



Sexual Assault
DEMONSTRATION INITIATIVE
Enhancing Sexual Assault Services

Annotated bibliography

MULTI-SERVICE PROGRAMS AND THE ESSENTIALS OF SEXUAL ASSAULT SERVICES

These sources provide the best available research for community-based sexual assault advocates, policy makers and allies in their work to effectively meet the needs of sexual assault survivors in multi-service settings. The services and needs imperative to sexual assault survivors and sexual assault programs are explored, and the challenges in multi-service programs are examined. These sources also inspire suggestions for future studies. Please contact the NSVRC library for information on how to access research articles.

Burt, M. R., Zweig, J. M., Schlichter, K., & Andrews, C. (2000). *Victim service programs in the STOP Formula Grants Program: Services offered and interactions with other community agencies.* Retrieved from the Urban Institute: <http://www.urban.org/Uploadedpdf/VS-programs.pdf>

This report assesses the STOP formula (federally funded program to stimulate growth of programs serving women victims of violence) and its impact on the clients and community the fund serves. In particular, a section of the report analyzes victim services agencies' specific sexual assault services. Of the 1,200

STOP-funded non-profit programs reviewed, eight-six percent focused primarily on domestic violence services and thirteen percent primarily on sexual assault. This research explores the differences in data for budgets, locations of services offered, and staff/volunteer time focused on sexual assault services versus domestic violence services.

DeDomenico-Payne, M. A. (2006). *The subtle differences between ... a stand-alone domestic violence (DV) program, a stand-alone sexual assault (SA) program, and a dual (DV & SA) program.* *Revolution, 1(1)*, 11-14. Retrieved from:



http://www.communitysolutionsva.org/files/Revolution_1.pdf

This brief article is based upon DeDomenico-Payne's own perspective and experiences serving within stand-alone and dual programs for over ten years. Her observations include: stand-alone sexual assault programs as more successful at securing a large direct service volunteer base, addressing sexual assault as a separate issue from domestic violence, and using innovative approaches to counseling.

Logan T. K., Evans L., Stevenson E., & Jordan C. (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence*, 20, 591-616. doi:10.1177/0886260504272899

This exploratory study examines the barriers women in rural and urban areas experience in accessing health, mental health, and criminal justice services. Using a health services barriers framework, the researchers conducted six small focus groups inquiring about four main dimensions: affordability, availability, accessibility and acceptability. Four main suggestions for future services and changes are further explored including: education and training, peer support, changes in judicial system, and expanding resources.

Macy R. J., Giattina M. C., Montijo N. J., & Ermentrout D. M. (2010). Domestic violence and sexual assault agency directors' perspectives on services that help survivors. *Violence Against Women*, 16, 1138-1161. doi:10.1177/1077801210383085

Qualitative research was conducted in North Carolina among executive directors at dual service agencies, domestic violence service

agencies and sexual assault service agencies to investigate their opinions on what services are most helpful to survivors. In particular, court advocacy and multiple methods for counseling and support group services are discussed as critical services. The in-depth interviews also discuss: a.) financial barriers, b.) lack of trained staff to serve diverse communities, c.) concerns for how to offer safe and effective services to all clients, and d) the need for funding and policy attention for trauma-informed services in collaboration with domestic violence, sexual assault, mental health and substance abuse services. Findings from this research are suggested for use to develop additional research, evidence-based best practices, and guidelines for both domestic violence and sexual assault survivors and services.

Macy, R. J., Giattina, M. C., Parish, S. L., & Crosby, C. (2010). Domestic violence and sexual assault services: Historical concerns and contemporary challenges. *Journal of Interpersonal Violence*, 25, 3-32. doi:10.1177/0886260508329128

This North Carolina study conducted in-depth interviews with agency directors and focus groups with staff at statewide support organizations to explore the challenges faced by sexual violence and domestic violence programs. Funding sources, community norms, and tension between grassroots and professionalized service providers were all found to be emerging challenges for sexual assault services. This article also explores the emerging challenges of limited attention given to the issue of sexual assault and how this deficit affects services provided to survivors.



Macy, R. J., Giattina, M., Sangster, T. H, Crosby, C., & Johns Montijo, N. (2009). Domestic violence and sexual assault services: Inside the black box. *Aggression and Violent Behavior, 14*, 359-373. doi:10.1016/j.avb.2009.06.002

This literature review explores separate guidelines for sexual assault and domestic violence services. Specifically, the researchers suggest that crisis service/hotlines, medical advocacy, legal advocacy, and support groups are the key services for sexual assault programs and survivors. Service goals, provider interventions, and the best service-delivery practices for each are outlined within the article. The review also explores the pros

and cons of sexual assault services within dual-programs versus stand-alone programs and concludes with recommendations for collaborations in order to continue investigations of the effectiveness of sexual assault and domestic violence services as dual or separate entities.

Macy, R. J., Johns, N., Rizo, C. F., Martin, S. L., & Giattina, M. (2011). Domestic violence and sexual assault service goal priorities. *Journal of Interpersonal Violence, 26*, 3361-3382. doi:10.1177/0886260510393003

In this study, researchers investigated domestic violence and sexual assault agency directors' opinions on how service delivery goals



should be prioritized for six service types: 1) crisis services, 2) legal advocacy, 3) medical advocacy, 4) support group, 5) individual counseling, and 6) shelter. Stand-alone sexual assault agencies tended to prioritize emotional and social support strategies, self-esteem, self-care, and the development of relationships with other survivors more than dual agencies. This study and its findings offer itself as a resource for developing evidence-supported future service manuals.

O'Sullivan, E., & Carlton, A. (2001). Victim services, community outreach, and contemporary rape crisis centers: A comparison of independent and multi-service

centers. *Journal of Interpersonal Violence*, 16, 343-360. doi: 10.1177/088626001016004005

This article compared the victim services and community outreach of eight sexual assault centers and eight multi-service centers in North Carolina. Through open-ended interviews, researchers found: differences among inclusivity of staff and volunteers within a sexual assault center, lack of autonomy among multi-service centers, and differences in how centers and other community agencies define sexual assault as they respond to the needs of victims and survivors. The article discovered that staff and volunteers from stand-alone sexual assault agencies have the ability to focus solely on the needs of sexual assault



victims, provide more inclusive sexual assault community outreach, and may be in a better position to establish well-balanced partnerships.

Patterson, D., & Laskey, S. J. (2009, September). *The effectiveness of sexual assault services in multi-service agencies*. Retrieved from VAWnet: the National Online Resource Center on Violence Against Women: http://www.vawnet.org/Assoc_Files_VAWnet/AR_DualPrograms.pdf

Preliminary findings suggest that Rape Crisis Centers (RCCs) are responsive to the needs of survivors and engage in social change efforts in comparison to mainstream social service organizations. This article discusses the history of RCCs and their overall effectiveness as a collective group. It also explores the accessibility and acceptability of these services when constrained or merged with other organizations or social service systems. The four ways in which RCCs tend to be structured are reviewed, as well as recommendations for future research evaluating the effectiveness of RCCs within multiple organizational affiliations and their structures.

Washington Coalition of Sexual Assault Programs. (2006, Winter). *Dual coalitions. ReShape, 17*. Retrieved from the Resource Sharing Project: http://www.resource-sharing-project.org/attachments/264_Reshape%2017%20Dual%20Domestic%20Violence%20and%20Sexual%20Assault%20Coalitions%202-15-06.pdf

This newsletter examines the various ways coalitions can support quality services to sexual assault survivors within multi-service organizations. Throughout the newsletter,

the need for dynamic services outside of the scope of domestic violence are explored. Recommendations include: listening to the voices of SA survivors, establishing SA movement leadership and collaboration within the community, and equity between SA and DV services within the dual program. Assessment tools and checklists are also made available throughout the newsletter.

Whitaker, G., Altman-Sauer, L., Henderson, M., & Parcell, A. (2006). *Organization of Sexual Assault Programs: Research conducted by The Public Intersection Project*. Retrieved from the University of North Carolina, School of Government: <http://www.sog.unc.edu/sites/www.sog.unc.edu/files/Organization%20of%20Sexual%20Assault%20Programs-Final%20Report.pdf>

Over a four-month period North Carolina staff, from stand-alone sexual assault programs and dual service programs, was surveyed on five hypothetical scenarios. The researchers discuss the differences among responses and priorities of services offered from each of the five scenarios. Based on the scenarios, client coding was examined to find considerable differences within the way each program classified the client. The article continues to discuss the significance of the classification and coding process; as it can influence both local and state policy development and service planning.

Zweig, J. M., & Burt, M. R. (2007). *Predicting Women's Perceptions of Domestic Violence and Sexual Assault Agency Helpfulness: What Matters to Program Clients?* *Violence Against Women, 13*, 1149-1178. doi:10.1177/1077801207307799



The purpose of this study assesses if community agency collaborations, the characteristics of staff members, and a combination of services received predict women's perceptions of victim service helpfulness within domestic and sexual assault services. Findings on: predicting the helpfulness of sexual assault agencies around safety issues, child advocacy, emotional support, legal advocacy, and individual advocacy are shared in the study. Future implications for practice including: information on community collaborations, staff behaviors when working with survivors, and increasing the sense of

control survivors receiving the services have while working with victim services are also included.

About this publication

This annotated bibliography is part of a National Sexual Assault Demonstration Initiative. The Sexual Assault Demonstration Initiative (SADI) is the first large-scale project to address the challenges dual/multi-service programs face in reaching sexual assault survivors by dedicating resources, support, and replicable tools tailored specifically to the needs of those programs.

This publication is supported by Grant No. 2009-TA-AX-K011 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.