospitals--tended to view the victim of rape mainly as an object, as a source for information which might contribute to the apprehension and conviction of the offender. Even the hospitals, while giving first-aid and emergency treatment to rape victims, were primarily involved in the examination of the victim for the purpose of corroboration in the court. The changing conceptualization of the rape victim as a person who underwent a traumatic experience (even when the attempt of rape failed) and who is in need of special help and services, became one of the main features of rape crisis centres. While all centres expect and work for reforms in community services for rape victims, their immediate goal is to assist the victims and others who have been affected by the trauma of rape. R.C.C.'s developed special services for victims that other agencies had not provided. First, centres centralized the information, advice and referral of victims to agencies and services in the community. Second, they became advocates and ombudswomen for victims and actually accompanied them to different agencies. Third, the centres counselled and supported victims by crisis-intervention techniques and other types of supportive approaches. Fourth, they took care of immediate social needs of victims, such as housing, protection, etc. Until now, no other organization designed itself to deliver all these services in an intentional, planned and systematic manner. In this respect, the centres provide unique and special services. The same can be said about the services which R.C.C.'s provide for the community. No other organization planned and systematically engaged in the education of the community on the

subject of women, rape and rape victims. No other organization set itself to change the traditional approach towards rape victims and engaged systematically in the prevention of victimization (self-defense) and in the prevention of rape.

R.C.C.'s are a special type of human service organization. In terms of their direct services they are characterized as partly self-help, mainly peer-help organizations initiated by consumers or potential consumers of the services (victims or potential victims). They are also peer-oriented because the centres are places where women with similar life situations and problems often meet. Originating from the anti-bureaucratic anti-professionalism movements, centres turn to self and peer-help techniques and para-professionals to work in the centres.

Providing the Services

One could expect the centres to be located in places where the incidence of rape is high, but for reasons of self-protection, armed with the explanation that all women, everywhere, are potential victims, centres are located in the centre of cities and in places where they can operate free of rent or as cheaply as possible. Working hours--centres receive calls for assistance and volunteers are on call, day and night, seven days a week. The organization of services is planned ahead, including advocacy and back-up services and is based around the concept of the centre as a "phone-in going-out service".

Counselling

The "treatment provided by the centres consists of only supportive counselling which has its origin in psychiatry, crisis intervention and psychiatric social work (Burgess and Holmstrom, 1974; Hicks and Platt, 1976; Hilberman, 1976). The general assumptions which underline the counselling are that the victim needs empathy, understanding, medical and social services. Thus, she needs access to information and resources that can provide these services. Further, there is no one pattern of response among victims to their trauma, and while various emotional and cognitive responses have been identified (Burgess and Holmstrom), they appear in different stages (Sutherland and Scherl), not necessarily identical among victims. Moreover, while there is no one perfect and tested way to help victims, the support that the centre can provide will help the victim later in her process of adjustment. The supportive counselling provided by the centre is designed not to shield her but to prepare her to cope with her environment. Thus,

the centre, it is assumed, can help her to minimize the impact of dealing with her environment especially in her contacts with the services and the agencies in the community. Since the centre maintains that its supportive counselling is short and limited, when the victims need further assistance it endorses extended treatment and will refer victims to back-up services.

A basic premise which serves as a framework for all the services for victims is the "rights of women". It consists, among others, of the right to be treated with dignity and respect by any institution and its personnel, to have access to support persons and to be provided with information about all possible options related to legal and medical procedures (Washington, D.C., Rape Crisis Centre, 1974). Emphasized by all the centres is also the right to determine the nature and extent of services the victim may get from the centre. Thus she may choose the place (within the limit of security to her and the counsellors), time, regularity and length (and, therefore, the depth and intensity) of her contact with the centre; she can even choose her counsellor.

As for the general principles of crisis intervention (Burgess and Holmstrom; Hiberman), they include the prompt assessment of the nature of the immediate and most serious problem of the victim, its acuteness and extent, i.e. its connection with her personal and social problems; the victim's coping mechanisms and skills; her reality orientation and her ability to choose and use the options which are open to her; the decision on the most urgent and appropriate step to be taken by the counsellor and by the victim; locating the support systems available in her milieu. The concrete forms of counselling are the crisis hot-line. In a way, most of the support counselling of the centre starts and at times ends with the hot line--when a victim or others call the centre for assistance. The hot-line service is modeled on the basis of suicide crisis-line whereby information, advice, referral and support is provided by phone. All centres started their operations with a hot-line service. It is a symbol for the independence of the centre even if the phone is operated in a host-organization or through an answering service. All centres have a crisis line operating 24 hours a day. In most centres, the line is open during the day and an answering service operates at night and relaying messages immediately to a volunteer on call. At present, only one centre which provides solely crisis-line service has formulated a policy of accurate recording of the incoming phone calls.

The second form of direct assistance is that of the personal face-to-face contact. It can be casual (one contact), or continued support. Most contacts between counsellors and victims are limited to a short period of time. Meeting places, as a policy, are arranged away from the centre and at a place agreeable to the victim and the counsellor. Counselling is also provided, if requested, to family members of the victim. It is mainly designed to encourage the family to be supportive of the victim, and for referral to professional services in case of need and readiness for additional assistance. All centres agree to provide, but only some do, counselling to husbands or boy friends of victims. The counselling is limited to few meetings. Individual counselling is the main, most used, approach of counselling. This seems best to offer individualization of needs and intervention. It is also the framework that suits the volunteer's limited training. Group work is not provided by the centres, though some plan to introduce it. In cases where a more continuous contact with victims is called for, especially when a victim decides to press charges against the offender, she is prepared and guided for her appearance in court. If the victim cannot stay at home, or needs protection, the counsellor arranges housing and additional needed services.

In agency-oriented centres a readiness exists and some actual assistance is given to victims of other kinds of sexual assaults and abuses. Counselling is offered to boys, but in general the centres serve as a referral to other agencies in the community. Victims can expect the centre to respond rapidly and favourable to their requests, within the limits of their resources, but they have two expectations of victims. In their inital contact with the centre, victims should be honest in relating their story of the rape and in their contacts with counsellors, victims are expected not to be manipulative, exploitative and demanding nor overdependent on the counsellor. Victims are expected and urged to go to hospitals for medical checks as soon as possible. They are also urged to have a medical follow-up for pregnancy and V.D. One centre, run by a nurse, makes the medical check-up a precondition for obtaining the centre's services.

Victims are not pressured but advised to report their experience to the police. Some centres agreed with the police to accept their report on behalf of the consenting victim who refuses to report personally or to have anything to

do with the police. Centres do not urge the victim to prosecute, but if she decides to lay a charge, she will be fully supported by the centre who will advocate for her and accompany her to the police, the Crown Attorney's office and to court. When the victim decides to prosecute her assailant(s), she is warned about the consequences of such a move: harassment, defamation and the likelihood of failure. All centres maintain that "political education" of the victim can be, some say should be, carried out in the case of prosecution of the offender.

Classification of Counselled Victims

On the basis of accumulated experiences, the centres reported their classification of victims who have been counselled by them. A distinction is made between "victims" and "clients" according to the difficulties they present for counselling. Difficult victims are those whose trauma has been exacerbated by the circumstance of the rape, e.g. group rape, young and virginal victim, or the victim who has been drunk before the rape (which presents problems for her with the police). Others on the "difficult victims list" are the ones who are afraid to identify themselves to the centre or who delayed reporting the rape to the centre or the police. Victims who receive assistance from the centre become clients. They are again classified according to the problems which exacerbate or help in counselling. Thus, a difficult client is the indecisive and untruthful victim, or the one whose coping abilities are hindered by the burden of other personal problems, e.g. delinquency or promiscuity or problems with the law, broken family, etc. A particularly difficult client is the woman who attempts to exploit the centre and makes demands not related to her condition as a victim. On the other hand, centres reported clients "who become dependent, refusing to be helped by her own effort". It is in the agency-oriented centres where counselling is often planned on the basis of the client's characteristics but also on the basis of the centre's competence to assist the victim. All maintained that while they are not fully professional services in the psychiatric tradition, they should be accorded credibility on the basis of their accumulated experience in counselling rape victims. They all insist that "we do not take undue authority when we face problems we cannot handle; we refer the victim to professionals; we recognize our limitations".

Adjustment

Victims go through various stages in coping with the trauma of rape (Sutherland and Scherle). Some adjust without professional help, "they mature but with so many scars left". Even for those who get professional help, certain conditions can accelerate adjustment or hinder it. Some centres with accumulated experience and especially with trained professionals on their staff maintain that the kind of support the victim gets from her family or from her milieu is most crucial and especially in the case of adolescent girls. If recriminated, blamed or rejected, the chances of easier adjustment diminish. If the victim gets as soon as possible some counselling her chances for recovery are better. Other factors that will influence her chance for a better adjustment and for benefitting from counselling are the level of her maturity and life-experience; the circumstances of the rape; her relations with the offender (the closer they are, the more intense are the feelings of betrayal), her ability and accessibility to use services in the community.

Centres have some special problems to face in counselling such as overcoming of mistrust and suspicion towards the centre and the counsellor; the problem of dominance of counsellors or the dependency of clients. There are, however, some issues related to direct services to victims, which were raised by all the centres.

The Politicization of the Victim

All centres agree that at least in the initial contact no "ideological trip should be laid on the victim", "only her biography and her wishes will determine what services will be given to her". Medical check-ups will be strongly recommended, the rest is up to her. Also, all centres will tell the victim the "limits of our abilities and that we are not professionals". Beyond this, the centres differ. Again, a distinction emerges between agency-type and collective-type centres. The service approach in the agency-oriented centre differentiates between ideology and politics of rape as it is related to the direct services to victims and especially if victims are in counselling for a longer time. These centres maintain that rape is not always a crisis, it can be only an experience, and even then care should be taken to avoid the "politics of experience" (to borrow from Lang). It means to avoid compelling her to see her experience as a trauma. She alone must be given the opportunity of

defining her experience, its seriousness and the services she needs. Explaining the reasons of rape, her victimization in the external society means laying on her an ideological trip. "Counselling deals with a case: in politics we tell what happened to a group of women." Ideology comes only when her experience with services calls for interpretation, especially when she is advocated and supported in her appearance before the court. To "instill in her anger against the services won't help her, it may even cause harm, but what is sure is that she won't change them by her anger".

It is also "immoral to push her toward ideology, it is taking advantage of her weakness". "She is taken then only as women power and not as a person." Moreover, this is "controlling her and this is like rape which is the extreme form of control". "We accept that she may be angry; we do not negate her anger, but we avoid directing it." The problem of how to deal with her feelings of guilt over her victimization is dealt with in a "blame free" approach. "You are not responsible for what has happened to you", however, to blame society for her experience, "to tell her that all women are potential victims, may enhance the feelings (of guilt). She may ask 'Why me?'." The ideological approach maintains that divorcing counselling from ideology denies the victim full understanding of her experience. It also denies her a choice to act upon her experience rather than "just adjusting". If the cause of rape is external, she must be counselled also on the cognitive level to have her understand that her condition before the rape--as a woman--led to her victimization. On the issue of guilt, the ideological approach is that "blame free" counselling instills or enhances guilt feelings because of denying her the opportunity to to see the real ("social blame") causes of rape.

Actually, the two approaches are not as diverse as presented. The ideologists want more social interpretation of the victim's trauma but agree that she must be ready for this. The service-oriented maintain that social interpretation is accepted when it will be acceptable to the victim. The real difference between the two approaches is not in terms of the victim, but in the stand which a centre takes over other issues including the approach to the victim.

Direct Services to Special Groups

All centres report that some groups of victims pose special problems for counselling and assistance. All pointed to the problem of adolescent victims.

An adolescent may be more traumatized if she loses her virginity and the event may exacerbate already difficult relations with parents. Also, for many of them, going to the hospital may be the first gynaecological check-up. Another group is the family of the victim. The members' reaction to the victim is considered important for overcoming her trauma. Some centres provide initial counselling to the family, to husband, or boy friends. The general practice is to refer them for further counselling if needed or if they wish it.

Termination of Contact

Centres pay close attention to termination of contact by a victim. Some volunteers see it as a test of their competence and some centres, especially agency-oriented ones, also see it this way. Although they see themselves as providing crisis intervention, when contacts are prematurely terminated it is considered a failure "because the natural tendency is to wish the contact will continue". Thus, centres do call victims after termination of contact because "it proves we really care". Termination of contact is discussed in the supervisory sessions. Centres will terminate contact with the victim if she makes demands unrelated to her victimization or she is manipulative or becomes overly dependent on the counsellor or the centre. The reaction of the centre to termination of contact is more of "curiousity" and sadness--"we know what she needs". However, it is "easy to overcome because rape is not an ongoing thing like emotional disturbance and deep, continuous relationships are not formed with the counsellor". As with termination, some centres have a short-time follow-up policy, although some counsellors maintain long contacts with some victims.

The Behaviour of the Victim During the Rape

This is an issue which always comes up in counselling as well as in training, in committees and in general sessions. The whole problem of the victim's feeling of guilt is often centered around the notion that "I did not resist enough or I was not careful." In counselling, agency-type centres tend to emphasize the "blame free" approach, while ideological centres will maintain that she is not considered responsible "because she was trained to passivity". In the public arena the issue of the victim's resistance comes out as the "Storaska problem", i.e. the movie of Mr. Storaska made from his book (Storaska, 1976). All centres come out forcefully against the book because of the 'sexist" attitudes it espouses about women and rape. As to the problem of

resistance, however, all agree that women should learn self-defense. Ideological centres emphasize that "she should fight back", but "she has to decide". In agency-type centres, the emphasis is "it's your right to choose, we don't know yet, she may endanger herself in fighting back and in the court if not".

Protecting the Counsellors

All centres take measures for protecting the centre and the counsellors. To meet with a victim two volunteers will go only after verifying that the place of rendezvous is safe. The centre's address is often publicly hidden and victims and strangers are not welcome unless invited. Some centres have an elaborate protection scheme and rules of "do and don't" are for every member to absorb.

Back-up Services

All centres labour at establishing back-up services for the victims (medical, psychological and social). They are, therefore, involved in much liaison efforts with government, public and private professional agencies to form, if possible, a policy of referrals of victims to these agencies. Medical facilities, social services are thus "screened" by centres sometimes for their "rigid attitude toward the centre and victims", but also to determine which service will accept a referral from the centre. Services are expected to react with "speed, sensitivity and dignity". Some hospitals are rejected as well as private psychiatrists and social agencies. If the range of choice is small more effort is spent "on educating the agency or the service. Sometimes the best way is to put one of their people on the board".

All centres use the local hospital found to be most congenial to victims because of a head nurse or a particular doctor. In some areas there is mutual rejection between the local catholic hospital and the rape crisis centre because of the issue of abortion. Psychiatric or social agencies are used as referrals for victims or their families and in university towns, the students' medical, psychiatric and social facilities are used. Centres report that while most medical facilities have established good policy arrangements it is with the social agencies (family counselling, employment, etc.) that they are still engaged in a struggle for acceptance. "Our credibility is still questioned as professionals". In large communities there are more possibilities to form back-up

services, including independent professionals, but all centres often provide back-up services on a case-by-case basis with the agencies.

Victim's Power

Victims are treated as individuals, there is no group counselling. They do not participate as volunteers while undergoing counselling or immediately afterwards. In one centre it was remarked, "their power is in the reputation they can spread about us", first, because for services to victims "the centre is always there". Second, the counselling is often too short to create problems between counsellor and client. Third, "victims to not dare identify themselves by complaining". In one centre, however, when a hot-line which had just started was inefficient, some victims complained to the local "distress centre" and the R.C.C. had difficulty re-establishing credibility. In the final analysis, the stand which victims will take vis-à-vis the centre, the very chance of their coming for assistance, depends (as well as the chance to recruit volunteers and obtain back-up services) on establishing credibility for its services once its existance is accepted or tolerated.

Advocacy

Rape crisis centres provide an advocacy service for victims, but it is not an advocacy organization which specializes in this service (see on advocacy, Dussich, 1976). In all centres there is someone whose "specialization" is liaison with police, hospitals and other agencies. The intent is to create a policy of cooperation so that the centres' volunteers will be accepted favourably when they accompany a victim. This in turn depends on the extent of acceptance of the centre, the image and reputation it evokes in the eyes of the various agencies. There is an ambivalence here between criticism of the services and the need to cooperate with them. This problem is more acute in the beginning stages, when the centre is still unknown and unaccepted. The police and other services do not accept them and still are reluctant to accept the advocacy role of the centre.

One of the differences between agency and collective-ideological type centres is the stance taken toward negotiations with the agencies (and the same goes for back-up services too). All centres agree that cooperation with the agencies is necessary for the sake of the victim, but agency-type centres see this policy as the correct strategy while ideological centres see it only

as an expedient tactic. As for back-up services, centres tend to have representatives from the official agencies on their boards to create a more favourable approach to victims when referred or accompanied to the agencies.

The functions of advocacy are: (a) expedite and smooth the handling of victims in agencies and services, mainly with official; (b) to help the victim understand the procedures of the agencies to which she will be referred; (c) to raise the political consciousness of the victim (and volunteer), and (d) to challenge the agencies and services to change their traditional procedures towards victims of rape and towards the centre. Advocacy contains elements of counselling in that the victim maintains contact with the centre and is offered continuous support and understanding of the reality of her social environment. It is also during advocacy that the agency-type centres "permit" themselves to "politicize the victims". The interpretation of what will happen and does happen in the agencies is considered "politics", because it introduced to her part of the social aspects of rape. All centres accompany the victim to the court to provide the special support she needs. Defence attorneys see this as weakening the control they once had over the victim. Some centres introduced the program of "court watching" whereby volumteers sit in on rape trials, even if the victim in the case did not approach the centre. The idea is to alert the Crown Attorney, the judge, the victim and the public to abuses of the victim during the trial.

Services to the Community

In services to the community the centres carry a special message--of their unique social rules--but their problem is how to convey this message to the public in general, to women and especially to women from lower-class and minority groups. The problem arises because this message may be seen as offensive, if not strange to different groups in the community. Thus, to be able to deliver it, the "purity" of the original message must be "diluted". A balance must be reached, called by some "accommodation" and by other "cooperation".

Public Education

Through the use of the media and especially through public speaking all centres enlighten the public by information and by spelling out their ideas on the general reality of rape, on the needs of rape victims. They

especially emphasize dispelling misconceptions and myths surrounding rape and rape victims and the gap between the victim's needs and the kind of services she gets in the community, including the law enforcement and the criminal justice system. All centres publish brochures to advertize themselves and their functions. There, too, they explain the reasons of their existence, the facts and fiction about rape, the reality of victims' conditions. Most brochures include tips for prevention and self-protection, the importance of medical check-ups and the available services of the centre. All centres use public speaking opportunities to bring forward some feminist ideas especially the ones related to rape. Before women's groups they tend to use motivational imputation techniques, e.g. "try to feel what a victim of rape feels". Before groups of men, a projection method is often used, e.g. "try to imagine your feelings if your loved one was a victim of rape". Members of ideological-oriented centres will espouse more intensive critique on the system and especially on the community agencies and services for rape victims. Agency-oriented centres emphasize information and adapt themselves to the audience on which some demand detailed information before the speaking engagement is accepted.

Through their public speaking and liaison efforts, the centres attempt to change the agencies traditional procedures of handling rape victims. All agencies are asked to expedite rape victims, to be sensitive and supportive to their needs, to allow the centres' advocates to stay with the victims, to inform and explain to victims the procedures and advise them of their rights and options, and to refer victims to the centres. Some centres were able to conduct training sessions for the agencies to make them understand and sensitize them to the needs of victims and the functions of the centres, e.g. special courses given in police academies, or to physicians and nurses in hospital emergency rooms. Centres report some success in their efforts but "it is still an uphill march". The reasons given are, "It is hard to change routine", "we have no clout", "actually, they are afraid", or generally, "we are not yet accepted". Success is reported when one or more of the personnel of an agency is sympathetic to the centre's cause, or when it is able to attract one member to sit on its board.

Centres report some special difficulties with the various agencies when executing their advocacy programs. First, while agreement about a policy may be reached with the high echelons in the agency, e.g. with the chief of

detectives or head physician in the hospital, the arrangement does not filter down to the detectives who interrogate victims or to residents and attendants in emergency rooms. This is why "constant watch and PR is needed". Second, apathy and insensitivity still prevail in the services. In the hospital, "she is still just a body; for the police, she is still suspected of lying, and in the court she is on trial and abused".

The centres are engaged in other programs which serve the community. Agency-oriented centres are part of the Block Parents program and, in one community, the centre is the local base of the program. Some centres prepared detailed programs for police, hospitals and private practice professionals on how to deal with victims of sexual assault including rape, and in one instance through the work of the centre, and the help of a hospital physician on the board, the local hospital developed a special Rape Crisis Team. Some centres, mainly of the agency type, developed programs for battered women including "refuge" or shelter centres. Others give assistance to victims of any kind of sexual assault and abuse while in another case a survey of high school students to gauge their conceptions about rape and related issues will serve as a basis for the centre's educational and prevention program.

The Prevention of Rape

Through their public education programs, the use of published material, the media and other methods, the centres are involved in the prevention of rape on individual and public levels as well as for short and long-term aims. On the individual level women are taught how to avoid risky and vulnerable situations which are likely to result in rape and how to protect themselves and their place of sojourn from intruders. Thus, guidelines are provided for how to behave on the street, when taking a ride with a stranger, or if attacked or when alone at home. Tips are given about how to behave when encountering an attacker and women are advised to take self-defense courses. One centre introduced, in elementary schools, programs for preventing child abuse. On the public level, the expected long-term effects of public education, especially for the young in high school age, are to change men's attitudes towards women, their (mis)conception of masculinity and, of "opportune situations" (such as "blind dates or hitch-hike girls") as conducive to rape. For the more activist, these

programs are only secondary to the basic and primary programs of prevention which the centre must be part of, even a base for: the more radical change in society and its institutional arrangements.

VIII

EVALUATION

Evaluation is a device to monitor internal activities and structural arrangements of an organization, a measure of outcome in achieving its goals and part of the mechanism to fain elgitimation, credibility and prestige. For many organizations evaluation is a precondition for attaining and sustaining resources and support services, and an indication for necessary internal changes and for adaptation to changes in the outside environment. When resources are given, evaluation is one of the means of accountability for the granting agencies.

Evaluating human service organizations presents some inherent difficulties related to the determination of the evaluative criteria, the methodology and the administration of evaluation and its interpretation. Evaluating Rape Crisis Centres presents the same and added difficulties:

> The multiplicity of goals dictates a large number of evaluative criteria and their integration.
>
> The nature of their goals prevents a determinate measure of success, e.g."How do we measure success of support or changes in public and agencies' attitudes towards rape and rape victims?"
>
> Clients (victims) or volunteers change independently of the centres' activities and so does the public. How can the role of the centre in these changes be determined?
>
> Rape crisis centres do not control their clients and their characteristics at the input and output phases, therefore, measurement of change is almost impossible.
>
> The administration of evaluation is difficult when records are incomplete, presented in a summary fashion and there is no control over their reliability.

Rape crisis centres, being new, impoverished of resources, suffering from a sense of stigma and rejection, their services and quality questioned, have a high stake in favourable evaluation. Faced with this difficulty, they may resort to approximate to extrinsic measures which only indirectly gauge changes in their clients (victims or the public). They may even evoke self-serving, self-justifying explanations for the outcomes of evaluation. They

may also try to hide failures. Centres' files were not available for this research, but some general estimates of outcome and the explanations for them were provided along with some impressionistic assessments from the centres' official reports to the National Assistor (coordinator) of Canadian centres. A unified system of collecting data on centres' outcomes, prepared by the National Assistor, started only in March, 1977. At the time of the writing of this report few centres had sent in their assessment and only two that received relatively large grants were obliged to write a more detailed evaluation. These evaluations were written in a fashion of a "progress report", but centres with well organized administrations had a better recording system and could furnish outcome data more readily.

Performance

What was assessed by all the centres is the quantity of their efforts vis-à-vis victims and the public. The number of cases which requested services from the centre is taken as a measure of performance. All centres report an increase--by month or on a yearly basis--in the number of phone calls received from victims or their relatives for information, advice or referral. They admit, however, that more cases are known to, or are reported first or only, to the police than to them. There is also an increase in the number of calls from various groups in the community which wanted to see a counsellor and an increase in the number of cases referred by and to the centre (police, hospitals, schools, etc.).

Since an immediate aim of the centres was public awareness, the above facts serve as an indication of increasing acceptance by the community and as indirect measures of their success in public counsciousness-raising through education. Another indication of success is the reported increase--greater than the number of victims applying to the centre--in demands for the centre's services for information and education. It is impossible to know if this is related to the increase in the number of referrals to the centres or in contacts with victims. Some also report an increase in money contributions from individuals and groups in the community, another indirect measure of acceptance. This approach of "counting bodies" is simplistic but important, because working for acceptance, raising awareness that "we are here to serve" is the first and most crucial

objective before the centres can allocate more resources for accomplishing their short-term mission.

Effectiveness

Assessing changes in victims' behaviour after contact with centres was not attempted by the centres. They suggest an indirect assessment expressed in continuing contact with the centre after the initial call, willingness to report to the police and to prosecute the offender. Only one centre reported such statistics. After the initial contact, victims usually agreed to go to the hospital, but few went to the police and still fewer agreed to lay a charge against their assailant.

To assess the counselling services provided by centres is impossible, even unfair at this stage. The effectiveness of counselling may, therefore, be theoretically examined from several indirect perspectives. First, the quality of records on counselling. No unified system exists and this depends on the professional level of the counsellor and especially of the supervisor. Second, continuity of contact with centres--no records were available except in one centre. Almost all victims prefer a short, mainly phone contact with the centre and this is accepted because centres do not claim to provide expert full-fledged professional services. They advise, prepare, refer and accompany victims to back-up professional services after they have provided (if they had a chance) the initial (crisis) intervention. Thirdly, the participation of victims in the centres can theoretically be looked upon as a measure of effectiveness of the centre's intervention with the victim. Few victims who have been "treated" joined the centre, but many volunteers were, in the past, victims of rape. Thus the centres are not fully self-help (like A.A. or in Synannon), but more of a peer-help organization.

Centres are also involved in changing community attitudes towards rape and victims of rape. To measure effectiveness they use indirect indices such as the increasing demands for lectures, the increasing number of referrals, the acceptance of the centre's advocacy program, the availability of volunteers (in some centres more than they can train and deploy) and sustaining volunteers' membership in the centre. Centres that serve a large region maintained that they are located far away from their often rural periphery. They are less known, less

accessible to volunteers and in this respect to victims too. Another measure of effectiveness on the community level is the ability of the centres to change the procedures of agencies which deal with rape victims--more sensitivity to victims, a more supportive and prompt approach. All centres reported changes in this respect. This is used by some as a measure of success for their liaison activities as well as of public education, but all maintain that a real change in the policies of the police, hospitals, Crown Attorney's offices or social agencies are far from being reached. Changes in procedures are still "on a case-by-case basis, testifying more to the tenacity, perseverance and commitment of the centres than to the change of heart in the services".

Another indirect measure for changes in public attitudes (and maybe the most important one) will be an increase in the number of apprehensions of rapists, and in the number of convictions by juries. No data are available on the first index. Only one centre reported that in the eight months since its establishment the Crown Attorney in the city is more ready to press charges and this, combined with the educational efforts of the centres, has led juries to convict more rapists. At the same time, some centres maintain that "statistics do not reflect needs or accomplishments. We are engaged in prevention. This is hard to measure but can be attributed to the effort of the centre too."

Adequacy

The centres are well aware of their limited success in meeting the needs of all rape victims and in accomplishing their mission. They admit that not enough victims apply for assistance and not always from the vulnerable groups. Agencies still do not refer enough cases to the centres, and not all the demands from the services are accepted. In the overall attempt to achieve their goals--to reach victims and volunteers, to educate and change the community--the centres still have much to do; but within the limitation and conditions of their operation they have done a lot.

In the span of their existance, no more than three years, the centres have accomplished their immediate goal to establish places where volunteers would be on call 24 hours a day, seven days a week, to serve individuals. They have developed an organization with a work philosophy to which its members adhere; they form a viable and congenial framework where they can operate. They did it

well on meagre resources, in the face of apathy, even resentment, but with tenacity, frugality and dedication. Even their second aim--to enlighten the public and community services on the issues of rape, of victims--is a success. Their special stance on these issues has not been taken by any other organization. If this should happen, the Rape Crisis Centres will have succeeded in the most important and difficult mission to which they have dedicated themselves.

IX

CHANGES, INNOVATIONS AND DEVELOPMENTS

One of the constant dilemmas of every organization is to maintain a balance between the need for stability and in a way intertia, and the pressure and demand for change. A differentiation is often made between "change" and "innovation" (see Hasenfeld and English, 1974). Change, means the introduction of new unforeseeable organizational attributes or tasks externally or internally. In one case, the introduction of an additional program led the coordinator of this program to demand independence, which in turn caused tension with the office head at that centre. Innovations are planned changes, which again can cause dissension. In one centre the board introduced a "program modification" which led, among other reasons, to the departure of the professionals and many volunteers.

Unplanned changes often occur when the organization has to respond to external and internal exigencies that are unanticipated, e.g. when a centre receives a large grant that dictates some reorganizations which may cause strains and dissensions. In one centre, it occurred to the administrative head, that lack of victims to counsel could lead to questioning of the centre's existence and to the departure of volunteers. She enlarged the centre's public education activities and introduced new programs. Changes could also appear when new competing agencies emerge.

Various interrelated factors were suggested to explain the readiness of an organization to change its structure and operations in the face of internal and external pressures (see again Hasenfeld and English, ibid). Among these factors are the following:

> Ideological "openness"; strong and rigid commitment narrows such openness. In one centre the radical board refused to compromise with opposite views. The result was a severe internal crisis that halted the operations of the centre.
>
> The "openness" of the leadership and its readiness to support changes. In one agency-type centre run by one strong office head, her reluctance to accept suggestions of changes by more radical volunteers led to crises and a sense of "rebellion against me".

> The availability of resources to bear the cost of change. In two centres, which received large grants, major changes were introduced because it was felt that there was a year's respite from a financial squeeze. Other centres, where money is tighter, have plans for development but stay with their on-going programs. There are other variables that could be mentioned but more data are needed for in-depth analysis.

"Basically, centres do not change, they actually develop", but the orientation they assume from their outset remains, even strengthens. Some of the reasons may be that they found no competitors for their mission to cause them to change their programs or structuring. Also, inspite of the increase in the number of victims who call for assistance, it is not enough to cause centres to change their division of labour. In addition, there is no influx of volunteers, a situation that does not dictate changes in division of labour or in allocation of resources. Lastly, it is the lack of funds that actually prevents development of programs in the centre.

All centres had plans for developments that included programs they wanted to implement and some saw changes (which they equated with developments) even in their structure. All centres want more counselling and would like to see their public education and prevention programs enlarged. Agency-oriented centres tend to opt for enlarging direct services to victims of other forms of sexual assaults or to battered wives or molested children. Emphasis is on more intensive education of the young at the elementary school level to teach personal prevention and avoidance of risk situations; or in high school to change patterns of vulnerability of girls during dating situations and to educate boys against "macho values and scoring". One centre plans the education of inmates and another, more intensive education of the police, hospital personnel and private practice physicians, as well as Crown Attorney's office personnel. All are aware that more public education should also compensate for the relatively small number of victims to counsel. One centre suggested that if resources continue to dwindle, it will move to a host-organization. Indeed, all centres feel that without resources, not only their development, but their very existence and that of present programs is in danger.

X

THE FUTURE OF THE CENTRES--INDEPENDENCE AND IDENTITY

The ultimate test of R.C.C.'s is the extent to which their programs further their goals, sustain their initial creativity, organizational skills and dedication. There emerges controversy about how this can be achieved; some call for strengthening agency features, others argue that this will transform centres into "just another agency" and thus it is political commitment to change that should be advanced. All centres believe that stable and consistant funding is a necessary precondition for their ability to exist and grow, otherwise, like other grass-roots, store-front establishments, self or peer-help, service organizations, they face an uncertain future. The centres maintained that money is necessary but not a sufficient condition for existance and growth. Other conditions must be met or problems solved. First, there is still the need to work for acceptance, to resolve the ever present dilemma of maintaining a balance between critique on the public's attitudes towards rape and on community agencies in their handling of rape victims, and the requirement for cooperation with the same services for the sake of the victims. Second, centres cannot exist and grow without sustaining the dedication of their volunteers and without attracting new ones, especially from groups not yet represented and who are also most likely the highest rape risks. These conditions cannot be met only by the dedication, organizational skill and creativity of the centres; they too need resources.

When the question of their future was raised, all centres indicated a need for funds, but interconnected it with the issues of independence and identity. None, however, thought of being phased out, because they did not see any other organization fulfilling their unique role. While the needs still exist, they believe in the dedication of their volunteers, especially those who experienced the difficult times, and they rely on their ingenuity and initiative. The danger of impoverishness is not then extinction, but curtailing of services and planned programs, of losing paid personnel, often the only professional or central persons. Another possible consequence is to lose independence and the unique identity as a special service by having to join a host-organization. While all centres wish to have regularized funding, they raise questions as to its sources and the preconditions that may be attached to it. Consistant funding may come from the

federal and provincial governments, or from local sources such as the "United Way". The fear is that Federal and provincial money means "strings attached" in the forms of bureaucratization and standardization of the centres, so that they lose their local uniqueness in structure and functioning; that they will be forced to be more "professionalized" which will enhance the tendencies toward "agencism"; that they will ose their grass-roots nature. On the other hand, centres will accept government funds only if there will be agreed national guidelines that will spell out the maintenance of their autonomy of decisions and actions.

Those that favoured government money also argue that it will bring stability to their operations and they will have a better chance to develop special programs. All centres voiced much trepidation about local regular community funding--more close controls, the privilege of fund-raising and more dependence on the community's reactions to local politics, e.g. the feminist movement or anti-abortion groups. Centres await government decisions about being regularly funded and the most favoured as a source is the Department of Health and Welfare. Debate on the "pros and cons" of each source of funding is still going on, and they look apprehensively to the near future when most of the centres will be in financial difficulty. How they plan to face this situation depends on individual leadership. All centres will try to "maintain (our) independence but limit our services". While two agency-type centres were invited to join a hospital, and refused, two others, an agency-oriented and a collective one, show a readiness to join or return to a host-organization, the former a local hospital and the latter to its original base, the Women's Centre.

In all centres the possibility of joining a host-organization was translated into the issue of the "identity of the centre" rather than its independence. Some understand that they cannot be independent by the very fact of their dependency on outside resources. They can, however, be autonomous in their decisions and most importantly keep their identity as a special and unique organization: to agency-type centres in their services to victims, to a collective in being a base for social and political work. Collective-ideological centres also argue that identity and independence are not interchangable. The proof: "some centres are independent but they lost their identity as a special place by becoming just another agency".

Centres were established and operated in almost all cases (but in the founding stages) as independent special organizations. Almost all of them prepare to remain so. Those that refused to join a host-organization raise the following arguments:

> the danger of bureaucratization, i.e. losing the ability ot initiate programs, especially public education programs;
>
> the muzzling of critique on agencies, thus losing their special position as champions of the struggle against rape and not only as a service to victims;
>
> the complete dissociation from their social and political base (the feminist movement); and
>
> the disappearance of the collective nature of the centres.

Those what may be ready to accept incorporation, mainly within a hospital, argue that:

> it can bring stability of funds and personnel;
>
> it can offer more and better professional care in better facilities;
>
> it is "respectable" and assumes care, thus more victims will be ready to come for assistance; "anyway most victims are referred to hospitals and the centre will be there to service them";
>
> their integration with other agencies can save them from the refusal of local authority to support the emergence of independent centres and their activities. By virtue of being secure in their status and budget, they would have a better chance to develop special programs for their clientele.

Such an alternative, it is argues, can lead to the risk that amid the other priorities and activities of the host-organization or service, the problems and needs of rape victims will suffer inattention, and the political ideological aspects of the centres will be stifled. It should be remembered that self-help, independent community service does not automatically suggest a radical, imaginative and diversified service organization. While recognizing their differences from Rape Crisis Centres, Alcoholic Anonymous can be cited as one example. In short, the centres may lose not only their independence, but also their viability and visibility (autonomy), but most assuredly, their identity as a special unique outfit. The pros and cons of incorporation should be

argued and studied. It may be that in some locales, this can be their best solution for instability in resources or community resistance (including women as volunteers and potential clients).

Rape Crisis Centres are relatively a new type of human service organization, and it is too early to predict their future with certainty. It is safe to say that if stabilized, local conditions will determine their development toward more exclusive victim service oriented agencies, or toward collective-ideological type centres. If, however, further squeezed in resources, many centres will face a tough choice as to their direction. The direction of the centres is a problem independent of their financial security. Their future lies also in the solutions they will find to questions such as their internal organization, the nature of the internal politics and the approach toward community agencies. Without answers to these and other questions, there can be rifts, or the centres will remain of small significance to victims and of no relevance to groups and agencies in the community.

XI

SUMMARY AND RECOMMENDATIONS

In this study it became apparent that ideological and political issues were of paramount importance as catalysts in establishing the centres, and a striking feature in the structure and content of their services. These characteristics often focus around the dilemma of how to maintain a balance between the dual thrust of the centres as a place caring for the needs of victims and as a base for attacking, in the community, the general problem of rape and the procedures of dealing with rape victims. The discussion on the historical and ideological perspectives of Rape Crisis Centres suggested that rape and the handling of rape focussed around the issue of rape as a personal and as a socio-political reality. While all the centres agreed on this double nature of rape, they gave different priority and emphasis of one of these aspects. This is reflected in their official publications where the declaration of their functions and the list of services are put forward. This was also observed in answers to the question about the general objectives of the centres. They all started their lists and their replies with: "direct services to rape victims" followed by the social services of the centres to the community.

From the experience of centres in the U.S.A. and from our experience with centres there, we initially postulated a continuum between "ideological and treatment centres". The results of this study changed our perspective. It was found that all centres are imbued with a basic ideology which explains rape, the needs of victims and the appropriate ways to meet their need and work on the issue of rape in the community. The salient issues which differentiate between centres are the distinctions between (a) the ideology and politics of rape, and (b) the nature of the centre's structure and the differences in emphasis it entails in its services and activities and in the community. Thus, a new continuum emerges and the profile of two "ideal types" of centres--the "agency-oriented" and the "collective-ideological" oriented centre--are as follows:

> The agency-oriented centre differentiates between ideology and politics in its operations and especially in its dealings with the outside society. The emphasis is on efficiency in administration, and in the organization of the division of labour. Distinctions are made between ideology of rape and the direct services to victims, as well as between social relationships and job or task-relationships. The approach toward the community services is that of moderation in critique and pressure as a basic strategy rather than as an expedient tactic.
>
> The collective-oriented centre argues for the overlapping between ideology and politics. It responds to the issue of rape with the same intensity as to the issue of delivering direct services to rape victims. The nature of the centre's organization is that of equality in all the levels of organization. Division of labour is based not on formal hierarchical relations, but on mutually volunteered responsibilities. The nature of decision-making is that of maximum participatory democracy among those who are members of the collective. Social critical education (i.e. ideology), is advocated for victims, volunteers and in the public arena.

There are other differences between centres--between big cities and small city centres. How this influences their nature or orientation is unknown, although a collective-oriented centre was found in small towns as well as in big cities. Some of the questions associated with this variable are well expressed in one of the issues of the (national) R.C.C.'s Newsletter:

> "We tend to hear about rape crisis centres in large cities, Vancouver, Regina, Winnipeg, Toronto, Ottawa, Montreal; or on university campuses--York (Toronto), McMaster, Waterloo to name a few. I believe that a danger lies in our tendency to generalize from here and to assume that the service is being provided evenly across the country. But what happens in small cities, towns and rural areas? Are smaller centres intimidated by perceived radical feminist connections? Where does money come from? Where does direction and motivation come from?" (January, 1977)

Centres also differ as to the number of permanent staff and professionals they employ, the number of volunteers and their background. They also differ as to the perceptions which staff, board members and volunteers have about their direction.

Because it can become an arena for competing ideologies, i.e. different conceptions about focal concerns, the centre develops a concord for a minimal basis of consensus over a basic ideology, goals and working arrangements

to realize them. In all centres, women who may differ on ideological issues were trained thus creating role-expectations for appropriate fulfillment of their tasks, especially vis-à-vis the direct services to victims. Centres also created mechanisms to mitigate internal ideological strife. The most acute problem is still the relationships between the centre and the community.

All centres, by the very definition of their functions--direct services to victims; public education; and change of procedures in agencies and prevention of rape--must appeal to and work with agencies and services in the community, even if only for the sake of the individual victim in her odyssey among the services and the agency whose help the centre is seeking. The constant dilemma is that to gain their help and support, the centre must have a penchant for compromise, accord and accommodation. It means withholding volatile criticism of them and going through "channels" instead of applying direct and outside pressures through the media and demonstration. This was seen by the collective-type centres as a co-optation, but the way the centres present themselves in their publications and from the interviews with members, it was found that they are aware of their ambivalent situation vis-à-vis community agencies and services. The functions of the centres are legitimized and they are partly dependent on the very services and institutions they, correctly, criticize and attempt to change. This again calls for compromise, for negotiations with the services with no hope of change in a short time.

This relationship with, and dependence on, the outside community makes it difficult to draw the line clearly between those centres which emphasize radical stands vis-à-vis the community and other types. All centres must deal with the services and institutions in a spirit of subdued negotiation if they want to refer their clients, to advocate for them and to elicit support and services on their behalf. This dilemma is often translated to that of projection of image. In the January, 1977, Newsletter of Rape Crisis Centres in Canada, the National Assistor writes (p.5):

> "Next in I was discussing the various types of public images that individual R.C.C.'s project. Women at some centres present a very conservative image and feel that this is the only way they can operate effectively, and not "scare off" victims, agency personnel and the community members in general. Other centres feel that this is not important, or that to maintain a low public profile would compromise their feminist politics. A lot of women spoke to me about their dilemma in feelings that to speak of rape as a

> political act (men rape women to keep them in their (inferior) place) might alienate the public, men and women alike. I also picked up some feelings that maybe R.C.C.'s aren't operating as effectively as they could because women are scared to call the centre. The average (?) woman might be afraid a young and very radical feminist, complete with patched blue jeans and sans bra, would snicker at the poor victim's shade of nail polish. This is a bit extreme, but I think everyone is aware of what I'm trying to describe. Sometimes we scare. You all know, and I know, that we're all a pretty nice crew, but I thought that a poster with all sorts of women on it—young, old, straight, funky—might help normalize our public image. It could be captioned "We are the R.C.C." with space underneath for additional information relevant to individual centres.
>
> Could I have some comments or additional suggestions?"

A poster may help to correct the image, but it should be remembered that while victims may come to the centre not because they look for expertise in counselling, it is the community agencies which look beyond the image and scrutinize the centre if it operates both in a professional and a "moderate" way. Thus, the "professional" credibility of the centre and its utterance and "appearance" on public platforms are often judged together. The stance the centre takes with respect to this dilemma is mainly dependent on its leadership and the influence it has on other members toward a certain style of action. In most centres, regardless of their stance on primary legitimate functions, there is agreement that to provide direct services to victims is a basis for their existance. They will advise steering clear of public utterances on controversial subjects not directly related to services to rape victims. Thus, the dilemma, although reflecting much broader social and political issues, is resolved on a concrete level. It is adopted as a necessary and expedient tactic and does not interfere with the freedom to choose and adhere in private or in the centre with one's style of life and commitment to certain social and political beliefs.

R.C.C.'s demand an exclusive mandate to care for rape victims and to engage in the prevention of rape. Inasmuch as it is proven that no other organization assumes these roles and other agencies have failed by their approach to attack the problem of rape and the care for victim's needs, the centres' claims for exclusivity and support are valid, moral and justified.

Recommendations

There is no doubt that R.C.C.'s deserve support, acceptance, services and resources because they are needed and because no other organization is ready to compete with them in what they have been able to achieve. There are certain aspects and resources connected with the centres, the community and those involving a comparative view of the centres, which deserve special attention. The study has dealt with the organizational viability of the centres as a framework for delivery of services. What has been found lacking are: the systematization of their accumulated knowledge on victims, their needs and the patterns of their contact with the centres. Centres should be encouraged and supported in assessing the accessibility and utilization of their services. It means determining those who contact the centre for assistance and those who do not and why; or what are the patterns of contact. Similar questions could be asked about the volunteers in order to enlarge the basis of the volunteer population. It may be that centres must adopt new kinds of advertising, particularly if their image is "problematic", and they must be encouraged and supported in developing tools for evaluating their performance, effectiveness, adequacy and efficiency. It serves both for monitoring programs they should use and how to maximize their achievement of goals and for obtaining credibility from community services and funding agencies.

On the community level, it should be understood that funds have little value if no concurrent changes will occur in the procedures of agencies which come in contact with rape victims, and in the attitudes of the community toward rape and the victims of rape. It is the entrenchment of these procedures and attitudes which is responsible for lack of support of the centres. The R.C.C.'s have created for themselves a claim on an exclusive domain, but they still lack linkage of cooperation and exchange with community agencies and services. This is a paradoxical situation, since the centres have staff and accumulated experience that can identify the needs of their clients without being matched by appropriate agencies in the community. Programs to change this situation should be planned. Centres that are small and weak should not have to surmount the difficulties they face in dealing with the community, but could be encouraged to have an input in understanding where they have succeeded or failed with agencies in the negotiations and in attempts to change procedures

in handling rape victims. It is not only important for the centres, it is more important for better care of the victim's needs.

What we suggest is a systematic study of the arrangements which centres made with agencies and the difficulties encountered. More specifically, for instance, why agreements with high echelons in agencies fail to filter down? What are the specific reasons for agencies resistance to accept the centres' requests?

We have studied only centres in Ontario, because it is believed that Ontario is a special case in the terms of R.C.C.'s in that there are more of them in this province and they create close relations with each other. Thus, any attempt to generalize from this study must be guarded. It is quite possible that other types of centres exist outside Ontario (for example, one centre located in a hospital). It is, thus, important to know how other centres operate, often alone in a province or in a rural area, and what solutions they found for the dilemmas and problems raised in the present study.

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Appendix

Schedule of the open-ended questionnaire.

I Historical Background

- What was the kind of the Feminist Movement that established the center (radical, lesbian, professional etc.].
- Where then a "wave" of rape cases or special incidence of rape that encourage the establishment of the center.
- The process of the establishment (contact with institutions, organizations, services, internal division of labor, incorporation etc.).
- The phases of establishing the center's services.
- The nature of the "problem" of rape in the community (epidemiology) and (patterns).
- The attitude of the community toward rape and its victims.
- Was there conflicts with the Feminist Movement when deciding upon establishing the center.

II Conception of Purposes

- What are the purposes of the center (according to decending importance).
- What is the politics of rape.
- Where does the center place itself on a political-treatment continuum.
- What approach most preferred and why.
- To what center in Canada or U.S. do they compare themselves and why.
- How the center manage to integrate instrumental and expressive (creation of believes) purposes.

- Does the center see itself as an active or passive service organization and in what area.

- Was there a change in the center's purposes since its establishment.

- Was there a major change in the structure of the center since its inception.

III The Center and the Community

Communication of Purposes

- What are the center's purposes emphasized for the community and how it is done.

- How the center defends itself, against the stigma of being only a "hot bed" of radicalism and victims of rape, or both.

- How the center maintains good reputation.

Relationships with the Community

- The history and nature of relationship with: the police; the hospitals; Solicitor General; and other social clubs; agencies and service organizations.

- What is the center's basic conditions for maintaining connections with each of the above organizations?

- Are these relations formalized or just an ad-hoc arrangements.

- When there are disputes about approaches to outside organizations on what basis and how decisions are reached.

- Under what conditions the center will be ready to join the "United Way", or accept federal or provincial money.

IV Organizational Aspects

- The paid staff of the center; their background (professional, ideological etc.).

- The make up of the Board and the background of its members.

- The power of the Board.

- To whom the Board is accountable.

- Dissension with the Board - around what issues.
- How dissensions are solved.
- Who participate in the board meetings.
- Who participate in the general meetings.
- How many and who usually participate in those meetings.

V Internal Dissensions

- How the tendency toward "obligarchy" in the board and the center are prevented or counteracted.
- Is there a "focal attentiveness" to special events or an issue; how it is expressed and dealt with.
- How the center's budget is allocated.
- Is there or was there a turnover of staff and board members why it occurs.
- Is there an issue or events on which there is a struggle in the center: on the priorities of purposes; on ideological isssues; on work philosophy (division of labor and work arrangements and coordination) on authority and role definitions; on treatment approaches; on budget allocation; on relationships with outside organizations and services on personal basis.
- How these struggles are handled and decided upon.
- Are there events or situations or cases of rape which become focal and it is clear that struggle and dissensions will assuredly arise.
- Does the center promote a united ideological front.

VI The Volunteers

- How many of them.
- Their background (professional, ideological etc.).
- Who trains them, toward what.
- What is expected of them: in terms of work and ideology.

- Is there a model to train and shape of volunteer.
- How the center shares and handles the volunteers' other commitment.
- How the center sustains the volunteers dedication and commitment.
- To what situations the volunteers are vulnerable.
- How and who supervises or controls the volunteers.
- How the center maintains a stability in the functioning and routine deployment of the individual volunteer.
- What are the sanctions that can be used against a recalcitrant volunteer.
- How the center deal with the 'burnt-out' volunteer or with the process of alienation.
- The mechanisms of communicating and dealing with despaire of the volunteers (and staff).
- The coordination among volunteers.
- The coordination between the volunteers, the staff and the board.
- The power of the volunteers in the center and its expression and manipulation.
- Who is or what is a 'problematic' or 'difficult' volunteer.
- How he is dealt with.
- How much discretion is given to the volunteer as a counsellor, or in public education assignment.
- Is the volunteer on public education assignment allowed a free expression of her ideological stance.
- Do the volunteers see themselves as para-professionals in the treatment sphere.
- How volunteers assign to their role.
- Is there a routine assessment of the volunteers by whom and according to what criteria.
- Is there a formal or informal classification of volunteers and according to what criteria (involvement, performance, ideology, etc.)

- How it is determine, and by whom, that the volunteer functions and performs well.

- Is there an hierarchy among the volunteers and on what basis (competence, prestige because of involvement and recency of membership etc.).

- How the volunteers are protected from the stigma that volunteers in the center are either radical feminists and/or victims of rape.

VII The Center's Services

- What services are given by the centers.

  For victims: hotline, referrals, advocacy, counselling to victims and others, arrangements for housing, abortion etc.

  Public education: to what group.
  Involvement in other social services, e.g. Block Parents, Planned Parenthood etc.

- Services to victims during the day and night.

- Group work with victims.

- Did the center encountered criticism of its services (e.g. 'not professional', 'radicalism', etc.).

- Is there an agreed approach to and expectation from the counsellor, and from the client.

- Is there a model of treatment adopted by the center interns of stages and types of victims reaction and ajustment to the trauma of rape and the best ways to deal with them.

- If there are disagreements around a treatment approach in general, or in a particular case, how it is expressed, dealt with and decided upon.

- Can the volunteer choose his client or a specific 'public' she is assign to engage with.

- Can the client choose his counsellor.

- Can the client choose the nature of the services she wants to accept from the center.

- Is there an attempt to negotiate with the client and the nature, scope and duration of her involvement in treatment or her exposures to other agencies (police, hospital, court etc.).

- Is there an agreed treatment policy of dealing with the client guilt, fears;
- Is there an agreed policy on the 'stroraska issue' i.e. victim resistance and behavior prior and during the rape event.
- According to what and who decided how much to invest in a client.
- Are counsellors accorded discretion in their dealing with the client or other agencies and organizations.
- To whom the counsellors are accountable.
- Are the counsellors vulnerable to accusations or abuses.
- How the counsellors' load is determine, or for those in public education assignments.
- What is a 'problematic' or a 'difficult' case, why so defined by whom, how dealt with (is there a certain model or an ad-hoc solution).
- Are there special problems with advocacy in the police, hospital, court.
- Are there special problems with public education. How these problems are dealt with.
- When does a client move to another counsellor.
- How the supervision and evaluation of the counselling is done, by whom according to what, when in the phase of counselling.
- When a client terminates the contact with the center or the counsellor, is there a special discussion about it, who participates, is there a special proceeding about termination.
- Is there a follow-up of clients.
- Are logs of treatment maintained, what is their content.
- From the accumulated experience of the center, what determines the client's chances to "recover" or adapt to the fact of her victimization.
- Is there a formal or informal classification of clients according to what criteria (her basic needs or problem, the type of counselling or service she needs, type of rape etc.).
- Is there a tension, and how it is solved, between the will to maintain a long extensive contact with the center and the counsellor, and the ability and need to accord the victim

only a short and specific service.

VIII Evaluation

- Is statistics kept by the center, what kind, why, to who it is communicated.
- The trends since the establishment of the center in terms of: complaints to the center only, police only, to both; using only the hotline service, referral services only; advocacy services; counselling and of going to court.
- Can the center discern special social and situational characteristics of each group.
- What is the service most used by victim.
- What is the service most favorably evaluated by victims, by other agencies.
- Is there a trend of being asked more frequently to appear before groups and organizations to espouse the centers services.
- Is there a discernible trend which suggest that the center is more acceptable by the community (by whom).
- Is there a discernible change in the awareness of the community and its services about rape, needs of victims; how it is gauged.
- What rewards the center dispense to its members (the staff, volunteers).
- According to the existing condition of manpower, budget and community's attitudes what can be expected from treatment, changes in the public attitudes and the procedures of the police, hospitals, social services and court juries.
- In the light of the above conditions what are the chances of the center to continue to exist, to grow and develop.
- As a center what do they see is their overall main difficulties and problems (in what areas) why?

Appendix

List of Rape Crisis Centres participated in the study:

Guelph - University of Guelph, Department of Student Affairs, Guelph, Ontario.

Hamilton Rape Crisis Centre - 215 Main St. W., Hamilton, Ontario.

London Sexual Assault Crisis Line - 322 Queen Ave., London, Ontario.

North Bay Rape Crisis Centre - Box 1012, North Bay, Ontario.

Ottawa-Hull Rape Crisis Centre - 200A Metcalfe St., Ottawa, Ontario.

Waterloo Regional Rape Distress Centre - Box 675, Waterloo, Ontario.

Johny Vance, National Assistor, 3710 Jeanne Mance, Montréal, Québec.

Toronto Rape Crisis Centre, 356 Queen St. West, Toronto, Ontario.