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**IN THE FACE OF VIOLENCE:
RAPE CRISIS WORKERS TALK ABOUT THEIR LIVES**

by

Shantih E. Clemans

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Social Welfare, The City University of New York

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**IN THE FACE OF VIOLENCE:
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Shantih E. Clemans

Advisor: Prof. Mimi Abramovitz

Rape, sexual assault, and domestic violence as social problems have been studied extensively in the literature. However, the experiences of workers who counsel these clients have been given little written attention. The purpose of this study was to explore--in depth--how a group of 21 women rape crisis center workers experienced their jobs. What areas presented challenges and which offered particular satisfaction? Open-ended qualitative interviews were used to generate data on this phenomenon of rape crisis center employment.

Findings suggest that, although social work with clients affected by rape, incest, and domestic violence presented workers with a host of challenges, such as increased feelings of vulnerability, difficulty trusting men, and a questioning the overall goodness of society, there were numerous positive effects as well. Workers reported being able to weed abusive people out of their lives and to sharpen their advocacy and sexual assault prevention skills. In an effort to get at the root of the problems affecting their clients, they learned to reach beyond individual interventions and to apply strategies for social change, such as teaching and advocacy.

These positive and negative effects of the work influenced the workers, both personally and professionally. They learned new things about themselves and, in turn, contributed to changing the lives of clients and society as a whole. Not only were the 21 workers themselves changed as a result of their work, but their relationship with others,

specifically their children and male partners, were also changed. As parents, they were somewhat more cautious and protective; in relationships with men, they were more defensive and skeptical.

For many of the workers, rape crisis center employment fostered in them a new or altered feminist ideology. Feminism was found to inform their decisions to join rape crisis centers. This philosophy offered workers a context for understanding the causes of rape, sexual assault and domestic violence. Feminism helped frame their experiences of being women in the world, with the realities of rape, sexual assault, and domestic violence ever present.

Acknowledgments

The process of conceptualizing, researching, and writing this dissertation has been a long one, not without frustration or excitement. Over the years, one of my favorite procrastination strategies was to read the acknowledgment sections in completed dissertations, imagining that “someday” I’d have that chance, too.

I am profoundly grateful to the twenty-one women rape crisis center workers who so willingly and candidly participated in this study. The process of meeting and interviewing these women was powerful, educational and considerably moving for me. Although I cannot name them by names, it is my hope that their voices ring true and that I have presented their lives fairly and honestly.

The members of my dissertation committee offered essential guidance and support. Thank you to my chair, Professor Mimi Abramovitz whose keen mind, meticulous attention to detail, feminist commitments, and broad vision of my project made the completion of my degree possible. Professors Andrea Savage and Barbara Simon offered valuable insight and feedback on my many drafts. Thank you also to Professor Irwin Epstein for his help with my early conceptualization of this project and to Professor Michael Fabricant for first getting me excited about qualitative research.

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CHAPTER I:

INTRODUCTION TO STUDY

PREFACE

Personal Experience in a Rape Crisis Center

In 1987, having a new M.S.W., I began my first job at a county-affiliated rape crisis center in Upstate, New York. As a sexual assault therapist/training specialist, I divided my time between counseling rape and incest clients and conducting trainings and workshops at community groups, schools, and at regional conferences.

I expected that the job would be both challenging and rewarding. However, I did not anticipate that the work would be personally transformative. In the end, I experienced the work as more than a job. It influenced many aspects of my life, including my career choices; personal relationships; feelings about rape and sexual assault; and my recognition of the level of violence in society, particularly against women and children. I also found myself thinking differently about my life: my family relationships, my relationship to the larger world, my fear of rape, and my identification with feminism.

This early professional experience left me with a passionate interest in this kind of work. It also led me to wonder about what other rape crisis workers experienced. I wondered whether or not other workers had similar transformative reactions to their work, whether or not aspects (both personal and professional) of their lives were affected by the work. I also found that there were very few studies examining the phenomenon of rape crisis employment from the perspectives of the workers. This is a noted gap in the literature and one of the motivations for this research.

INSPIRATION FOR STUDY

There are many works that inspired and honed my thinking on the topic of rape crisis center employment, the meaning of vocation in one's life, and my potentially powerful role as a researcher. At least two sources deserve particular mention: *Amazing Grace* by Jonathan Kozol and *Dead Man Walking* by Sister Helen Prejean. Despite their differences, the intent and focus of each book—especially the discussion of work—inspired and sharpened my thinking for this dissertation. The power of the vocation, the drive to do a certain type of job, complete a task, a commitment beyond a job, a career, a calling, a mission. Of note is the element of personal change experienced by both Kozol and Prejean: how their work *changes* them, their views of themselves, of others, and of the world.

Prejean, who works with families who have survived the death (often murder) of loved ones, finds inspirations, self knowledge and power from those she has helped:

The survivor meeting ends, heads all bowed in prayer. Later, people cluster in small groups chatting and sipping drinks. All of the sorrow and loss is overwhelming, yet I don't feel devastated. There is something in the women themselves that strengthens me . . . For these women, there is no empty, pious sentiment. It is the air they breathe, the bread they eat, the path they walk (Prejean, 1993, p. 241).

In his urban anthropology of children and families of the South Bronx, Kozol is moved to tell the stories of others quite different from himself. That his role as a researcher grew to a surprising degree where the children he studied and touched him on a deeply human level gave me thought for how I wanted to proceed with investigating the lives of the women in this study, although there are considerable difference between Kozol's research and mine.

In saying goodbye to a woman at the center of his study, Kozol highlights the

transformative role he played as researcher:

I have always told myself that I was here as a researcher of some sort, maybe a 'social anthropologist' or oral historian, something of professional significance, that this was my job, and I would do my best to get her words down right and be as faithful as I could to everything she told me. But there has been more to this than research...perhaps something in me has changed as well (Kozol, 1995, p. 249).

See Kozol (1995). Amazing Grace: The Lives of Children and the Conscience of a Nation. New York: Crown Publishers and Prejean (1993). Dead Man Walking: an Eye Witness Account of Death Penalty in the United States. New York: Vintage Books.

PURPOSE OF STUDY

The purpose of this study was to gain an understanding of the experiences of women working in rape crisis centers and how this phenomenon shapes and influences their lives. The core questions of this study are the following: How does the experience of rape crisis center employment influence workers: their personal lives, identities, beliefs, attitudes about rape and sexual violence, their career choices and political convictions? What meaning is given to the work? How are workers changed as the result of or through the process of their rape crisis center jobs?

With the contemporary feminist movement entering its third decade, organizations such as rape crisis centers have gained national acceptance as agents of both social change and social services. Although the social phenomenon of rape has been studied extensively in the feminist and mainstream literature, little, if any, research has focused on the specific experiences of workers in rape crisis centers. The growing attention to how work with traumatized clients affects workers is concerned largely with incest survivors and focuses mostly on therapeutic issues (Hollingsworth, 1993; McCann & Pearlman, 1991; Pearlman & Saakvitne, 1995). This study differs from the incest therapy research in that it explores the experiences of women who work in rape crisis centers, whose job responsibilities include counseling clients traumatized by rape, incest, and domestic violence, as well as engaging in a range of public education and advocacy activities. Using feminist standpoint theory, grounded theory, and qualitative methodology, the experiences of women who are employed in rape crisis centers as therapists, educators, and administrators are explored.

Rape crisis centers are organizations that deal specifically with rape/sexual assault victims and with the issues of rape and sexual assault in their organizational activities.

Although rape crisis centers were an outgrowth of the feminist movement of the 1970s, not all current rape crisis centers define themselves as feminist. Rape crisis centers provide psychosocial and support services primarily to rape and sexual assault survivors. Many centers also offer community educational activities that aim to increase the awareness of violence against women as a serious social problem (Maxwell, 1987). Over time, rape crisis centers have become broader social organizations, serving clients beyond rape/sexual assault survivors. Although all employed in rape crisis centers, the workers in this study saw a range of clients affected by trauma. The majority of these workers spent most of their time providing direct services to rape, sexual assault, and incest survivors. To a slightly lesser extent, they also worked with domestic violence survivors, and even less so, general crime victims, such as clients who have been mugged or assaulted (usually due to funding mandates, for example, receiving Crime Victims Board grants).

This study, with its emphasis on the first-hand experiences of workers in the rape crisis field offers the reader an opportunity to learn about a little-understood vocation. Open-ended interviews conducted by a researcher with personal work experience in the field further sharpen the focus of the study. Although workers in this study were all employed by rape crisis centers, their actual job duties varied from administrators to front-line therapists. With both clinical and social change activities in their missions, rape crisis centers provide unique and rich settings for exploring the experiences of their workers.

CHAPTER II:

REVIEW OF THE LITERATURE

This study attempted to understand the experiences of women who work in rape crisis centers. This literature review begins with a discussion of the history, activities, and functions of rape crisis centers. This background information offers a context for understanding origins of rape crisis centers and, in turn, the experiences of workers. Studies examining the personal experiences of workers in the trauma field (including rape, incest, domestic violence and other areas) are reviewed next. Vicarious Traumatization, a framework for understanding the range of reactions trauma workers experience, is outlined in detail. Studies are also incorporated that document the specific effects of trauma work on workers including Post Traumatic Stress Disorder, as well as organizational stressors and various coping mechanisms. Finally, research is included on the various ways workers' lives are changed through the process of their work with traumatized client populations, for example altered family relationships and a commitment to engage in advocacy activities.

BACKGROUND

The experiences of workers in this study take place within rape crisis centers, which, like other organizations, have a life and history of their own.

Origins of Rape Crisis Centers as Social Movement Projects

The feminist movement (also referred to within as the Women's Liberation Movement) produced a wide range of organizations that emerged as a response to growing awareness about women's concerns, for example, rape, domestic violence, abortion rights, women's health care. Most of these organizations were informed by feminist ideology

(Staggenborg, 1988; 1989, 1995; Taylor, 1995; Simonds, 1995; Hyde, 1995; Martin, 1990). Feminism combined with other forces of the time period to contribute to the development of rape crisis centers. Rape emerged as a primary issue for early radical feminist activists. Women speaking out as rape victims, battered wives, and —later—incest survivors, helped to shape radical feminist thought, highlighting ways in which women's bodies are controlled by men. The discussion of and opposition to rape in particular became a political act of considerable power (Hill, 1990). For many years, radical feminists involved in the anti-rape movement were committed to working "outside the system," reflecting a value of helping women at the grassroots level (Gornick et al., 1985; O'Sullivan (1978). Initially they were less willing to collaborate with institutions such as hospitals, the police, or the legal system, although radical feminist can be found in many mainstream institutions such as universities and social service organizations. In the rape crisis field, liberal feminists recognize the importance of "working within the system" and devote their skills to training medical staff and police officers on the specific needs of rape victims. Amir & Amir (1979) identify the social and ideological forces of the 1960s and 1970s that helped establish rape crisis centers, including the ideology of the New Left, which emphasized collective action. The move towards deprofessionalization, which valued the use of volunteers and paraprofessionals in service roles, was also a powerful force for rape crisis center development. Several studies of rape crisis centers suggest that they were a product of the anti-rape movement itself, a vital outcome of the wider Women's Liberation Movement. (Fried, 1994; Kelly, 1988; Koss & Harvey, 1991; Martin, 1990; Schechter, 1982; Taylor, 1989).

In her study of the battered women's movement, Schechter (1982) maintains that the anti-rape movement paved the way for the battered women's movement. This historical

context may provide a snapshot into understanding workers' political motivations for seeking rape crisis --or similar--employment. She says, "the anti-rape movement maintained that violence is a particular form of domination based on social relationships of unequal power. Through the efforts of the anti-rape movement, it became clear that violence is one mechanism for female social control" (Schechter, 1982, p. 34). The history and nature and activities of rape crisis centers help to contextualize this study and provide a framework for exploring the phenomenon of rape crisis center employment. Rape crisis centers have been studied from a variety of angles that help understand the experience of their employees.

Rape crisis centers are placed in the category of feminist organizations because the centers were born out of the Women's Liberation Movement of the late 1960s and early 1970s and into feminist beliefs. An organization is feminist if it was founded as part of the Women Liberation Movement (Martin, 1990; Sealander & Smith, 1990). Martin offers a list of ten dimensions to distinguish feminist from non-feminist organizations. Examples of these dimensions include: level of feminist ideology, values, goals, outcomes, and founding circumstances, structure, and membership (Martin, 1990). Staggenborg (1988) distinguishes between "classical" and "professional" social movement organizations. Classical social movement organizations rely on grassroots, voluntary leadership and activism. In contrast, professional social movement organizations depend on paid employees to perform services. This study defines rape crisis centers as professional social movement organizations because all of the respondents interviewed were paid rape crisis center employees. Additionally, although the centers relied on voluntary labor for certain functions (for example staffing the hotline and attending to crises in the emergency room), the rape crisis centers were all staffed by professionals.

Early Rape Crisis Centers

Prior to the women's movement of the late 1960s and early 1970s, rape was rarely discussed and frequently misunderstood. Social observers universally blamed women for being raped and forced them to prove that they had resisted their attackers. Only a handful of rapes were ever brought to trial and even fewer resulted in convictions (Martin, draft; O'Sullivan, 1978). Rape crisis centers, founded by women with radical feminist commitments, have existed nationally for more than two decades. The first was founded in Berkeley, California, in 1970 (Gornick et al., 1985; Koss & Harvey, 1991; Largen, 1982; Pride, 1981). Centers in Washington, D.C., Philadelphia, Ann Arbor, and New York followed closely behind. These were largely unaffiliated groups composed of community volunteers (Largen, 1982). By the end of 1976, there were approximately 400 rape crisis centers in operation nationally. By 1979, the number of rape-related programs increased to nearly 1,000 (Gornick et al., 1985). Many of these new rape crisis centers resembled each other in terms of philosophy and services. Most offered 24-hour hotlines, emotional support for rape victims, and a speakers bureau to educate the public about rape (Amir & Amir, 1979; Gornick et al., 1985; Largen, 1982; O'Sullivan, 1978).

In addition to counseling victims, the goals of early rape crisis centers varied. Some educated women about rape and worked to improve the general status of women in society. Others focused their efforts on changing legislation to strengthen existing rape laws (Martin, draft; Byington, et al., 1991; O'Sullivan, 1978). For many of these original centers, political and educational anti-rape activities were at least as important as direct services to rape victims. Although these anti-rape projects developed independently, many initially shared common characteristics such as a feminist ideology, a collective leadership style, and similar

strategies for achieving social change (Largen, 1982; O'Sullivan, 1978).

The emergence of the feminist movement and the development of rape crisis centers improved the way victims of rape were treated by institutions such as hospitals, the media, and the criminal justice system. Rape crisis centers educated communities about the dynamics and consequences of rape, taught women self-protective techniques, and helped rape victims negotiate their way through "the system" (Koss & Harvey, 1991; Matthews, 1995; O'Sullivan, 1978; Martin, draft; Amir & Amir, 1979).

The Role of Institutionalization

By the middle to late 1970s, United States rape crisis centers were no longer uniform. They had evolved into a diverse group of programs with varying political commitments and services (Gornick et al., 1985). The diversity and expansion of rape crisis programs have been explained as due to increased media coverage about rape; the availability of federal, state, and local funds; and the increased commitment to provide rape victims with a range of concrete and psychological services (Amir & Amir, 1979; Gornick et al., 1985; Largen, 1982; O'Sullivan, 1978). By the early 1980s, rape crisis centers ran the gamut from small, autonomous feminist collectives to agencies affiliated with major social service organizations to government-funded centers with professional staffs and stable budgets (Byington et al., 1991; Gornick et al., 1985; Pride, 1981; Schechter, 1982). This study includes a range of different type of rape crisis center such as those affiliated with hospitals and a community mental health center. It is anticipated that all of the centers will be, to varying degrees, dependent on government funds to survive.

Early anti-rape organizers were wary about the involvement of the government in their activities. They reasonably feared that their political commitments would be sacrificed

if they received public money. Many of the radical organizers mistrusted mainstream institutions and believed that victims of rape were better served outside of “the system” (Martin, draft; O’Sullivan, 1978; Pride, 1981). However, the need for stable funding forced many rape crisis centers of the 1970s and 1980s to compromise and accept public funds, particularly money from Law Enforcement Assistance Administration (Pride, 1981).

Not all researchers found fault with using public monies for rape crisis centers. Simon (1982) defends the value of “institutionalization,” arguing that feminist organizations and institutionalization are not antithetical; institutions can be other than patriarchal or capitalist. Simon (1982) defines institutionalization as “the process of formalizing a social movement’s organization’s structure and leadership and of solidifying participants’ identification with the group” (p. 488). Distinguishing between institutionalization and co-optation, which are often used interchangeably, Simon (1982) argues that co-optation occurs when rape crisis centers are forced into compliance by government funding sources and thus become financially dependent on their funders. If institutionalization is combined with a working ideology, successful change is more likely. The rape crisis center she studied successfully incorporated a commitment to equality and challenged problems such as racism and homophobia. Many centers, despite the compromise inherent in receiving public funding, have been able to successfully meet government guidelines without sacrificing feminist ideals (Simon, 1982; Martin et al., 1992). Although the scope of her study does not specifically include workers’ experiences, the findings help to understand the balancing act involved in the process of institutionalization, since all of the rape crisis center workers in this study come from centers that, for financial reasons, are institutionalized.

Rape Crisis Center Functions and Activities

The literature also includes studies that examine similarities and differences among the organizational and administrative structure of rape crisis centers, such as organizational affiliation, political action, funding sources, use of volunteers, direct services to survivors, staff size, public education, leadership styles, and feminist ideology (Amir & Amir, 1979; Byington et al., 1991; Gornick et al., 1985; King & Webb, 1981; Martin, 1995; O'Sullivan, 1978). Rape crisis centers perform three core activities: 1) Crisis intervention; 2) Short-term counseling; 3) Public education (Amir & Amir, 1979; Gornick et al., 1995; O'Sullivan, 1978). All of the centers included in this study engage in these activities, in addition to legal and medical advocacy.

How workers balance public education with direct client services is one consistent theme in the literature, as well as what types of centers perform more public education activities (Amir & Amir, 1979; Gornick et al., 1985; O'Sullivan, 1978). The experience of conducting public education activities in addition to providing direct client services is an area to be pursued in this dissertation. Some studies have found that many rape crisis centers give equal emphasis to both clinical/crisis intervention and public education activities (Byington et al., 1991; Gornick et al., 1985). Other researchers found that, despite the feminist commitment to broader social change that informed the centers, many provided only crisis and clinical services to survivors of rape and sexual assault (King & Webb, 1981; Pride, 1981). There is limited research comparing how rape crisis centers, other social movement organizations and mainstream organizations differ in their handling of rape cases. This distinction is important because rape crisis workers are often employed by mainstream human service organizations, such as mental health clinics and hospitals. Among the few

studies is Maxwell's (1987) comparison of feminist movement rape crisis centers and mainstream human service organizations such as hospitals and law enforcement offices. Looking at the centers' public education activities and counseling activities, Maxwell found both similarities and differences. More specifically, rape crisis centers engage in more community education activities than do mainstream social service organizations and are more likely than mainstream organizations to emphasize community education messages with a "social change" focus. Maxwell's study provides a context for exploring how rape crisis center workers balance counseling and public education responsibilities and how they meet both individual and community needs. Similarly, O'Sullivan (1978) found speaker's bureaus present in all 90 rape crisis centers she surveyed, suggesting a public education priority. King & Webb (1981) studied 85 United States rape crisis centers to determine their characteristics, especially what kind of crisis and short-term counseling services they offered. They discovered that most centers offered crisis counseling and advocacy services; fewer offered short-term and only a small number offered long-term counseling. The lack of long-term services was problematic because many rape survivors experience traumatic effects from the rape, lasting months to years, and require long-term counseling (King & Webb, 1981). In a later study, Byington et al. (1991) revealed that crisis intervention and advocacy were the most common rape crisis center service, suggesting a shift away from public education.

Rape Crisis Centers and Organizational Affiliation

Many researchers discovered that, despite strong consistent goals among rape crisis centers to end rape and to provide services to survivors, there is no prototype of a rape crisis center (Amir & Amir, 1979; Byington et al., 1991; Gornick et al., 1985; O'Sullivan, 1978). The broad diversity of rape crisis centers questions whether workers' experiences in their center "type" are affected by factors such as affiliation or by personality and experiential aspects of the workers themselves. Although a limited range of center "types" will be included in this study, for example a hospital and a community mental health clinic, it is useful to examine relevant difference across centers. Byington et al., (1991) examine the relationship between organizational affiliation and the characteristics and activities of rape crisis centers. Interviews with the directors of 25 rape crisis centers affiliated with community mental health centers, hospitals, colleges, and battered women's shelters found that, regardless of affiliation, centers performed a variety of services, such as crisis intervention, hospital accompaniment, and public education. The advantages and disadvantages of affiliation type versus free-standing status are explored in detail. Although members of free-standing centers have the freedom to design programs and services as they wish, there are significant financial and community tradeoffs. Rape crisis centers with social service affiliations enjoyed secure funding but experienced less freedom to take political stands against rape or to publicly define themselves as feminist. Center affiliation is important to consider because this difference may impact the experiences of workers in these centers. This dissertation will include workers--both front-line and administrators--from centers with various affiliations, none of them from free-standing centers. This study will consider whether workers from hospital-affiliated centers experience more difficulty than

others in balancing the constraints of agency bureaucracy with the feminist and social reform goals.

Martin and DiNitto (1987) examine the policies surrounding the rape exam including who conducts it, how is it conducted, what role does the local rape crisis center play in the procedure, what location and circumstances are best for the rape survivor. The study raises an eyebrow about hospital-based rape exams and suggests that hospital emergency rooms may not be the best places for rape survivors. The experiences of hospital-based rape crisis workers would provide relevant data to either support or challenge this finding. On the other hand, Byington et al., (1991) found that hospitals are actually in an advantageous position compared with centers of other affiliations because they are equipped to provide on-site medical treatment (via the rape exam), thus ensuring continuity of care. In the emergency room, rape is often not viewed as life threatening; therefore survivors and their support people, including rape crisis workers, often must endure lengthy waits for medical care. The literature has only begun to document ways that mainstream settings such as hospitals have become sensitive to the particular needs of sexual assault survivors. The Sexual Assault Nurse Examiner Model (SANE), started in Tulsa, Oklahoma, and rapidly expanding nationwide, provides forensic, medical, and psychosocial training to hospital medical staff (Lynch, 1993; Ledray, 1990; Ledray & Arndt, 1994). This finding is useful because many of the rape crisis center workers will be employed in hospital-based centers. At least two hospitals in the sample have initiated SANE programs. These findings encourage further questioning for example what role do rape crisis center workers play in the rape exam and how do they interpret this experience? Are there different experiences of conducting rape exams based on settings?

With training, sensitivity, and special accommodations, for example comfortable waiting areas, coordination with local rape crisis centers, trained nurses conducting the exam and a private entrance, some hospitals have improved service delivery, thus bridging the gap between comprehensive medical care, evidence collection and the special needs of rape survivors (Martin & DiNitto, 1987). These positive efforts to improve the medical services to rape survivors at the community level may encourage more women to join rape crisis centers and to stay in their jobs longer, particularly if they feel as though their clients are supported and valued by the hospital or host setting specifically and by the community in general.

Money and center affiliation are difficult to separate. The limited security afforded to rape crisis centers by private hospitals and other not-for-profit social service agencies is not to be underestimated; financial backing is essential to rape crisis center survival. In Byington's et al.(1991) study, hospital-affiliated centers were willing to negotiate hospital politics in order to stay afloat. Centers within mental health clinics, although not as politically restricted, had considerable financial concerns and sometimes had to charge clients for services (Byington et al., 1991). These findings re-introduce questions about the relationship between center affiliation and job experience, as well as the relationship between financial security and job satisfaction. Issues of money and affiliation will be explored in more detail in this dissertation, as well as questions such as: How does the current climate of managed care and other factors alter this financial backing, and thus workers' experiences?

Rape Crisis Centers and their Communities

Rape crisis center workers are important parts of communities. The term "community" describes all kinds of human groupings and can be "place," "non-place," or "kinship" groupings. A place-community is defined in terms of geographic boundaries and might consist of a city, town, or neighborhood. Non-place communities are vast. Membership is established and maintained by common interests, career aspirations, membership in clubs or agencies or organizations, for example rape crisis centers (Koss & Harvey, 1991). The general functions of communities include: 1) Provide identity and a sense of belonging; 2) Teach and foster valued behaviors; 3) Socialize members to prescribed norms; 4) Mediate between individuals and the larger society; 5) Provide a set of intermediate institutions, for example schools, social service and law enforcement organizations (Koss & Harvey, 1991).

Advocacy is an important component of community-based work. Martin et al., (1992) makes a case that a rape crisis center can and needs to have an interactive, proactive, and educative relationship with its community. She demonstrates how one rape crisis center influenced a community around "rape processing" (the legal and medical channels a victim must go through) and public education. These findings suggest that rape crisis centers may want to devote considerable energy to the mainstream organizations in their communities. Martin et al., (1992, p. 143) concludes that, "Regardless of how excellent its treatment of victims is, a rape crisis center cannot do the job alone; law enforcement, hospital, and prosecutor all play necessary roles...Through frequent and extensive contact [with community organizations], the rape crisis center can change the system, teach mainstream staff about rape, impart skill and knowledge" (Martin et al., 1992, p. 143). How rape crisis

centers are regarded by their communities is also important because these perceptions may impact the workers' experiences on their jobs, as well as the centers' ability to attract new employees.

The relationship between rape victim and community is also vital. Koss & Harvey (1991) address "the profound effect the relationship between victim and community can have upon rape victims' psychological experience and recovery process" (p. 91). The researchers maintain that a parallel process exists between rape crisis workers and rape victims. If a rape victim experiences support and validation for her situation, a rape crisis worker may feel as though she is performing a valuable service and that she plays a role in strengthening community understanding and perceptions of rape and sexual assault.

The larger community can either support or challenge the mission of rape crisis workers in any of the many roles they play such as counselors, activists, administrators, and educators. Communities can send approving or disapproving messages to workers and rape crisis centers. This research encourages further questioning: Does how a workers is treated by her community or by a particular setting such as a hospital affect her attitude toward and experience of providing client assistance? Also questions are raised about how public attitudes regarding rape/sexual assault affect workers' feelings about their jobs. Workers in this study will be asked to discuss outsider's perception about their jobs in rape crisis centers.

WORKING IN A RAPE CRISIS CENTER

Studies focused specifically on workers in places such as rape crisis centers are not common. This research fills an important gap in the literature for several reasons. Understanding the phenomenon of rape crisis center employment may provide professionals

with useful information on the effects of the work on employees. Helping to address work place issues such as organizational stress may positively influence the quality of services provided to clients. Also by understanding the phenomenon of rape crisis center employment, the profession of social work and the anti-violence movements may be more effective at recruiting and maintaining committed and skilled employees. Given the small amount of research on workers in rape crisis centers, this review also includes studies of workers' experiences in similar organizations, for example battered women's shelters and abortion clinics. Studies of workers in high trauma vocations such as firefighting and emergency medical services are also included.

There is growing evidence that providing direct service, such as counseling, to clients affected by trauma is a complex process, having potentially cumulative and long-range effects on workers (McCann & Pearlman, 1991; Pearlman & Saakvitne, 1995; Pearlman & Saakvitne 1995a). Researchers have looked at workers' motivation for joining rape crisis centers, their overall responses to their work with traumatized clients, their specific coping mechanisms, their experiences negotiating organizational issues, as well as the ways they personally grow and learn as the result of their jobs. Vicarious Traumatization, a developing conceptual framework by McCann & Pearlman (1991), is examined for its relevance in contextualizing the phenomenon of trauma work.

What Motivates Workers

Workers choose jobs in rape crisis centers for many reasons, perhaps the most powerful being a desire to make a difference in the life of another person. This motivation is true both for general psychotherapists (Kottler, 1993) and for workers who provide direct

services to clients affected by rape, incest, and domestic violence (Pearlman & Saakvitne, 1995; Hollingsworth, 1993).

Feminism as Motivation

In addition to general humanitarian reasons for seeking jobs in rape crisis centers, the literature suggests that feminism also plays a role in attracting some workers. Sometimes it is the feminist organization itself, defined formally or informally, that draws its staff. Fried (1994) found that feminism, to varying degrees, drew potential workers to the job. The rape crisis center at the subject of this research did not officially declare itself as feminist, but did so informally. Workers from different backgrounds, interests, and perspectives were drawn to the feminist atmosphere. Taylor (1995), in a study of social protest work, also explores feminism as a motivator for women. She maintains that, "a full understanding of the factors that motivate women to take up feminist protest requires that we attend not only to the ideas and strategic actions of those victimized by gender subordination, but to the feelings generated by male domination, that drive women's resistance" (p. 8). The love of feminist politics motivated at least some women to join their specific organizations (Taylor, 1995). These studies are also relevant for characterizing the motivations of workers who define themselves as activists, a historical role for rape crisis center workers. Understanding the role feminism plays in attracting employees to their jobs is an important theme because this dissertation explores the various motivations workers identify in pursuing rape crisis jobs. It is hypothesized that feminism (either the worker's or the organization's or both) may emerge as a powerful draw for workers.

Emotions can be both a motivator and an outcome of feminist organizing work. Political commitments such as feminism motivate workers, but so do feelings and emotions.

Feminism and emotions sometimes overlap in the experiences of workers. The literature has generally ignored emotions as a subject worthy of study. Taylor's (1995) research into feminist movement work suggests that feminist organizing work often has an "emotional subtext." This subtext is two-fold: 1) Anger experienced by feminists regarding sexist social conditions; 2) positive feelings about participation in feminist organizing. Examining the powerful role emotions play in feminist organizing work, Taylor (1995, p. 1) maintains, "Whether feminism is a community of activists, a women's health center, a women's studies program, a lesbian support group, or a large national organization, there is always an emotional subtext". Taylor (1995, p. 2) suggests that the motivation to participate in feminist movement activities includes "the joys of participation, the love and friendship of other women, and pride at having maintained their feminist convictions in the face of strong opposition". The promise of friendship can be a secondary incentive to feminist organizing. Work in rape crisis centers also has powerful empathic consequences for workers, for example developing ties with co-workers and being part of a larger socio-political movement.

It is not just a desire to help others, but the need for a community of like-minded people, all involved in making social change, that can draw women to work in places such as rape crisis centers. Taylor (1995, p. 4) points to the "new social movement theory [including] 1960s movements, feminist, peace, gay and lesbian, and other movements [that emphasize] consciousness, self-actualization, and the expression of subjective feelings, desires, and experiences--or new collective identities--as a strategy for collective change." Simonds' (1995, p.1) study of an abortion clinic, explored how workers balance the emotions of their jobs with other aspects of their lives: "I show how staff members negotiate the

ambivalence and emotional stress involved in providing abortion in a hostile environment." The emotional aspects of the work also serve to attract employees. This study asks rape crisis workers to reflect on how they cope with the emotional aspects of their jobs, as well as the emotional factors that contribute to the career choices. Research on workers' emotions and feminist identities and experiences helped frame questions posed in this dissertation, which looks at the emotional subtext of rape crisis center employment.

Abuse History as Motivation

How workers' histories with traumatic life events such as rape, incest, or domestic violence influence their choices to seek a jobs in rape crisis centers or similar organizations has not been addressed at length in the literature. This question was pursued because there was little or no research on it in the literature and it seems to be important in shedding light on the experiences of workers from various backgrounds and histories. While research on Vicarious Traumatization discusses how a worker's trauma history affects work experiences (Schauben & Frazier, 1995), it also provides some insight into issues of motivation. For a book (Pearlman & Saakvitne, 1995) and an accompanying video (Cavalcade Productions, 1995), the researchers interviewed 200 trauma therapists about their lives and their work. The therapists reported that they entered the trauma field for a host of reasons such as a history of childhood and/or sexual abuse, a dysfunctional family, or playing a caretaker role from an early age. More than half (60 percent) of the trauma therapists interviewed revealed a personal trauma history and indicated vulnerability to the emotional effects of their work with clients (Cavalcade Productions, 1995). Schauben & Frazier (1995) found an even higher percentage of survivors in their sample: 83 percent of the sexual assault violence counselors reported at least one type of past victimization. The role of abuse history as an

actual catalyst is not clear, but will be explored further in this dissertation.

The Effect of the Work on Workers

Recent studies support what workers in the rape crisis field strongly suspected: working day-to-day with clients affected by rape, sexual assault, incest, and/or domestic violence has a powerful effect on workers themselves. A growing body of literature documents the specific, unique effects of trauma work on the lives of the workers. The key researchers in this area include: Hollingsworth (1993); McCann & Pearlman (1991); Pearlman & Saakvitne (1995); Schauben & Frazier (1995) and Cavalcade Productions, (1995) and (1995a). These studies look at how workers are affected both during and after work hours. Kottler (1993) also documents the phenomenon of being a general therapist.

Vicarious Traumatization

Beginning in the early 1990s, researchers began to document the effects of "trauma work" on therapists (McCann & Pearlman, 1991; Pearlman & Saakvitne, 1995). Coined "Vicarious Traumatization," this framework outlines the pervasive, long-lasting effects of trauma work on therapists. Providing services to traumatized clients forces therapists to face multiple emotional demands, for example having to confront the realities of childhood sexual abuse and other traumas, and recognizing the potential for harm in their own lives (Pearlman & Saakvitne, 1995a). According to a therapist interviewed for an educational video, Vicarious Traumatization is: "Transformation of the inner experience of the therapist or other helper which comes about through the empathic engagement with clients' traumatic experiences" (Cavalcade Productions, 1995). Much of this research is focused on therapists

in private practice who treat adult survivors of childhood incest. However, Vicarious Traumatization reaches beyond clinicians. "The phenomenon is relevant to all trauma workers, including emergency medical technicians, fire fighters, police, criminal defense lawyers, medical personnel, battered women's and homeless shelter staff, sexual assault workers, suicide hotline staff, AIDS volunteers, prison personnel, and trauma researchers" (Pearlman & Saakvitne, 1995, p. 31).

Vicarious Traumatization refers to "The cumulative, transformative effect upon the trauma therapist of working with survivors of traumatic life events. [Vicarious Traumatization also looks at] the long-term effects trauma therapy has on [therapists'] identity, world view, psychological needs, beliefs and memory system" (Pearlman & Saakvitne, 1995, p. 31). The three distinguishing characteristics of Vicarious Traumatization are that it is: 1) cumulative, it affects therapists across clients; 2) pervasive, it affects all aspects of the self of the therapists; 3) individual, it is uniquely manifested in each therapist or helper (Cavalcade Productions, 1995; Pearlman & Saakvitne, 1995). Vicarious Traumatization is a far-reaching framework; the effects of work move well beyond the boundaries of the therapy room to infiltrate family life; sleep patterns; general feelings of anger; hopelessness; resentment; and cynicism (Pearlman & Saakvitne, 1995; Cavalcade Productions, 1995). The vicarious traumatization framework is useful on several important levels to conceptualize the range of possible effects of rape crisis and similar work on workers as well to assist in guiding research questions.

McCann & Pearlman (1991) first conceptualized this framework with the following rationale: "As increasing numbers of therapists are actively involved in treating survivors of childhood sexual and physical abuse and other serious traumas, an emerging issue has

become the effect of this work on the therapist and his or her emotional well-being and inner life (p. 28)". Vicarious Traumatization differs from the more well known concept of countertransference in that Vicarious Traumatization refers to a cumulative response to working with many traumatized clients where countertransference refers to a therapist's reaction to work with an individual client (Cavalcade Productions, 1995; Pearlman & Saakvitne, 1995). "Burnout," a term used to characterize workers' experiences with trauma, also differs from Vicarious Traumatization, in that it is situational and does not incorporate all of the internal and external dimensions of Vicarious Traumatization (Pearlman & Saakvitne, 1995a).

Working day in and day out with traumatized clients can disrupt one's beliefs about oneself and the world. Studies have reported that disruptions of the therapist's life occur in seven core areas: 1) Frame of reference; 2) Safety; 3) Trust/Dependency; 4) Esteem; 5) Independence; 6) Power; 7) Intimacy (McCann & Pearlman (1991); Pearlman & Saakvitne, 1995). Therapists report disruptions in world view, particularly about their beliefs about self and others (Cavalcade Productions, 1995). Therapists' interpersonal relationships were also affected: they acknowledged pessimism and cynicism about the possibility of rewarding relationships (Pearlman & Saakvitne, 1995a).

Some of the strongest manifestations of vicarious traumatization are "disruptions of frame of reference, including sense of identity, central beliefs about the world, and spirituality" (Pearlman & Saakvitne 1995a, p. 8). It is hypothesized that rape crisis workers will also report significant disruptions in these areas. It is also anticipated that one of the more relevant areas for this dissertation will be related to feelings of safety and experiences of personal vulnerability. McCann & Pearlman (1991, p. 30) found that "helpers who work

with rape victims often express anger that their own freedom is greatly restricted by their awareness of the prevalence of sexual violence." Testing McCann & Pearlman's (1991) original findings, Hollingsworth (1993) found that trauma therapists experienced lasting changes in their overall ability to feel safe in the world. Another finding is a broader concern about workers' overall ability to experience a sense of safety in their world and assurance that they will not be harmed. "Therapists may experience a diminished esteem or regard for the human race in general as they are increasingly exposed to the malicious and cruel behavior of other human beings" (McCann & Pearlman, 1991, p. 30).

Vicarious Traumatization sometimes manifests itself physically and behaviorally. For example, disruptions to one's "imagery system"; in other words, the pictures of clients' stories intrude the therapist's mind. As a consequence, therapists routinely see pictures of traumatic events or experiences told to them by their clients. This imagery disruption creates particular difficulty for therapists in escaping from work at the end of the day (Cavalcade Productions, 1995). Other physical outcomes of the work are body sensations, pain, numbing, headaches, and dissociation. These physical symptoms often mirror the traumatic experiences and responses reported to therapists by their clients (Cavalcade Productions, 1995).

Although McCann & Pearlman (1991) and Pearlman & Saakvitne (1995) maintain that Vicarious Traumatization is relevant for understanding the experiences of non-therapists as well, their research does not specifically include experiences of staff such as educators or administrators, although this study will include a range of staff, including administrators.

Working in emotionally stressful jobs such as in rape crisis centers can influence workers in other ways. Schauben & Frazier (1995), who interviewed trauma workers about

the most enjoyable and the most difficult aspects of their work, reported that establishing boundaries and setting limits with their clients was a particularly difficult aspect of their work. A second area of difficulty was dealing with clients' various emotions about their abuse. These important findings inform the interview schedule in this study. Respondents will be asked to describe the most challenging aspects of their work with sexual assault survivors.

Post Traumatic Stress Disorder

Several researchers have identified that workers who serve traumatized clients population sometimes experience symptoms of Post Traumatic Stress Disorder (PTSD), an anxiety disorder affecting some traumatized clients and characterized by symptoms such as dissociation, flashbacks, hypervigilance, and a sense of foreshadowed future (APA, 1994, p. 209-210). Post Traumatic Stress Disorder in helpers is sometimes labeled as Secondary Traumatic Stress Disorder and is based on the diagnosis of PTSD. Both PTSD and Secondary Traumatic Stress Disorder “focus on observable symptoms,” while Vicarious Traumatization looks at an individual in her or his entirety, understanding symptoms within a larger context (Pearlman & Saakvitne, 1995a). Dyregrov & Mitchell (1992), Bryant & Harvey (1996) and Dyregrov et al., (1996) each examined emergency workers' responses to trauma. Bryant & Harvey's (1996, p. 61) study of Post Traumatic Stress Disorder (PTSD) found that fire fighters' reactions to their rescue work with badly injured children included feelings of helplessness to do anything about the childrens' trauma and an "inability to manage emotional or physical trauma suffered by victims." Dyregrov & Mitchell (1992, pp. 8-11) who examined the emotional reactions of emergency workers also reported that the workers experienced the stress of the stress of their jobs in various ways such as: 1)

numbing; 2) suppression of emotions; 3) distraction. These symptoms have been associated with PTSD (APA, 1994). These emergency workers also had long-term reactions including a sense of helplessness, fear and anxiety; and existential insecurity (questioning the general goodness of society). As one rescue worker reported: "[The work] triggers thoughts about life's meaninglessness and unfairness...it is a direct insult to a helper's assumption of an orderly and just world" (Dyregrov & Mitchell, 1992, p. 11). The workers also reacted with rage, sorrow, and grief, intrusive images, and changes in values. Research into the trauma field suggests that therapists dealing with incest and rape survivors have similar reactions. McCann & Pearlman (1991) and Pearlman & Saakvitne (1995) found evidence that therapists treating clients affected by childhood trauma, particularly childhood sexual abuse, also experienced symptoms of Post Traumatic Stress Disorder and Secondary Traumatic Stress Disorder such as nightmares, increased anxiety, and hypervigilance. Schauben & Frazier (1995) also examined PTSD symptoms in women therapists and found those with a higher percentage of sexual assault survivors on their caseloads experienced a higher degree of PTSD.

Effects of Work on Encounters with "Outsiders"

The literature also suggests that workers in controversial service organizations experience stress not only in the daily grind of the job, but also in their encounters with outsiders. These outside responses also play a role in how workers think about and experience their jobs. Simonds (1995, p. 6) found stigma from outsiders and hostile public views about abortion strained abortion clinic workers. "Many participants told stories about how discussing their work off the job could mean instant arguments, unpleasantness, even broken or strained relationships" As a strategy, sometimes employees avoided talking about

their work in superficial social situations. According to one worker, "Even the clients look at you and go...I don't know how you could do this." Although rape crisis centers are probably less controversial than abortion clinics, they are not without stigma. Pearlman & Saakvitne (1995) found that some therapists disguised the actual nature of their work to strangers, to avoid negative or perplexed reactions. Joffe's (1986) study of family planning workers also found that outside responses affect job performance. She theorized a "link between work and the self--the significance of one's occupation for one's overall identity" and found that, "Whether one's work is socially valued, despised, or considered irrelevant affects the worker's ability to perform her job effectively" (p. 7). These findings can be extended to rape crisis center workers who, like family planning workers, engage in socially unpopular or misunderstood pursuits.

Having to code one's work to strangers is a source of both stress and relief to workers (Pearlman & Saakvitne, 1995; Cavalcade Productions, 1995; 1995a). However, the impact of the work on personal relationships may be even more pronounced. Trauma work can infiltrate nearly every aspect of a therapist's home life (Pearlman & Saakvitne, 1995; Cavalcade Productions, 1995). Hollingsworth (1993) reported that working with incest survivors influenced one's parenting beliefs and practices. Most notably, parents in her study reported on-going changes in their beliefs about the world being a safe place and in their day-to-day practices to keep their children out of harm's way. Therapists worried about leaving their children in the care of others and tended to restrict their childrens' normal independence out of fear of potential child abuse (McCann & Pearlman, 1991). Stress was also experienced in relationship with partners. Talking about trauma everyday caused family conflicts. Several therapists felt they ignored family responsibilities and were overly

protective of their children (Cavalcade Productions, 1995). In addition to interpersonal effects on workers, the literature also documents the on-the-job stressors workers experience.

Stress Within Centers

Organizational stressors also affect workers in rape crisis centers or similar organizations (Fried, 1994; Pearlman & Saakvitne, 1995; Wharton, 1989). A few researchers explore the stress of having to wear many hats on the job, for example that of counselor, activist, educator, and administrator. Workers report occasional role conflict and consequent stress (Loseke, 1992; Pearlman & Saakvitne, 1995). The experience of multiple roles within the organization will be of interest in this study where workers are found in both direct practice and administration. While the research mainly focuses on the experiences of front-line workers, this study compares the experience of administration and front-line staff.

Different Ideologies

A source of organizational stress examined in the literature surrounds the tension created by differing workplace ideologies. It can be stressful when colleagues do not get along well with each other or when conflicts arise between front-line staff and administrators. Stress is experienced among workers and administrators and workers and clients. Workers' beliefs about the organizational mission and treatment ideology in battered women's shelters have been explored by Loseke (1992), Ahrens (1980), and Wharton (1989). These researchers found the role one played within the organization shaped one's views as to how clients and staff should be treated. Exploring the organizational cultures of one rape crisis center from the perspective of both paid and voluntary workers, Fried (1994) found that differences in perspectives, goals, and ideologies were a source of stress for some workers.

Her research uncovered the presence of a "political" and a "service" subculture. Favoring words such as "empowerment," members of the political subculture held firmly to a social action agenda. A staff member articulates this subculture philosophy: "We hope to empower women since so much of sexual assault is taking power away from the victim" (Fried, 1994, p. 572). In contrast, members of the service subculture saw a need to provide assistance to all victims of sexual violence, not only women. Gender was not viewed as a significant factor in victimization or in rape crisis work, and feminism did not play a role in conceptualizing the work. Providing service to clients was the goals for this set of workers, as illustrated by a "service" worker: "Before I joined the [rape crisis center], I thought I was a feminist. I no longer believe that...I don't think there is such a word; I am an equalist. I know a lot of people who consider themselves feminists...they look more at the empowerment of women, and I look at the empowerment of people and there's a slight difference" (Fried, 1994, p. 574). Fried's study also raises questions about changes in an organization's mission. Is it common for rape crisis centers to experience such distinct splits as illustrated by a "service" and "political" groups? How does a worker's views about rape change if/when more men are served by rape crisis centers? How does one's personal feminism influence one's ability to negotiate other---perhaps contradictory ideologies?

Differences regarding goals and outcomes of services can also be a source of tension and conflict. Wharton (1989) used a participant-observation method to examine the concerns and perspectives of residents and staff at a battered women's shelter. The research found that, in many instances, the residents and staff disagreed in their core beliefs about program goals. For example, the staff encouraged residents to work toward new, independent lives away from abusers. However, most residents were not committed to building separate lives;

they just wanted the violence to end. Wharton's study offered implications for practice: shelter staff have the responsibility of becoming better "detectives" in learning how residents both perceive and need services and that it behooved residents and staff to work together to formulate common goals and commitments. Although this study may be unique to workers employed in residential settings, elements are useful to this dissertation. Wharton's findings encourage further questioning; for example, do workers experience stress when confronted with clients who return to abusive situations time and time again?

Similarly, Ahrens' (1980) research punctuates the pain of ideological differences and organizational changes for some workers. She examined a battered women's shelter that began as a task-oriented group of women who shared leadership and who held a "feminist analysis of violence against women" (p. 45). As the shelter grew, paid staff were introduced, the leadership style shifted away from collectivity, and the visions on violence changed. These rapid and pronounced changes led to disharmony among the staff. Ahrens explains: "The new leadership of the center has separated the issues of feminism and sexism from that of battered women...the [new] center [now] chooses to look at battered women as a 'family violence problem,' but refuses to consider the societal, cultural, and political implications of why women are the ones in the family so often beaten" (p. 46). Disharmony between a center's philosophy and a worker's political views may create internal tensions and add to feelings of isolation among workers that they lack support in their jobs (Ahrens 1980; Fried, 1994; Wharton, 1989).

In addition to the tension and stress caused by differing philosophies and practices, several studies also explore larger systemic sources of stress such as inadequate funding for counseling, the injustice of the legal system, and public apathy about violence against

women (Buchwald et al., 1993; Cavalcade Productions, 1995; Matthews, 1995; Schauben & Frazier, 1995; Schechter, 1982). These studies suggest, for example, that stress may be caused as much by inadequate funding as by difficult cases. This study too seeks to understand both workers' stressful job experiences and their understanding of the larger socio-political system.

How Workers' Cope with Stress of their Jobs

Questions such as "How do workers deal with hearing the pain from their clients?" are increasingly addressed in the literature. Joffe's (1986, p. 138) research on abortion clinic work found staff employed a range of coping strategies to manage the stress of their jobs, including: 1) Breaking the rules ("secret caseloads and slow downs"); 2) Distancing activities (chatting, distractions, humor, escape fantasies); 3) Collegial culture (personal friendships, all-woman work force, support, guidance, and a value placed on learning and growth.

Others found that feminism helped workers understand the daily pressures of work. Feminism not only motivated some workers to seek rape crisis center employment, but also provided workers with a sense of comfort and community and an ideological framework for understanding the work. Simonds' (1995) study of 29 women abortion workers found that working in an abortion clinic not only helped workers develop an understanding of what it means to be a feminist, but that feminism was instrumental in helping them mitigate their often complex reactions associated with abortion procedures. Simonds (1995, p. 5) explains that "Most [of the workers] strive to resolve their negative feelings [about abortion procedures] with the feminist ideology of the self-help movement; they deliberately focus

on the women they know they are helping and speak about their empathy with these women's experiences."

In contrast, feminism does not always offer comfort or a framework for understanding a complex social phenomenon such as domestic violence. For instance, Loseke (1992, p. 68), who studied workers' perceptions of domestic violence, discovered that when workers in a battered women's shelter were not treated well by their [feminist] organization, that they often felt betrayed by feminism, the very philosophy that spawned their organization. According to one administrator:

They're working for a feminist organization that is basically screwing them over. You're a worker and you're not paid enough to live on and you've worked six days in a row and on your day off, you have to come in to a staff meeting...Then, you go home and it's still your day off and you get a backup call and you have to go out.

This study will explore the extent to which feminism is a coping mechanism for rape crisis center workers or not.

Other coping strategies identified in the literature include playing games, reading, exercising, writing, participating in support groups, avoiding the news, and maintaining a sense of personal connection with friends, family, and especially colleagues who are engaged in similar work. Additionally, ongoing supervision and consultation, even for experienced therapists can help reduce workplace stress and emotional responses to trauma work (Cavalcade Productions, 1995a). Drug and alcohol use was identified, although infrequently, as a coping strategy (Schauben & Frazier, 1995).

How Workers are Changed by their Jobs

It is not only stressful aspects of trauma work that are explored in the literature. A few studies describe the positive and transformative effects of the work on the workers. For

example, Pearlman & Saakvitne (1995 and 1995a) suggest that trauma work has far-reaching, self-transformative effects on workers. They explain:

Sometimes when people ask us, 'How can you do this work?' We think, 'How could we not?' How could we have the ability to contribute to a journey of hope and healing and not use it? There is no other work that we would find this meaningful, challenging, and rewarding. What other work would allow us to engage fully---our minds, our hearts, our spirits? How could we choose not to do something that demands our creativity, all of our intellectual capacity, all of our feelings, our whole humanity...The work has deeply transformed us, as therapists, as women, as people, and as members of society (Pearlman & Saakvitne, 1995, p. 400).

Although the literature documents a range of effects on trauma workers, the findings on how therapists are personally changed by the work are particularly relevant for this dissertation. The transformative process of working with survivors of trauma has been explored by Cavalcade Productions, 1995 and 1995a; Hollingsworth, 1993; McCann & Pearlman, 1991; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995. Kottler (1993 p.54) maintains that even being a general therapist has a transformative effect on people: "Being a therapist affords us the opportunity for continued spiritual, intellectual, and emotional growth."

Schauben & Frazier's (1995) research also supports a positive outcome of the work. Workers in this study at once gave to their clients and gained something valuable in return: "In addition to being part of the healing process, many counselors said that their own growth and change was a positive aspect of working with survivors. For example, the counselors felt that they learned about themselves through their reactions to their clients and that it helped them to heal from their own past victimizations" (p. 59).

Workers are also positively influenced in their work with clients, for example being

part of the healing process and making a difference in people's lives. Schauben & Frazier's (1995, pp. 57-58) study of sexual assault counselors indicates that the most enjoyable aspects of the work are "watching clients grow and change...witnessing how human beings can grow despite pain and trauma...[the work] demonstrates the human spirit's ability to thrive in the face of violence." Pearlman & Saakvitne (1995 p. 401) also found that therapists they interviewed were commonly inspired by their clients' healing. "When our clients grow and heal, we are rewarded. Clients often come to therapy with debilitating symptoms, painful, self-loathing, agonizing loneliness and despair...When our clients are able to make even subtle shifts...the relationship deepens, and the relief is felt by both." The literature in this area of worker self growth and positive elements of rape crisis employment encourages further questioning: What are the lasting personal lessons workers can learn through their interventions with clients and through educating the public?

New Ideas and New Actions

[The work influences] Our deepest sense of who we are in the world and what the world is about and our relationship with meaning and hope and connection and something that is beyond ourselves...(Cavalcade Productions, 1995).

Workers are also changed in how they see their world and in their general beliefs and philosophies. Some become more spiritual (Cavalcade Productions, 1995a; Kottler, 1993; Prejean, 1993), more feminist (Fried, 1994) or more willing to acknowledge—but not accept—the violence is a societal reality. This change in world view can be painful, powerful, or filled with a sense of resentment (Pearlman & Saakvitne, 1995; Cavalcade Productions, 1995). Pearlman & Saakvitne (1995) also address the varying beliefs of workers who treat incest survivors, for example how the work disrupts one's beliefs about the world being a

safe place, as well as the trust that loved ones will not be harmed (Cavalcade Productions, 1995). Kottler (1993) asserts that being a general therapist also affects one's beliefs about the goodness of society. Working with case after case of traumatized clients can influence how workers experience their worlds as safe places for themselves and those they love.

The literature does not explore how public education or administrative activities also transform workers. Most studies focus on clinical experiences, while this study will help to fill a gap by examining the impact of clinical, administrative, and public education aspects of rape crisis center work.

SUMMARY

The studies outlined above grounded and informed this dissertation by providing: 1) data for understanding how workers' lives are affected, both at work and at home; 2) data on the specific range of effects of the work on workers; 3) an historical context for understanding rape crisis centers as rapidly changing, complex organizations; 4) information on the ideologies that both led to the development of rape crisis centers, as well as motivated and sustained some, although not all workers; 5) methodological support for engaging in inductive research, beginning the inquiry from the lives of the women being studied and, although entering the research with several "hunches," a theory or series of hypotheses comes later (see also Methodology Chapter).

Findings in the literature combined with personal experiences in the field provided the following hunches or expectations: 1) Based on their history, feminism is a significant factor in the lives of workers; 2) workers in rape crisis centers experience a range of complex reactions to their jobs as counselors and educators; 3) rape crisis work is more than a job, affecting workers' home lives; 4) workers may have difficulty separating work and

home lives; 5) feminist organizations are not ideal or conflict free; 6) feminism may play less of a formal role in rape crisis centers of the 1990s, as compared to earlier centers of the 1970s and 1980s.

In addition to these “hunches,” the literature also offered specific direction for this study. For example, Vicarious Traumatization studies have begun to document that trauma work has a personal effect on worker’ lives. Strained family relationship and questions about personal safety are two examples of changes in the personal lives of workers. Also, the literature characterize the types and levels of stress workers face on their jobs, as well as strategies they exercise to reduce stress. Both of these themes are pursued at length in this dissertation.

CHAPTER III: RESEARCH DESIGN & METHODOLOGY

Rationale

The purpose of this study is to research the phenomenon of rape crisis center employment from the perspective of the workers themselves. Grounded theory methodology, using qualitative open-ended interviews, was selected for this study because of its relevance to the specific research questions. More specifically, this strategy helps to uncover and name the subjective experience of rape crisis center employment for those women in this study. "Open-ended interview studies frequently rely on the grounded theory perspective to data analysis. The discovery of grounded theory uses an inductive approach to analyzing data" (Reinharz, 1992, p. 18).

Rape crisis center employment is an area not well researched. Thus, this study asks *how* women are influenced by rape crisis center employment and *how* the work changes their views of themselves and of the world in which they live. Grounded theory is especially useful when the phenomenon under study is not well understood. The creation of a "theory" about the phenomenon of rape crisis center employment demands that a researcher enter the lives of those being studied (in this case, women rape crisis center employees). This study falls under the theoretical tradition of phenomenology which is, according to Patton (1990): "An inquiry [that] focuses on the question: 'What is the structure and essence of experience of this phenomenon for these people?' The phenomenon being experienced may be an

emotion—loneliness, jealousy, anger. The phenomenon may be a relationship, a marriage, or a job. The phenomenon may be a program, an organization, a culture (p.69). An important component of phenomenology is the assumption that there is "an essence to shared experience" (Patton, 1990, p. 69).

Discussion of Pilot Study

In April 1993, a pilot study was conducted for this dissertation, as an assignment for a qualitative research class. This "pre-test" helped shape the methodological choices I made for this dissertation.

The qualitative pilot study examined the experiences of a group of eight rape crisis center workers, including employees, volunteers, and MSW interns. The respondents—seven women and one man—all had direct contact with rape survivors via counseling sessions, crisis intervention, medical accompaniment and legal advocacy. All of the workers were affiliated with the same Upstate New York rape crisis center, except one who worked in a New York City center. Although small, the sample included more than just paid employees, and included one male, which distinguishes it from this dissertation.

Each worker was interviewed once about her or his personal and vocational experiences for approximately one and one-half to three hours. The open-ended interviews, which followed a guide to facilitate responses and to frame discussions, were audiotaped and then transcribed. Using grounded theory, the data analysis yielded themes and categories, which suggested a possible "theory" about rape crisis center employment. This theory held that rape crisis center employment offers both positive and negative experiences for workers and that the parameters of the job stretched beyond "nine to five." Workers are personally affected by their jobs. Their personal relationships and ways of interpreting the world may

also be influenced by rape crisis center employment.

Overview of Pilot Study Findings

Rape crisis center employment emerged from the pilot study as a complex experience that stretched beyond the "normal" job parameters and expectations to influence beliefs about oneself, relationships to others, political convictions, and professional choices. Rape and incest, occurrences that often divide people, somehow served as a unifying force for these workers. The workers both strongly identified with their clients and their clients' healing and learned lessons about their own safety and sexuality. Because women are vulnerable to rape, fear of rape and sexual assault emerged as a unifying factor in rape crisis work.

The pilot study helped to formulate and articulate the research questions for this dissertation, for example, in deciding to continue to ask open-ended questions about life both "inside" and "outside" of centers. Both the pilot study and my personal work experience in rape crisis centers informed my hunch that rape crisis work is more than a job; that many rape crisis workers experienced strong connections among themselves and their clients; that the work itself united both staff and clients; and that, for some, the work was associated with social movement politics such as feminism.

The pilot study revealed both positive and negative aspects to rape crisis center employment. The many difficult aspects of the work, such as being exposed to on-going accounts of pain people inflict on others, are balanced by positive rewards, including the establishment of powerful connections with staff and clients; observing clients recovering from abuse and regaining control over their lives; and taking pride at playing a key role in the healing process of their clients. The pilot study portrayed rape crisis work as a complex

and textured experience.

Parallels between the lives of workers and clients also emerged, including a heightened awareness of rape and sexual assault issues and a developing feminist consciousness. Strongly identified with issues of vulnerability and powerlessness, workers--with or without rape or sexual assault histories--feared that they would be victimized in ways similar to their clients. A need to be cautious in relationships with men was articulated, as well as how tiring it becomes to always be on one's guard.

Other themes emerged about rape crisis work itself. The rape crisis center "culture," its formal and informal networks, attracted people to the work and helped workers want to stay in their jobs. Humor, the value placed on individuality, and an ability to be respected by colleagues also played important roles. The work helped workers feel---at once---both more powerful and more vulnerable as women living in a society where rape is prevalent. On the other hand, the reaction "outsiders" have to rape crisis center employment caused feelings of isolation and resentment. Workers were confronted with both misguided and supportive reactions.

Rape crisis workers wore many hats, both as healers and activists. For some, feminism became a significant framework for their personal and vocational lives. While some experienced a feminist "awakening," others found that the work strengthened their established feminist beliefs. Two respondents found that the work reinforced their already ambivalent feminist views.

Methodological Lessons of Pilot Study

The pilot study sharpened the focus for this dissertation. I used a similar interview schedule (eight main open-ended questions, coupled with probes and follow-up questions)

because the schedule used in the pilot study "worked," that is, it tapped rich and varied responses from workers. The questions were understandable to those interviewed. However, the pilot interview lacked a question linking the workers' experiences to the larger socio-political context of rape crisis center employment, so one was added (see Appendix for full interview schedule). Another limitation of the pilot study involves issues of race, culture, sexuality, and age of respondents. The homogeneous pilot sample presented a limited "voice" on the phenomenon of rape crisis center employment. The current sample is somewhat more diverse.

The pilot included a range of people from various jobs (intern, volunteer, employee), but this muddied the waters, so the current sample consists of only paid employees--therapists, educators, and administrators. Both the pilot study and personal experience showed that workers in these various positions have similar experiences and reactions to the work, despite their different jobs and titles. Findings from this pilot study also reveal that where "sexual assault therapists" and "prevention educator" were represented in the sample, there was considerable overlap in workers' responsibilities and experiences. For example, therapists conducted educational workshops and educators provided limited counseling. This finding reinforced my hypothesis that there are strong similarities in work experience across job titles.

Selection of Respondents for Current Study

Twenty-one women rape crisis center employees were interviewed for this study (See Table B: Worker Demographics). Rape crisis center workers are defined as employees of rape crisis centers or of a program whose primary mission is to provide services to victims of rape, sexual assault, and incest, with a secondary mission to provide services to clients

affected by domestic violence. Paid workers were the unit of analysis because of the assumed uniformity and consistency of their jobs and due to the full-time or nearly full-time nature of their work. Volunteer labor in rape crisis centers, although an important and relevant topic, would constitute a whole other study. From July 1995 to November 1996, I interviewed seventeen women employed by a range of New York City rape crisis centers. The remaining four interviews are from the pilot study conducted in April 1993 (as discussed above). Since the pilot interview guide was essentially the same as the dissertation interview guide, and the respondents met the study's criteria, four of the pilot interviews are included in the sample. The four were chosen because they met the study's criteria: female and paid employees working at least 60 percent of full-time.

Although it is not common methodological practice, the four pilot interviews were included with the following rationale: The same interview schedule was used for both pilot and dissertation interviews. The only difference between the two interview schedules was the addition of a question on the larger socio-political aspect of rape crisis work. Also, the literature indicates that, regardless of affiliation, workers in rape crisis centers have similar job responsibilities (Byington et al., 1991). It was anticipated that differences may emerge regarding not the work itself, but issues affected by geography. For example, workers in the pilot sample were primarily from an Upstate, New York rape crisis center affiliated with county government. That their jobs may have a more political influence was a factor to be considered. Differences between Upstate and New York City experiences, for example, funding resources and clientele, were also considered. Similarities were present, however, because all eight centers (both pilot and dissertation) were within urban environments.

There are some limitations of including pilot interviews. Notably, including such

pilot interviews involves a slightly different interview schedule: what will it mean for the study to have questioned only 17 out of 21 on the larger socio-political aspects of the work? A second con of including the pilot data has to do with timing. Pilot studies were conducted April 1993, nearly three years before the other interviews. Subtle changes in perceptions and experiences of the work, as well as questions guiding the research, need to be acknowledged.

The sample was chosen from eight rape crisis programs of various affiliations. Seven of the programs were based in New York City. One center was based in a smaller city in Upstate New York. Of the large city programs, five were private hospital-affiliated, one was mental-health-clinic-affiliated, and one was affiliated with a private family social service agency. The Upstate program was affiliated with county government. Respondents were selected in a variety of ways. Although a small sample was chosen from a variety of rape crisis centers, this methodological decision was based on findings in the literature that support my hunch that rape crisis center employment has more similarities than differences across various affiliations. Despite the type of center, workers consistently engaged in the following activities: 1) crisis intervention; 2) short-term counseling; 3) public/community education (Byington, et al., 1991). Funding and other organizational issues may play out differently across affiliations (for example, private hospital centers may be better financed, thus allowing workers to focus on other issues besides salary). The private mental health clinic may have to charge clients for services, thus setting up a dynamic potentially not present in other rape crisis centers. Centers located in historically undeserved areas of New York City may have clients presenting with a multitude of problems (beyond rape/sexual assault) such as poverty and homelessness.

I began my study by first contacting the directors of some of the rape crisis programs by telephone. (Rape crisis program names were located in a directory of sexual assault programs). I made appointments with the center directors, introduced my study and requested participants. In some cases, the directors provided me with a list of their staff members. In other cases, I employed the “snowball method,” gathering the names of potential participants after interviewing others. For example, one of my final questions in the interview was whether they had any thoughts, anything they wished to add. Some took this opportunity to provide me with the names of other rape crisis workers for me to contact. Most of the interviews were conducted at the rape crisis programs in the individual offices of the participants, although a few were conducted at respondents' homes. Prior to the interview, each respondent signed two consent forms: 1) to agree to generally participate; 2) to agree to have the interview audiotaped (see Appendix).

The respondents all were employed either full-time or part-time by rape crisis centers. Full-time positions were held by 18 of the 21 (86%) respondents. The remaining three were employed on a part-time basis (at least 21 hours per week or 60 percent of full time). The goal was to include all full-time staff, but as I spoke to program directors, I learned that several programs relied on part-time labor, because of funding constraints. Fifteen (71%) were therapists or counselors who provided crisis intervention, individual and/or group therapy to crime victims, specifically clients affected by rape, sexual assault, incest, and domestic violence, and their family members. Most of these therapists also engaged in public education work, such as training potential volunteers or conducting high school or college presentations on rape and sexual assault. One respondent's primary responsibility was that of trainer/prevention educator, although, over time, her job expanded to include counseling

and crisis intervention with clients. Four respondents (19%) were directors (administrators) of rape programs. It was anticipated that administrators and front-line workers would report similar experiences on the job, with the exception of the directors having responsibility of securing funding and other managerial duties, in lieu of more cases. The directors interviewed had a variety of responsibilities, including conducting staff supervision, participating in legislative activities, program administration, and, to a lesser degree than therapists, counseling clients affected by rape, sexual assault, incest, and domestic violence.

Participants were employed at the rape crisis programs from two months to 20 years. The mean years of employment was six years. Respondents ranged in age from 26 to 58. The mean age was 36. Eighteen of the 21 respondents (86%) were White. One was mixed-race Black and Hispanic. Two were Hispanic. Nineteen (91%) of the respondents identified as heterosexual. One identified as bisexual. One identified as lesbian. Eight (38%) were parents of a total of 11 children. Sixteen (76%) were married or living with a partner. Nineteen (91%) of the 21 respondents had their MSW degrees, (including two who had a dual MSW/MA degree). Two had MAs in related fields: one in forensic psychology and one counseling.

Although not a specific interview question, nearly half (ten of the 21) of the respondents volunteered that they had experienced some sort of trauma, either as adults or children. This trauma included rape, attempted rape, witness to crime, and domestic violence. Nineteen (91 percent) of the 21 respondents identified themselves as feminist, including five who called themselves feminist with various reservations, such as not being "a radical" or a "bra-burner" but believing in equality between men and women, as well as for children. The remaining two respondents did not identify as feminist.

The Rape Crisis Centers

Although not all of the agencies/organizations actually has "rape crisis" in their title, they all provided a range of services to victims of rape, incest, child sexual abuse, and/or domestic violence (See Table A: Rape Crisis Center Demographics). None of the programs included in the sample provided services only to rape victims. All had a mission to offer individual, crisis, and group counseling--and in some cases family--as well as to provide advocacy, information and referral services primarily to clients affected by rape, incest, sexual assault, and, to a lesser extent, domestic violence. In most cases, the family members of clients (also known as secondary clients) received short-term counseling, information and referral services. Some programs focused more on the clinical therapy aspects, while other programs had a more well-developed training/education component. All of the programs represented (although not all of the workers) had a commitment to conduct public education/training in addition to direct client work. Although there are variations within the programs, they all have similar missions, and the workers all had similar jobs. Programs that provided services to sexually abused children were included; however, workers who only saw children on their caseloads were omitted from consideration. Some respondents had sexually abused children on their caseloads, but all the workers primarily served adolescents and adults. This is an important distinction. Child therapists and those working only with sexually abused children would constitute a whole other study.

Although respondents were specifically asked whether or not they identified as feminist and in what ways feminism informs their work, they were not asked to characterize their centers across a feminist continuum. Generally, because five out of eight of the centers were hospital-affiliated, defining an organization such as a rape crisis center as feminist put

some workers in a difficult position. Some were forced to soften political messages in order to please administrators and to secure funding. Most workers, however, saw rape crisis work, the process of providing services to and empowering abused women, as inherently feminist, but labeling a rape crisis center as feminist emerged as a more complex process, open to vast interpretation across staff members.

Developing the Interview Schedule

The interview schedule was primarily developed in 1993 as an assignment for a qualitative research class. It was developed based on my personal experience in the rape crisis field coupled with information gathered from the literature. I first prepared eight main open-ended questions with which to begin to guide the interviews (for example, "what brought you to this work?"). Main questions were developed in an effort to explore the phenomenon under investigation and to "create a scaffolding for the interview" (Rubin & Rubin, 1995, p. 150). Probes were developed to follow each main question. "When responses lack sufficient detail, depth, or clarity, the interviewer asks a probe" (Rubin & Rubin, 1995, p. 146). For example, probes to "What brought you to this work?" were "Do you have prior experience working in a similar organization?" In addition to the main questions and the probes, follow-up questions were also employed as needed and to establish a natural flow of conversation. Follow-up questions and probes both have the purpose of generating varied and detailed responses. The interview schedule was first tested by classmates in a qualitative research class and then in the pilot study. Slight revisions were made in order and addition of questions. Consistent with qualitative interviewing, questions were designed to be open-ended and to elicit varied responses. Probes were built in to tap a range of responses. The interview schedule was organized in order to establish a logical flow of questions.

The Interview

Qualitative interviews were the main means of collecting data for this study. According to Patton (1990), qualitative interviews are conducted "to provide a framework within which respondents can express their own understandings in their own terms" (p. 290). Lofland & Lofland (1984) maintain: "Intensive interviewing is a guided conversation whose goal is to elicit from the interviewee rich, detailed materials that can be used in qualitative analysis...the intensive interviewer seeks to discover the informants' experience of a particular topic or situation" (p. 2). Reinharz (1992, p. 19) sees a feminist purpose: "The use of semi-structured interviews has become the principle means by which feminists have sought to achieve the active involvement of their respondents in the construction of the data about their lives."

Prior to beginning the interview, I generally introduced the study to the respondents. I told them that I was interested in how their rape crisis work experience has affected their lives. I informed them that I would not be looking for "right" or "wrong" answers, that, although I had an interview guide, I wanted them to have the opportunity to "tell their story" in their own words. Respondents were asked to sign two consent forms (See Appendix). I informed them that they could withdraw from the study at any time or that they could request that the tape recorder be shut off at any time during the interview. None of the respondents made this request or withdrew from the study. I informed each respondent that her confidentiality would be protected through the use of a code name and that the rape crisis centers or any other identifying information would be disguised.

Most of the respondents were interviewed once, although due to lack of time for one long interview, two respondents were interviewed in two 40 minutes sessions. I conducted

all of the interviews, which lasted between one hour and two hours each. A semi-structured interview guide was used (see Appendix).

Limitations of the Study

One major limitation of this study is its small sample size. Although it is common and preferable in qualitative studies to have small samples (Patton, 1990), a sample size of 21 presents challenges in making general statements about rape crisis center employment. My goal was to interview approximately 25 workers. I chose this small number (25) because the larger pool of appropriate respondents is limited. Based on information attained from New York City rape/sexual assault funding directory, combined with personal experiences and contacts in the field, and through conversations with workers and administrators from various centers, I am able to estimate that there are approximately 35-45 people employed by New York City rape crisis centers who meet this study's criteria. Centers tend to have small staffs, between three and five employees, some of whom work on a part-time, fee-for-service basis. Some programs have only one full-time staff person (often an administrator). I chose to interview paid workers as opposed to volunteers, thus further limiting the sample pool. Most rape crisis centers, for various reasons, rely heavily on volunteer labor. There are considerable advantages of a small sample size, perhaps most important being the ability for the researcher to engage in thorough, detailed research. What is lacking in total number of respondents is compensated by the depth and texture of responses that create a full picture of the phenomenon of rape crisis center employment.

A second major limitation is the homogeneity of the sample. Although somewhat more diverse than the pilot sample, the respondents included mainly white, middle class, heterosexual workers. This presented difficulties in generalizing or characterizing the sample

as a group of people with similar responses to their work. Because of the small number of women of color (N=3), lesbians (N=1), and bisexual women (N=1) it is not possible to make reach conclusions about the experiences of these groups of women in the rape crisis field. The goal of grounded theory and the results of this study are not intended to be generalizable to the larger population. The goal of the study was to understand the experiences and perceptions of the selected group of employees in the sample. More variety was present with age of respondents and years working in the centers. Attempts were made to develop as diverse a sample as possible, but the number of employees in the New York City rape/sexual assault crisis field is quite small and homogeneous. The number of workers who fit the criteria of the study was also limited. Again, based on my conversations with people in the field, combined with my own experience and contacts at regional rape crisis conferences, I estimate that the total approximate number of women of color employed in these rape crisis centers (pulling from the total possible sample size of 45) is between five (5) and six (6). Although the number of women of color in my sample is quite small (only three), it is not totally unrepresentative of the larger population of women of color employed in New York City rape crisis centers. An additional woman of color was contacted for the interview but scheduling problems did not permit her participation in the study.

In terms of sample diversity across sexuality, there is no accurate way to determine the average number of lesbians or bisexuals in the larger New York City rape crisis center population. However, one lesbian and one bisexual women is probably on the low side and not an accurate picture of the whole sample. I did not intentionally seek out lesbians or bisexual women for reasons of stigma and confidentiality. It is possible that additional lesbians or bisexual women are included in the sample, but were unable to identify this fact.

A third major limitation has to do with the relatively large number of rape crisis centers represented (N=8). Interviews were conducted with 21 workers from eight different centers. The rationale for the large number of centers has to do with, despite affiliation, there are parallels in experience across centers. The variety of centers represented provides an opportunity for comparison of worker experiences across affiliation and setting. Also, in order to find even 21 respondents, it was essential that I approach a number of centers. (See Byington et al, 1991, who maintain that despite affiliation, there are uniform components of rape crisis work. The nature of work is essentially the same). Potential problems with the large range of centers include watering down workers' experiences and not factoring in issues such as size or clientele. There are different constraints on hospital versus private social service in terms of length of time allotted for treatment, the reputation in the community, diversity of clientele, social support, and workload. The large number of centers could also be a strength of the study as it presents the experience of workers across a range of organizations.

Grounded Theory Methodology and Data Analysis

According to Martin and Turner (1986, p. 143): "An emerging grounded theory primarily justifies itself by providing a detailed and carefully crafted account of the area under investigation. This theoretical account not only aids in the investigator's understanding, but provides a means of communicating findings to those in the area studied, either as a basis for discussion, or as a vehicle for implementing change."

Strauss (1987, p. 6), one of the founders of grounded theory, elaborates further: "The methodological thrust of the grounded theory approach to qualitative data is the development of a theory, without any particular commitment to specific kinds of data, lines of research,

or theoretical interests...it is a style of doing qualitative analysis that includes a number of distinct features, such as theoretical sampling and certain methodological guidelines, such as the making of constant comparisons, and the use of a coding paradigm to ensure conceptual development and density." I engaged in this process in my sampling. After five interviews were completed, I compiled a master coding list and then compared new interviews for general areas of overlap.

One of the deepest convictions of grounded theory is that social phenomena are complex, and therefore, social research needs to be a careful, thorough, and immersive process. Research needs to be analyzed and understood as work. Within the practice of grounded theory, researchers emerge as workers and "can and should care very deeply about their work and find a deep and satisfying meaning in their work" (Strauss, 1987, p.9).

A Process of Induction

Grounded theory is based on the understanding and practice of induction, which is the action that leads to the discovery of a hypothesis, that is, having a hunch or an idea, then converting it to a hypothesis. In this study the hunch was that rape crisis center employment stretched beyond the "normal" parameters of a job and infiltrated nearly all aspects of respondents lives, including personal relationships and their beliefs about the world being a safe place. In contrast, deduction, common in more quantitative studies,, consists of the drawing of implications from hypotheses or larger systems for the purpose of identification. According to Patton (1990): "Inductive analysis means that pattern, themes, and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis" (p. 390).

The framework and mechanism of a grounded theory approach can come directly or

indirectly from the personal experience of the researcher. This experience often translates into a researcher's hunches, insights, and generative questions. A researcher's experience with the subject area helps inform the tone and direction of the study. My experience in the rape crisis field helped to frame and focus the research questions and helped me code and categorize the data. I saw myself--throughout the process--as an informed researcher. My four years working in a rape crisis center left me with a powerful feeling that my life was altered. My personal relationships came under suspicion; I had difficulty trusting that everyone was not a victim or perpetrator. But something personally transformative also happened.

Strategies for Researchers

Bernstein et al., (1992) outline the general principles of grounded theory methodology as well five major strategies of grounded theory methodology. These major strategies, which I followed, include:

- Begin with a point of view about the problem being studied and then suspend one's hypothesis.
- Stay with the data. Trust that categories, concepts, theories will emerge from the data.
- While working closely with the data, search for patterns, themes, concepts, and metaphors to help make sense of and to begin to understand and organize the data.
- Have someone not connected with the study or data look at it. Sometimes fresh eyes can offer valuable perspectives and points of view than someone totally immersed in the data may miss.
- Do not rush to generate a theory too quickly. A successful and true-to-the-data grounded theory approach takes time, concentration, persistence, and patience (pp. 21-22).

Martin & Turner (1986) outline three basic strategies for grounded theory research

in and on organizations. These strategies are note writing, discovery and identification of concepts, and the development of the general theory of the problem being studied.

Note taking occurs at various stages in the grounded theory process. The authors distinguish between taking and writing notes. Brief notes are taken to record an idea, an observation, an emerging theory. These brief notes are later expanded to a written set of notes that will be an important piece of data. "To be most useful, notes should be rich in detail and 'story-like' in explaining phenomenon" (Martin & Turner, 1986, p. 146).

Concept discovery "refers to the strategic process of moving from data to abstract categories, labels, or concepts" (p.147). During this stage, the researcher attempts to discover common categories among the data, name them, and, in time, come to understand and articulate their function and importance. As more of the data is coded, central categories and themes will continuously emerge; less important patterns will likely disappear.

Over time and with considerable creativity, consistency, and patience, a core category emerges from the data. Smaller categories (or subcategories) can and should be linked to the core category. Core categories need to be central, closely related to other categories and subcategories. Each category must appear frequently in the data and should relate easily to other categories. Finally, a core category offers solid direction and a framework for the development of a theory about the phenomenon under investigation (Strauss, 1987).

Grounded theory methodology emerges as a non-linear process to data analysis. "Contrary to depictions of logico-deductive research that suggests a linear progression from theory to data to analysis to interpretation, the grounded theory process is self-consciously and intentionally non-linear" (Martin & Turner, 1986, p. 150). Grounded theory, as articulated in this section, is an appropriate methodology for this proposed study of the

phenomenon of rape crisis center employment because it is a subject that has not been extensively studied; and, since it was the workers' experiences that demanded inquiry, grounded theory makes sense because it begins the inquiry from the point of view of the workers. Not a useful strategy for all qualitative pursuits, grounded theory does not work well in large-scale studies; for example "[it has] limited usefulness for dealing with large-scale structural features of society, such as demographic trends or systems of social stratification" (Martin & Turner, 1986, p. 143).

Conducting the Grounded Theory Analysis

Consistent with a grounded theory approach, as outlined above, an inductive analysis of the content of the interviews was done to gain an understanding of the phenomenon of rape crisis center employment. The focus of the analysis was on the themes that emerged through careful examination of the content of the interview transcriptions. The computer software program, *Martin*, specifically designed for use with qualitative research, assisted me with sorting the transcripts into categories and subcategories. What *Martin* allows a researcher to do is to organize materials by themes and to systematically identify data that support the core category of the study.

I transcribed each interview myself, with the aid of a computer and transcription machine. Each interview translated into approximately 25 typed pages. By the end of data collection, I had generated some 700 pages of data from the interviews. Respondents were given the opportunity to read their "transcripts," and a few requested to see them. This was important for me, especially if the respondents caught errors or misspellings. I wanted to see if the narratives resonated with their experience. For the few who read their transcripts, the data accurately reflected their experience in the rape crisis field.

The audiotaped interviews were transcribed as soon after the interview as possible (usually within one week). To ensure confidentiality, each participant was immediately given a code name. After all of the interviews were transcribed, I began the process of preliminary coding by hand. Themes and categories were identified in the data. For organizational purposes, initial categories were color-coded with highlighter pens. For example, I used orange for "Groundwork," (what brought workers to centers?) and yellow for "consequences," (how are workers affected?). This rudimentary process helped me to visualize differences in the data and to refine categories over time. The theory of the essence of rape crisis center employment began to emerge. After the initial round of hand coding (which took approximately two months), I used *Martin* to move to a more complex and detailed level of analysis. This process continued even while I was collecting data.

After the initial coding was done, I creating a code list (see Appendix) and cross-referenced the data with the master list. Throughout this process, I did not focus on one idea, one theory of the essence of rape crisis employment. Rather, I remained open in my analysis, open to the possibility of surprise. In grounded theory, the processes of data collection and data analysis overlap, as was the case with this study. It was not uncommon for me to find myself interviewing, transcribing, and coding simultaneously. This process allowed me to be receptive to whatever the data would present to me. In my later interviews, I was able to adapt somewhat , as I had a better idea of "the story."

Methodological Implications of Feminist Standpoint Theory

Several theories inform the methodology of this study. One is feminist standpoint theory, which provides a rationale for restricting the interviews just to women and for focusing only on women's experiences.

Feminist Standpoint Theory maintains that social position influences one's decision about what to study and how to study. A researcher's life experience structures her understanding of social relationships and the process of research. A researcher needs to ask herself: "How have my life experiences as a woman, as a rape crisis worker, structured my understanding of the meaning of this aspect of life?" My first-hand experience in the rape crisis field allowed me informed access to the respondents' experiences. It is not implicit within feminist standpoint theory that a researcher engages in a study on aspects of her own life. The researcher's reflexivity and self-awareness are also important elements in the use of feminist standpoint theory. All research must include "explicit reflexivity"; that is, researchers need to understand the role of their social positions (such as their race, gender, and culture) as they conduct their research (Swigonski, 1993). Researchers cannot pretend to be unbiased or "point-of-viewless" (Harding, 1991). Feminist Standpoint Theory also recommends the study of marginalized lives, even if these lives differ from those of the researcher (Bar On, 1993; Hennessey, 1993).

The purpose of the research raises an important question in Feminist Standpoint Theory. It is assumed that the research must serve the respondents and advance their causes. It is assumed that this research will benefit the anti-rape and battered women movement, particularly in terms of recommendations for recruiting and maintaining staff. If one of the goals of the movement is to educate the public on the effects of sexual violence on victims and workers, then the study must serve an educative function for both research subjects, host institutions, such as rape crisis centers, as well as the general public.

An epistemology that draws its power from the margins of society, feminist standpoint theory mandates that researchers identify aspects of the lives that they study,

including gender, class, race, and sexual orientation. Starting research from the lives of marginalized people (in this case, women) provides insight for both the marginalized group and the dominant group and offers both researchers and observers socially situated knowledge.

Epistemology is the study or the theory of the nature, sources, and limits of knowledge. It also addresses the complex question: how do we know what we know? (Harding, 1991). Feminist epistemology has developed to add women's voices and perspectives to the male-dominated field of social science and other research. In attempting to account for and remedy the fact that women's voices have been excluded from the study of knowledge and the search for "truth," feminist epistemology focuses on women's lives and experiences (Harding, 1991).

Many writers, theorists, and philosophers have participated in defining and creating feminist epistemologies, most notably, Harding (1993, 1991a & 1991b, 1990), Alcoff & Potter (1993); Belenky et al., (1986); Collins (1986); Gilligan (1982); Reinharz (1992), Rose (1983); Smith (1987); (1986).

Assumptions of Feminist Standpoint Theory

Several theorists have outlined their versions of the assumptions of feminist standpoint theory including Swigonski (1993 & 1994), Hartsock (1987) and Harding (1990).

According to Swigonski (1993): "Standpoint involves a level of conscious awareness about two things: a person's location in the social structure and that location's relationship to the person's lived experiences. One's standpoint emerges from one's social position regarding gender, color, culture, ethnicity, class, and sexual orientation, and how these factors interact and affect one's everyday world" (p. 179).

Swigonski (1993) outlines the major theoretical assumptions of feminist standpoint theory as an alternative epistemology for social work research. They are as follows:

- Much of social work research begins from the privileged perspective of those who control the social structure.
- Institutionally less powerful members of society (in this case, women) experience a different reality as a result of their oppression.
- Social location has a profound impact on one's perception of research issues, priorities, and questions.

With the focus on oppressed communities, the goal of starting inquiry from under-represented lives, and the value assigned to feminist research, feminist standpoint theory emerges as a creative, thought-provoking paradigm. Although not without its unique set of problems and complexities, this theory challenges the hierarchy within the traditional assumptions of social science research.

CHAPTER IV: DATA ANALYSIS

WHO ARE THE WORKERS AND WHERE DO THEY WORK?

Overview of Sample

The Workers

The 21 women, almost all social workers, were employed by eight different rape crisis centers. Fifteen (71%) were therapists or counselors who provided crisis intervention, individual and/or group therapy to crime victims, specifically incest, rape, and domestic violence victims, and their family members. Most of these therapists also engaged in public education work, such as training potential volunteer advocates or conducting school or community presentations. Four respondents (19%) were administrators of rape programs. They had a variety of responsibilities, including supervising staff, researching and securing funds, overseeing programming operations, participating in legislative activities, and, to a lesser degree than therapists, counseling rape, incest, and domestic violence survivors (See Table B: Worker Demographics).

The workers were employed by their rape crisis programs from two months to 20 years. The mean years of employment was six years. Respondents ranged in age from 26 to 58. The mean age was 36. Eighteen of the 21 respondents (86%) were White. One worker was mixed-race: Black/Hispanic. Two were Hispanic. Nineteen (91%) of the respondents

identified as heterosexual. One identified as bisexual. One identified as lesbian. Eight were mothers of a total of 11 children. Over two-thirds of the workers were married or living with a partner. Nineteen (91%) of the 21 respondents had their MSW degrees, (including two who had a dual MSW/MA degree). Two had an MA in a related field, such as forensic psychology or counseling.

Although not in response to a specific interview question, nearly half (ten of the 21) of the respondents volunteered that they had experienced some sort of trauma, either as adults or children. This trauma included rape, attempted rape, witness to crime, and domestic violence.

The Rape Crisis Centers

There was considerable variety among the rape crisis centers. Eight different centers are represented (Ranging from Center A to Center H as outlines in Table A). Five of the eight were private hospital-based. All of these hospital centers are located in New York City. Among the non-hospital centers, one (Center D) is part of a New York City-based private mental health clinic with a crime victims component. A second New York City center (Center F) is a private family service agency with a specific domestic violence component. The remaining center (Center H), the only one not located in New York City, is an arm of Upstate, New York county government.

Although not all of the agencies/organizations actually has "rape crisis" in their title, they all provide a range of services to victims of rape, incest, child sexual abuse, and/or domestic violence. None of the programs included in the sample provide services only to rape victims. All have a mission to offer crisis intervention, individual, and/or group counseling, as well as to provide advocacy, information and referral services to victims of

rape, incest, child sexual abuse, and domestic violence and, in most cases, the family members of victims. Some programs focus more on the clinical therapy aspects, while other programs have more well-developed training/education components. All of the programs represented (although not all of the workers) had a commitment to public education/training in addition to direct client work. Some of the programs have more of an emphasis on one client population, for example, domestic violence victims, than another population, such as rape victims. Although there are variations within the programs, they all have similar missions, and the workers all had similar jobs.

BIOGRAPHIES OF THE WORKERS

- 1. EMMA (MA/MSW)** is a 33-year-old white woman employed for six years at a hospital-based rape crisis center located in New York City. She has both direct service and administrative responsibilities, including supervising the volunteer advocates. Her employment background includes work at Planned Parenthood.
- 2. SARAH (MSW)**, employed for three years by a hospital-based rape crisis center located in New York City, is a 29-year-old white woman. Her primary responsibility is as a therapist to rape, incest, and domestic violence survivors. Her background includes work in a domestic violence shelter.
- 3.** For over eleven years, **FELICITY (MA/MSW)** has served as the director of a rape crisis center affiliated with a private New York City hospital. Although she primarily has administrative responsibilities, including policy and legislative activities, she also sees some clients (mostly in incest and rape groups). At age 58, Felicity has been active in anti-violence activities for many years.
- 4. ALBERTA (MSW)**, the daughter of a black father and Cuban mother, has six years experience in a rape crisis center located in a New York City hospital. She is 29 years old. Although she sees a range of clients on her caseload, she has a particular interest in working with adolescent girls.
- 5. MARY ANN (MA, forensic psychology)** is an employee of a crime victims program, affiliated with a New York City mental health clinic. For three years, she counseled rape, incest, and domestic violence survivors. She is 33 years old and the mother of a young son. She has a particular interest in working with sexual offenders.

6. JANE (MSW) worked as a therapist for four years at a hospital-based rape crisis center located in New York City. She is 41 years old. She has a particular interest in working with rape survivors and in running incest survivor groups.

7. ELISE, age 29, (MA) joined the staff of a hospital-based, New York City center a-year-and- a-half ago and divides her time between clinical and administrative responsibilities. On her caseload, she sees survivors of rape, incest, and domestic violence. She is also involved in volunteer supervision and training.

8. ALISON (MSW), a 36-year-old Colombian woman, has been employed for four years by a crime victims program, affiliated with a New York City mental health clinic. In her responsibilities as a therapist, she works with adults and children affected by rape, incest, and domestic violence. Although she sees clients individually, she has a particular interest in family therapy.

9. GILLIAN (MSW), who is a survivor of childhood sexual abuse, has worked for three years at a New York City crime victims center, where she counsels adults and children affected by violence. She is a 29-year-old white woman. Her background is in mental health services, specifically clients with Multiple Personality Disorder.

10. AMANDA (MSW) is an employee of hospital-based New York City rape crisis center where she has worked as a therapist for three years. She worked individually and in groups with rape, incest, and domestic violence survivors. The mother of a young son, she is a survivor of childhood incest.

11. CHERYL (MSW), the director of a hospital-based rape crisis center located in New York City, has been active in the anti-rape movement for many years. Her rape as an adult served as a catalyst for her to found the center she currently directs. Many of her responsibilities are administrative, although she sees clients and runs incest survivor groups. She is politically active and works to make legislative changes in all arenas. She is married and has a grown daughter.

12. EVELYN (MSW), has been a therapist at a hospital-based rape crisis center for nearly seven years. She worked as a volunteer for the center before joining the staff. She provides counseling to incest, rape, and domestic violence survivors. She enjoys conducting community trainings and is active in educating the media. She has two teenage sons.

13. LEAH (MSW), a Colombian woman, has worked for nearly six years at a hospital-based rape crisis center located in New York City. She counsels rape, incest, and domestic violence survivors, as well as conducts community education efforts. She is the only bilingual staff person at her center. She is a lesbian and lives with her partner.

14. JOAN (MSW), age 38, has been the director of a hospital-based rape crisis center located in New York City for six years and active in the feminist movement for many years. She is particularly drawn to policy issues. She is the mother of two young daughters.

15. KRIS (MSW) a former employee in an incest treatment program, currently works for a New York City children and family services agency, where she is the domestic violence coordinator. She works individually with survivors of domestic violence, conducts numerous speaking engagements and trainings, and also runs a series teen groups that address the issue of relationship violence. She is active on local domestic violence task forces. She is 33.

16. STACEY (MA) has worked for four years as a prevention educator at a county-affiliated rape crisis center located in Upstate, N.Y. She conducts trainings in schools, community agencies, and other organizations. She is called to the emergency room regularly and also occasionally staffs the hotline. She is responsible for planning and orchestrating an annual anti-violence conference. She is 27 years old.

17. HEATHER (MA) is 37 years old, works with both children and adults at a county-affiliated rape crisis center located in Upstate, N.Y.. She has worked there for seven years. Although she sees a range of clients affected by trauma, she has a particular interest in working with men and people with disabilities.

18. OLIVIA (MSW) divides her time between seeing clients and conducting community trainings. She has worked at a rape crisis center in Upstate, NY for five years. She is experienced in running incest survivor groups and particularly enjoys this activity. She has been involved in community action activities, such as planning *Take Back the Night* events. She is 36.

19. MAGGIE (MSW) first came to the Upstate rape crisis center as a MSW student intern and, a year later, was hired as a staff therapist. She counsels rape and incest survivors, both individually and in groups. She organizes the annual *Take Back the Night* rally and march against rape and sexual assault. She is 26.

20. AUDREY (MSW), age 26, has worked for two months at a hospital-based New York City rape crisis center. She came to the center with experience working in the family planning field. She counsels rape, incest, and domestic violence survivors, although she sees a higher number of rape survivors. She is still getting a feel for the center and the work.

21. LILY (MSW), at 50, is the coordinator of a New York City hospital-based rape crisis program, where she oversees rape crisis, domestic violence, and elder abuse programs. She has been there for over five years and came to the position from the domestic violence field. She is the mother of a son and a daughter.

TABLE A: RAPE CRISIS CENTER DEMOGRAPHICS

Center	Affiliation	Location	Services	Worker
<i>Center A</i>	Private/Hospital	New York City (Location # 1)	Rape, sexual assault, incest, domestic violence, education, ER	Jane Cheryl Evelyn Leah
<i>Center B</i>	Private/Hospital	New York City (Location # 2)	Rape, sexual assault, incest, domestic violence, education, ER	Sarah Alberta Amanda Audrey
<i>Center C</i>	Private/Hospital	New York City (Location # 1)	Rape, sexual assault, domestic violence, education, ER	Felicity Elise Emma
<i>Center D</i>	Private/ Mental Health Clinic	New York City (Location # 2)	All crime victims, no ER, limited education	Mary Ann Alison Gillian
<i>Center E</i>	Private/Hospital	New York City (Location # 1)	Rape, sexual assault, incest, ER, education	Joan
<i>Center F</i>	Private/ Family Services Agency	New York City (Location # 2)	Domestic violence, sexual assault, no ER, education	Kris
<i>Center G</i>	Private/Hospital	New York City (Location # 1)	Rape, sexual assault, domestic violence, elder abuse, ER	Lily
<i>Center H</i>	Public/ Government	Upstate, N.Y. (Location #3)	Rape, sexual assault, incest, ER, education	Stacey Heather Olivia Maggie

TABLE B: WORKER DEMOGRAPHICS

Worker	Inter- view Date	Center	Job Duties	Time at Center	Race	Age	Degree	Sexual Orien.	Home Life
Emma	8/16/95	C	Direct Service/ Admin.	6 Years	Wh.	33	MA/ MSW	Hetero sexual	Married No children
Sarah	7/20/95	B	Direct Service	3 Years	Wh.	29	MSW	Hetero sexual	Married No children
Alberta	7/26/95	B	Direct Service	6 Years	Blk/ His.	29	MSW	Hetero sexual	Married No children
Felicity	8/16/95	C	Admin.	11.5 Years	Wh.	58	MA/ MSW	Hetero sexual	Not married 1 daughter
Mary Ann	6/20/96	D	Direct Service	3 Years	Wh.	33	MA	Hetero sexual	Not married 1 son
Jane	8/12/96	A	Direct Service	4 Years	Wh.	42	MSW	Hetero sexual	Married no children
Elise	8/16/85	C	Direct Service	1.5 Years	Wh.	29	MA	Hetero sexual	Partner no children
Alison	3/8/96	D	Direct Service	4 Years	His.	36	MSW	Hetero sexual	Married no children
Gillian	2/13/96 2/22/96	D	Direct Service	3 Years	Wh.	29	MSW	Bi- sexual	Partner no children
Amanda	7/18/95	B	Direct Service	3 Years	Wh.	31	MSW	Hetero sexual	Married 1 son
Cheryl	2/21/96	A	Admin.	20 Years	Wh.	50	MSW	Hetero sexual	Married 1 daughter

Worker	Inter- view Date	Center	Job Duties	Time at Center	Race	Age	Degree	Sexual Orien.	Home Life
Leah	8/10/95	A	Direct Service	5.5 Years	His.	45	MSW	Lesbian	Partner 1 daughter
Evelyn	7/24/95	A	Direct Service	6.5 Years	Wh.	45	MSW	Hetero - sexual	Married 2 sons
Joan	2/7/96	E	Admin.	6 Years	Wh.	38	MSW	Hetero sexual	Married 2 daughters
Kris	8/29/96	F	Direct Service	3 Years	Wh.	33	MSW	Hetero sexual	Partner no children
Stacey	4/1/93	H	Educ./ Direct Service	4 Years	Wh.	27	MA	Hetero sexual	Married no children
Heather	4/1/93	H	Direct Service	6 Years	Wh.	37	MA	Hetero -sexual	Not married no children
Olivia	4/1/93	H	Direct Service	5 Years	Wh.	36	MSW	Hetero sexual	Married no children
Maggie	4/1/93	H	Direct Service	2 Years	Wh.	26	MSW	Hetero sexual	Not married no children
Audrey	10/31/96	B	Direct Service	2 months	Wh.	26	MSW	Hetero sexual	Not married no children
Lily	11/11/96	G	Admin.	5.5 Years	Wh.	50	MSW	Hetero sexual	Married 1 son 1 daughter

DECIDING TO WORK IN A RAPE CRISIS CENTER

Why did the workers in this study pursue and enter the rape crisis field? What factors contributed to their career or job choices?

Retrospectively, about one third of the workers recognized an interest in social justice issues in childhood, through the values internalized from their up-bringsings. Half of the sample reported being victimized or knowing people who have been victimized, and this personal knowledge motivated them to seek rape crisis center employment.

Interest in social work (or a "helping profession"), an awareness of and a desire to challenge the oppression of women, and the development of a feminist consciousness overlap as factors contributing to workers' vocational choice. Also, workers' prior experiences in women-centered programs added to their decisions to seek rape crisis center jobs.

Growing up with a Sense of Equality and Fairness

Several workers associated their interest in rape crisis work with feminist values learned in childhood and carried into adulthood. Workers received various messages about growing up female and these messages influenced--directly or indirectly--their career choices. Learning the importance of gender equality perhaps gave some workers a predisposition to be drawn to the helping professions.

Three workers reflect on the childhood factors that brought them to work in rape crisis centers.

Sarah, age 29, a therapist in a New York City-based center, has socially active and

progressive parents who sent her a clear message about her future career. She did not freely choose her career path, however. Her family life was shaped by the political climate of the 1960s.

My parents were very politically active. [They] did a lot of work around Central America...They were incredible role models for me. There was never a point in my life that I ever thought of doing anything professionally that *wasn't* going to be linked to social justice. I mean it just felt like it was a given. And that is not all altruistic, I mean it wasn't at all. That's just how I grew up, feeling that's what I'd do. So it wasn't a real decision coming into my own or I want to do such good things for people or whatever...When I was in high school, my parents sent me to Cuba one summer and I was able to spend a lot of time in Central America and I got a lot of support from them around doing things like that. So it also made it really easy to think about my life, doing things like this. They have always been fighters for women's equality and very active in the pro-choice movement.

Like Sarah, Gillian, born in 1967, also learned the values of fairness and equality at an early age. She was young but already feeling the inequalities of being female, just when the Women's Movement was taking off in the late 1960s and early 1970s.

I remember, I couldn't have been more than five, having a very strong reaction to my grandmother saying I had to do dishes and my brother didn't because he was the boy and boys are special and I was like, "That's not fair." On a more political level, I am very committed to fairness, to see people get to a point where they can really, truly be themselves, and not society's version of what they should be. I feel very strongly, ever since I was a little girl, about equality and fairness.

These workers held on to the messages of equality and fairness they learned as children, as well as the pain they experienced from sexism. They became drawn to work in a field that supports and promotes women's equality.

Perhaps ahead of her time, Amanda, age 31, also had a clear childhood vision of gender equality. Six years old in 1970, she explains:

I was definitely what you'd call a tomboy, not into wearing dresses or doing typical girl things and I was very athletic. I remember thinking about how I always thought "Oh, if I had a penis, everything would be better," because I just felt like there were so many obstacles already as a little girl for me to be able to like what I liked. Somehow, I already felt pressure to act a certain way and be a certain way. When I was eight, I remember I was really into sports and I wanted to build a facility where women and girls would be able to go and play sports. I was already feeling the inequalities and the injustices of being a female living in this world and thinking about a way that I would deal with it at a very young age. It wasn't that kind of a household that said: "You should just grow up and get married and cook and clean." It was okay for me to have a career, but it was not an enlightened or political or conscious sort of atmosphere in anyway.

In her family culture of helping, Kris, born in 1962, also learned the value of "looking out for the underdog." Not only was feminism considered, but also issues of racial and ethnic diversity. Perhaps this set the stage for her to pursue a helping profession, such as social work.

My dad's a union leader, my aunt was a vocational counselor. I grew up in a family culture of helping people, and sort of helping the underdog. My dad worked with a very multicultural group of mostly men, union leaders who would be coming in and out of the house. So I got used to being around people of different cultures and different races. I remember as a kid having like this real sense of justice and anger at bullies and people picking on kids.

Role of Mothers

A specific sub-element of growing up identified by several workers was their relationships with their mothers. Respondents were of varying ages, ranging from 26 to 58. All have more life options than did their mothers. In contrast to workers who grew up in households where democratic values of fairness were the norm, a few among the sample learned from observing their mothers how they didn't want to be as women.

"Traditional" gender roles in their childhoods influenced workers such as Lily and Emma to become independent and autonomous women. Several workers both observed and consequently challenged gender inequality in their lives. Rape crisis work, in many ways, is about helping women become independent and empowered---for some, the work mirrors what they achieved or wanted as girls.

Wanting Power in their Lives

Observing inequality between her mother and her father, Lily, born in 1946, was determined to grow up to be a powerful woman---a message she would eventually communicate to her clients.

I think the reason I am in this [field] is being so sensitive as a child to the inequality between my mother and my father. And seeing that my mother was powerless on so many different levels and knowing that I didn't want to be who she was, but knowing I wasn't a man either, and trying to figure all of that out. So there is something about me that maybe always wants to be rescuing my mother. She was a real 50s housewife. Never wrote a check. Never did anything but cook and clean and take care of, and what kind of life is that? I can't say that I was treated unfairly or anything because I was a woman, anymore than anyone else was, but it was more I think what I observed about my mother, about the world of women.

Despite their age differences, Emma and Lily have similar experiences with their mothers. Emma, born in 1962, consciously challenged her mother's traditional role. She was determined to be something different. She sees herself as a strong and independent, but rejects the feminist label.

I grew up within a family where my mother was not allowed to go to college. She was a housewife. She is very bright, she could have done anything. I just always knew that was not going to be me. I have no interest in staying home (laughter). I believe in both of us [Emma and husband] working. I definitely have to work for financial reasons, but even if I didn't, I couldn't imagine staying home and doing domestic

things all day. And then there are certain things that are like nice to have a man do for you, I mean, so it's not like I am a hard core feminist in that way.

In contrast to Lily and Emma, Alberta, age 29, one of three Hispanic women in the sample (she is also part black) internalized her mother's values of self-reliance.

My mother is a very strong person and I think that she was always the person that didn't push people, although she is Hispanic, to get married. She said, "Get an education and learn to take care of yourself." That's why I was attracted to a program that would help women, minorities, take care of themselves when terrible things have happened to them.

Elise, age 29, describes her childhood household as "traditional." However, with her father absent, she and her sisters were raised by their mother; and she developed pride in being a woman who learned to be independent.

I don't think being a feminist is some radical point of view (laughter). Even though I grew up in a traditional family, since I grew up in a family of all women, my father...left the house when I was 13, but was kind of absent from our lives before that anyway. So we really grew up as a house of women, four women. So I think that there was always validation as a person, and gender never really was an issue. So in that way, I didn't grow up being told not to get into dirt or wear dresses, so I think in that way, I was always very proud of being a woman.

Jane, born in 1954, remembers receiving both traditional and non-traditional messages about a woman's role in society.

I grew up in a family where my mother worked. She went into the real-estate business and had her own company, so she was certainly a good role model in that aspect. None of the other mothers [in the neighborhood] worked. It was *Leave it to Beaver* land so and my brothers had to learn how to iron...As I look back on it, it is an interesting mix. My mother is a very strong woman. She is also as conservative and Republican as they come...So it was sort of an odd mix of "I am going to be strong and independent and make my own money." And I was the one making dinner and the boys were not the

ones making dinner...My parents are now 74 years old so they come from a different era.

Jane received direct and surprising messages from her mother about domestic violence.

It really is scary how conservative she is, but when it came to things like [domestic violence], I remember her saying to me more than once, "If a man ever lays a hand on you," in a violent way, "That's it, don't you ever see him again, walk away." And I don't think this was ever her experience. I think this way just the way that she was taught...In some ways she was sort of deferential to my father. On the other hand, she would no more of tolerated an ounce of any kind of violence against women.

These four workers' mothers taught them lessons about womanhood and future options-- both positive and negative. They were committed to leading powerful and independent lives and in helping their clients achieve the same. Wanting to be in control of their lives and striving to be free from oppression served as a pull toward rape crisis work. Several of the workers were drawn to a field that helps women achieve self-reliance, after victimization. Some workers were clear that certain childhood experiences created an interest in them to pursue rape crisis work. Still others were less sure of the specific factors that led to their career decisions.

Victimization as a Catalyst

For over half of the workers, victimization histories (with rape, sexual assault, or domestic violence) emerged as another factor contributing to their career choices. A few also identified their abuse histories as factoring into their decision to be active in the rape crisis field. For three workers specifically, their jobs sparked memories of their own victimizations.

Evelyn, a therapist in a New York City center, had an experience with an attempted rape, which painfully helped her realize the value of rape crisis counseling. Unfortunately, at the time of her assault, there were few rape services available. Her victimization clearly

propelled her into the field as she wanted to provide women with the services she herself did not receive.

What brought me to the work in the first place, when I was 20, was an attempted rape. But it was that experience that made me decide to volunteer in the first place and I think that kind of experience in your life can really make you aware of what people go through and how important it is to have somebody to talk to at that time.

Cheryl, born in 1946, explains that her experience of rape and subsequent medical treatment was the impetus for her to establish a local rape crisis center.

I was a child protective worker and I was investigating an abused baby who was kidnaped. In the course of looking for this kidnaped baby, I was raped. During that time, the laws were just changing...however, they weren't changing enough because when I was treated [at the hospital], the staff was incredibly incompetent. I will never forget that there was a police officer in the examining room with me, talking to me and talking to the doctor at the same time, about local news! While I am being examined! It is just a humiliating memory that I have.

Evelyn and Cheryl sought rape crisis work because of the differences in the service delivery system at the time they were raped. The work was a salve for them.

Kris, who learned the value of watching out for the underdog, did not find rape crisis work therapeutic after her assault. She recalls what happened:

There were these two teenage boys on bikes, and one of them pulled up along side of me and grabbed my breast and then rode off. And I was scared to death. When I was in college, one of my friends was trying to get me to do the rape crisis hotline and I said: "No I cannot do this." She said, "Why?" [I said] "Because I was victimized myself."

Instead, Kris's victimization as a college student in the early 1980s prevented her from entering the rape crisis field at the time, although the experience sparked her interest. When

she was older and able to gain some distance from her experience, she volunteered at a rape crisis center.

Work Leads to Discovery of Abuse

It is not always easy to understand and characterize the factors leading to the workers' decisions to pursue rape crisis center employment. For a handful of workers, the work itself unearthed memories and helped to conceptualize their abuse. These aspects overlap and it is not possible to easily determine cause. Understanding one's abuse history may have kept workers interested in the field.

Amanda, who described herself as a tomboy, recounts how she realized her incest history and recognizes that is what drew her, either consciously or unconsciously, into the field.

Looking back on it, I know that I'm an incest survivor and I think I discovered it through the process of getting involved in this work. I think that was some of what drew me. My father was a pretty abusive person and victimization was very personal for me as well. I felt myself very drawn to things that were very intense, so working in an emergency room with people who had just been raped was definitely my idea of intense and high emotional situations.

After beginning her work as a therapist at the center, Olivia, age 36, also realized that she had been raped as a teenager. In her case, it is less clear whether this hidden memory factored into her job choice.

Working at the rape crisis center made me realize that I was raped. I was probably 16 and I was at a party, drinking and doing drugs and I went up to some guy's room I didn't know. I think for a long time I thought we had sex, but I realized that he basically forced me and it wasn't something that I wanted to do.

Although Jane, who grew up in the 1950s with a working mother, did not experience rape or incest, trauma played a role in her retrospective understanding of her motivations to work

in a rape crisis center. When she was 10 years old, her 16 year old brother attempted suicide, an event that left him severely brain damaged. While working at a rape crisis center, she came to understand the implications of this trauma on her life.

My brother attempted suicide by hanging [but] didn't succeed. My father and I had found him so that changed life dramatically for me. I never would have known this was a trauma [but] while I was at [center], there was a [client] who talked a lot about suicide. It is making my heart pound to think of it. I was looking at her chart and I was seeing all this medication, in and out of mental hospitals. I found that I was curiously distracted by this. I told [co-worker]: "Gee, my brother took these kind of medications and stuff." And she said, "Did you ever talk about this?"

Jane consequently entered therapy and began to grasp the impact her brother's suicide attempt had on her personal and professional life. She wonders if this trauma perhaps unconsciously brought her to the work.

Knowing Someone

Several workers knew someone who was raped or sexually abused, such as a family member or a friend. Knowing a victim of rape, incest, or domestic violence influenced--- either directly or indirectly--- their decision to pursue rape crisis or related work.

Knowing someone who was a victim was a clear career motivation for Alison, age 36.

There is something that I am beginning to realize that I didn't know before that had something to do with the drive to do this work. It has to do with people that I love who have been raped. It has affected me personally. Particularly one person who is just coming around after 10 years after the rape. I want to be part of the healing of people who decide to do something about their bad experiences.

Alberta, who had internalized her mother's self reliance, also had a sister who was abused by a boyfriend. Although Alberta is not sure how her sister's domestic violence history

affected her career interests, her rape crisis work experiences offered her a new lens for understanding past events.

I have a sister [who] was involved in a domestic violence situation years ago and I remember how fearful she was. This was a woman already had her MD, was fairly independent and she ended up getting into this kind of relationship that I just really couldn't understand. I think that must have had some effect on me in terms my choice. I am sure that has something to do with why I am doing what I am doing. My sister and I are very close. She was worried about being judged by my mother and my father. I think she knew that I wouldn't judge.

Making Up for Lost Opportunities

Amanda, abused as a child, has still another reason to enter this work. Her college roommate was raped, an event that left Amanda feeling sad and powerless.

[My roommate] told me about being raped. She just decided to be in denial about it. We talked about it. She was upset and crying. And I don't know that I was particularly helpful other than I just was there to listen. I don't know that I knew so much what to do or say at that time. I look back on that and I feel sort of bad. I wish I'd known more. I wish I'd been more able to tell her what action she could take, 'cause I think I was just very shocked. I don't know that I knew what resources there were at the time.

Kris, who was accosted by boys on a bike, also had a sister who was abused. Like Amanda, she did not have the opportunity to offer guidance and support.

My sister was dating somebody when she was 18 or 19 [and] he raped her. She [sister] didn't say anything to anybody because she was scared that my father would freak out and kill the guy. I was 15 at the time and my sister and I never talked about it. She knew that I didn't like the guy. I know that it was this big secret between my mother and my sister and that nobody in the family ever talked about. But I guess I feel really badly that my sister didn't feel like she could do anything about this, other than tell my mother. Obviously, she never pressed charges or went to the hospital...It makes me kind of sad that we never talked about it.

All of these examples, both the workers' own traumas, as well as those of the family and friends, demonstrate the importance of rape crisis services in helping victims at the time of the assault. The workers communicate a sense of regret that they were unable to help their family members and friends at the time of the assaults. In addition to childhood influences, other factors contributed to workers' interest in rape crisis work, such as an interest in feminism and prior work experience in women-centered programs.

Role of Prior Work Experiences: Women-Centered Programs as Catalyst for Rape Crisis Work

Work experience in two primary areas contributed to several workers' interest in the rape crisis field. In this case, it was work with battered women in a shelter setting, and with pregnant women, mostly via Planned Parenthood. An exposure to women's issues and social action also influenced workers' career decisions.

Feminist Organizing: Beginning to Feel the Passion

Maggie, age 29, had experience with feminist community organizing in college that ignited her "natural" motivation to seek work at a rape crisis center.

When I was an undergraduate [in the late 1980s] I became more aware of feminism, considering it more, it made more of an impact on my life. [I was] just more aware of rape and sexual assault and kind of naturally fell into working on a *Take Back the Night* [anti-rape march] at school. I really remember the first *Take Back the Night* that I went to, how empowering it was. [It] really made me think about a lot of things and made a big impact on me. I guess I got more of a passion to become more involved in wanting to work against rape. When I was applying for graduate school and looked through all their list of internships, ...I said that I want to work at the [rape crisis] center. Not all of it was so conscious, it just kind of happened, it felt like something I wanted to do, it felt like a natural next step.

When Sarah, who grew up in a progressive home, was in college, she:

First started getting really hooked into violence against women. I volunteered for a battered women's organization there.

In later years, through an internship with battered women, Sarah's commitment to the sexual assault intensified. To work in a rape crisis center was one of her major career goals.

For my second year field placement, I worked in the [battered women's shelter]. It was a good experience. Since then I really came into identifying the problem of violence against women. I really knew that was the area I wanted to get into. I always hoped to have a job in a rape crisis program, in some kind of setting whose main focus was violence against women.

Elise, who was raised by a single mother for many years, reports that volunteer work paved the way for her rape crisis career.

[For my] Masters [in counseling], I concentrated on women's issues. I worked on a program called *Students Organized Against Rape*. I worked as the graduate advisor to that [dealing with] sexual assault, eating disorders, self esteem relationship issues.

In addition to college volunteer experiences four workers (Alison, Jane, Alberta, and Evelyn) were introduced to the field through their social work training. Although they initially had no choice about these internships, their positive experiences and the personal life events noted earlier, influenced them to continue in the field.

The Role of Serendipity

Although she did not choose her internship, Alison, who later realized she knew victims of rape, found herself fortunate to be placed at her mental health affiliated center.

I had no choice when they assigned me [to center], but I could have rejected it. [But] there was something very weird because as soon as I read the paper, right away, I said, "Oh, my God, this is wonderful." Something told me that I should do this, like a spiritual calling or something. I thought it was very interesting, but I was so excited. I said, "I would love to do this."

Jane whose brother had attempted suicide as a child, was also was placed in a center, but was surprisingly attracted to the field.

I got involved totally by accident. I was a first year social work student, and when I went to discuss field placements with the [field work] director. I had no idea what made me say, "Gee, you don't have any programs for crime victims?" I have never been a crime victim. I don't know what made me say this. She said, "Well actually we have a really good one but it's taken." And I said, "Oh," and forgot about it. The next thing I knew I got my assignment to be there...It was pretty much of a shock.

Alberta, whose sister had been battered by a boyfriend, made a more deliberate decision, although luck also played a role.

I actually chose the [agency] because they had a domestic violence program. So I chose to do something kind of in this field. I don't know that I thought about rape, I thought about domestic violence. I don't know why I thought about that, but then when this came along I said, "I would like to do this," so it's kind of serendipitous in that sense.

Prior work in rape crisis centers or women-centered organizations offered workers an valuable incentive and framework for continuing in the field as professionals. A few workers in the sample volunteered at rape crisis centers prior to becoming employed.

Evelyn, who had faced attempted rape, was first exposed to rape crisis work in her role as a volunteer advocate in the emergency room. This experience helped her decide to pursue social work and specifically rape crisis work, professionally. The work itself, but also her positive interactions with staff members, served as a motivator.

I was an advocate [at the center] for many years and then I came to the program to help out in a paid position. I was paid very little. That's when I had a lot more contact with staff. It was really the contact with the staff, [director] in particular, that made me decide that I wanted to be a social worker. When I graduated from social work school, there happened to be an opening here, which I don't think I even hoped for, so this was my first job.

Related professional work experience also encouraged workers to apply for jobs at rape crisis centers. Two professional experiences stand out among the workers: domestic violence and reproductive rights work. Abortion work provided workers with knowledge and skills they later transferred to rape crisis centers. For Audrey (age 26) and Felicity (age 58), working in a Planned Parenthood provided them with insight into the challenges and experiences of rape crisis work.

An interest in feminism and an excitement about women's issues--combined with disappointment in social work's lack of attention to women--fostered Audrey's career goal to work for Planned Parenthood. Through this job, she developed skills and the desire to seek rape crisis center employment.

When I went looking for my first job at Planned Parenthood I said, "Now where would I want to work?" And I said, "Planned Parenthood." And there actually was a job and it just kind of unfolded. A lot of the work was crisis intervention and identifying abuse, rape and domestic violence. What I came across were rape victims and I just found myself having a lot of satisfaction in working with the rape survivors...I felt this is a perfect fit, everything in my past has led me up to this point.

A veteran in the rape crisis field, Felicity's, experience with rape victims followed her work in abortion clinics. She found that her knowledge base and skills were transferable to the rape crisis field. Her experience in the abortion field stretched her to reconsider the realities of rape.

Having come from the world of abortion, I had heard about rape and incest a lot. We started running groups for the abortion patients who came in for the saline procedure. It gave us an opportunity to get to know the patients a little longer. For a long time, we really didn't believe the [rape] stories we were hearing. How the females would describe the shame and the blame, it was right there. And then it was a matter of sitting down and saying, these signals, these patterns,

psychologically, couldn't be all the same if there wasn't a reality to this stuff. I was seeing [rape] from the perspective of these women who got to the abortion clinic, so they were really dealing with two big issues.

Joan, age 38, and Lily, whose mother suffered unequal treatment in the home, came to their rape crisis centers having work experience in a battered women's shelters. This is particularly important because the workers counsel not only rape and incest survivors, but also battered women. According to Joan:

I actually wanted to be a physical anthropologist, just because I wanted to travel the world and dig up bones. I thought, that's where I would go, until I saw an ad in *The New York Times* and actually started a shelter for battered women up in Northern Westchester. So I kind of fell into that and then just got kind of real interested. I was really focused on domestic violence and then one night we had a woman, I got a call from the state police. They had a woman who had been raped but she had no place to stay and they asked if we would house her.

Practical reasons also brought a couple of the workers to their current positions. Surprisingly, Olivia and Audrey identified "burnout" in their prior jobs as a factor in their choosing rape crisis work. They were both in stressful jobs and saw their respective rape crisis center opportunities as less stressful (primarily due to the focus on non-mandated clientele). Both had interest in counseling women in clinical settings. For these respondents, although rape crisis work can be stressful, it was perceived to be less stressful than either abortion clinic or child protective work.

Olivia, a therapist/educator in an Upstate center, was motivated to work in a rape crisis center because she felt that she would experience less burnout than in her prior child protective job.

I think that working at Child Protective Services [was] really difficult [and] really important. There's not enough support that people need to work there, at least there wasn't for me. So when this job opening came along, it was sort of just coincidental...I wanted to work on an issue that I feel is really important, to work with women, to be able to do more in-depth kind of counseling that I was doing at Child Protective Services, to work with people who weren't mandated, who didn't want to keep me out of their homes, to not be in sort of an adversarial position with clients. I wanted to do something different and this seemed interesting.

Audrey, new to the rape crisis field, also identified burnout at her Planned Parenthood job as one of the major reasons for wanting to leave and work at the rape crisis center.

I knew that I wanted a different job. This [Planned Parenthood] job was [a] real burnout job, crisis, you know, panic environment, very little, support. I was the only social worker for about a year of the two years that I was there. My supervisor actually wasn't on site. I saw her twice a month, so I needed to be in a more clinical environment...I needed to be in a more supportive environment, more professional...I wanted to work with women's issues, survivors, and to work in a really solid program and just both of them, I would have taken one or the other, really, but I got both, and I am really happy about that.

Leah and Mary Ann's experience in other social work fields of practice, including child therapy and offender work, influenced (either directly or indirectly) their job choices.

Leah's years of experience in child psychiatry made her a desirable candidate when she applied for work at her center.

It was actually [through child psychiatry work experience] where I began to see sexual abuse in children and then I graduated to the sexual abuse of their parents. I ended up working with the adults in their sexual abuse work and also the children and then I combined that in family work. And then that gave me some of the experience I needed to work here...Actually, my career has been more kind of serendipitous, in that when I graduated, I needed a job right away, so I wasn't in a position to choose and the job that was available to me right away was at the Board of Education and, as a social worker with children. But there is a job and I needed a job.

Unlike workers who follow their interests into the rape crisis field, Mary Ann, age 33,

was drawn in through her work with sexual offenders. This type of work gave her a perspective different from others in the sample.

Mary Ann's prior and subsequent work with sexual offenders allowed her to "see the other side" of the dynamic. Over time, she left her position at the mental-health affiliated center because she recognized her real interest was in forensic psychology.

I was used to working with the other extreme, the criminal side and I thought it might be interesting to try the other end and there happened to be an opening. You can be more objective with offenders because it's harder to sympathize. You don't get caught up in all of the pain that they have experienced. I started to see how many of the offenders were actually victims themselves. I thought, wouldn't it be interesting to find out how all of that gets played out, [how] some victims become offenders and some don't. I don't think it influenced me to get into this field, I think I just wanted a different perspective. I find it easier to work with offenders. You do have a lot of countertransference with offenders too. You feel angry. You feel disgusted. You feel hatred. All these kinds of things, but I don't feel as helpless as I do working with victims.

Whether through personal victimizations or related work experiences, deliberately or by coincidence, the workers--through various paths--were drawn to rape crisis centers. An exception is Mary Ann who, through her rape crisis experience, realized that she is primarily interested in treating rape and sexual assault offenders.

Something about the work is compelling. Once workers have a little exposure, they want more. Workers' abilities to empower women and to recover from abuse was both an incentive source of pleasure and satisfaction.

WORKING IN A RAPE CRISIS CENTER

Workers' Responsibilities

What it is that rape crisis center workers do, day-to-day, in their respective centers? What types of clients do they see? What are the day-to-day challenges and frustrations they experience? What is the quality and nature of their interactions with co-workers and the

"culture" of the centers?

Workers described a range of complex and overlapping responsibilities. The 21 respondents were employed in total of eight different rape crisis centers. Their responsibilities fell into three major categories: clinical, public education, and, administration. In their clinical roles, they were responsible for providing crisis intervention, short-term, and/or long-term counseling services to clients affected by rape, incest, and domestic violence. Most of the workers were also responsible for community education activities such as training and crime prevention workshops. Four respondents were administrators of rape crisis centers with primary administrative responsibilities.

Elise, who works in a private hospital in New York City, has a range of responsibilities that is typical among the respondents. The diversity of the workday she identifies added to an increased level of satisfaction for her and other workers.

I'm responsible for organizing all of the outreach, the educational programs that we do. Our advocates go into seven different emergency rooms. After a case, I'm the person that they talk to about what happened, debriefing with the counselors. And then I do a fair amount of the clinical piece, about half of the intakes, and I have five or six clients on my counseling load.

Like some of the other workers, Emma, also based at this New York City hospital rape crisis center, has administrative and educational responsibilities. She also has a small clinical caseload.

Right now I am putting together the advocate training manual. I pretty much manage the finances of the program, do an annual budget. I am a liaison with all of the funders. I work with fund accounting here in the hospital. I do all the statistical reports for the funders that are required monthly and quarterly. [I do] public speaking, outreach, seminars, lead seminars, do trainings, run workshops.

Clinical Responsibilities

For many of the workers, providing direct service to clients was identified as the most common and--for some--most valued element of their jobs. Kris, who works primarily with battered women, conducts a variety of direct-service and community activities. For example, she provides on-going counseling, court advocacy and referral services to her clients at her New York City-based family service center. Her work load is fairly representative of the service duties of other respondents.

I do individual counseling and we are hoping to start a battered mothers support group. [I provide] advocacy, going to court with them, helping them get orders of protection, helping them seek shelter, and whatever steps they may need to take.

Alberta, a therapist in a hospital-based center, primarily counsels clients individually, although she occasionally conducts community workshops.

I'd say the majority of the work that we do is individual counseling and also coming to the emergency room. Now [summer] it's a little slower because the kids are out of school. A lot of people are on vacation, so we don't do as much outreach. But I'd say 20 percent of my time [is outreach and public education], but most is individual counseling.

Most of the women worked with a range of clients affected by rape, incest, and domestic violence. Facilitating groups for these victims was a common and meaningful clinical activity for many workers. But their experiences were quite varied with groups. While incest groups have a long and successful history in these centers, rape survivor groups are more recent and less successful to date. The different client populations presented challenges for workers trying to recruit for and start a group.

Alberta explains,

Most of the time we do individual [treatment], but we do groups. We have had a hard time recruiting people for groups lately...I did rape groups. I did incest groups. I did teen groups. And then all of the sudden for the past maybe, two years, two and a half years we have had a hard time recruiting people. So we do groups but predominately, it's individual.

Elise reflects on the different treatment needs for rape and incest survivors and the implications for group therapy.

I've done three rape groups and one incest group, 12 weeks [each]. It's hard because when you get people calling in [to join groups] it seems like with incest, people are at different stages of recovery, different ages, the commonalities are so great. Whereas with rape, you have one who is date raped, or stranger raped, or it happened a year ago, or 20 years ago or, you know, it's just harder to make it a cohesive group.

Stacey, at her county-based rape crisis center, had a similar experience trying to organize a rape group (incest group have run successfully at her center for years), but over time, she was able to recruit enough rape survivors to begin a group.

I started [rape group] about a month ago, I just started, but the preparation goes back to about October or so. We had to screen all the individuals, it is a rape group so we had to do the screenings. We got six rape survivors together and we are connecting the rape survivors group.

Evelyn and her co-workers at their private hospital-based center are among the few interviewed who run groups for male incest survivors. Evelyn reports:

I do two to three groups a year. I do a group for male adult survivors of childhood sexual abuse. That's sort of the wave of the future. Usually [I run] a group for female adult survivors of childhood sexual abuse. I try to limit it to two groups a year.

As a seasoned hospital-based center administrator, Cheryl, who works at the same New York City hospital as Evelyn, has observed group trends over her 20 years in the sexual

assault field. Early in her career, groups were formed as a response to the high numbers of incest survivors seeking treatment. Their center is unique among the sample for its comprehensive group treatment model.

A number of years ago, the [center] was being flooded with adult survivors of childhood abuse. Many of us decided to start responding more in group work. We could not see a lot of these people [individually]...So we were running about three adult survivor groups a year. What we are doing now is we are focusing on college-age rape survivors. And we have a male group and then we actually have a two-tiered program for adult survivors. We have an on-going group that meets once a month for all of the women who want to come, and those groups are really are huge.

Diversity and Clinical Responsibilities

Rape, incest, and domestic violence cut across race and class lines. This fact is consistently reflected in workers' caseloads. For both Elise and Alberta, the diversity of clients on their caseloads may be related to do their feeling of satisfaction about their jobs.

Elise reflects:

It's a population that I truly enjoy working with 'cause it crosses all of the lines...Right now, my caseload, for example, is a law student from an Ivy League school and someone from the projects across the street and that's pretty much constant. It's that diverse, from young and old, from every race, and religion.

For programs that provide free services, a category that includes most of the centers with the exception of the private mental health affiliated program, workers see more women-of-color from lower socioeconomic classes. Part of this obviously has to do with working in New York City.

Alberta observed that:

The majority of the people we see are Black, Caribbean Black or Black American, and then Hispanic and then White and a smattering of Asian and we get some Arab people. I think it's because we are the

only [private] hospital-based program in [borough] and [borough] is a big area. It has the largest Black population [in the city], so I think that's why. And we are free. You have to be in a certain class to be able to pay for therapy or to have insurance. So I think that is why we get the population that we do.

Public Education Responsibilities

Part of the variety of the work in rape crisis centers comes through educational activities such as community education, school-based presentations, and volunteer/advocate training. In addition to their clinical work, nearly all of the workers were responsible for conducting trainings and workshops, both in-house and community-based. Unlike other settings, workers employed in the mental-health affiliated center did very little public education; the majority of their time was devoted to seeing clients.

In addition to training high school students and community residents on sexual assault prevention and dynamics, Stacey, located in an Upstate county center, organized an annual sexual assault conference.

I coordinate a conference, which takes up a lot of time because it's a major conference. It brings professionals in the field of sexual assault [to talk about the] the legal aspects, the medical aspects, counseling therapy, group therapy, individual therapy, the long-term or short-term effects on survivors of child sexual abuse. It brings six individuals together to give a conference to other professional in the field.

Leah, based in a private hospital in New York City, spends a considerable amount of her time on community education work because her center makes this a priority.

We do community outreach and we go to [colleges] a lot. We go to the police department, we go to the high schools, we go to other mental health programs, alcoholism programs, colleges around the area, things like that.

In contrast, Evelyn, who works at the same center, uses her time in more varied ways.

It really varies month by month. Some months, I might do as many as four or five trainings. We have done a whole lot lately, but this has been unusual because of this domestic violence [initiative in the hospital]. I guess there are times when I might do two trainings a week, but that's unusual. Ordinarily, I would say, [one training] every couple of weeks.

An employee at a private hospital in New York City, Audrey had little experience with community education, although her agency does quite a lot of it.

We are doing the training now for the advocates that staff the emergency room. When I started [supervisor] said, "Well, it's good timing, you can go through the training, kind of observe and be a trainer a little bit." I led one discussion group and then participated in the other discussions. But I haven't done any real training in this job. I'm mostly just watching everyone. If something were to come up, maybe that would be the next step for me.

Amanda reflects on the range of community education work at the same New York City center.

I did a lot of community training. We'd go out and speak to kids in high school or to other counselors, social workers in different sorts of programs, who wanted to know a little more about incest and rape and domestic violence.

Workers had varied educational responsibilities. Some centers have more of an established public education mission, while a minority of the centers remain nearly exclusively client-oriented. The mental health affiliated center was one of the few that also charged clients fees and one of the few that required nearly no community education activities from the workers.

Administrative Responsibilities

Lily, a hospital-based center administrator in New York City, supervises staff,

coordinates program activities, trains volunteers, and conducts short-term counseling. Her responsibilities are representative of the other administrators in the sample. Other administrators were also active in state-wide legislative activities, which Lily was not.

I supervise the ER social workers, because obviously a lot of this stuff comes through the ER. So everything except child abuse is under me in the hospital. Specifically, the clinical work that I do...short-term, supportive counseling. I train the volunteers to do the advocacy work in the ER, the intensive 12-week training. And [I] cover the ER at times, putting out fires in the hospital, that's what I do.

Importance of Variety and Autonomy

Several workers placed a value on variety and autonomy in their workloads and work assignments. Although the work with clients and the public was demanding and stressful, it was often the variety and balance of workers' day-to-day responsibilities that help them feel satisfied, challenged and effective. Variety includes a range of client types as well as opportunities for administrative and educational roles.

Emma's workday balance at her hospital center served to reduce some of her job stress.

I definitely like the balance. Whenever someone says, "What do you do for a living?" And I tell them. And they are like, "Oh my God, how do you listen to that all week long? That must be so overwhelming." And I'll say, no because I really have such a balance. I mean the actual face-to-face contact with rape survivors is a very small part of my job. I probably do a lot more administrative than clinical work. I could not just see clients. You can't listen to this all day long.

How a center is funded and administered may directly affect on-the-job experiences. This finding presents implications for administrative decisions, such as funding and center autonomy. The kind of freedom workers and centers are "allowed" impacts their ability to feel successful and satisfied at work.

LESSONS LEARNED

Trying to Make a Difference in Clients' Lives: The Emotional Lessons

Workers were also affected by their direct work with clients. Workers helped their clients heal from rape, sexual assault, and/or domestic violence and through this process, they learned powerful emotional lessons. Efforts to make a difference in their clients' lives are documented below. Although the outcome of positive change was often an articulated goal of these workers, their efforts were not always met with success.

What Works

Seeing Clients Change

It comes as no surprise that the workers identified helping clients heal from trauma as one of the most meaningful aspects of their jobs. Acknowledging the importance of making a difference in their clients' lives, workers are able to offer direction, support, and validation. Sometimes workers play the role of bearing "witness" to what clients are experiencing. They are able to normalize the clients' feelings and experiences.

Workers saw the value in helping others. But making a difference in clients' lives was not an easy or predictable task for all of the workers. Workers reacted differently to their work with clients. For some, being able to make a difference in people's lives seems to mitigate the challenges and pressures of the work.

For Felicity, a hospital-based administrator with clinical and managerial responsibilities, facilitating growth in her clients emerged as one of the most significant aspects of her work. Although the work can be emotionally challenging, the human transformations that Felicity

sees make her efforts worthwhile. Clinical work is inherently contradictory; it is both emotionally draining, and profoundly satisfying, as Felicity illustrates:

Part of what is challenging is when I work, either directly or if I hear about a cases in supervision, and I see changes happen, I see different things. I run one group and it tears you apart, an incest group tears you apart, it's murder. But you also see things happen, things change. You work with individual clients and you see what can happen to them in a lifetime. It can be very challenging, [but] very exciting and very satisfying.

Trying to make a difference in clients' lives is experienced as both challenging and satisfying.

Emma, who has both direct practice and administrative responsibilities in her New York City hospital center, experienced both challenges and satisfaction in her early interventions with clients.

What's really challenging is each time I have a new client that comes in, just assessing, hearing their story, and being able to tolerate their story and making an assessment about how they are functioning and try and establish goals and try to use those goals. [I am] not even sure if they are going to continue coming here for counseling or what, and hoping that you can make a difference in their lives.

For Amanda, who provided clinical services in a hospital center, helping clients through crises was particularly meaningful.

The thing I love the most was the personal contact with the survivors and being able to be helpful, knowing how important it is to have as early contact as possible and knowing how insidious it is if someone does not really get good information and doesn't get support. That just feels really wonderful to have contact with people and actually help them through a crisis. I love working with people, which is why I'm doing this work. And I love [when] you can really see someone move through the stages of the crisis fairly rapidly.

Sarah, who works at the same center as Amanda, is reassured by knowing that clients can recover from trauma. Sometimes, however, she does not feel she is successful in her work.

Sometimes you really don't feel like you are making a difference, you sort of know that you are, but it can be such little steps. So when you get that glimmer of it, when you feel a shift, a final shift, and how they are experiencing the pain or there is something lessened. It's so exciting to see that happen and to know that they are really going to recover. You know it in the back of your mind that they can recover, but until you actually get to see it, and there are so many times when you don't get to see it in this work. So that I really find amazing.

Although work with battered women was seen by some of the workers as particularly discouraging, at least one worker found her efforts with this population particularly meaningful.

Kris, a domestic violence coordinator at a family services agency, was able to see the ways her client grew and how she contributed to this process. She describes the kinds of advocacy work with which her client became involved. Perhaps it was easier for Kris because the client learned to advocate for herself and succeeded in reclaiming her power.

I have been working with a battered woman individually. I've worked with her and both her kids. We've gone through hell with the custody case in family court. I have really seen her develop into this great advocate. First she became a very good advocate for herself, but now she's become involved [with] one of the police precincts and family court...She spoke at a dialogue seminar on her experiences as a survivor. Then she came to one of my girls groups and spoke about her experience as a survivor. I see her moving on to another level, still struggling with the issues of the domestic violence, but being able to give back at the same time. And at this time she's looking to go back to school and become a social worker and work in the domestic violence field.

Although rape crisis work is sometimes overwhelming, challenging, and emotionally draining, workers also recognize that encouraging positive changes in their clients is a meaningful and satisfying process. Seeing the change in clients--however long this process may take-- is a source of inspiration, satisfaction, and accomplishment for many of them.

Mary Ann, in her New York City crime victim center, acknowledges the importance of "the little strides."

I think watching clients grow is the most meaningful. It didn't happen with everybody, obviously. You can't be a miracle worker, but there were a few that really did well. I was happy about the progress. That is satisfying. Or even the ones that have to be in therapy for the rest of their lives to deal with all their stuff. But just the little strides: that they are able to stay in therapy for two years, or they are attempting suicide less often.

Working with sexually abused children, adolescents, and their parents at a county-affiliated rape crisis center offered Heather opportunities to see enhanced self confidence among her clients. This process helped her see the fruits of her efforts.

Seeing [clients] self esteem and their self confidence rise is probably the most meaningful to me. Having them expand their worlds and feel that they deserve the best. I think that when you help [clients] work through all the negatives, [such as] shame. Help them clean off all those layers of shame that they have, then they will start to realize that they are as good as everybody else.

Some workers observed that clients are adept at developing strengths and coping skills post-therapy that were not present pre-therapy, as Evelyn, a therapist at a hospital-based New York City center, offers:

I think what is really important about the work is that almost always you see people who are in such terrible shape, getting better so quickly. I even feel that in a majority of the cases, by the time they finish the work, they are in some ways better off than before they were assaulted. Stronger, clearer about themselves, about what they want out of life, and certainly about their expectations in terms of what kind of treatment they'll take from other people. So that is extremely gratifying.

As an administrator and Evelyn's supervisor, Cheryl makes certain that her staff members have the opportunity to have long-term cases so they can participate in the change process.

I think that you can really, really do magical things. You know one of the reasons why I insisted that everybody have long-term cases is because I really do believe that you can't do this work and not see the healing. You can't do it just for the crisis impact. We can't just do crisis counseling and not even begin treatment. You deserve to see someone go full course and transform. That's what makes the work meaningful.

Feeling Connected

Sometimes, it was not the specific intervention or the process of change workers employed with their clients, but the power of the therapeutic relationship that taught them about themselves and their clients. Through this relationship, workers are able to see tangible "evidence" of their effect on their clients' lives, how the relationship helps clients grow and change.

Maggie, a therapist/educator at a county rape crisis center, sees the relationship with her clients as one of the most important elements of her work.

I guess one thing I find really meaningful is when I feel like I am really able to connect with someone on a very human level...[I] use myself to help another person and be with another person. There is so much more. What is interesting about this is the things that happen when you aren't trying so hard in your head to do things so perfectly. The things that happen as you are connected with someone and just the connection of a human relationship that you can't explain.

Mary Ann, in her work as a therapist in a mental health center, addresses the powerful process of engaging a resistant client and the importance of the client-worker connection. The power of connection for Mary Ann and this client seemed to strengthen at the point of termination after Mary Ann developed caring feelings for the client and when the work became more than a job.

The interesting thing was when [client] said, "Well, how am I going to start over with someone new? I am not going to feel comfortable."

She used to confront me all of the time: "You don't care, this is just your job." So I would say, "Well in the beginning, maybe it was, I was just trying to help you out." But after a while, you grow fond of people when you see them on a regular basis. You get to know them and that's what happened, "I've grown fond of you. I care about you and it's not just my job anymore."

Being a Witness

Validating clients' experiences through the role of "witness" helped to connect workers to their clients. The workers who saw themselves as witness for their clients also had first-hand experience with trauma.

Gillian, sexually abused as a child and now working at a crime victims center, sees that her practice reflects her value of being a witness for her clients.

I think pain that's shared is pain halved and that one of the most important things that we do for our clients is to bear witness to their pain and to say, "Yeah this really is as bad as you say it is" and maybe even worse...I think that trauma blows your foundation away, so the clients need that holding environment.

Jane, in her role as therapist in a New York City center, had the opportunity to have her own witness. This experience helped her see the importance and power of the witness role in her practice with clients. Her first-hand experience with trauma provided her with the fuel to help their clients.

I found that I liked being able to be a witness for them, to say: "This really happened." Also, because at that time I finally had my own witness to what had happened to me and my family. Doing this work, and when somebody says: "This will never go away," being able to say to them: "You are right, it won't. But let's see how we can work around it." But I think that was one of the things I really liked to be able to do was to really sit with somebody and not have to fix it for them...I think a lot of it had to do with just being a witness to something, which is such a huge part of the recovery process for people. There was something about being in that position for them and being able to normalize...it seems like such a huge part of the

work. It felt meaningful. It was enormously satisfying.

Feeling Inspired

Despite the challenges and barriers to success, workers consistently reported feeling inspired by their clients.

Not having been raped or sexually abused contributed to Sarah's admiration of her clients in her hospital center.

I'm not a survivor myself...Seeing people who really stick with therapy, stick with their own needs, really trying to work on themselves and relive pain and have flashbacks and all of those things. I find it incredibly inspirational. I feel just so respectful of some of my clients. I can't believe what they do to survive. It's really meaningful to be a part of that process, to be let in, to share that with them, to be able to hold on to some of their pain for them, and to then help them get rid of it. I think that to me is the thing that really, really makes me thrilled. It's the thing that keeps me going. It is incredibly rewarding to see that happen.

Alberta, who works with Sarah, also admires her clients.

I think it's [meaningful] touching people's lives in really such a profound way. There are so many people who believe that they are bad people and this is their fault and they don't know who else to turn to. So I think that is one of the most important things, that people endure horrible things. They don't think it's horrible, but when I hear these stories, there are horrendous things that people have gotten through and are going on with their lives. They may not be able to travel the way they used to, but my God, in light of what they have been through, that's pretty good. I know they can't hear that when I say it, but that's what I am thinking, "My goodness, that you can go through all this and still be the person that you are is really wonderful." I think they don't realize that. And I want people to honor that fact in themselves because it really is just wonderful. When I sit and think about it, that really makes everything worthwhile, more than anything else.

Emotional Barriers to Making a Difference

Making a difference and seeing the changes in the lives of their clients was at times a daunting mission fraught with disappointment and frustration. The work can be often overwhelming; changes do not come easily. This raises questions for workers about their effectiveness.

Several of the workers acknowledged feeling powerless to make a difference in their clients' lives and overwhelmed by the complex problems of rape, sexual assault, and domestic violence. They report feeling drained, exhausted, overwhelmed, and discouraged.

Feeling Drained and Overwhelmed

Feeling both overwhelmed and drained, Leah, a therapist at a New York City center, has considered leaving the trauma field altogether.

[Although] I like therapy in general, I still go through periods where I think I need to leave this job. This field. Totally. Sometimes I may have days when there's three or four appointments and I leave drained. There may not be anyone here at that time to talk to and I come home and I feel exhausted.

Early on in her work at her center, Mary Ann, who was emotionally moved by her connection to a client, felt helpless to change her client's trauma experience. Part of her initial difficulty was related to her lack of experience with victims. She was unprepared for the emotional manifestations of the job.

I think the victim work is a lot harder for me, just in terms of hearing about all the trauma and feeling helpless to do anything about it. You can't really fix it. You can just help them cope the best way they can and try to work through it somehow, but you can't make it unhappen, and that [realization] was hard. I think the work was very draining and I actually think part of that was my lack of experience. I don't think I was prepared for the level of feelings elicited, because you just feel so bad that this happened to this person .

For Gillian, who sees the value of being a witness to her clients, overwhelmed feelings manifests themselves physically.

When you hear so much pain and horror and especially if you are connected to your clients, which you got to be to do good work, it sits in you. There's certain times especially when it sits in you so hard that I have to talk about it to get it out of me, and I have to even shake it off my body because it feels physical. [I have] to do something good for me because if I don't keep the boundaries, I'll carry [my clients'] pain and start acting as if it was mine. That sounds like I am a little crazy, but I think that is something we all do and don't realize.

Feeling Frustrated

Alberta, who sees a large percentage of adolescent girls on her caseload in her hospital-based center, stresses the importance of education. She is continuously frustrated by her clients' resistance toward education. She describes herself as both therapist and teacher. Her values of independence and self-reliance shine through in her reflections about her adolescent clients.

I don't want to become career counselor, but I also think it's important, and I really believe this, unless you have some kind of skill, you need an education. I hate to sound like my parents, but I think that's really true...They [teenage clients] are telling me they have a high school diploma, but you can't do anything with it. And that's very frustrating because I want them to understand when they see me that you can do other things. I'm not saying that you have to be a doctor, lawyer, Indian chief, but you can do other things. You can be a nurse. You can be a legal secretary. There are things that you can do and you can take care of yourself. And not wait for somebody else to take care of you, which I think is the mentality a lot of these girls have, and I don't know what it comes from, and it's frustrating.

Feeling Powerless to Make a Difference

Domestic Violence Cases

Changes were often elusive and lack of noticeable growth among their clients emerged

as a source of frustration for many of the workers. The process of recovering from trauma is often slow, particularly in work with battered women. Although respondents provided direct services to clients affected by rape, incest, and domestic violence, it was the domestic violence clients who presented the greatest challenges. Helping these clients was often complicated by their returning to abusive situations. Compared with other clients affected by rape or incest, battered women often frustrated workers, leaving them feeling that they are unable to make a difference or to stop the abuse. There is pain, disappointment, and sadness mixed in with a wish for their clients to have lives free of violence.

Leah, who has also pondered leaving the trauma field, reported feeling dissatisfied about her work with battered women.

I think that the more dissatisfying aspect of this work is working with battered women. It is still the most unsatisfying, even though there are some major changes...The recidivism, the kind of going back and returning to the same exact matter, it's really disheartening.

Alberta, an advocate for education, also expressed frustration about battered women returning to the abuse. Emotionally, it was difficult for her to comprehend why her clients went back to abusive partners.

These people [batterers] are really beating the crap out of them, and they can somehow think that it's okay to go back. Sometimes, even with all of my knowledge, it just really is hard because I just don't understand living that way. How could you think your life will be better with him? I know it's going to be hard without him, but my goodness...just the lack of self esteem and what people put themselves through for what they call love, it's really just amazing...I guess it's a process and they need to go through it, but it's really heartbreaking. I just wish I could speed the process along for them and make them see that they don't have to live like this. It's very hard sometimes to hold your tongue 'cause I really want to say, "What's wrong with you? Get out!" But I can't do that.

Although Amanda, who is most satisfied when she sees growth in her clients, is sensitive

to the dynamics that contribute to domestic violence, she was also continuously challenged by this population.

The other thing that was challenging for me was working with battered women who were, for whatever reasons, staying in the battering relationship. Sometimes there wasn't a choice and sometimes the person was trying to make the relationship work or stop the violence. That was challenging. To help people through that [when] the person would come in and tell you about how they had been beaten and humiliated. That always feels challenging, listening to people getting hurt like that, over and over again and they're staying.

For Leah, Alberta, and Amanda, seeing battered women remain in violent situations evokes a range of reactions.

Counseling battered women presented specific challenges for the workers, especially in their recognition of the difficulty of breaking the cycle of violence.

Battered women proved to be a difficult population to work with primarily when clients returned home to their abusers. This population was more satisfying when clients acted more proactively.

The Importance of "Thank You"

Workers acknowledge the importance of receiving some sort of acknowledgment and appreciation for their efforts with clients. The rare "thank you" was noted as a significant symbol of workers feeling valued. This recognition helps them feel connected to their clients.

Alberta remembered words of appreciation spoken to her by a former client. Such gratitude, although rare, allowed some workers to see the merit of their clinical efforts.

I had a client a year and a half ago. It seemed like whenever we were supposed to end, things kept coming up and we couldn't end. And she said to me, "You know, for the rest of your life, you'll always know

that you helped somebody, because you helped me." And a couple of people have said that to me. It sounds really corny, but I'll always know that I helped at least a couple of people. And that's very important because at least I made somebody's life a little bit more tolerable.

Kris's careful interventions with a battered woman were rewarded when an appreciative client made the decision to leave her batterer.

This was the Saturday before I was going on vacation. I said [to client], "You know [your leaving the batterer] was the best going away present you could give me." And she started to cry. And she said, "Well, it's because of you Kris. You're the best therapist here. You are just so grounding and we talk and I have really been thinking about all this stuff that we talk about over the past month. You are right, it is his [batterer's] problem."

Sometimes thank yous come indirectly and over time. Heather was satisfied from learning about her client's post-therapy progress.

Every once in a while, it's nice to know that people call back and tell you what's going on and how much their lives have changed. That's really neat, 'cause people drop out and you are not always sure.

Workers acknowledge the importance of seeing the fruits of their labors. They want to know how they have helped their clients heal from trauma.

Helping clients through the healing process was as one of the most satisfying aspects of their jobs. This is seen with the backdrop of time--the healing process may take place over many sessions and it is perhaps even more meaningful because it is often a slow process.

For Olivia, caring about clients and believing in them helps them heal from their victimizations. She identifies what is most meaningful for her about the work:

It has to do with knowing that someone has experienced that I care about them, that I believe in them, that I believe what happened. It means they are not crazy. I validate it, and help them see their own power as far as the control they have over their lives, but also their own resources, both internal and external. It means helping people

realize that there are other people who care about them, or that they have skills or tools to deal with things and helping them develop those skills.

Alison explained the role spirituality plays in helping her clients heal from trauma. She sees her limitations as a therapist and acknowledges the value of spirituality in her own life and in the lives of her clients.

I have seen the struggle of many people, and I wanted to be part of a person's effort. I wanted to be part of the healing process, learning how they heal, where do they get their strength from? ...I like to think of myself as facilitating healing. They have to do it. But they got to trust a higher power, higher than themselves, higher than me. That's how I work with spirituality, especially when [clients] are in the biggest crisis, because when I have been in my biggest crisis, God helped me.

The workers paint a textured picture of their interventions with and wishes for their clients. Quite expectedly, they all maintain a hope for client growth toward health and free from abuse and violence, but in the process, they learn emotional lessons: that change may not occur; that they have emotional responses to helping their clients; and that they are most satisfied when positive change occurs.

Workers' Stressors

Although satisfying and meaningful for all of the workers, rape crisis work was also experienced as difficult and stressful. Working with traumatized clients, having to function in tight quarters, and dealing with personality problems of staff were some of the stressors identified by the respondents. The level and type of stress seemed to vary depending on the type of rape crisis center.

Inside the Hospital

What is the most challenging aspect of the work for center administrators? Administrators identified a different set of challenges from their front-line colleagues. All of the administrators interviewed managed hospital-based programs and had similar frustrations about managing their programs.

For those within hospitals, it is not the challenge of providing services to rape, incest, and domestic violence clients that was most difficult. Rather, it was the frustrations of working in hospitals where the programs are undervalued, under-funded, where everything from salary to space is a struggle. Having an ally in a hospital was echoed as a valuable resource.

Under the Hospital's Watchful Eyes

A common source of stress for administrators was the need to be politically cautious. Both Joan and Felicity administer their programs within conservative hospital systems, thus creating particular programmatic obstacles.

Joan, an administrator in a Catholic hospital, resents her constant need to be careful to not offend the hospital administration. However, she has learned to be strategically adept in advocating for the needs of her program.

The hardest part of doing this work has been constantly checking myself. I have managed to stay out of most trouble. I have gotten in a lot and I have paid dearly....We operate under the eye of the archdiocese. We have to be really careful about what we do. I think [the hospital] would like us to do what we do very quietly and not to make any waves...You just can't relax and do the most important work I think there is to do in the world because you are so busy protecting [the program].

Like Joan, Felicity administers her center in a large, conservative teaching hospital and she has managed to be politically savvy while keeping her program needs in clear sight.

I need to almost at all times walk a very fine line politically. I and this program would not have continued all these years at a conservative institution like this if I didn't walk a fine line. As long as I am here, I can do something about issues. If I yell too loudly, or did things that were looked at in an adverse way, then I and the program might not be here anymore. So then we couldn't do anything.

Hospitals have been identified by administrators as challenging settings for rape crisis centers. Having a person in power, specifically a physician, to support and advocate for program goals, can mean the survival or death of a center. Felicity, Cheryl, and Lily illustrate this point. Felicity stated:

Thank God for this woman who is our medical director because doctors have power in hospitals. We would never have made it without her and her advocacy.

According to Lily:

We are trying to do all this touchy feely stuff, which is associated with social work. If we don't have some sort of validation and support by physicians, we don't get anywhere. But more recently we are getting validated by physicians, [but] it's been an uphill battle all the way.

Likewise, allies were important to Cheryl.

It is challenging to try and change [the] attitudes and value systems of people in power in the institutional levels. You run the gamut of being unsupported, having the tensions and all of these negative relationships. I have one of the most progressive emergency room administrators around town. He is just phenomenal, and I know that we helped him become that progressive because he has been around as long as I have.

When Emotional Support is Lacking Negative Staff Relationships

Money is not the only internal element found lacking in the centers. Not all of the

workers interviewed experienced their centers as supportive places. In one particular center, staff relationships were less than supportive. All three of these workers are from the same hospital-affiliated center.

One aspect of staff interaction that is challenging for Emma at her New York City hospital center is confronting her colleagues. Tight space also contributes to the stress and to her dissatisfaction.

We are all women. Socially we get along well and enjoy working with each other, but it is close quarters and sometimes it is very fragmented and disorganized and chaotic and overwhelming and very stressful. When it's great, it's great, when it's bad, it's horrible.

Elise, who is a co-worker of Emma's, identifies staff relationships as problematic.

I think that there are personality conflicts and that's not something that I'm particularly comfortable with nor do I feel that it's in my ability to change that, so it's frustrating. We talk about it on a regular basis. We all have basically the same goals in terms of work and what we want to accomplish, so you would think that it would be more cooperative than it is. With our space, I think I'm very sensitive or receptive to people's energy and in that space, it takes a split second for the energy to change drastically. It gets icy and difficult.

For Felicity, the stress of the work influences how she and her staff interact and relate to each other.

I don't know if it is just the nature of people and sometimes there is just so much stress around us that it gets to us and we are not supportive as we could be. You are dealing with mere human beings, and you are dealing with human beings that are in a pressure cooker, it really is stressful work.

For other workers, it was challenging to gain support when co-workers are experiencing the same type of stress. At her hospital-based center in a residential neighborhood, Sarah wants to reach out for support from her co-workers but fears burdening them.

You think it would be a natural thing for us to be supportive--we are all women and we believe in [the work] because this is what we do and--but how much do people actually do it? I think it's a hard environment just because I don't want to burden somebody else either, when I know they are dealing with so much of it. And I don't mind when people come to me. I know that none of us really mind. I like it when people come to me, but it is hard sometimes, because, you are just trying so hard. So I think, it's not that I don't think people are not supportive, I just think sometimes, it's hard to do that.

Mary Ann needed a more organized system of staff support than her mental health center afforded her.

I didn't feel like there was a lot of support for what we did at the agency. They didn't realize how hard it was, the work that we did. So, if you couldn't schmooz in the hall, there wasn't like any organized kind of support system that we could count on.

Negotiating for Space

Working conditions, such as having enough space to function, helped to keep workers, such as Jane, satisfied. Her center is large and beautifully decorated, not unlike a comfortable living room. She says:

I think it was important that the location certainly was inviting, that it was not a sterile kind of cold, "hospitably" place. I mean that made a difference. It made a difference for me to feel like I was going someplace homey everyday.

This is a contrast to unsatisfied workers such as Emma, Elise, and Felicity whose center consists of one crowded room.

Felicity's stress increased by having to contend with inadequate space. As she illustrates, the inadequate and inconsistent space afforded to her program negatively affected staff and clients.

We can't do counseling in a room like this [hospital room]. It's impersonal. There is a dummy in the bed here. We are always

scrounging for space. We are dealing with people who have been assaulted, and we try not to re-victimize them. We run groups and sometimes we have to change the room of the group from week to week. All of these things are unsettling and it's not helpful, therapeutically, for someone who has been assaulted. Sometimes our own office gets so crowded and hectic [when] we are trying to do telephone counseling.

Space and co-worker relationships were areas of stress identified by many workers. The administrators also identified money and funding battles as constant sources of stress.

Scrambling for Money

More than problems with office space, inconsistent funding emerged as a persistent challenge for administrators. Searching for sufficient and stable funding for programs sometimes took the focus off the "real" work, as Cheryl illustrates:

What is hard is money. That is where I get angry because I think that there has to be stable funding. You should not have to worry about funding from year to year. I think that programs like ours have proven [themselves]. I don't think it's a political issue anymore. I am forever scrambling with more grant proposals. You can't be sure of what the story from Albany is this year. It's too much energy going into [securing funding]. What you end up doing, which is so wrong, is that you end up creating programs and positions which meet the needs of RFPs [Request for Proposals]. It's not an intelligent way to program, but you find yourself hit between a hardball and a rock. In order to survive, you do it.

Like Cheryl, Felicity is tired of fighting for secure funding.

I do feel burned out. I'm tired. [I say to the funders:] "Enough already. Stop holding back the money and stop starting trouble here in the hospital." It's real big issue. The State Department of Health just got some money, and they broke it up among seven programs. We were one of them, to be able to go into an unserved area . We wrote a proposal to go into two of the city hospitals. We started to interview, and only learned last week that there is a very good possibility that the money is going to be held back...Money is always a problem. We have to use all of this time and effort and energy to deal with this rather than deal with the real issues. And it's really very scary.

Rape crisis centers have increased significantly over the decades since rape was identified as a social problem. It seems, however that centers are required to fight for funding on an on-going basis. As demonstrated by these administrators, researching and securing viable funding sources and adequate office space at times takes up as much if not more energy than the "real" work of providing services to clients and educating the public on ways to protect themselves.

In addition to "external" or organizational factors such as relationships with co-workers and lack of adequate space, workers' stress often comes from negotiating complex and emotionally painful cases.

The Stress of Complex and Changing Caseloads

The caseloads at rape crisis centers are not static. All of the workers, to varying degrees, saw clients affected by rape, incest, and domestic violence.

Maggie, a worker at an Upstate county affiliated rape crisis program, reports:

My caseload changes so much. When I was a student, it seemed like the majority of clients coming in were survivors of incest or childhood sexual abuse; although last year, I had a large number of clients who are rape survivors. Just lately, I am seeing more longer term therapy cases.

In her hospital-based center, Alberta notes that:

My caseload predominantly is about evenly divided between rape and incest [cases]. I also have a smaller amount of domestic violence cases. Most of them now are teenagers. It kind of ebbs and flows. Sometimes you get a lot of teens that come in. Sometimes we get a lot of adult women. Now I have a lot of teens, 16 or 17 years old. Most of the teens are rape, a lot of them are acquaintance rape actually.

Alison, a therapist in a mental-health affiliated center, noticed changes toward more

domestic violence and fewer physical assaults, such as muggings, on her caseload. She attributes this shift to society's attention to "home violence".

I see mostly females, mostly adults, rape survivors, incest survivors and adult survivors of child sexual abuse. I also have a small population of younger children who were sexually abused or who witnessed or experienced domestic violence. Also in the adult population, most of the women I see are also victims of domestic violence. A long time ago I used to have more assaults but people don't care about straight assaults anymore because the home violence has been so big that it occupies most of the caseloads for most of us. I use to have robberies and assaults and mugging and car jacking, not too many of them, but people would feel devastated by that, now everybody says, "Ah, what is a carjacking? I'll get another car."

Being the only Spanish-speaking worker at her New York City center presents its own stress. Leah, because of her bilingualism, sees a particularly wide range of clients.

Because I am the only Spanish speaking person in the clinic, I see everything. I see battered women, I see crime victims, homicide survivors, I see rape survivors, I see incest survivors, and I see children and adolescents. I get to see everything and it fluctuates.

Although caseloads fluctuate, workers were all intervening and offering support to trauma cases. Trauma was the unifying factor among the cases.

The Experience of Erotic Transference

Hearing on-going, daily accounts of violence had a powerful effect on the workers. They report feeling overwhelmed, powerless, and discouraged. Some closely identify with the clients they counsel; a singular reaction was a worker who reported having actual physical reactions to the work, in particular sexual arousal.

A specific area of stress identified by Leah was "erotic transference." She described this experience as "taboo." With the realization that she sometimes is sexually aroused by her clients' stories, Leah felt both shamed and embarrassed and acknowledged that this was not

a subject easily broached with her co-workers. She was the only worker who reported this experience.

There is one thing that no one really talks [when] there is a sexual arousal reaction to some of the stuff that you are hearing and the disturbance of "What's wrong with me?" It's something you are afraid to talk in supervision about. You are afraid to talk to your co-workers about it. Sometimes the way the client presents it is quite sexualized and the reaction when you are paying attention and your body is reacting to this: "Holy cow! Get me out of here!" I have learned to soothe myself and say, "It's ok. This is the nature of the erotic stuff that is coming out here." [But] it's like a sock in your mouth. You are not supposed to talk about this. It's really scary feeling and it's disturbing. After a session, I am glad that it's over.

Outside the Center: How Society Views Violence

Beyond the stress and uncertainty of funding and space concerns, clinical issues cause considerable stress for workers. How the problems of rape, incest and domestic violence are perceived by society also is stressful. It is also challenging to feel optimistic doing the work when the problem continues to exist at an overwhelming rate.

Overwhelmed by the Magnitude of Problem The Stress When Survivors are Disbelieved

Several of the workers, including Stacey and Olivia, are overwhelmed by their jobs as well as by their seemingly inability to escape from the issues. It is also painful when society, through myths and stereotypes, does not believe its victims. Stacey explains:

Sometimes [work] gets very intense, sometimes it makes you want to flip to the other side and just do something for the hell of it because you are just so sick of thinking about [violence]. So I guess you get a little burned out.

Olivia's views of her work have changed over time as she states:

I think [my views have] changed in different, almost contradictory directions. On one hand, (heavy sigh) I feel even more strongly that sexual assault and abuse are

reflections of patriarchy and yet, in some ways I feel a little more helpless about doing anything about that system. [The problem] feels so gigantic and entrenched and overwhelming, and also hearing more and more people who were abused by women and try to fit that in to my political schema and make sense of it and I don't know how I have done it, I don't know that I have, that's something I think I am still processing.

Not only is the magnitude of the problem a source of stress for workers such as Felicity, but society's clinging to myths about women and rape is also both stressful and overwhelming. Felicity articulates:

Invariably, you see the nightmarish myths come up again, whether it is in an article or from different people. [Co-worker] and I were working [with a young couple]. She was working with the boyfriend, I was working with the girlfriend. The girlfriend came in saying that she was raped. The boyfriend didn't believe her, even though she was raped by a stranger while he was out of town. He didn't believe her. These are two 25-year-olds. So what's happening there? So that [disbelief] in itself is very challenging.

When society does not believe victims, it is even more difficult for workers to help their clients because workers do not have the social support to really make a difference. At times, they feel particularly isolated in their mission to help their clients while simultaneously challenging societal myths.

Alberta experiences the most stress and fury when victims are not believed.

The incest cases, it's such a horrible thing to hear about, five and six-year-olds being sodomized and people don't believe them. It's just such a horrible thing to these people growing up and even now, with all the backlash and false memory syndrome [stressing that]: "Oh people are making these memories up," All the sudden now that people feel empowered enough to say something, there are all these people who are saying that they are making it up. It's so infuriating.

"Backlash" against rape and rape programs is a painful reality for Cheryl, who has a long history at her New York City based center.

I think there is a backlash. Women are reluctant to come forward and I think New York has this special situation because I think rape [services] have been lost for a while. I mean there are other violence against women issues that have really taken a stronger public role. Incest is one of them, and battering is the other.

How Workers Cope

Workers' identified a range of coping mechanisms to combat their stressful jobs. These included the role of spirituality, humor, and positive staff interactions in contrast to less supportive interactions.

Spirituality

Several workers spoke of spirituality but meant different things by it. Alberta was:

Really interested in how people sustained themselves in terrible situations, whether it be cancer or slavery, or the Holocaust or things like that. I was always amazed by the tenacity of the human spirit and I still am when I hear these stories. Even living in the city, it has a lot of poor communities and there are many people who are just doing what they have to do for themselves and I am really always surprised that people can do that.

For Gillian, it had something to do with giving back:

I guess it comes from a religious belief system, but it is also more of a spiritual idea of that we can't be put on this planet to just be selfish. It is about helping each other and about living in harmony and community.

Similarly, Alison looks at spirituality in terms of healing.

I remember when I was eight or 10 years old there was a radio program about Dr. Heart and it was about this woman who would resolve people's questions about emotional or psychological stuff. I always wanted to be Dr. Heart. So then I learned later on when I grew up that there never was a [real] Dr. Heart because she was Doctora Corazon, which is Dr. Heart, but I knew I knew that heart had to be involved in healing. I always wanted to, for some reason.

Maggie reduces the stress of her job through creative coping mechanisms, such as being

creative and playing.

A lot of times I try to talk about [the stress of work], but sometimes it gets to the point where it feels like I have talked about it so much, so that becomes hard to do. It feels monotonous and you think other people are tired of hearing about it. I try to improve the way I treat myself, the way that I talk to myself, artistic things too, trying to open up my creativity. That helps a lot when I am feeling extremely stressed or fragile. I find those outlets to let myself play, to nurture that side as much as possible. And by learning more too. I think that's part of it: when I am feeling stressed, part of that comes from feeling stagnant. [I need to] learn something to match the intensity of what I am working with.

Positive Staff Interactions Help

In addition to spiritual and creative avenues for coping, workers also identified using their colleagues as sources of support.

Most of the respondents identified their co-workers as important sources of support. Much of this support has to do with the fact that co-workers have the same understanding of the work, when, often, outsiders are less sensitive and aware of the challenges and rewards of the work. A handful of the workers did not experience their coworkers as particularly supportive. Most of these workers came from the same New York City center and were dealing with tight space and general personality problems among the staff.

Evelyn finds her center very supportive and takes great pleasure in this environment.

It's very special...We always go to lunch together. We are just so much happier than most people at the hospital. This is an extraordinarily supportive place to work. We all really like each other and support each other.

Leah compared the all-women work environment to growing up with female relatives.

It's very close and very friendly. It's very much a team. It's very supportive. It's almost like home, with nourishing aspects and conflicting aspects. I was raised by women. My parents divorced when I was very young, so my grandmother, my mother, my sister,

and I, that was it. So I was very comfortable being around women. But there's also the other side, being around women all of the time, and all of the enmeshment that happens. I need to be a little more autonomous. So that's the other side of that. But I don't think without it, I would be able to do this work.

In addition to experiencing parallels to her family of origin, Leah also gained acceptance from her co-workers during a difficult transition to the rape crisis field.

Remember those first six months kind of thing? Now we all have it, it's a mark, you have it, you are now part of us. I would share [feelings] with my colleagues and they would say, "You know, yes we all went through it. This is your rite of passage." I never felt judged by them.

For Mary Ann, having commonalities with co-workers served to release some of her stress, such as feeling overwhelmed by a particular case.

I think the co-workers are very supportive, I think because we all felt the same way, just to have people to vent to and schmooz with for a little comic relief or whatever. [When] things get tense, you come out of a session, your head is swimming and you just need to cut loose for a few minutes. I felt that the work stress was something that we had in common and just being able to talk about our personal lives and gab about whatever. I think talking to staff was a big way for me to de-stress.

Evelyn also values the different strengths and perspectives of her co-workers. Variety in perspective served to reduce workplace isolation and challenge stress.

If you have a tough session, there's always somebody's office you can pop into and sort of let off steam and get some support or some feedback. The people I consult with are the people here and everybody has very different strengths and also very different styles so it's very helpful. It's nice because everyone here works differently and yet is extremely supportive of everyone else. I can really draw on their strength in areas which aren't really mine.

Alison and Gillian are motivated by the support of and validation from their colleagues.

Their mental-health affiliated center experienced a financial crisis where there were lay-offs

and low morale. This crisis underscored the value of staff support.

Alison feels the support of her colleagues keeps her going.

Having the support of my colleagues and their understanding and their willingness to help me out helps me keep moving on and working with people. It's like a parallel process. I tell [clients] that they need a support system because I also need my own support system. I am a social being, I need people. When I find people to help me out, see my faults, come around, it helps me help people do the same, even with their biggest tragedies.

Gillian adds:

I get more support from my co-workers, especially right now, and even guidance in terms of my clinical work, than I do from supervisors...With these budget cuts and the morale being what it is, staff cuts and what not, they have been just a primary source of re-generation to keep going... I actually find that the harder times get, in terms of the financial situation in the mental health field, the more my co-workers really keep me focused.

In contrast, Kris, at her family services agency, worked in isolation and did not have the same kind of staff support and interaction as the other workers.

It's interesting because for a long time I have worked in isolation. I found myself in jobs where I was THE domestic violence person or THE sexual assault person. The fantasy is that [someday] I'll have staff. I'll have other people here who know all about this stuff and who think about it and who talk about it. For right now I have to be satisfied with getting students and training students. While that's great because I have help and I know that I am shaping future social workers, it also means that I have them for a year and then they are gone and I have to do this all over again as opposed to having staff who work full-time.

Humor Helps

Humor played a powerful and important role in reducing stress.

"We just have a lot of fun," explains Evelyn. "Everybody has a very good sense of humor and we are just really comfortable with one and other. We did a lot, a lot, a lot of laughing, I mean in self-defense."

"[I] try to laugh a lot when I am feeling really stressed," says Maggie. "I go in and chat with everyone else and get silly. That's part of what I do, and that's what makes this place more of an enigma, more of an unusual place, more of a unique place is that we can do that here, that we can get silly together, just be able to be playful when we need it."

Olivia alludes to the importance of "in-group" humor.

I think that's really important, having people you can make jokes with that you wouldn't make anywhere else (laughter). That's real important. I think that's essential because there is just so much feeling around what we do that you really need a place to deal with that stuff.

In-group humor is not for everyone. Joking about clients and the problem of violence makes Leah uncomfortable.

The thing that we do here, which somewhat is disturbing to me is that we joke here sometimes about [rape and sexual assault] and I have no problem telling them, "Come on guys that's ridiculous that you would be talking like that." Sometimes I feel like the superego here. Sometimes it makes me uncomfortable. Now I have learned to say that this is what we need to do and I join in sometimes. I have learned to be a little more comfortable with it, but it certainly was very distressing at the beginning. We have a thing about, you know Toys R Us? [We say] "Rapes are Us." This is really sick.

Introduction of Back-up System: A Source of Relief

In addition to staff support, administrative decisions, such as the introduction of a back-up system, reduced the level of stress among the workers, particularly by reducing the actual numbers of hours worked. The introduction of a back-up system allowed workers to have more time off, to focus on and develop their personal lives.

Originally rape crisis workers spent considerable periods of time in the emergency rooms with rape survivors because of smaller staffs and less emphasis on on-going crisis counseling services. The workers in this study found this pressure to be less so because the emergency room work is now often handled by volunteer advocates. This change reflects the

professionalization of rape crisis work. Fewer workers than I anticipated had responsibility for going to the emergency room to be with a recent rape victim. More often than not, these responsibilities are handled by advocates or students.

Evelyn, who has worked in a hospital-based rape crisis center for seven years, says she:

Almost never [works in the E-R] because there is a social worker there nine to five. When [the emergency room] gets really backed up, occasionally someone has to go over, but we always send a student. When we don't have a student, it occasionally happens that one of us goes, but it's pretty rare. Now I don't think I have been to the emergency room for a year. I might see somebody in-patient, in the hospital.

Elise, also speaking of her year-long experience in a hospital-based program, reflects on changes in her on-call responsibilities. She and her colleagues used to carry beepers and were either called into the ER or called to consult from home. In either case, as Elise illustrates, it was a disruption to their home routines. With beepers no longer a responsibility at this center comes a feeling of relief.

One part of our job that has changed recently is that we used to carry beepers. On the schedule that goes to the emergency rooms and goes to the advocates, our name and beeper number is at the top of that sheet. We took turns as back-up, not to go into the emergency room, but to trouble-shoot from home. So we would get called at six on a Saturday morning or three in the morning during the week or at any time, 24 hours a day.

Not all workers had to juggle emergency room responsibilities. It was the hospital-based workers who had this problem. Workers in the mental-health affiliated center and the family services agency were responsible for day-time shifts and generally used other agencies, for example domestic violence hotlines, for after-hour advocate coverage.

Revenge Fantasies

One aspect of the work identified as painful and frustrating is the lack of justice, the

inadequacy of the criminal justice system to make offenders "pay" for their crimes. This inequality affected not only the clients, but the workers also. Employing "revenge fantasies" seemed to be at once a source of stress and a coping mechanism. As a way to mitigate the feeling of powerlessness, two workers joined with their clients in creating revenge fantasies, as Amanda and Alison describe below:

Amanda consistently introduced issue of revenge and reparation and her feelings of anger associated with the fact that abusers simply get away with their crimes. Her experience with revenge fantasies, although helpful in the moment, raised moral dilemmas for her.

I think it was very difficult year after year, day after day, to keep hearing stories. I found it so outrageous that there's no sort of justice through the criminal justice system. I think that something unhealthy psychologically for women who've been victimized to just have no recourse. I had a client [who] had been raped and robbed and she was set on murdering the person. There was a part of me that was really hoping that she would [kill him]. The thought of her killing him sounded even more appealing to me. I started to entertain those ideas about getting revenge. I just started feeling really violent thoughts...So I was really trying to put aside morals about violence and put aside a lot of my normal thinking about it and so I felt very mixed about it.

Amanda shares another case example where she struggles with the issues of revenge and retribution presented by her client: Again, this case challenged her moral thinking, but was also somewhat satisfying.

It wasn't unhealthy to have murderous rages as opposed to anger. That sort of stuff felt really hard for me. I started talking about it with my co-workers, 'cause I got very interested in [wondering] "what would you do?" The struggles between being somebody who can't advocate someone getting revenge in a violent way and trying to figure out [whether] there was something bad about [revenge fantasies]. Would it be healing for someone to get revenge? That sort of ended up being the hardest thing for me about the work.

Alison had a similar experience that caused her conflict. Her identification with her

client's murder plan emerged as a way of coping with the complexity of the work. Rationally, murder does not make sense, particularly with her clinical philosophy of protecting clients from becoming offenders, although there was an immediate satisfaction in pondering murder. She describes one of her cases:

This woman who wanted to kill her uncle. In my mind, she makes sense. This was a man who hurt her in a way that is unspeakable. She feels that the most gratifying thing for her is to hurt him slowly. And on the inside I say, 'That'll be cool,' And then she had a plan to kill him and I had to do an intervention with her [to prevent] her from killing this man...My philosophy to help [clients] not become offenders, because what sense would that make?

Through clinical, educational and administrative roles, rape crisis work is rewarding and challenging. This section characterizes the compelling, stressful, and sometimes contradictory aspects and elements of rape crisis work. Stress comes from complex cases, a shortage of office space, not enough time to attend to personal issues. Coping with this stress is a complex process. For some, co-workers' ease in understanding and validating the challenges of the work helped; for others laughing to "in-jokes" released some stress. Plotting to murder client's offenders (at least in one's fantasies) emerged as a fringe strategy, albeit helpful and cathartic to some.

LESSONS LEARNED

MANAGING FEAR: NAVIGATING CHANGES ON THE INDIVIDUAL LEVEL

Becoming More Aware

The experience of working in a rape crisis center provided workers with powerful lessons about many things, especially about themselves. Their reactions to their work, however, are not without contradictions.

Rape crisis workers were personally affected—in both subtle and lasting ways—by their work. One pronounced way workers were personally changed by the work is through their increased awareness of rape and sexual assault. This awareness changed their lives, specifically how they came to understand past, potentially traumatic, events and how their current behavior is now altered because of their fear of rape. Arguably, most women grapple with fear of a rape. Rape crisis workers are certainly not immune to this fear. However, they become deft at managing their fear; they learn to adapt their knowledge of the realities of sexual assault and to be able to function in their lives—and help others function—without being paralyzed by fear.

Center employment provided workers with varied opportunities to learn about rape dynamics: how often it happens, what is involved, and how clients are affected.

Understanding what constitutes rape increased Olivia's sense of vulnerability, particularly in the early months of her employment at her county-affiliated center. The reality of the work challenged her perceptions.

The first thing I learned was how vulnerable I am. When I started [at center], I kind of had this misconception of what rape is. Then hearing a lot of people's stories and also reading some stuff about the

real horror of sexual assault that goes beyond penetration. I guess those humiliating things that rapists have made their victims do just really blew me away for a while.

When Elise worked at her hospital-based center part-time, she felt strong and able to protect herself from assault.

I don't know what it was, coming here one day a week for five hours, seeing a client or two and then doing supervision, it was very empowering to me personally. It felt very preventive to me. Now I know all of these things not to do, now I am learning about my own personal safety, but it was all very positive.

Once her schedule increased to full-time, she became more fearful.

When I started working full time, it changed. I went through a phase when I first started working full time where I would be absolutely petrified out in the street and feeling very unsafe.

Awareness of vulnerability and danger was more pronounced in the early months of rape crisis employment. The fear tends to lessen over time as workers learned to manage these feelings.

The new knowledge of the potential dangers created a myriad of reactions in workers, ranging from relief and resentment to anger. Paradoxically, awareness created both a sense of safety and increased feelings of fear and vulnerability for workers.

Awareness Balances the Fear

Amanda's increased awareness of the patterns of rape and sexual assault paradoxically instilled in her a sense of relief and safety. Through learning to be cautious, particularly in her interactions with men, she developed strategies that, at least intellectually, maintained in her a sense of immunity from violence.

I think it's sort of heightened my awareness of how vulnerable everyone is. I think I feel safer just feeling more aware. It helps when

you are out in the world. I also think my level of trust for men is diminished, not all men, not a globalized thing, but I'm just very careful about people I meet. [I] try and find ways to protect myself. I don't know that I really can but, just trying to. I think it does help to have awareness.

Like Amanda, Maggie reports feeling more cautious now than she did prior to her employment at her county rape crisis center. Awareness and safety play contradictory roles in her life.

One way [my life has changed] that isn't so positive is being so much more aware of violence in the world, feeling so much more vulnerable, that fear in back of you, so much more than it was before. I thought about it before, but not at the level that I do now. Sometimes awareness is good, it's part of caution, it's part of knowing things to help you protect yourself. But to the other end, where it is too much and it makes you so afraid, it inhibits you living your natural life, being who you want to be, makes things really uncomfortable.

Since beginning her work at a mental health affiliated center, Mary Ann feels more street savvy and prepared to deal with a potential assault. Although resigned to the statistical realities, she believes that her newly acquired knowledge can shield her from some danger.

Before I started working [at the center] I used to feel like I hoped [rape] wouldn't happen because I didn't know if I could defend myself. Then when I was working at [center], I think I felt a little more helpless. What are you going to do, unless you have a knife or something? I didn't know if I could plunge a knife into someone else's chest. And now I just feel like I don't think I am stupid enough, I would hope, to put myself in a situation, unless I am out on the street and somebody robs me...I don't feel totally helpless because I think that I am smart enough and careful enough that I wouldn't necessarily meet someone in a bar and bring them home. Now, I definitely am more aware of the risks. I think I was aware back then but it wasn't as personalized as it is now, cause I know it can happen to me.

Fear Comes and Goes

Workers learned to balance their understanding of rape risks with their need to function day-to-day. Fear appears in stages. It is more pronounced in the early stages of rape crisis employment. Unlike those workers who felt safer with their increased awareness, several workers reported feeling more afraid. Increased fear and anxiety were identified by workers as powerful outcomes of their jobs, affecting them personally.

One symptom of increased fear was disturbed sleep as experienced by Maggie, Audrey, Olivia, and Leah. Their dreams seemed to indicate their overall feelings of fear and lack of safety.

New to her job, Audrey reports beginning to dream about rape.

The clinical work must be affecting me because I used to have a lot of dreams about pregnancy when I was working with pregnant women, now I am having dreams about safety. I am having dreams--I guess not a lot--I think I have only had one that was almost a rape dream, so it has to be affecting me on some level.

Early on in her hospital-based work, Leah had a pronounced reaction to her job:

Well, of course I didn't label it trauma. I entered six months of sheer hell. I was really in pain. I was scared at night. When I left here, I was looking over my shoulder. I didn't want to be outside at night, in the dark. I was hypervigilant. I was sitting up, in dreams, night terrors, waking up basically maybe four times a night, four times a week, once a night, yelling, screaming, sitting up.

For Maggie, dreams were just one manifestation of fear.

I go through stages where I'll have all of these Post Traumatic Stress symptoms. I'll have all kinds of rape dreams and everything and just feel more afraid in general. I have come home late by myself and feel convinced that the rapist is behind the corner. It's just that fear is in you, that vulnerability, you know, that seems to go in stages.

For Olivia, dreams are a way of understanding her work with clients.

When I read stuff on secondary [Post Traumatic Stress Disorder] I realized that was also part of what had been happening to me, from reading all of these people's stories, just the heightened awareness of being in danger, not feeling that safe, that was initially really strong for a while. I think other ways it's come out is in dreams about sexual abuse, things that don't feel that they actually happened to me, and not even about things that clients have told me, but sort of a conglomeration of stuff. I think it's just my way of processing things, coming out in dreams.

A seasoned worker, Evelyn's fear lessened over time as she become more adept at managing uncomfortable feelings.

Every great once in a while, if I have a particularly horrendous case that touches something, I may feel a little vulnerable, but in general not much anymore.

"I Really Was in a Situation:"
Awareness of Issues Frames the Past

Workers' increased awareness of violence and personal vulnerability was associated with their changed views of themselves and of their world. Not only were they better informed about the amount and complexity of violence in society and their vulnerability, but also they are able to understand past traumatic experiences.

For some workers, their experience in centers gave "voice" to their comprehension of past traumatic events. Prior to their center work, several of them did not recognize personal experiences as "rape" or "abuse." Understanding what could have happened enhanced their fear. The work exposed them to the continuum of violence against women, and what constitutes assault or abuse. New knowledge allowed them to look at their pasts through a sharply focused lens. Some were forced to re-consider past experiences, albeit painfully and reluctantly.

Through counseling rape survivors in her hospital-based program, coupled with a

developing feminist conscience, Audrey, a therapist, was able to reconsider an event from her past.

I haven't been raped, but there were a couple of situations when I was younger where maybe I could have been. The situation I am thinking about was in college. It was my birthday and I was drinking a lot and I was like, "Oh my God, I am in a car with this person," and he really did come at me and I had to hurt him. I did get away from him, but I never thought that he was going to rape me, I just thought that I was in danger. When I started working here, I was like, "Oh my God, I really was in a situation."

Perhaps in addition to understanding their past experiences, workers' day-to-day behaviors are also changed. The impact of the work played contradictory roles in their lives: their increased awareness is both painful and empowering; their understanding of their past is painful but--at least intellectually--preventative.

"This Job has Made Me Paranoid:"
Taking Fewer Risks

One strategy workers employed to manage their fear is making deliberate, conscious changes in their behavior. In an attempt to protect themselves from rape and sexual assault, workers report taking fewer risks. Workers honed skills to manage their fear. Whether through looking over their shoulders or avoiding the subway, their day-to-day behavior is altered, perhaps permanently.

Prior to joining her hospital-based center staff, Emma, employed in New York City, was not particularly cautious in social situations.

I went from feeling very unintimidated in my life. I used to take the subways at all hours. I never looked over my shoulder. I was single at the time, so I didn't think twice about giving out my phone number, having someone walk me home, going home with someone, you know, "Oh, let's go back to my apartment." I didn't think twice about that.

Her changes in behavior came gradually, first through awareness.

When I first started working here, I still wasn't that cautious. I think it was something that gradually built up...I was taking all these risks...I think that's one thing that I have learned about myself, just how I wasn't cautious, how amazing it is, how I just wasn't careful. Sometimes I think it's good that this job has made me more cautious and more careful, but I also think it's a little much. I didn't even think about these things.[Now] There is not a time where I don't get into a taxi and think about "Uh-oh, this guy could lock the doors and take me to the park or something." I never used to think twice about getting on a subway really late at night. I certainly didn't think anything about getting on the subway at 9:00 at night by myself. Now I do...This job has made me paranoid.

Mary Ann, who has an interest in forensics, realized the importance of carefully attending to her environment. This is a change from how she used to behave.

We live in a dangerous city and I am not cavalier when I am walking around. I am careful. I know how to take care of myself. [I thought rape] isn't going to happen to me and all of the sudden, I started to work at [center] and I realized that this could very well happen to me at any time, even if I am careful. I started feeling really unsafe and I started getting a lot more vigilant. I think that I just became more aware of really looking around and assessing my environment when I was down in the subway or even walking around the park. If I was by myself, I was really aware, not at night obviously, I would never do that, but I was aware of looking around, checking out the scene. I use to just open the door to my building and go in. Now I look behind me first and if no one is there, I open the door, I make sure no one is going to come in, try to get in with me. I never used to do stuff like that.

Behavioral changes come at a price. Most of the workers were angry and resentful that they had to alter their behavior.

Although intellectually Mary Ann understands why she needs to be cautious, internally she is also resentful.

I feel if I were a guy, I wouldn't have to do this. And I feel like why, why should I not be able to walk around at 3:00 in the morning if I want to? Why should I have to be so careful? Or why should I have

to worry about wearing a particular piece of clothing, you know, carrying around the pepper spray, it's not fair.

Located Upstate, Olivia curtailed her recreational activities. Like Mary Ann, she resents this.

I don't feel comfortable going hiking in the woods during the day. I've done it a couple of times, it doesn't feel very comfortable. It doesn't feel safe. It pisses me off. When I used to run, there's a lot of places I would run with other people, male or female, that I wouldn't run by myself.

Amanda is angry that safety is an unattainable luxury, even in her own neighborhood.

I feel a little angry and upset that I never feel 100 percent safe in the world. I probably never did, maybe when I first was born. But I think just knowing, if I'm walking in the park, walking my dog and I just have a moment of forgetting that I could be victimized and then all the sudden, I remember again, "Oh my God, I'm letting down my guard" because I'm enjoying myself for a moment and just finding it just wonderful walking in the park or something.

Felicity, new to the city, reflects on how the rape crisis administrative work has made her cautious, particularly when traveling. She reacts with a sense of embarrassment.

I won't take the subway. At all. I take gypsy cabs now. I do the same thing that I do when I get into every cab. I make sure I see the guy's name, the driver's name and make sure that the door latch opens and closes the door and I sit holding the door. Sometimes I feel like a jerk. That's living hypervigilantly.

Workers are personally changed by their rape crisis jobs, in sometimes contradictory ways. Dramatic and subtle behavioral changes are not the only changes reported by workers. Most respondents also acknowledged that their overall sense of safety and their vision of a good society were severely threatened as a result of their jobs. Workers are forced to balance the positive and negative consequences of their jobs in rape crisis centers.

LESSONS LEARNED

Negotiating Personal Relationships

CHANGES AT HOME: EFFECTS ON PARENTING

Rape crisis work is not a job one leaves at the office. It affects respondents' home lives, particularly in their relationships with their children and partners. Like fears of personal safety, rape crisis work seemed to exacerbate normal worries, this time having to do with parenting.

Normal Worries Increased

Of the 21 workers interviewed, eight were parents. Nearly all the mothers reported feeling an increased need to protect their children from harm and a commitment to keep their children safe. Their developed knowledge--attained from their direct work with adults clients abused as children, as well as clients abused as adults--of what could potentially harm their children played a key role and distinguished them from other parents.

Evelyn, the mother of two sons, acknowledged that her increased understanding of the dangers affecting children influenced her role as a mother.

The other impact [of the work] that is inevitable, especially with kids, is that you are so much more aware of the kinds of things that can happen, safety issues. [I] worry. You do this work and you realize how very unsafe the world is, so that has an impact on my relationship with my kids.

Amanda, who has an infant son, reported constant concern about his well-being. Although she is worried, she is grateful that the work has made her more aware.

I worry about everything under the sun hurting him. Definitely child abuse is one of them. I feel like I'm grateful to have done this work

because I think I'll be more aware. I learned to trust my instincts. I'll just be very sensitive. If there were any signs or symptoms of him acting different, I hope I would pick that up quickly and figure out what's going on. I feel scared in general about his vulnerability and I think the work's affected that.

In an attempt to reduce her worry, Mary Ann taught her first grader sexual assault prevention skills. The strategies she learned at work, she applied to her home life.

I went through a period where [safety] was being talked about in my son's school and we talked about what to do if somebody tries to touch you. But I didn't want to go overboard. It is a balance: "Let's just be prepared." This was interesting because [there was a] school fair. It was parents and kids, a very safe environment. I said [to him], "I am going to get some hotdogs. If somebody you don't know tries to talk to you, what are you going to do?" And he said, "I am going to scream. I am going to run and I am going to say no." Quite some time had gone by between the last time we talked about it. He obviously retained something about what I said to him because his whole thing back then was he didn't want to scream, what if he got in trouble for screaming in school? And I said, "If you are in trouble, something is happening to you, you can scream as loud as you want and you will not be punished."

Leah, who has an adult daughter and a young grandson, worried about their safety.

My daughter is 27. She is married. She has a child. He is six. And we live next door to each other. And I would worry [about her safety] if she's out. So that's increased [since beginning the work]. I was constantly [asking] "Is she home? Did she get home?" My grandson's safety too. When he was about three years old, he would get up from bed in the middle of the night, and attempt to open the door, and come into my house. That was totally terrifying to me to think that he would do that. Was that because of my work here? Maybe.

Felicity educated her grown daughter on the dangers of rape. Although she provided the necessary information and resources on rape prevention, she realized that her daughter will make her own choices about safety, even if those choices differ from Felicity's. It was Felicity's ongoing exposure to issues of rape and sexual assault that increased her desire to

try and protect her daughter from harm. Felicity and her daughter do not often agree on the issue of safety.

My daughter has rebelled and refuses to live as hypervigilantly as I do and take some of the precautions that I [do]. When she first moved into her apartment, I paid for an alarm and she said okay, but now she doesn't use the alarm. She feels it's not necessary on the third floor. It's the perspective you chose to take. She says, "I don't want to live with thinking about that." And my perspective is accepting the reality of what could happen and then taking all of the precautions that you possibly can. As far as I am concerned, she knows all of the baseline stuff and then it is up to her. She is 28 years old.

Too Close to Home

Sometimes the work affects parenting when clinical or case material hits too close to home, as Joan explains:

I am really good when somebody else is in crisis (laughter). It's not so much me, it's my kids. People can't believe that I fall part at a cold, "Do you really do what you do?" I just manage to, when it's over there, to deal with it, I can't deal with it when it's so close to home.

The Challenges of Working with Child Clients

Keeping home and work separate was a particular challenge identified by most of mothers. The emotional intensity of the work is a reality. Some workers try to keep their home and work lives separate but their efforts are not always successful.

Joan, the mother of two young girls, identifies the challenges of working with child clients and her relief that her program sees primarily adults. Being a mother informs the type of clients she feels comfortable seeing. She does not view herself as different from other parents. Her awareness of realities such as incest perhaps sharpened her protective instincts. Raising daughters presented particular concerns for Joan, concerns that will likely be more pronounced as her daughters grow up.

If we saw children here, I don't think I could continue [But] we don't see children here. We see a lot of incest survivors and when they talk about their histories and about early, early abuse and I sit there and (heavy breath) it gets really, really hard. I thought [when I began this job] that I would just get overly protective of my kids. I thought that I could be a better, happier mother not doing the work, [but] I don't think that's the case any more. I think it was just my own fear, and I don't know that it was so different from any mother's fear or any parent's fear about bringing children into this fucked up world .

For Mary Ann, a mother of a young son, work sometimes hit too close to home. Although she did not see children on her caseload, her work served to reminded her of the vulnerability of children.

When [a] woman came [to center] and spoke about ritual abuse [during an inservice training]...I left the room at one point. She was giving some really explicit description of something that happened to some kids and I thought, "If I don't leave the room, I am going to burst into tears in about two seconds." And that's what happened. I went into my office and I was crying hysterically. It was almost like a physiological thing that I couldn't control and it came out and then it stopped after a few minutes and I went back. What triggered it was that I was thinking about these poor children, visualizing, which is hard to do because it is so horrible to visualize how this must have been done, and then [co-worker] said to me, "Is this making you think about [son]?" And then I lost it.

Role of Gender

The gender of their children seemed to affect workers' worries differently. Half of the mothers spoke of transmitting feminist values of fairness and equality, for example, to both their male and female children. Mothers of girls worried slightly more about their daughters vulnerability on the basis on gender and mothers of sons expressed concern about the potential aggressiveness of their sons. However, these differences, particularly because of the small number of mothers in the sample, were slight. Working with predominately female clients combined with understanding the prevalence of sexual violence against women and

girls affected workers' understanding of the role of gender plays in their childrens' lives.

Raising Girls

For the most part, parents of girls viewed their daughters as potentially vulnerable to victimization. Although Joan has daughters, the work was somewhat preventative for her in that she learned what to be concerned about.

I recognize when both my girls were born, I thought it would be impossible to continue to do this work and raise daughters and then the more I thought about it, I thought it was impossible to raise daughters and not do this work.

Lily, a mother of a grown son and an adolescent daughter, sees herself as overprotective of both of her children and is especially concerned about her daughter having equal relationships with men when she grows up.

The way [the work] really affects me, is that I am extremely overprotective and worried about my kids, especially my daughter, who's 13. I think if she is five minutes late, I freak out. I don't let her take a cab alone. There's a lot of things I don't let her do. Luckily she's not clamoring to do a lot of things. That's where I think it affects my life. I worry about her. I worry about her in relationships. I am always preaching to her about equal relationships, you know, men treating you well, and trying to make her into a feminist.

Raising Boys

For the mothers of sons, their concern was more about raising loving, non-aggressive boys than about fear of their sons being victimized.

Amanda expressed occasional relief that her four month old is male, because she believed he has less of a chance of being victimized as he grows up. She worried, however, that he will become aggressive as he gets older.

I'd probably feel more frightened if he [son] were a she. Although I know that little boys get abused too, there is something [about] him not being female makes me feel that he may be less likely to be victimized. I don't know, that may not be true. One of the things I think about most in relation to him being a boy is about raising him in a way that he doesn't end up being violent or an aggressive person. I feel very concerned about that and...that sort of scares me. I'm like "Oh my god, how do I do this?" I feel very concerned about him being a loving and gentle person.

Like Amanda, Evelyn--the mother of two adolescent sons--struggled with how to raise non-violent, "feminist" boys. She admitted that the work fosters a "female bias," which inadvertently caused her to be less conscious of her son's feelings and experiences.

Certainly [the work] has had an impact in the way that I have raised my sons. I am proud of the fact that both of my sons are feminist. I remember when my oldest son was just a toddler and if there was a fight in the sandbox, between two little girls, everyone would rush in and help them sort it out and make up. But if it was between two boys, I remember once coming in and getting in between my son and a slightly older kid [who] was hitting him over the head with a shovel and a father saying, "You know he's got to learn how to take care of himself sometimes." It infuriated me, but I also wasn't completely certain that I was right, and now, I am really glad that I did that.

The rape crisis workers who are mothers do not seem to be considerably different from other parents. Overall, they seem to be concerned with teaching both their sons and daughters about how to have healthy personal relationships as they grow up. Perhaps this is linked to the work itself---so much of the rape crisis work has to do with intervening in abusive relationships.

Changes at Home: Impact on Workers' Relationships with their Partners

In addition to affecting workers as parents, rape crisis center employment strongly influenced how workers navigate their relationships with their partners (defined as live-in

relationship with partner, boyfriend, or girlfriend). For consistency, the term "partner," is used throughout this section.

Pride and Admiration

Nearly all of the workers described their partners as being supportive of the work. In some cases, the work served as a source of admiration and attraction for the partners as illustrated by Amanda:

I think when we met, [my husband] really admired me and liked me as the result of what I was doing. So I think it sort of made him more interested in me.

Alberta had a similar experience:

I think [my husband] is very happy about the work that I do...I think it is one of the things he said attracted him to me was that I am very passionate about my work and I think he liked that...I think he has a lot of respect for the work that I do because I really like doing it, and I think I am very passionate about it.

In addition to admiring the work, Elise's boyfriend stands by her during hard times at the center.

[My boyfriend] is very great about [my work] and he's very proud of the work I do, so that's nice. So he's really supportive in that way he actually, it's interesting, this is kind of a twist because he is very proud of me and he thinks it's great, [but] when work is bad, when stress is really bad and...now he's in a place where he's like "Just leave, who cares." So it's interesting. But he and his family are very supportive of the work I do.

Confusing Sex and Rape

Rape crisis work affected respondents' sexual feelings and experiences. Several workers reported that the sexual aspects of their relationships were altered. For example, some workers did not feel sexual after hearing accounts of rape and violence all day.

After working all day with clients affected by violence, Kris was not always as interested in

sex as was her partner.

Sometimes if there has been a particularly brutal case, I come home and sex is the last thing that I want to think about or talk about or feel about. I think that's sometimes hard for him to understand. He's not a batterer, you know, he hasn't hurt me, why does this walk in the door with me?

Similarly, Maggie reported being overwhelmed by her clients and unable to enjoy sex. She and several other workers confused feelings about consensual sex and rape. This confusion affected their relationships.

I can remember sometimes after having just a very emotional day here, being faced with such abusive situations, and then going home and being with [boyfriend] and making love to him and a couple times really shutting down, feeling really freaked out, picking up on a lot of the stuff that we get from our clients...I definitely know logically [the difference between coercive sexuality and consensual sex] I know a lot of times on the feeling level what the difference is, but you just absorb it so much on the insides what you are hearing from your clients that it's hard to leave that all out.

After hearing so many accounts of sexual assault, Stacey struggled with feeling comfortable being sexual with her husband.

In the work that I do, sometimes I mix up sex and forced sex and sometimes it's hard to get that sexuality back about yourself. I know that it's okay to be sexual, but [my husband] really likes to be sexual. He doesn't do anything that ever scares me or anything like that, but I guess, when you speak about sex being forced sex three quarters of your day, it kind of gives it a bad rap. Sometimes those lines get confused and that's a bad thing. I know that I need to work on that part of my life, because I think it's definitely had a secondary effect on me, as a sexual being. And sometimes you are over-sensitive to it, I mean everything has to be perfect. Maybe if you don't feel like having sex one night and the other person says, "Well come on," or something like that, which I think is a natural thing in relationships. I guess sometimes you can be oversensitive to that, which, again, is not a good thing.

Kris did not easily trust that her sexual relationship with her boyfriend could be free from

abuse. The work forced her to question the motives of her boyfriend, at least on some level.

I do know at the time I would be very keyed in to listening for anything that felt the least little bit controlling or abusive or if we were in bed and I said, "No," and he didn't respond right away, you know, it would make me a little crazy. When you sit all day and hear 20 stories about abusive men, it's hard not to think of all men that way.

Not Seeing Eye-to-Eye on Key Issues

Although partners of workers are described as supportive and proud of the rape crisis work, conflicts arose in these relationships particularly around feminism and workers' efforts to challenge sexism. The personal connection workers experience to their work--that they, like their clients, are vulnerable to rape and domestic violence--is not intrinsically shared by their male partners. This was identified as a source of frustration and resentment for some of the workers. Although the male partners made attempts to understand, they often fell short. The differences in perspectives created tension in the personal relationships of workers. This finding speaks to the overlap between feelings about the work with clients and a developing feminist consciousness (these elements overlap, particularly in personal relationships). It is difficult to distinguish between the interactions with clients or the ideology that supports and frames the rape crisis work. Some workers needed to have an understanding of power imbalances between men and women, seen as one of the causes of rape and domestic violence. Workers need to reckon with this ideology in order to work effectively with their clients. It is no surprise that their conflictual feelings about these dynamics are brought home with them.

Not seeing eye-to-eye on issues involving men and women caused relationships tensions for Kris.

[My boyfriend's] views on women and his views on relationships are sometimes different than mine... We got involved around the time the Lorena Bobitt [case] was happening and I remember him passing a big test by saying , "Of course he had raped her and what else should she have done?" So I thought that was really cool. He wasn't totally threatened by this woman cutting off this guy's dick. But then the O.J. Simpson trial came about, a test to any relationship. One of the most difficult things in our relationship is that [my boyfriend] thinks O.J. Simpson is innocent. We got to the point where we don't talk about it anymore, because I get too upset and I get really angry at him.

Although Elise's boyfriend is supportive of her work and of the mission of the center, he sometimes failed to meet Elise's expectations of the need to challenge sexism.

I go with the assumption that my boyfriend is 100 percent enlightened and aware and conscious and then he comes out with these things and I'm like "Oh my god, you are a man!" I guess this is related to the work that I do, related to my education, and my feelings of being a feminist. His brother and some of his very closest friends are, in my opinion, misogynist to the umpteenth degree and that's definitely an issue, 'cause I don't let any of it go. In a way it does [cause conflicts] because I always raise it, after the fact, "Did you hear what he said?" and I don't let any of it slide. Whereas [my boyfriend] may not agree with it, he is more apt to let it slide.

Like Elise, Sarah also challenged sexism at every opportunity and wished that her husband was more sensitive to the oppression women experience. She became more attuned to women's oppression through her work at the center. For Sarah, feminism and rape crisis work are closely linked. This is not true for all of the women in the sample.

There was definitely a point where I always had to make a comment about, you know, a commercial that was really sexist or I was always commenting on sexism and feeling outraged. I still do that to some extent, but I think it was hard for my husband [because] he didn't understand why I couldn't relax about it a little or let it go some of the time. I think that he started to understand how this wasn't just political for me, that I had [feelings] as a woman. [I] felt that there was something that was awful for me personally, to have to see this kind of sexism. He started to understand that better. He is a white

man and it is amazing to me to see how much he doesn't have to think about. I was angry at him for a while. There were times that I resented that it was so easy for him. On the other hand, I also realized that there was a comfort in being with him, that all the sudden, things were easy for me, too.

For the male partners, sometimes the work encouraged guilt and defensiveness. Feminism sometimes caused conflicts between men and women. Some workers in relationships with men identified sexual problems. Workers' developing feminist consciousness caused conflicts with several male partners.

Male Partners Feel Defensive

Stacey's husband was simultaneously defensive about his gender and considerably supportive of the work she does. This contradictory response was common among the male partners of the workers.

I think he does get defensive about being a man and sometimes he tries to joke with me about certain things, really trying to be funny, but I think I also have this need to be defensive about the work I do. I stick up for women in general. Instead of taking it lightly, I take it very seriously and very personally and I think that has affected when we are having a discussion. It will be him sticking up for one side, me sticking up for another side, and it will blow up into a fight and it doesn't need to.

Like Stacey, Lily identified her husband's defensiveness as a problem in their relationship. His defensiveness created difficulty for her to be able to be open about how her job affected her emotionally.

I think my husband would be too defensive [if I talked about the emotional aspects of the work]. I don't think he could hear it. I am one of these people who really tries to shut off my [feelings] about work once I leave, but obviously you can't always. It wasn't

something that I really would be able to discuss with him on that level, and maybe also because I wasn't always consciously aware of it.

Likewise, Alison's husband was initially unable to support her emotionally.

I remember at the beginning, I couldn't share, this man didn't want to hear nothing. Maybe it touched a cord inside of him...He wouldn't listen and he would just flip channels and ignore what I was trying to say. It was hard in the beginning because it was like, who am I going to talk to? I have my colleagues and everything, but you want your partner to know the nature of your work, especially when you go home after the last session when you just helped somebody not kill herself or kill somebody. And you just feel like crying. He would put up a barrier about the nature of my work. I thought it is because he didn't want to hear, [but] it is because he didn't know how to.

Over time, Alison learned to ask her husband for the support that she needed. The work brought out her desire to be a therapist to him. But over time, she realized that this was not her responsibility. She wanted to help him with his personal problems.

I wanted to heal my baby (laughter). I knew he also had [experienced] something with his own dad, about domestic violence. He never really talked about his dad. I am married six years, and the first three years was about [me] being accused [of] prying into his business...I remember I would try to analyze everything. I was afraid that there was something big and painful that will take him away from me. I always wanted to be on top, always asking, "Are you ok? Are you ok? Tell me. Tell me. I can help you." He was like, "Bullshit. Don't you analyze me." (laughter). So it was difficult at the beginning because I needed to find a balance, how not to therapizes my relationship with him.

Most of the respondents have male partners and the above discussion mainly pertains to heterosexual relationships. Although only one lesbian was interviewed about her relationship, some differences are noticeable. One is that Leah worried more about her partner's safety than the women respondents worried about their male partners' safety. This was expected given the higher incidences of women being raped.

Worker Worries about Female Partner's Safety

Leah, a lesbian, consistently worried about her partner's safety. Although not usual for worry to be present, this finding was not present among the heterosexual women in the sample. She sees her partner as supportive and understanding and as committed to the rape crisis work as is Leah.

Leah experienced a trauma reaction when she first began her job at the center. In addition to other symptoms, she had constant nightmares and other sleep problems. Although these problems had the potential of negatively affecting her relationship with her partner, Leah maintains that her partner was supportive and that it was not the sleep problems that caused conflicts. Leah worried about her partner's safety, particularly when she walked their dog late at night.

We had this dog, and my partner wanted to walk the dog at 2:00 in the morning and I would say, "No you are not walking this dog at 2:00 in the morning." So she would go [walk the dog] and I would stand [and watch] and that was a stress. I recognized that it was illogical, what I was doing was illogical, but I couldn't stop myself. So I had to ask her to please not do this, because it was too upsetting to me. We would compromise. She would go 12 rather than 2:00 o'clock.

Also, Leah was frustrated when her partner does not practice good safety skills, such as opening the door to strangers.

My partner opens the door without saying "Who is this?" and two times [we've had] a total stranger asking for money or something, and I'm just AAAHHHHHH!!! (screams). "Why do you do that?! Don't you know that I have clients who being pushed into their apartments!" you know, the whole bit. "You could have killed us." That's what I say to her, which is pretty mean spirited, but I can't stop myself.

Shared Values Suggest a Meeting Ground of Perspectives

Although three of the workers had similar professions as their partners, it was particularly important that the respondents be able to trust that their partners shared the same values associated with rape and sexual assault work, for example believing and supporting the victim.

Alberta described the challenges that occurred because she and her husband come from similar fields, although with different perspectives and philosophies.

When I met him, he was working in the domestic violence bureau in the DA's office...I think that he is less political than I am and I think that's because he is a lawyer. He tries to hear both sides, whereas I think I am very biased. I have to be. To do this kind of work, you need to believe the client. I am not playing Perry Mason to find out what is true and what is not true about the story and I think he comes from [that] orientation.

Sarah had similar problems. The conflicts that arose between her and her husband had to do with his work at a legal aid attorney. She had trouble accepting the philosophy and mission his work.

My husband was a state legal aid lawyer, which means that he is representing batterers. That tension was really difficult for us for a while. It got to the point where we could hardly talk about our work. He could always be supportive of me, but I found that I really had a hard time being supportive of him. I think that everybody deserves the right to representation, but when it would come down to actual cases, that made it really personally challenging for me to say: "Yeah, that batterer deserves [the best representation]." That was really hard for both of us, getting adjusted to who we both were and what our work really meant to us...It affects you in a personal way. You make a choice to do that because it reflects who you are, your values. And for both of us to really understand what each of our value systems were and come to respect that more. What happened is I started to just trust him more around knowing that he just was a good person and that who he was representing wasn't necessarily a reflection of him.

When Worker is Also A Victim

Personal victimization combined with general effects of the work further complicated some of the workers' relationships. For two of the workers, it was their rape crisis job combined with their personal victimizations that caused conflicts with their partners.

For Amanda and Cheryl, personal victimization issues figured at least as powerfully into their relationships as employment issues. Amanda recalls,

On a more personal level, my incest experience sort of impacted more on us personally than per se my work. It would be hard to say. The work has definitely educated him 'cause he hears about the work and what I do and so I think he's grown from knowing about it.

Cheryl reports that her husband

was horrified that I would be starting this program, because it was shortly after I was raped. I was just married at the time, although I was living in Greece prior to that and, it was my entree into the Greek cultural stigma and shame of rape. That [was] what I was doing in starting this program was alerting everybody to this very nasty, dirty thing because, you know, this was my job, right? So this was really a major crisis in my marriage in that sense. He interpreted it as telling his Greek world that I was raped by not saying I was raped. So that this was shameful stuff to bring up.

Rape crisis employment is "more than a job." It affects workers' relationships with their children and partners. The changes are subtle. The respondents indicate that the work changes their view of the world and this changed perception affects their ability to trust that their children will not be hurt or to believe that they will not be harmed by their male partners. A lot of the tension present in relationships with partners is value-based. Workers want their partners to feel as passionately about the work as they do and to feel the first-hand outrage that the workers do.

Effects on Meeting New People

Not only do workers report subtle and substantial changes in their family, but they also acknowledge that the work has an impact on their decisions regarding new relationships, for example through dating.

Personal Boundaries are Tightened

Rape crisis work contributed to respondents' securing and maintaining personal boundaries. Perhaps through helping clients make healthy life decisions, workers reported an improved ability to take care of themselves and to maintain healthy personal boundaries in friendships and romantic relationships. Rather than being overwhelmed by helping others all day, these workers seem to have the opposite reaction: intense psychological work with a trauma population may help the workers take care of themselves and nurture themselves better.

Workers identify the ways that the work has changed how they relate in relationships with men (for the heterosexual women in the sample). Because of their understanding of the risks of rape and sexual assault in society, workers became more cautious when dating men. This understanding and increased awareness, coupled with their improved self-confidence, served to keep potentially dangerous suitors at arms distance. Due to diminished overall trust, even "safe" men are kept away.

Rape Crisis Work: Keeping Men out, Letting Men In

Maggie deliberately uses her work as a "test." She wants a relationship with a man who shares her values of equality between the sexes and a commitment to ending violence against women. She seeks a mate with the same values.

Now that I am dating again, a test for me with new people that I meet, is if they can handle where I work, what I do, what their reactions are to it, things like that. Not a lot of people pass that test...I couldn't be with someone who didn't, at some level, understand why I do what I do, and the larger issues that are attached to [the work]. It's about philosophy and personal beliefs, so core, so fundamental.

Like Maggie, Heather also uses her work as a yardstick to measure how much she will allow a new person into her life.

Generally, if I want somebody to know something about me, I tell them about my job. If it is someone that I don't want to know anything about me, then I probably wouldn't tell them about my job unless I thought it was going to get them away from me, use it as a deterrent. There are many things that I do when I meet people, to lead them out in terms of whether they are worth getting to know or not. I mean if somebody said, "I think most kids are lying," I don't think I would want to bother getting to know them.

Hearing about the abuse that occurs within intimate relationships taught Heather to respect her personal boundaries with men.

I think what's good is I have learned to be more aware of my boundaries and limitations and only doing what is comfortable to me and only taking risks that I want to. And I certainly check out with my friends, "Am I being too cautious, am I being too risky, what's reasonable?" And what I find interesting, it's not always a good reading on men, but if men are ok with me saying, "I'll only meet you for lunch because I don't know you," or "Only call me at work." If they are respectful of the fact that I am setting boundaries, that's a plus for them.

Similarly, when men are unable to share Sarah's understanding of sexism or to comprehend the essence of her work, they are not invited into her social network.

I just don't have very many men in my life... I also think that I just don't like men as much [as women]. It sounds really terrible, probably. I don't enjoy their company as much. Being with a man now has really made some difference in that I like a lot of [my husband's] friends and so I am starting to get to know men better as a result of being married to a man. But before that, I didn't feel like

men [understood my work] and I just didn't really want to spent my time [explaining]. I just wrote them off, "I don't need you"...The door definitely shuts. And it's going to open again very slowly, if it opens at all. They [men] are going to have to really like be very special in other ways (laughter). I would like to be more tolerant.

In contrast, Mary Ann is rather non-discriminatory in the way she meets men to date.

Well, I think in general, I was more aware of what could happen with someone I don't know and I wasn't going to meet somebody in their apartment, it was always a public place, like a restaurant or a bar. I am surprised that I actually answer personal ads because this is like a perfect place to meet serial killers.

Opening Eyes to What is Abusive

The work educated Gillian about the meaning of abuse in personal relationships and, in turn, she has sought healthier ones.

Very early on [the work] opened my eyes to what is abusive, what is not, and what I would accept in my relationships. I think my relationships have gotten a lot healthier since I have been here and really more in this last year. I think my work has had a really big impact on my relationships, letting me be more comfortable with who I am...I had a different set of rules for me [and] my clients. And now I am like, "Wait a minute, you are not exempt." And also I deserve to say, "I don't feel like it tonight (laughter), you know, honey, leave me alone."

Either as a test, a deterrent, or as an educative tool, rape crisis work served a role in helping workers negotiate dating relationships.

For the respondents, rape crisis work has a powerful and sometimes subtle effect on how they negotiate established personal relationships or seek out new relationships. A theme present in the data points to fear of harm for themselves and for those they love, such as their

children and partners. The work seems to call into question their ability to trust and rely on established patterns behavior. The changes in personal relationships are not dramatic--it is the subtle changes that are evident. For example it is not a leap to say that all parents worry about their children's safety, at least on some level. For rape crisis workers, this "normal" worry is present but intensified, heightened. In personal (dating or partner) relationships, lack of trust or persistent trepidation may be a common emotion, especially when meeting new people. Again, for the workers here, this normal and understandable caution is sharpened, sometimes to the point of cynicism.

Rape crisis workers likely commit themselves to helping their clients recover from abusive situations. However, it is not only the clients who are affected. This work is not left at the office; it becomes a part of workers' identities, attitudes, beliefs, and motivations, in subtle and lasting ways.

Changing the World: New Ideas, New Actions

NEW IDEAS

Rape crisis employment encouraged workers to re-think their ideas and beliefs.

On Womanhood and Feminism

For several of the workers, their jobs as rape and sexual assault counselors and administrators made them more aware of and comfortable with themselves as women. Their consciousness about sexism and the oppression of women also developed. Sometimes it was difficult for workers to separate out their awareness of rape and sexual assault from their developing feminist consciousness.

Something intangible about the work allows Stacey to feel proud of being a woman.

I think the other major area [of self learning] is taking pride in being a woman and discovering there is something great to being a woman. I don't know where that stems from, if it is directly related to working at the center, but it is [something] about working at the center.

Clear messages about human equality and fairness laid the groundwork for the development of a feminist identity.

Sarah's interest in feminism continued after she was out of her parents' home and was graduated from college. Her own investment in feminism seems to have helped her separate her parents wishes from her own career goals.

[After college], I was really starting to come into my own as a woman, and starting to recognize that this [violence] is something that could happen to me. Once I started making more of an identification that I wasn't safe all the time, I think it just really propelled me into it. I think I just felt a real sense of personal outrage that was just not okay to live with, to not be doing anything about it.

Jane was new to politics in general. Through her work, she developed an interest in feminism.

[The work] certainly opened my eyes way more to feminist issues. I don't know how I got to be 35 so oblivious in so many ways. I think I was a little blind to people's struggles because it had been fairly easy for me. I always achieved just about anything I wanted, so I think that made me a little unaware. Talk about cracking open the egg (laughter), whoa! I think I was a feminist waiting to happen.

A Strengthened Feminism

In addition to fostering a feminist perspective, the work also strengthened already established feminist views. Kris and Amanda's feminist philosophies were strengthened by being in the company of co-workers with similar views.

It was important for Kris to have like-minded people to talk to at work. Also, Kris's

"undercover" feminism was re-ignited during her work at her center.

[By age 10] I was an ardent feminist and a tomboy, and as I entered my adolescence, feminism really went undercover for along time. It was not a popular thing. When I entered the field is when I really started thinking about feminism again. [When] I went to work at [the center] I finally had [colleagues] to talk to about [feminism]. So that experience, working...and thinking about feminism, talking about feminism, really sort of strengthened my [feminist views].

Questioning What Feminism Means

The work forced Amanda to question her feminist ideologies. That her hospital-based center sees men as clients challenged and broadened her understanding of feminism.

[The work] probably strengthened my feminist ideology, although because we are seeing so many more men--not only rape but also sexually abused as children--does sort of change a little bit this whole thing of men against women. And I don't think it makes me feel any less of a feminist. The feminist critique of violence is important, but I've sort of broadened my views about how I think about violence.

The work led Alberta to see parallels between issues of race and gender and helped her expand her understanding of feminism.

I certainly don't think all men are bad. I used to think that...But I really do see men as being very privileged. I think that perhaps I didn't realize that before. It's clearer for me to see issues of being white and black than issues of being male and female and I think because I have been doing this job, I realize that there is the same kind of discrepancy as there is in race to a certain extent.

Felicity's rape crisis work, combined with the current conservative social climate, forced her to question what it means to be feminist.

I try not to [use the word *feminist*] because I really find that it has more of a derogatory meaning. I think labels are always tricky. I know for myself, it really depends on the situation. I certainly feel strongly about a number of women's issues. Does that make me a feminist? No, I am not a bra-burning, staunch kind. I think one of the

things that was a problem for the sexual assault movement, and for the whole feminist movement, were women who came across as "We hate all men." And, that's not where I am coming from at all. I would prefer not being called a feminist.

As with others, Alberta identified changes in her feminist ideology as the result of her rape crisis work. Her feminist philosophy focuses on the importance of women's self-reliance in a "man's" world. One of her more salient beliefs is that women need to be self-reliant. Her anger about the oppression of women fostered in her a desire to advocate for the adolescent girls on her caseload. This passion about women and girls' independence became more pronounced through her experience counseling teenage girls, a high percentage of her caseload.

I really do think that women need to protect themselves...So when I meet a lot of teenage girls [on my caseload], I really am an advocate for them. They need to get an education and they need to be able to stand on their own two feet because you never know what's going to happen. I don't think I used to think that way before [working at center].

Looking at the World Differently

Employment in rape crisis centers influenced several workers' understanding of the oppression of women--its effects on their and their clients' lives. Feminism also opened up possibilities for their lives, in terms of wanting to be strong and independent. Feminist philosophy is one rather political change reported by the workers. Another powerful change in the workers' ideas came through their changed view of the world.

Constant Distrust

Workers report a changed view of the world and their ability to trust others in it. Although at times workers questioned the motives of boyfriends and strangers alike, they

also identified compromised ability to trust society and to see the world as a good and safe place. This gnawing lack of trust made even simple observations complicated.

Emma's vision of the world as a safe place has changed since beginning work at her hospital-based center.

It just happened yesterday. I was walking by the hospital and this man must have been waiting to pick someone up at the hospital and this girl—who very well could have been his daughter—was hugging him and clinging to him, but in a way that I had to do a double take, cause I was thinking, "It almost looks like she's his girlfriend." So there is this constant distrust. You develop this sick, paranoid sense.

A five year veteran of her hospital center, Leah identifies the progression of her feelings of trust. She went through being paranoid in the early days of her work to losing trust in general.

I have stopped being trusting. And I think that is a direct result from working here. I do not trust strangers at all. After six months of working here, I stopped being paranoid. I don't have any emotional reaction to a stranger in the lobby, which initially I did. I still walk into the lobby of my apartment with my keys ready to hit anybody in the face, but without the paranoia of feeling like I am going to be attacked now.

Learning that sexual abuse often occurs at the hands of a relative or acquaintance was particularly perplexing for Mary Ann, who works in a mental health-affiliated center

Actually hearing the ongoing trauma does change your perception of the world...So I think you have certain perceptions of things, and really it is the people you think are totally benign that are usually not, like your father and your doctor and your priest and your boyfriend and whatever. I think that I am more aware of the fact that it's anybody, it's the next door neighbor.

Anger and Resentment

In addition to lack of trust, workers have other reactions to the work.

Alberta's sense of a good society is threatened by her rape crisis work. Although she tries

to be positive and optimistic, the realities of violence in society are at times overwhelming.

Now [since working at the center] everything makes me angry. I am angry because I see the injustice. I think before, even if somebody treated me badly, I would still turn the other cheek. Now I have more of an attitude of an eye for an eye...I know I look at the world differently. I know it has to do with the work that I've done...I think I have just gotten angrier at things. I think you can change things and that you have to, but there's just a lot of horrible things that go on out there and I really wish that there wasn't. Sometimes I can't even stand to listen to the news any more, which I used to. It's like inundation at work and then inundation when you come home and I just can't do it sometimes.

Maggie's changed world view comes through in resentment and anger.

I think I was almost resentful about [the work] I had chosen to do. I noticed I was feeling more resentment. [I was] angry that this job had to be done. I shouldn't have be a sexual assault therapist. There shouldn't have to be rape crisis centers. I feel funny saying jaded, but [the work] almost gave me this edge of bitterness and anger towards the world and made me feel maybe a little less hopeful towards the work with my clients, towards the work that had to be done.

Like Maggie, Stacey resents the realities of rape and sexual assault.

I don't want to have to think about safety issues, because I don't think I gave it a whole lot of thought before I came to work here. That's had a huge impact on my life because I really consider these things now. In some ways that's great, it makes me more aware. But in some ways, it's so frustrating and frightening and scary. I can actually get myself scared, and that makes me a little resentful, not necessarily of the work, but of the world that we live in. And now I know about these things, so I have to think about them.

NEW ACTIONS

It was not only thought processes that changed; new actions were influenced by the work.

These new ideas emerged as the foundation, the jumping off point for workers to take new

actions. For many of the workers, new ideas led to new actions. Whether challenging sexism at the dinner table or lobbying legislators in Albany, some of the rape crisis workers were actively involved in social action efforts. Through small and large efforts, many among the sample emerged as activists. The work helped to lay the foundation for social action efforts.

Small Steps Toward Activism

The work helped Stacey feel better about herself. These confident feelings allowed her to focus her efforts on activism. Her self confidence freed her to take action.

I am a woman and I have to be concerned about walking the streets, the danger aspect. I have learned [that] I am a pretty decent person. I generally feel good about myself and I think the work has helped me to achieve that. I guess I have learned that I have an interest in what takes place in the world, politically, like power imbalances. I also realize that it is important to do your piece in the world, no matter how small it is, whether it's volunteering, doing something that helps to make the place a better place. I definitely think I have learned that from working at the center.

Like Stacey, Evelyn learned new skills and was surprised by her interest in activism, particularly with legislative activities.

[The work] has really stretched me. I have gone in directions that I don't think I would have ever considered before. Just in terms of not just doing treatment, but testifying in Albany or Washington or that kind of thing. The advocacy part of the work has been very important for me because, that was something that was hard for me to do in the beginning. It has made me stronger and more assertive as a person in general.

Always seen by family and friends as quiet, Alberta's experience leading workshops on rape and sexual assault gave her a chance to overcome shyness. Her commitment to spreading the word to others helped her become comfortable speaking publicly about the issues.

I think I have gotten a lot [of experience] that I wouldn't have gotten

in terms of doing public speaking and presentations. I never knew I could do these things. People always say, "Oh, you are so quiet, how could you do these things?" I guess it's just my desire for people to know about the issues superceded me being quiet...These are things that I never thought that I would be interested in...Particularly because we do so much outreach, it really allows us to be creative in what we do, and how we interact with kids [in the audience]. So that's been cool too. [These are] things that I never thought I could do. Now I think I'd like to teach because I like doing presentations.

Although workers identified varying commitments to activism, a few such as Audrey focused their efforts on direct work with clients.

I don't have the energy to be political outside of my work...I wanted to go down to Washington to march, I just could not get myself to do it.

Building Support Within the Hospitals

In addition to being politically active on the state and local level, several workers, particularly those in hospital-based rape crisis centers, struggled to make incremental policy and attitudinal changes within their hospitals. Lily, for example, participated in a hospital-wide task force to increase awareness of domestic violence.

I have been on a task force in terms of prevention of violence in the medical center. I have seen this [effort] grow in terms of this hospital beginning to accept and think about issues of violence. Our long-term goal is to have 100 percent [domestic violence] screening. Anybody who comes in and gets an assessment by a nurse or a physician, some questions about violence are going to be asked. I think [these efforts] are really making a difference. Before [violence] was never considered, nobody even thought about it, didn't take it seriously.

In her mission to create services to rape victims in underserved areas of the city, Felicity was met with resistance and challenge from her hospital administration.

It's been a challenge in terms of going into each kind of hospital, there is resistance, like "Thank you very much, but go away," and starting to deal with the emergency room staff.

Lily echoes Felicity's frustrations in negotiating a hospital system.

There's lots of frustrations. I think there is a lot of resistance to whenever you do anything new and especially when you do anything around domestic violence or rape, there's so much feeling that gets stirred up. One of the frustrations I am dealing with right now is trying to get [volunteer] advocates [approved] to see adolescents [in the emergency room]. Right now, it's only adults. The ER is resistant.

Working Towards Political Change

The political efforts of some workers were a particularly satisfying aspect of the jobs. For these "activist" workers, their commitments went beyond their work in their individual centers.

Letting Go of the Small Picture: Commitment Goes Beyond Individual Centers

Both administrators and front-line workers identified the importance of city-wide collaboration among rape crisis center staff. Through such collaboration, a sense of community was fostered.

Felicity sees the value of city-wide coalitions.

Here in New York, all the hospital-based rape crisis programs, we meet once a month. We really work together and that is so important.

Peer supervision offers Evelyn opportunities to receive support outside of her center.

I belong to a peer supervision group for hospital-based programs. We meet on a monthly basis, so that's very nice for me because I meet social workers from [other centers]. So through lobbying or [specific] benefits, I know pretty much the whole staff for all of the rape crisis centers in the city.

Participation on local task forces was important to both administrators and some front-line workers.

Joan and other administrators are involved in the a city-wide consortium on rape treatment that is active in making city-wide policies that affect survivors of trauma.

When I think about this work, I don't think of it narrowly. I think of it much greater. I happen to have a great investment in this program but my investment is much larger. We have actually been working very closely as members of a steering committee looking into providing better treatment in terms of setting up a [hospital-based] pilot projects. So it really means letting go of the small picture and recognizing that there is a lot more that we need to do on a much different scale.

Joan also sees the power of the movement beyond the individual centers.

Each of our individual [rape crisis] programs are small, they have their own momentum. But what we can all do together, we can do large projects. We have just written letters to the media together criticizing their handling of many cases, [and to] the police department. [We are] really banding together.

Kris's work on a domestic violence task force provides her with a mechanism to help her direct her energy toward larger social change.

Probably the most meaningful thing that I have done is being part of the domestic violence taskforce, because that is a very advocacy and politically-based program. Right now I co-chair one committee and I sit on another committee, both related to children. We are writing up recommendations on the minimal level of services children should be getting in domestic violence programs. It's really exciting to think about shaping policy, [beyond] services at my agency.

Legislative Activities

Some workers, either reluctantly or enthusiastically, tackle the legislative aspect of rape crisis work. Without changes in the laws, clinical work with clients only has a certain degree of influence.

Cheryl learned that legislative activities and political savvy were both essential to the survival of her program.

I have always been a clinical person, but a while back I realized you can't do this work and not deal with the laws. So there was like a kind of an identity transformation for me. [The centers] have to get involved [legislatively].

Felicity works to get relevant legislation passed on the state level.

There are the politics and the challenge here of getting these bills passed. There is a whole host of them. We go up to Albany and we fight and we write letters.

Reflections on the Larger Picture

We've Come a Long Way, but Still Have a Long Way to Go

Considerable progress has been made by the sexual assault and domestic violence movements to end violence, but much more work needs to occur. These workers frame the challenges of the work for the future without losing sight of current accomplishments.

Kris reflected on both the accomplishments and the challenges that remain.

This [work] definitely reaches beyond doing individual work. It's this feeling--and I hate using this word because it's so overused--but of *empowerment*. Sometimes I get very depressed to see how far we have left to go, but then I think back and [remember] it was only 20 years ago that a woman needed corroborating evidence to bring a rape case to court. Yes, we are still light years away from where we should be, but when you think how far we have come in 20 years, it's pretty amazing.

Administrators differed from front-line workers (with a few exceptions, such as Kris) in that they emerged as historians of the activities and trends of their particular centers as well as of the local and national movements of anti-violence activists, whether from the anti-rape or battered women's movements. Part of this difference has to do with their length of

employment. Administrators have more years at the centers than front-line workers.

In her 11 years directing her center, Felicity has seen many changes. She reflects on the tenuous and treacherous beginnings of the program at her hospital.

So [when I started the job] it was me alone and thank goodness for a couple of medical students who were most helpful the first year. We had to write protocol and we had to re-write the medical charts. The ER guidelines were totally antiquated. The second week I was here [I was] called down to the emergency room because there was a case. I witnesses the police officer yelling at the nurse, And I am staring at them saying, "Wow, we have work to do"...Nobody knew what to do. I have definitely seen changes. I guess the thing that probably pinpointed it the best was the year they actually had a police officer who was called a *sensitivity awareness training officer* and I thought, "My god, we have really arrived." The bottom line that I always say is that we have come a long way and we really have such a long way to still go. We really do.

Cheryl, in the field 25 years, also offers an historical perspective. Her experience of witnessing trends over the years has taught her valuable lessons about the work and her unyielding commitment to it.

In 1976, what had happened is that a [local] student was raped on campus. [The case] received a lot of publicity [because] this was a woman who was raped 3:00 in the afternoon, was witnessed by other students and faculty. It was in broad daylight. She was taken into the bushes. She was screaming [and] nobody did anything. [The case] created a major community revolution...But the very positive thing that came out of the tragedy was that a group of students, faculty and citizens worked together for several months teaching ourselves, doing our own homework. We proposed a project to [hospital] administration. We proposed to use volunteers from the community, which is the [center] that we have now.

**Ideas Combined with Action:
Rape Crisis Work as a Calling**

The Best Job in the World

Despite, or perhaps because of the emotional challenges and the high intensity of their

rape crisis center jobs, workers express pride in what they do and feel fortunate to be given the opportunity to help others. To be part of a larger movement transcends intervening with clients on the individual level.

As with other workers, Evelyn experiences pleasure and satisfaction on the job.

I do it because I love it. I don't do it because I feel like I should do something important. I do it because it gives me a great deal of pleasure. I wouldn't do it if I didn't like it. The negatives have to do with lack of funding, lack of support systems for your clients, but the work itself, I think it is just really rewarding and fascinating because every story is different... There really isn't much I don't like about it.

Jane reflects on what the work meant to her after being away from the center for a year.

Even though she is no longer a rape crisis employee, she strongly identifies with the work.

There was something about the work, it was just mind-boggling compelling for me. I have never been a victim. I still (knock on wood) have never been a victim of anything more than having my purse stolen, but there was something that really just went right to some core for me. And I just took to it like a duck to water. I loved it. I really, really loved it.

Gillian's pride may balance the emotional demands of the work.

I am very proud of what I do, actually. I think it is the best job in the world. I am always surprised when people are not as fascinated as I am by it (laughter).

For Joan, Alison and Gillian, employment in rape crisis centers represents more than a job. Consistent with their values of making the world a safer place, it is something they feel compelled to do.

Joan, who directs a hospital-based rape crisis program and who has been involved in the anti-rape movement for many years, recognizes that the work has become a source of identity.

I have been spending a lot of time kind of reflecting on the past, because I absolutely want to work and need to work...You really think about what this has meant in your life and how it becomes your identity. It is really fascinating. [Rape crisis work] is so distinctive. You can say to somebody, "I am a medical doctor," I always say that I work in a rape crisis program. I never identify as a social worker.

Alison, a therapist for four years in a mental health affiliated center, described the process she went through to find meaning in her work. Her identification with rape crisis work helped to soften some of the pain associated with treating traumatized clients.

Alison explains the spiritual element of her work:

This [work] is a calling. Things that are good for the soul are not easy things...I reached deep inside [myself] and I realized this is a calling and it is not going to be easy. I couldn't be better at anything else. I believe that we all have a mission in this life, so I've got a mission. It has taken a big toil...You have to have something within yourself for you to do this work because this is really hard work. This is very painful. You have to have this sense of mission, [of] learning possibility and growth possibility for yourself and others.

Gillian, a therapist in mental-health affiliated center, reflects on the motivations of workers who choose rape crisis work. She links work in a rape crisis center to her basic belief system.

I think people that get into this field do so not so much for money but because it's got something very much to do with who they are, a part of their identity and beliefs. It's really the actions that bear witness to one's own belief system about what we are here for, what we are supposed to do.

Felicity, a hospital-based administrator, acknowledges the dangers of over-identifying with work. She also recognizes how emotionally challenging the work is and how she both admires and resents those colleagues who have clear boundaries between home and work.

The phone will ring at quarter to six on Friday and I get started to find an advocate to get to the emergency room, the end of a long week, and I don't know how [my colleagues] can walk away...The other side is that it's very important that [workers] have their own identity and are able to take care of themselves and nurture themselves and remove themselves from work and play and have pleasure. That's healthy. I myself am personally still struggling with that fine line. When I say that I don't know how people walk away, I said I also admire people who say, "It's five o'clock, I am going home now." So that's a catch 22.

The intensity of the work also offered Felicity relief from personal troubles.

One thing I can say for me, when I have had real hard emotional, personal problems, my work has served as a panacea. To put myself into this kind of work, to feel that I am doing good stuff emotionally. It's so gripping that I can remove myself from the intense personal stuff inside. The work has served as a panacea for me.

Alberta, conscience clear, sleeps well at night.

I feel very fortunate because I always say to myself, I could have made more money working on Wall Street and all this kind of stuff, but I don't think I'd be happy. It sounds silly, but at least when I go to bed, I can go to bed, you know what I mean? I feel very fortunate and I feel very lucky that I like what I do. I meet so many people who really cannot stand their jobs and cannot stand the people that they work with. I never really had that experience. I like what I do a lot. I feel respected. I am very proud of the program and the work that we do, so I just feel fortunate, like for some reason the goddess likes me.

CHAPTER V:

SUMMARY AND CONCLUSIONS

For new social workers searching for employment, rape crisis centers offer many attractive opportunities. Workers embark on a dynamic process of counseling clients and educating the public. However, rape crisis work is not just a job. It is a complex vocation, with inherent challenges and rewards. The work stretches beyond the expected parameters of a job and influences workers' personal lives and political convictions. The findings reveal no "average" worker; some were committed to social change beyond the boundaries of the counseling room; others (notably fewer) saw their primary roles as therapists. Despite differences across workers--therapists, educators, and administrators--all reported personal changes in their lives as a result of and through the process of their rape crisis center jobs.

PERSONAL CHANGES

The primary findings suggest that the experience of rape crisis center employment changes and influences workers in both subtle and pronounced ways. Consistent with the Vicarious Traumatization framework (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), employment in rape crisis centers affects workers in a myriad of ways; some of these changes seem to be pervasive and long-lasting. Workers' personal relationships, political and

social views, and their assessment of their safety as women are all elements of this dynamic process. A large part of personal changes reported by workers come through as “lessons.” This supports Schauben & Frazier’s (1995) finding that learning about oneself is a particularly positive aspect of rape crisis work. Although most of the research in the literature focuses on therapists treating incest survivors, the Vicarious Traumatization framework also holds true for the rape crisis center sample.

Findings reveal that workers are personally changed and influenced on three primary levels: 1) individual; 2) their relationships with “outsiders”; 3) their world view. Workers’ experiences of themselves as women, their re-assessment of their vulnerability to victimization, and their relationship with fear specifically characterize these individual changes. Rape crisis work forces its employees to be face-to-face with violence, particularly violence against women. The workers somehow have to balance their new awareness of violence with changes in their behavior. Restricted behavior, as a consequence of the work, is also seen by McCann & Pearlman (1991, p.30) who report, “Freedom is greatly restricted by the awareness of the prevalence of sexual violence.” Consistently, all workers reported feeling less safe and more restricted and cautious in their behavior. Workers are at once more attuned to the realities of rape and sexual assault and are hopeful in their ability to prevent personal violence, knowing that they, like their clients, are not immune to victimization.

Another manifestation of individual changes reported by workers are symptoms associated with Post Traumatic Stress Disorder (PTSD). Research has found that trauma workers experience dissociation, flashbacks, hypervigilance, and numbing (Pearlman & Saakvitne, 1995; Cavalcade Productions, 1995). Workers in this study, to varying degrees,

reported one or more of these symptoms of PTSD. Although physical symptoms are sometimes an element of PTSD, this was not a notable finding.

In addition to “managing fear” on the individual level, rape crisis work also affects one’s personal relationships. Findings are consistent with Pearlman & Saakvitne (1995) and Cavalcade Productions (1995) and show that the impact of the work is more pronounced in intimate and family relationships. In their relationships, particularly with male partners, the majority of workers’ ability to trust was compromised. Acquaintances and strangers were also subject to suspicion, although less so. As mothers of sons and daughters of various ages, normal parental worries increased. Mothers in the sample acknowledged becoming more protective and cautious, fearful that their children will be harmed. They worried continuously about the safety of their children and worked proactively to prevent abuse, for example through teaching their children safety strategies.

Rape crisis center employment influenced personal relationships, but also contributed to existential changes (questioning the overall goodness of society) in most workers. Daily interventions with clients traumatized by rape, incest, and domestic violence influence workers’ ability to see the world as a good and safe place for themselves and those they love. This result is consistent with major findings in the literature (see Hollingsworth, 1993; McCann & Pearlman, 1991; Pearlman & Saakvitne, 1995; Cavalcade Productions, 1995). Since beginning work, nearly all of the workers looked at the world through skeptical and distrustful eyes. Not being able to trust creates in workers feelings of anger and resentment. Activism, in various forms, emerged as a way some of the workers took action against larger social problems of violence against women and children. Many felt driven to speak out about crimes against women and children, in an attempt to change the larger social system.

This action was sometimes legislative, sometimes community-based, through city task forces and committees. Others remained focused on the power of the therapeutic relationship, to help clients one at a time. Some of the workers, primarily administrators, developed strong and lasting ties to the sexual assault field, to their co-workers, and for some, to a larger socio-political ideology, such as feminism.

DECIDING TO WORK IN A RAPE CRISIS CENTER

Workers sought out rape crisis jobs for a variety of reasons, some accidental, most purposeful. The reasons include: an interest in feminism, growing up with a sense of equality and justice, their own sexual abuse histories, and the abuse of friends and family members, and a general wish to make a difference in the life of another person. Approximately half of the workers identified their relationship with their mothers as a factor in helping them to pursue (either consciously or unconsciously) their rape crisis center jobs. Workers from traditional families envisioned themselves as different from their mothers, whom they perceived as having little familial or social power. While either emulating or rejecting their mothers as role models, several workers developed an interest in empowering other women. This finding fills a gap in the existing literature that does not, except to a limited degree, shed light on issues of maternal influence on issues of vocational motivation for women.

For approximately one third of the workers, prior jobs in women-centered organizations such as abortion clinics and battered women's shelters sparked a desire in them to pursue work in agencies whose mission is to help victimized women. Feminist politics emerged a salient force for these women with a history of organizing work. This finding is consistent with Taylor (1995) who theorized a powerful connection between feminism and positive

feelings about one's (woman-centered) work. Another third of the sample had no prior rape crisis or women-centered work experience, but was drawn to opportunities to provide therapy to women. For some of these "newcomers," work with clients traumatized by rape, incest, and/or domestic violence influenced their thinking about feminism.

Abuse History

Workers' personal abuse histories came through as either deliberate or unconscious motivators. Nearly half of the respondents volunteered that they had experienced some sort of trauma, either as adults or children. This trauma included rape, attempted rape, witness to crime, and domestic violence. This mirrors findings in the literature of 60 percent of therapists identified a trauma history (Cavalcade Productions, 1995). However, these researchers do not look specifically at abuse history as a motivation. For a small number of respondents, it was through the experience of counseling rape, incest, and domestic violence clients that they realized that they were abused. Although personal victimization allowed some workers to relate more easily to their clients, it is not without its complications. At times it was "too close to home," indicating a need for workers' to attend to personal issues, perhaps through individual therapy.

Many more among the sample had close relationships with family or friends who experienced rape, incest, or domestic violence. This is another point not specifically addressed in the literature. Most of these workers were not employed at the centers when they learned of these events. Thus, they reflect on this knowledge with some amount of regret that they were unable to help at the time.

THE STRESS OF RAPE CRISIS WORK

Even with the numerous satisfying elements of rape crisis employment, the work is stressful on two primary levels: 1) organizational stress and 2) societal stress. Organizational stress is associated with how their rape crisis center host agencies (such as hospitals) and funding sources facilitate or impede the overall direction and progress of work, as seen also by Cavalcade Productions (1995) and Schauben & Frazier (1995). Concrete problems such as limited space, inconsistent funding and conservative hospital bureaucracies emerged as even more stressful and problematic elements of the work for many workers than their interventions with their clients. The theme in the literature of stress caused by conflicting ideologies among workers is not seen, although different “camps” emerged. Most in the sample had dual roles as therapists and educators; a small group identified only as therapists. This duality was a source of pain and frustration, but also motivation for many of the workers. Societal stress, which occurs when workers have to contend with social myths, political forces, backlash, and systems that subtly support and condone violence against women and children was found in nearly all of the workers and also reported by Cavalcade Productions (1995); Joffe (1986); Pearlman & Saakvitne (1995) and Simonds (1995).

Although surprisingly identified less than organizational and or societal stress, one client population was identified as the most difficult for workers. Domestic violence cases (work with battered women) were the most challenging and least satisfying for the workers. Respondents all provided services to clients affected by rape, incest, and domestic violence. Although more similarities than differences were identified among these three client types, battered women were the most challenging and least satisfying population for the respondents to work with, particularly in cases where battered women returned to their

batterers. Despite their knowledge and expertise in the area, workers were challenged to understand this pattern. They were less able to see their role in helping these clients. Several rape crisis centers, particularly those affiliated with hospitals, serve battered women as a fairly new component of their programs.

HOW WORKERS COPE WITH THEIR RAPE CRISIS JOBS

Although the challenges of rape crisis employment are abundant, workers employed ingenuity and resourcefulness to cope with the various difficulties. To mitigate the emotional challenges of their jobs, rape crisis workers engaged in a variety of coping strategies, such as informally chatting with each other, honing spiritual practices, exercising, and engaging in "in-group" humor, and the spinning of "revenge fantasies" for two of the workers ("Escape fantasies" as a useful coping mechanism was reported by Simonds, 1995). An appreciation for friendship among staff and a value placed on an all-women work-force was present for a handful of workers. For others, emotional support from co-workers was lacking.

Importance of Variety and Autonomy

Pronounced among the findings is the value placed on variety and autonomy in workloads and work assignments. Although the work with clients and the public is demanding and stressful, it is often the variety and balance of workers' responsibilities that help them feel satisfied, challenged and effective. Variety includes a range of client types as well as opportunities for administrative and educational roles.

THE ROLE OF FEMINISM IN RAPE CRISIS WORK

As seen in several places in the literature, feminism plays a role not only in motivating workers, but also as a source of comfort and community (Simonds (1995). Many workers

are sustained in their jobs because they perceive themselves are part of something larger than an individual client or center. They are comforted and inspired by being part of a larger social movement. Depending on the worker, feminism--either discovered, embellished, or questioned--served as both a lens through which to look and understand the work and as a direct outcome of the work. Even when rape crisis centers could not define themselves as feminist, it was sometimes workers' connections with other women and their personal dealings with feminism that attracted them to and sustained them in their jobs. Nineteen (91 percent) of the 21 respondents identified themselves as feminist, including five who called themselves feminist with various reservations, such as not being "a radical" or a "bra-burner," but believing equality between men and women, as well as for children. The remaining two respondents did not identify as feminist.

Workers were asked whether or not they define themselves as feminist and how feminism informs their work with their clients and in the rape crisis centers in general. Most of the workers, to varying degrees, identified as feminist. In particular, feminism helped them contextualize the problem of rape and sexual assault and organize their feelings about being women in a male-dominated society.

Feminism wove through the experiences of workers in ways that are difficult to separate. For some, a feminist conscience--either through childhood reactions or college experiences--actually brought them to the work. For others, it was through the work, that their feminist orientation developed. For some, feminism seemed to be a lasting part of their identities, regardless of their long-term career aspirations. For about half of these rape crisis workers, feminism emerged as a valuable tool, which served to unify them with each other and provided them with a context for understanding violence against women as a social problem.

TYPES OF CENTERS AND WORKERS' EXPERIENCES

Although among the four different rape crisis center types [private hospital; private mental health clinic; county government; private children and family services agency], vast differences were not found among the experiences of the workers, parallel to Byington's et al., (1991) conclusions of similarities across centers of different affiliations. Some minor differences include:

- Workers in private hospital-based centers, particularly administrators, reported a higher level of worry about the future of their programs. They often had frustrating experiences negotiating politically conservative bureaucracies and avoiding "rocking the boat." In-house allies, such as Emergency Department physicians, were identified as crucial to program survival and growth.
- Workers in private hospital-based centers reported a slightly more varied workload (in terms of types of clients) and conducted slightly more legislative and educational activities.
- Workers in the mental health clinic center experienced less autonomy and flexibility in their work and limited opportunities for educational and training activities. They also had an added pressure of having to charge clients fees. The clinic-based center reported more instability in terms of staff lay-offs and budget cuts.

Rape crisis center affiliation may contribute to the stability and satisfaction of its staff. Although private hospitals (the largest type of center affiliation included) have the benefit of offering workers some stability through reasonable working conditions and competitive salaries, funding is not consistent and hospital bureaucracies tended to tightly control the center mission and activities. Balancing center social change agendas with conservative

hospital bureaucracies required savvy and ingenuity on the part of rape crisis center administration. Respondents reported frustrations and challenges, particularly with organizational issues, such as salary and office space, as well as outrage about public attitudes regarding violence against women. All of the workers (front-line and administrators) had to struggle with finding money through securing grants.

Despite how rape crisis centers are funded and administered, the work itself is the quite similar across settings and workers (as seen by Byington et al., 1991 and others). When factors such as salaries, operating budgets, and adequate office space are addressed, respondents identified feeling freed to pursue their center's mission: to counsel clients and educate the public. This finding suggests a larger need for further institutionalizing of rape crisis programs. Although these concrete issues were not often adequately addressed or resolved.

ANTICIPATED AND UNANTICIPATED FINDINGS

From personal experience in the rape crisis field, I accurately anticipated that this work would be seen as challenging, complex, and satisfying. I did not realize the far-reaching effects the work had on respondents' personal relationships, particularly those with men, as well as increased feeling of vulnerability, overall sacrifice of personal safety as women in the world. The positive effects of the work on employees, such as the sharpening of public speaking skills and the ability to take care, albeit defensively, of oneself in personal relationships with men, were not fully anticipated.

I was also surprised by how few client-related challenges were identified. Although general themes about the emotional intensity of the work were found, by and large, most of the challenges and frustrations came from external sources, such as limited space,

conservative agency bureaucracies, and inconsistent funding. The work itself, even challenging on-going myths, working with battered women who return to their abusers, and quelling client fears, was not identified as the most challenging. Clinical interventions were experienced as particularly satisfying for the workers. I was also surprised by how the work transcends clinical boundaries, infiltrating how workers perceive themselves and others in their worlds.

Some expected differences emerged between the experiences of administrators and front-line workers. I anticipated that rape crisis center administrators would be more concerned with funding and legislative activities than front-line workers. For the most part this was true. Approximately one half of the workers traveled with equal comfort between counseling room to classroom. Most workers embraced a dual mission: to intervene and empower both individuals and communities. A minority of workers saw themselves primarily as therapists, who social change agenda was limited to work with their clients.

Since this was not a comparative study, it remains unclear, however, how this population of rape crisis workers attitudinally and behaviorally differs from the general population of social workers or other trauma workers. In some ways, this research generated more questions than answers. I suspect there are considerable parallels particularly in wanting to make a difference in people's lives and being part of clients' healing process, regardless of the presenting problem.

Some workers are clearly committed to interventions beyond their individual and group work with clients. Others, less so. They emerged as a varied, diverse group. Another related factor has to do with workers' identification with the realities and pervasiveness of rape, sexual assault, and domestic violence. Not all social workers can identify so closely

with the circumstances of their clients. Since no woman is immune to rape, rape crisis work may be uniquely more challenging to separate from one's personal life. Such a work-home distinction may not be desired as the closeness to the presenting problems of their clients is what may help them relate with heightened sensitivity and validation. This is the case whether or not the workers have been victims themselves.

AREAS FOR FUTURE RESEARCH

This dissertation, with its small, fairly homogenous sample and broad focus represents a limited contribution to the social work and sexual violence literatures. There are many areas needed for further research across methodologies and research questions. This study fills a gap in the existing literature because it looks at and reveals the experiences of a range of workers, not only psychotherapists, the primary population examined in the literature (Cavalcade Productions, 1995; Hollingsworth, 1993; McCann & Pearlman, 1991; Pearlman & Saakvitne, 1995; Pearlman & Saakvitne, 1995a).

This study included only the voices of women in rape crisis centers. As more men, in various capacities, join centers, research is needed looking at the effects on men and the role of gender in the life of workers. A comparison study of men and women workers would be valuable, although women continue to dominate the field. More research is needed looking at the experiences of women of color, lesbians and bisexuals, as well as people from various ethnic, class and vocational backgrounds in centers. Since most of the centers represented in this study rely heavily on volunteer labor in order to function, it is important to examine the experiences of volunteers in rape crisis programs for information on recruitment and satisfaction.

PROFESSIONAL RECOMMENDATIONS

For schools of social work and related fields, more internships need to be available in rape crisis centers, crime victims programs, and battered women's shelters. Many of the respondents identified entering the field as the direct result of a field placement assignment. In order to continue to train new staff and attract more people into the field, more undergraduate and graduate level internships and field placements need to be established.

Due to the pronounced effect rape crisis center employment has on workers, structured support services, either through peer groups and/or in-service trainings, are needed on an on-going basis. These on-site services may offer employees valuable and previously overlooked emotional supports during times of stress and to prevent potential "burnout," as well as to intervene and educate in cases of Vicarious Traumatization. Additionally, educational support services for partners and family members may be beneficial. Rape crisis centers may enlist Employee Assistance Programs within their organizations to perform these services.

Autonomy and flexibility are important elements of job satisfaction and serve to reduce overwhelming feelings. Rape crisis centers need to consider diversifying staff workloads. Variety is necessary with types of clients, clinical and educational responsibilities and treatment modalities.

Additional sexual assault coalitions and professional organizations are necessary to reduce isolation and pool knowledge, expertise, coordinate funding strategies and resources. A number of such organizations and coalitions have been founded in recent years in response to similar needs as articulated in this study, as well as other concerns. Such coalitions will also foster a connection with other activists and serve to keep workers linked to the social and political concerns of the anti-violence movements.

Kris offers a closing comment:

My clients have often said that rape has changed their lives forever. It doesn't mean that they don't recover and don't continue functioning and doing things and enjoying life, but it's changed their lives forever. I feel the same way about my work with rape survivors and sexual assault survivors--that it has changed my life forever.

APPENDIX

APPENDIX A**LETTER FOR THE RECRUITMENT OF SUBJECTS**

(Sent to Rape Crisis Center Directors)

Dear _____,

Hello! My name is Shantih Clemans. I am a doctoral candidate in social welfare at Hunter College School of Social Work. I have also been active in the anti-rape movement since 1986. For four years, I worked at the Albany County Rape Crisis Center as a therapist, and I currently work with incest families at the Family Assistance Project of Victim Services.

I am writing to ask for your help with my dissertation on rape crisis center workers. I would like to interview a sample of rape crisis center employees about their experiences of their work. I'd like to come and speak to you in person and introduce my study to your staff. Would it be possible for me to talk about my study at one of your staff meetings?

My study will offer an inside view into the experiences of women rape crisis center employees. I hope that this study will provide center administrators, like yourself, with information about employees' experiences, as well as insights into effective ways to recruit and maintain a staff. The lives of rape crisis workers have rarely been explored in the literature; thus, this study may serve a validating function.

I would like to include in my sample women employees of your center (not volunteers) who perform one or more of the following jobs:

- counselor/therapist for clients affected by rape, incest, and/or domestic violence;
- educator/trainer on the subjects of rape, incest, or domestic violence

For the purposes of my study, employees need to work at the center at least half-time (twenty hours per week). If you are interested in my study, please call me at (XXX-ZZZ-ZZZZ) to set up a meeting time to discuss my study in more detail.

I appreciate your help and look forward to hearing from you soon.

Sincerely,

Shantih E. Clemans, MSW

D.S.W. Candidate
Hunter College School of Social Work
The Graduate School and University Center of CUNY

APPENDIX B:**SAMPLE SCRIPT TO INTRODUCE STUDY TO RESPONDENTS**

Thank you for agreeing to participate in research for my dissertation. I really appreciate being given time to interview you. I know how busy you must be.

Basically, my dissertation is a qualitative study of the experiences of women rape crisis center employees. I am trying to understand how this work impacts employees' personal and professional lives. This interview will last between one and two hours. With your permission, I'd like to audiotape our interview.

Your decision to be part of this research is completely voluntary. You will be asked to sign two consent forms: a general consent granting your permission to be interviewed and a second consent granting your permission to be audiotaped.

Throughout the research process, your confidentiality will be strictly protected. Your name and other identifying information will be disguised. You may withdraw from this study at any time without any penalty or consequence.

Do you have any questions or concerns about what I have explained? Can we begin?
Thank you.

APPENDIX C:
SAMPLE WRITTEN CONSENT FORM

Dear _____,

Your participation in my study, "In the Face of Violence: Rape Crisis Workers Talk about their Lives" is completely voluntary. There will be no penalty or loss should you decide not to participate. Withdrawal from this study at any time, even after you begin, will not affect you in any way.

As a participant in this study, you will be asked to participate in an in-person interview lasting between one and one-and-one-half hours. Interviews will be audiotaped. You will be asked to sign a separate consent form for audiotaping. Your identity will be disguised through the use of a code name. I will do all of the interviewing.

Although I do not anticipate any risks to you from your participation in this study, it is possible that the interview may trigger strong emotional responses, particularly around issues associated with rape and victimization.

I assure you, however, that any information I receive through this study that can be identified with you will remain strictly confidential. You have the right to review your audiotaped interviews and request that all or any portion be destroyed. Your identity will also be kept confidential with regards to any writing or oral presentations I do about this study. At your request, I will give you feedback on the results of the completed research study.

If you have any questions or concerns about this study, please contact me at [phone number, street, city, state, zip]. or please ask any questions you have now.

Please complete the attached consent form.

Thank you for your interest and support.

Sincerely,

Shantih E. Clemans, MSW

D.S.W. Candidate

Hunter College School of Social Work

The Graduate School and University Center of CUNY

Please sign and return this consent form. Please retain a copy for your records.

I have decided to participate in the study, "In the Face of Violence: Rape Crisis Workers Talk about their Lives," conducted by Shantih E. Clemans as part of the research for her doctoral dissertation. My signature indicates that I have read and understand the information above and that I agree to participate in the audiotaped interview.

I have been given the opportunity to ask questions about my participation in this study and I have received satisfactory answers.

I understand that I may withdraw my consent at any time after signing this form should I choose to do so.

Signature

Print Name

Date

APPENDIX D:**CONSENT TO BE AUDIOTAPED**

As part of my participation in Shantih Clemans' dissertation research, I agree to have this interview audiotaped. I understand that I have the right to review the tape and/or the transcription of the interview and that I may request that all or portions of the tape and/or transcriptions be destroyed. I understand that I may ask that the tape recorder be turned off at any point during the interview.

Signature

Print Name

Date

APPENDIX E:
INTERVIEW SCHEDULE

1. What brought you to this work?

Probes:

- History of work in feminist organizations?
- Motivation to do the work?
- Knowing someone who has experienced rape, incest, domestic violence?
- Own history of rape, incest, domestic violence?

2. Can you describe your work at the Center?

Probes:

- caseload
- educational activities
- staff and volunteer interactions

3. What aspects of the work are particularly meaningful to you? Can you offer specific examples?

4. Are you a feminist?

- What does this mean to you?
- How does feminism inform your work?

5. How has working at the center impacted your personal relationships?

Probes:

- Family, children, partner's reaction to the work
- Reactions of outsiders

- Intimacy and sexuality
- Impact on raising sons and daughters

6. What have you learned about yourself since beginning this work?

Probes:

- Skills
- Ability to help
- Strength in being a woman

7. What about this work is particularly challenging to you? Can you offer specific examples?

8. How does the past and current political climate affect your experiences and views of the work?

Probes:

- managed care
- local and national politics
- budget cuts
- feminist backlash
- media cases

9 . Is there anything else you would to say?

10. What was the experience of being interviewed like for you?

APPENDIX E:**CODING LIST****Groundwork (GW)**

- 1.knowing someone
- 2.lessons from childhood
 - 2a.growing up female
 - 2b.family relationships
 - 2c.progressive household
- 3.college years/graduate school
- 4.own therapy
- 5.professional
- 6.own trauma

Conditions (CON.)

- 7.caseload
- 8.co-workers
- 9.volunteers/advocates
- 10.atmosphere
 - 10a. humor
 - 10b.autonomy
- 11. leadership
- 12.balance/variety
- 13. money
- 14. cycle of violence/ no recourse

- 15. social attitudes and apathy
- 16. auspices/bureaucracy
- 17. more staff
- 18. lack of space
- 19. client resistance
- 20. legal barriers
- 21. no immediate satisfaction
- 22. burnout prevention
- 23. isolation
- 24. long-term treatment

Mission (MIS)

- 25. work has meaning
- 26. making a difference in people's lives
- 27. spirituality
- 28.being part of the healing process
 - 28a. voice for survivors
 - 28b. witness

Challenges/Wishes (CH/W)

- 29. spreading the word/education
 - 29a. role of men

- 30. feminism/equality
- 31. breaking the cycle of violence
- 32. working with women
- 33. passing the torch
- 34. being part of a larger movement
 - 34a. making policy changes
 - 34b. seeing positive changes
- 35. survivor standpoint
- 36. wanting new knowledge

Consequences (CONSQ)

- 37. outsiders looking in
 - 37a. friends
 - 37b. family
 - 37c. dating
- 38. home life
 - 38a. partner
 - 38b. parenting
 - 38b-1. sons
 - 38b-2. daughters
- 39. identification with clients
- 40. PTSD reactions
 - 40a. numbing

- 40b. anger
- 40c. sexuality
- 40d. helplessness
- 40e. denial
- 40f. hypervigilance

- 41. trust
- 42. vulnerability/safety
- 43. world view

Changes

- 44. self growth
 - 44a. knowledge & skills
 - 44a-1. career
 - 44b. self-care & awareness
 - 44b-1. trauma
 - 44b-2. assertiveness
 - 44b-3. vulnerability
 - 44c. relationship w/ others
 - 44c-1. boundaries
- 45. inspired by client healing
- 46. relationship to the world
 - 46a. feminism
 - 46b. politics
 - 46c. vulnerability

MISC./SUMMARY

47. Reflections on study
participation

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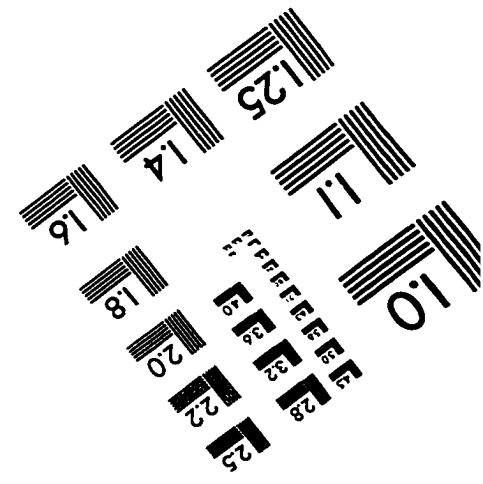
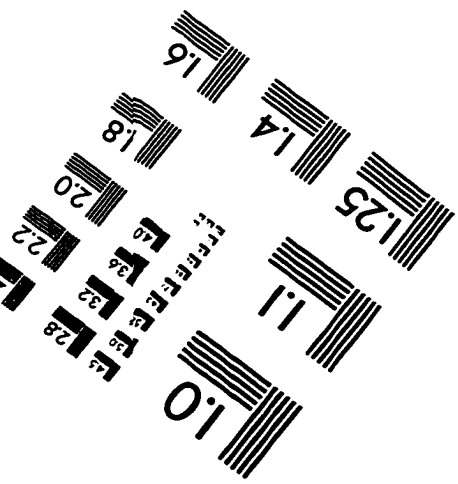
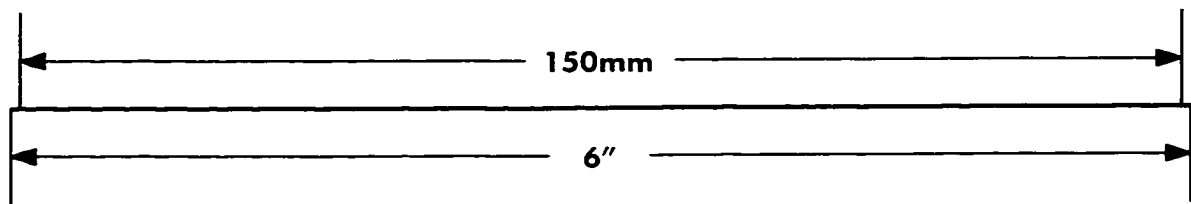
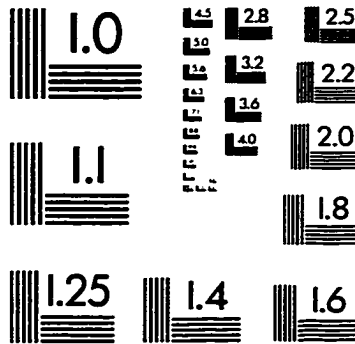
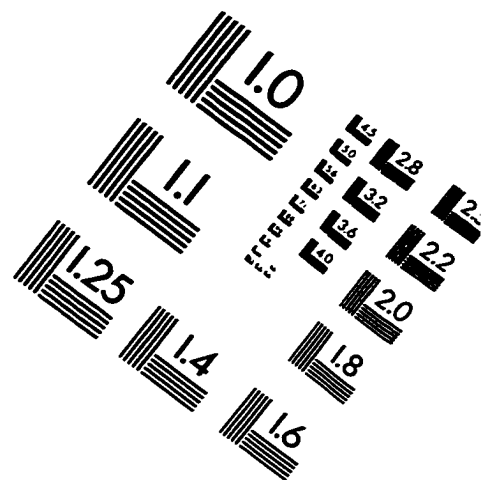
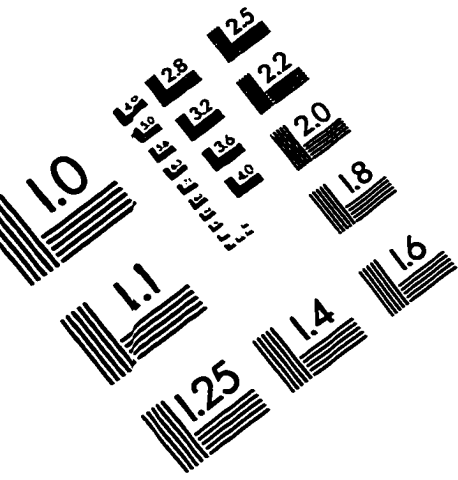
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