SEXUAL ASSAULT DEMONSTRATION INITIATIVE

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FINAL REPORT

Sexual Assault
Demonstration
Initiative

Enhancing Sexual Assault Services

Sexual Assault Demonstration Initiative – Final Report

Recommended citation:
Townsend, S. M., National Sexual Assault Coalition Resource Sharing Project, & National Sexual Violence Resource Center. (2017). *Sexual Assault Demonstration Initiative: Final Report*. Des Moines, IA & Enola, PA: National Sexual Assault Coalition Resource Sharing Project & National Sexual Violence Resource Center.

Acknowledgments

The National Sexual Assault Coalition Resource Sharing Project and the National Sexual Violence Resource Center gratefully acknowledge the energy, efforts, and commitment of the SADI sites:

DOVES, Gering, Nebraska
Family Violence and Rape Crisis Services, Pittsboro, North Carolina
Gila River Indian Community Crime Victims Services, Sacaton, Arizona
Hope Shores Alliance (formerly Shelter, Inc.), Alpena, Michigan
New York Asian Women's Center, New York, New York
SafePlace, Olympia, Washington

Additional thanks to our technical assistance partners:

Minnesota Indian Women's Sexual Assault Coalition, St. Paul, Minnesota
National Organization of Asians and Pacific Islanders Ending Sexual Violence, Des Moines, Iowa
National Organization of Sisters of Color Ending Sexual Assault, Canton, Connecticut

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Executive Summary

The Sexual Assault Demonstration Initiative (SADI) was created to enhance sexual assault outreach, services, and community partnerships in dual/multi-service programs. Six sites across the nation engaged in a four-year process of assessment, planning, and implementation of new and enhanced services and organizational capacity building.

The community and organizational assessments shaped the plans and strategies, making them relevant to the local contexts. The plans developed by each site shared common focus areas of organizational change, outreach, messaging, and enhancing group services. Support for implementing the plans included extensive training, intensive and in-depth technical assistance, networking across sites, and collaboration between site staff, technical assistance providers, and OVW program managers.

Programmatic outcomes of the SADI included:
- Knowledge learned from the community and organizational assessments
- Site-specific plans for enhancing sexual assault services
- Increased numbers of sexual assault survivors served
- Broader reach of sexual assault survivors served
- Integration of active listening and trauma-informed approaches into sexual assault services
- New group-based services to support healing from trauma
- Increased community outreach focused on sexual violence
- Development of multilingual and culturally specific services

Organizational outcomes of the SADI included:
- Increases in perceived effectiveness of services and work with systems
- Increased confidence for providing services, advocating in systems, and identifying sexual violence
- Shared responsibility for providing sexual assault services
- Clearer organizational identity as a provider of sexual assault services
- New and revised policies and protocols to support sexual assault services

Facilitators of these changes included openness to learning, openness to change, stability of leadership, empowering leadership, support for staff to mitigate secondary and organizational trauma, and incorporating anti-racism/oppression work. Across sites, the change process began with high energy for change. As the project proceeded from planning into implementation, there was a period of organizational destabilization that was either resolved through honest self-assessment that led to re-stabilization and moving forward, or it was unresolved and led to disengagement.

The SADI provides concrete lessons learned and recommendations for funders, technical assistance providers, and dual/multi-service programs.

Purpose of the SADI

The Sexual Assault Demonstration Initiative (SADI) was funded by the Office of Violence Against Women (OVW) to enhance sexual assault outreach, services, and community partnerships in dual/multi-service programs. Sexual violence affects thousands of women, men, and children each year. Survivors of sexual violence do not always seek crisis-focused support immediately after their victimization, and in fact may not seek support for months or years after the assault. They are not likely to see a shelter or a domestic violence program, or a dual/multi-service program that emphasizes domestic violence services, as a place to access support. In part, this is because dual/multi-service programs as a whole do not have an established history of providing the kind of comprehensive and relevant support that stand-alone rape crisis programs have (Bergen, 1996; Johnson, Crowley, & Sigler, 1992; Patterson, 2009).

Through the SADI, selected sites were provided funding and technical assistance to enhance their sexual assault services through organizational change. The three overarching goals of the SADI were to:
- Increase outreach to populations experiencing sexual violence but not currently accessing services
- Develop models of service provision that prioritize the needs of sexual assault survivors beyond immediate crisis responses currently offered
- Document the resulting increases in the numbers and types of sexual assault survivors who access those newly enhanced services

While these goals focus on services to survivors, an important principle of the SADI was that enhancing services and sustaining those services can only be achieved and sustained through organizational change. Therefore, the SADI focused on both organizational change (policy, structure, staffing, culture) and programmatic change (service provision, outreach, materials, training).

A key strategy of the SADI was that, rather than providing pre-packaged resources and interventions, the SADI worked collaboratively with each site to develop organizational- and community-specific strategies. While joint trainings and information exchanges were held across the sites and all sites were served by the same technical assistance structure, the ways each site used the resources of the SADI and the approaches they took to enhancing services were unique.

As a demonstration initiative, the SADI aimed not only to enhance services at the selected sites, but also to identify practices and dynamics that cut across all of the sites. In this way, the lessons learned from the SADI can be used by other dual/multi-service programs as they work to enhance

their own services to sexual assault survivors. There are also lessons learned through the SADI for technical assistance providers and funders.

Structure of the SADI

Project Phases

The six sites came into the SADI through an intensive site selection process. That process included a written application, scoring of the applications, on-site visits at semi-finalist sites, and final selection. The sites were selected to represent a diversity of community and organizational contexts and geographic areas, thereby making the findings of the SADI applicable to a wide range of programs. The six sites included:

Geography	Community Setting	Cultural Context	Organization Type	Staff Size
1 Northeast 1 Mid-Atlantic 1 Midwest 1 Plains 1 Southwest 1 Northwest	1 Urban 4 Rural 1 Mixed	2 Culturally Specific 4 General Community	5 Community Based 1 Tribal Government	1 Small 4 Mid-sized 1 Large

Following the selection of sites, the SADI unfolded through three main phases:

Phase 1: Kick-Off	Phase 2: Plan Development	Phase 3: Plan Implementation
New Grantee Kick-Off Meeting On-Site Orientation at each site	Community Assessments Organizational Assessments Development of Individualized Response Plans Training Technical Assistance	Implementation of Individualized Response Plans Training Technical Assistance Final Site Visits Wrap-Up Meeting

It is important to stress the role of the Plan Development Phase. The sites were eager to launch into implementing the ideas they had outlined in their applications to be part of the SADI. Without a required, deliberate plan development phase, it is likely they would have implemented their original ideas with minimal community or organizational assessment. As will be described in the next two sections of this report, those assessments influenced the resulting plans. This underscores the importance of deliberate reflection and assessment in order to develop data-informed plans.

The core of SADI activities grew out of each site's Individualized Response Plan. These were unique to each site and detailed their goals, objectives, and strategies for enhancing sexual assault services. The plans were intended to respond to the insights gained through the community and organizational assessments.

SADI Change Teams

Each site formed its own SADI Change Team. Ranging from a few staff to approximately a dozen staff, these teams took the lead on developing the Individualized Response Plans, identifying training and technical assistance needs, and implementing the plans. The goal was for all staff at each site to be involved, in role-specific ways, with enhancing and delivering sexual assault services. However, a critical element of success was having a core group of staff who were able to invest more of their time and to work collaboratively across different sectors of the programs to enhance and integrate sexual assault services. There was flux in Change Team membership at each site. While expanding a Change Team for strategic reasons was effective, when changes were made for non-specific reasons, it was less effective.

Training and Technical Assistance

Training and technical assistance were provided throughout the SADI, from the New Grantee Kick-Off Meeting through the Wrap-Up Meeting. Training took a variety of forms, including:
- Multi-day Learning Exchanges hosted by each site and attended by all sites
- Multi-day all-site trainings held at central locations
- Webinars focused on specific topics
- Connection Calls for sites to network around particular issues
- On-site visits
- Site-specific trainings

Technical assistance was delivered by providers from the Minnesota Indian Women's Sexual Assault Coalition, the National Organization of Asian Pacific Islanders Ending Sexual Violence, the National Organization of Sisters of Color Ending Sexual Assault, the National Sexual Violence Resource Center, and the Resource Sharing Project. Through Phases 1 and 2, each technical assistance provider was assigned to a site where they worked in pairs or groups of three. Each site had its own technical assistance team and no technical assistance provider worked with more than two sites. In Phase 3, technical assistance was reorganized so that a core technical assistance team consisting of three providers provided technical assistance to all sites and brought in other providers as needed for specific expertise.

Throughout all three phases, technical assistance providers met with sites on a weekly basis via telephone. Additional emails (sometimes daily) and phone conversations occurred in addition to the regularly scheduled check-in calls. As requested by the sites, they also made in-person visits to provide on-site assistance.

Oversight from a funding perspective was provided by OVW program managers. OVW program managers and technical assistance providers worked collaboratively, but final approval of materials and strategies was made by OVW.

Collaborative Nature of a Cooperative Agreement

As a demonstration initiative, all sites funded under the SADI received a cooperative agreement for the planning and implementation of its SADI project. Operating under the structure of a cooperative agreement funding instrument influenced the day-to-day work at each site. In a traditional grant, sites propose what they are going to do, receive funding, and then work independently to implement the proposal, informing the funder of their progress as required. However, in a cooperative agreement the site, technical assistance providers, and funder work cooperatively throughout the project. All parties contribute to shaping the ideas, developing the strategies and materials, and planning the implementation of activities. With each party bringing their unique expertise and perspectives, the resulting actions and documents are informed by a wider array of perspectives. This cooperative process does decrease the degree of autonomy a site has, but it should also strengthen the quality of the initiative.

Community Contexts for Enhancing Services

In order to understand an organization, we must understand the social contexts in which they operate (Rudkin, 2003). Dual/multi-service programs operate in the context of the communities they serve. Those communities shape their work in many ways. Therefore, identifying community assets and issues is a critical starting point. It allows us to start where the communities are, demonstrating trust in them and ensuring that the issues addressed are the ones that matter the most (Minkler & Hancock, 2003). To do this effectively requires engaging in a process of dialogue with the community. That dialogue must elicit the strengths of the community rather than viewing the community as a problem to be solved (Minkler & Hancock, 2003). This does not mean that difficult problems are avoided. But it does mean that problems are examined through the lens of trying to understand why the problems exist and what they mean in people's lives (Minkler & Hancock, 2003). Toward this end, the first major task of the SADI was to work with each site to conduct a community assessment.

Community Assessments

Following the New Grantee Kick-Off Meeting and the On-Site Orientation, the first major task for each site was to conduct a community assessment that would inform the development of their plans to enhance sexual assault services. The purpose was to listen to and understand the communities they serve. The assessment was presented as an opportunity to slow down, ask questions, learn, and give voice to the experiences of people in the community. Although they may have done prior assessments, only one site had done an assessment focused on sexual violence. By listening to the communities' experiences, hopes and concerns, the sites were better able to plan how to enhance sexual assault services in ways that would meet the communities' needs and resonate with their values. This way the work of the SADI would be better positioned to become a part of the fabric of the community, rather than being separate from the community's day-to-day life.

The community assessments began with a review of the US Census data that were compiled by the SADI Documenter for each site. The census profiles described the sites' service areas in terms of:
- Size of population
- Geographic area
- Age of population
- Mobility rates
- Racial and ethnic demographics
- Educational attainment
- Language proficiency
- Veteran population

- Poverty
- Immigration

This information was used to give the sites a perspective on who is living in their communities and the implications that might have on conducting the next part of the community assessment and on enhancing services. Recognizing that some communities are underrepresented in the census data, the information was perceived as valuable by the sites. It let them look more broadly and systematically at their communities. Notably, each site reported that there were groups within their service areas that they had never considered before or that were larger than they had realized. These realizations were especially important for facilitating an anti-racism/oppression approach to serving survivors.

Following review of the census data, with support of the SADI Documenter, each site developed its own further community assessment. All sites gathered information from at least two constituent groups and used multiple data collection methods. These included:

Site	Community Leaders	Community Members	Survivors
Site 1	Interviews	Interviews Survey	---
Site 2	Interviews Focus Groups	Survey Focus Groups	Focus Groups
Site 3	Interviews	Interviews Focus Groups	---
Site 4	Interviews	Survey	Interviews Survey
Site 5	Interviews	Survey	Interviews
Site 6	Interviews Focus Groups	Survey	---

Even when the same method was used, each site had its own areas of interest. Some of those areas cut across multiple sites, while others were unique to a particular site. In total, the following are the areas that were assessed:

Community Leaders	Community Members	Survivors
Awareness of services	Awareness of services	Perceptions of sexual assault
Impact of sexual assault	Perceptions of agency/program	Facilitators of and barriers to speaking out and accessing support
Perceptions of agency/program	Perceptions of sexual assault	Responses to disclosure
Disclosure experiences	Barriers to accessing support	Perceptions of agency/program
Perceptions of sexual assault	Ways to reach out	Ways to reach out
Referrals and coordination between systems	Referrals and coordination between systems	Ways of healing
Ways to reach out	How to build on community strengths and traditions	Priorities for agency/program
Learning from other successes in the community	Priorities for agency/program	
How to build on community strengths and traditions		
How involvement in sexual assault issues can benefit other systems		
How elders respond to survivors		

Description of the Communities

Census Data

Across the six SADI sites, program staff found the census data to be a valuable source of information about their communities, despite its limitations and underrepresentation of some populations. Although census data are publicly available in an online, searchable database, no sites reported having looked at this information previously. Each site found that the summary of census data provided to them by the SADI Documenter contained information about which they were not previously aware. While the specific insights varied from one site to another, a common theme was that there were populations in their communities that were larger in number than they had realized. The census summaries also provided a quick snapshot they could compare to what they knew about their clients, revealing groups in their communities that were being underserved. While some of the underserved communities were already known to the sites, each site reported becoming aware of at least one underserved group that they had not thought of prior to reviewing the census.

A cross-site summary of the census data is found below to (a) provide a context for the Individualized Response Plans that were developed and will be described later in this report, and (b) offer a model for how census data can be used to inform the enhancement of sexual assault services.

Size of Service Areas

The populations served by the six SADI sites ranged from 14,409 – 1,065,068 people. Setting aside New York City, which is an outlier in population size, the average population was 98,035. The number of counties served by the sites ranged from 1 – 9 counties. The rural sites were challenged by serving a sparse population spread over a wide geographic area.

Because most states allocate funding based, in part, on the number of survivors served, rural programs tend to have the fewest staff to cover the largest area. (Some funders do account for factors such as distance in their allocations.) The clearest example of this challenge among the SADI sites was the DOVES program in Nebraska. At the end of the SADI, they employed 10 staff working out of four different locations. The driving time between the main office and the furthest outreach office was almost two hours. This poses notable challenges for staff coordination, meeting with community leaders, and most importantly for providing accessible and timely support to survivors.

Age Demographics

For the most part, the age patterns at each site were within range of national demographic patterns. A few exceptions had to be considered when designing sexual assault services. Gila River Indian Community and New York Asian Women's Center had disproportionately younger populations. This meant that a higher proportion of their communities was at elevated risk due to age. Except for Gila River, the other rural sites had a disproportionately older population. Reaching out to and serving older survivors requires different strategies and, therefore, they are often underserved.

Mobility Rates

The mobility rates within the six service areas were considerably stable, ranging from 82% - 91% of people living in the same residence as they did one year ago. Most of the changes in residence occurred within the same county. **This stability in population is a positive factor for outreach efforts, messaging and marketing because it allows for messaging campaigns that build on one another over time.**

Racial and Ethnic Demographics

It is important to consider the racial/ethnic context of the communities. This information can help identify underserved populations and to identify ways in which anti-racism/oppression lenses are most needed. It can also inform the development of culturally specific and culturally relevant outreach and services. When considering the general community programs, the diversity varied greatly, ranging from 3% - 25% people of color and 1% - 13% Latino/Hispanic ethnicities at the six sites.

However**, the SADI sites that serve large geographic areas serve as a reminder for why it is important to take a closer look at these demographics because they can vary widely within a single service area.** An excellent illustration of this is seen in the DOVES program. This was the

SADI site with the largest geographic area, serving nine counties in the panhandle of Nebraska. When looking at the demographics of their service area as a whole, only 8% of residents identified as Latino/Hispanic. However, those proportions varied between counties with a low of 3% to a high of 21%. This kind of information is critical for knowing where to locate bilingual staff, where to provide culturally specific services, and how to strategically reach out to community members and leaders. Identifying the demographics of each county allows a program to respond to the specific needs of the multiple communities within their service area.

For culturally specific programs, it is also important to consider the demographics of the communities they serve. **It is easy for funders and technical assistance providers to assume a degree of homogeneity in those communities that does not reflect reality.** For example, New York Asian Women's Center is challenged by great cultural and linguistic diversity. According to the census data, there are 19 Asian countries of origin in the counties served by NYAWC. Furthermore, that cultural and linguistic diversity is not evenly distributed across their service area. For example, while the most represented country across their entire service area is China consisting of 40% of the Asian population, in each county the proportion of Asian and Asian-American residents who identify as Chinese ranged from 14% - 64%. Additionally, in some counties the Asian population is predominantly of one cultural and linguistic group whereas in other counties there was more diversity.

Similarly, Gila River Indian Community, while consisting of 82% of residents identifying as Native American, also includes other racial groups and 24% of residents identify ethnically as Latino/Hispanic. Furthermore, there is diversity among the Native American residents who represent multiple cultural and linguistic groups. The Gila River Indian Community itself consists of two cultural groups: the Akimel O'otham (Pima) and Pee-Posh (Maricopa). There are also residents who are members of other tribes with different traditions, religions, social norms, and languages.

Language Proficiency

Related to racial and ethnic diversity is the need for multilingual materials and services. The percentage of people who speak a language other than English is one indicator that outreach and services in other languages may be needed. However, even if the percentage of people who speak another language is relatively small, it must be considered what percentage of that population would have difficulty accessing services due to limited English proficiency. Furthermore, even when a survivor is proficient in English, they may prefer their native language, especially when coping with trauma. Service provision should always be determined by survivors' preferences.

Across the SADI sites, the percentage of people who spoke Spanish ranged from less than 1% to 24%. Of those who spoke Spanish, the percentage who spoke English less than very well ranged from 4% to 65%. Two sites also had substantial representation of Asian languages, county demographics ranging from 43% to 87% with those speaking English less than very well ranging from 4% to 59%. In the Gila River Indian Community, the percentage of people speaking other

languages ranged from 12% to 28%, depending on the census tract, with 4% to 29% of those residents speaking English less than very well.

Educational Attainment

Another consideration for communication is the literacy level of the community. This is especially important because of the stigma around literacy challenges. Therefore, it is important that programs be proactive in making written materials accessible.

Educational attainment varied widely between sites. More suburban and urban sites showed higher educational attainment than rural sites, but all sites showed a substantial proportion of people with no high school diploma or GED (7% - 36%) or only a high school diploma or GED (24% - 40%).

Military Veterans

Given the rate of sexual violence in the military, another population that sites considered was military veterans. Survivors of military sexual trauma face additional barriers to services and are at higher risk for secondary victimization (Street, Stafford, Mahan, & Hendricks, 2008; Suris & Lind, 2008). Therefore, outreach specifically to veterans may be an important way of reaching otherwise underserved survivors.

The population of veterans at the SADI sites ranged from 1% to 16%. The sites with the highest proportion of veterans had military installations in or near their service areas. Coordination between community-based and military-based support, medical and judicial systems poses unique challenges for those sites.

Poverty

The census data also provided insight into how widely poverty impacts the communities served. Poverty is important to consider because of how it may complicate access to services, both those services provided by the sexual assault program as well as other public and private services available in the community. Poverty is also a source of chronic stress for survivors that can exacerbate trauma.

Across all sites, noticeably more children were living in poverty than the general population. Three sites had poverty rates higher than the national rates.

Immigration

Finally, immigration status should be considered because of the additional complications it can pose for accessing services and the additional forms of discrimination and oppression immigrant survivors may experience. It is important to remember that immigrants in general and especially undocumented immigrants are underrepresented in the census. It is also important to keep in mind

that a single family may include both immigrant and non-immigrant, citizen and non-citizen, documented and undocumented family members.

With the exception of New York Asian Women's Center, all sites had lower immigration rates than national figures with 0% - 11% of residents being foreign born. Among those who were foreign born, the recency of immigration varied greatly across the sites with 0% - 100% of immigrants having entered the US after 2000. The citizenship of those immigrants also varied greatly with 7% - 100% of immigrants not being US citizens. These dramatically wide ranges underscore the need for programs to have community-specific data on their service areas.

Lessons Learned About the Communities

The site-specific community assessments (described on pages 11 – 13) were identified by staff at all sites as an important experience in the Planning Phase of the SADI. While the specific lessons learned from the assessments varied between sites, there were common themes. That these same themes occurred across such diverse communities and programs was striking and speaks to their generalizability to the field.

Silence

Prior to the community assessments, all sites expected to find a high degree of silence and discomfort with talking about sexual violence. This was, in fact, the case across sites. Sexual violence was difficult for some community leaders and members to talk about, even when they agreed to be interviewed or to participate in a focus group. In some communities there was also a high degree of victim blaming expressed.

While finding silence and victim blaming was expected, it was still valuable for the sites to hear about it. As one staff member explained, *"The community assessment showed us we weren't too far off from where the community was at…It was enheartening to know we weren't terribly off the mark."* This realization **emboldened staff and gave them more confidence in their own perceptions and judgments as they moved into developing their plans**.

Readiness to Move Forward

In striking contrast to the silence about sexual violence, three of the sites simultaneously found there were individuals in their communities who were ready and eager to address sexual violence as a community problem. As one staff member described it, *"The community was really hungry to talk with us about this in a way that surprised me."* At another site, staff commented that, *"There were adults in the community who were so ready to do something about [sexual violence]…I realized we do have allies."* Another staff member at that same site was surprised by *"how ripe the community is to talk about this thing that's supposed to be hush-hush."* For one site, this readiness included the explicit recognition that *"the work should not be on the back of [the sexual assault*

program]" but that governmental and social service agencies community wide need to be engaging in the work.

That **silence and readiness to act can exist simultaneously within a community** was an important realization for these sites. The expressions of readiness to engage gave staff at the SADI sites a sense of optimism for the work they were embarking on and expanded their vision for what they could possibly achieve. They reported that it **led them to set loftier goals for enhancing sexual assault services than they would have otherwise done.**

Domestic Violence Focus

Another unsurprising finding from the community assessments in all six sites was the degree to which the community identified their programs as providing domestic violence services. There was little, and sometimes no, awareness of support being available for survivors of sexual violence. While this was not unexpected, staff at many sites were surprised by how deeply that perception ran. As one staff member explained, *"Understanding that our agency is perceived as a domestic violence agency only was a real eye opener for me."* Realizing the breadth and depth of this misunderstanding helped sites recognize the basic level of education that was needed in their communities. It also challenged assumptions they had previously made about the degree to which key referral sources such as social service providers, faith leaders, and law enforcement personnel were prepared to refer survivors of sexual violence.

The profound invisibility of the sexual assault work done by these sites was especially remarkable for the four sites that had been doing sexual assault work for more than a decade. That there was so little community awareness, even in those communities, speaks to the dominance of domestic violence work in the eyes of the public. It also underscores that enhancing sexual assault services entails redefining the organization itself, both internally and externally.

Assessment as Relationship Building

Finally, the enthusiasm the sites showed for doing a community assessment was in part due to their recognition that this type of assessment is not separate from the work of enhancing sexual assault services. Rather than being a required precursor, staff came to see the assessment as part of the work itself.

A poignant example of this came from FVRC where one staff member described what happened after she sent the program's community survey to the police department. After receiving no responses and discovering the surveys had not been distributed, she stopped by during lunch and personally handed the surveys to a group of detectives. Later that evening, the officers called her, told her they had done the survey and that they had been talking about it for the last few hours. They asked if she could come down to the station and talk with them.

She went over to the police department and sat down with them. The officers told her how they were shocked by the survey because of how many things they were uncertain about, especially in the rape myths section where there were right answers. They talked about what they thought and did in their work and acknowledged *"we don't really know what to do"* and *"we're not prepared for this."*

A few days later, the police called back and asked the program to do an all-day training with the detectives unit. Through that training, the detectives became active partners to the program. As some of the detectives were transferred to other units, they requested similar training for their new units. During the small group trainings, the detectives were *"very honest about their thoughts and limitations"* and talked about mistakes they had made in past cases. As one detective said, *"I'm so ashamed of myself because I wonder how many victims I was their hope and I didn't have the knowledge and tools and I let them down."* As this staff member reflected, *"The assessment really is an intervention."*

This lesson was echoed at other sites where they talked about how the community assessment helped them to build relationships with individuals and agencies in their communities, brought public awareness to the issue of sexual violence through advertising and press coverage associated with the community assessment, and began the process of generating ideas for how to better serve survivors of sexual violence. Together with what was learned about the community, the relationships and groundbreaking work of the community assessments underscores the need for allocating more resources to supporting this type of assessment when dual/multi-service programs embark on enhancing sexual assault services. **For funders, this means building time and funding for assessment into grant awards. For technical assistance providers, this means developing the expertise and tools to help program staff design assessments, collect data, and analyze and interpret the findings.**

Influence of Community Contexts on Individualized Response Plans

Learning about the community was an important part of the Planning Phase of the SADI. However, the critical step was using what was learned by having it shape the planning and implementation of strategies to enhance sexual assault services. Because of the unique characteristics of each site, how community context influenced their plans varied. Each plan started with a summary of what was learned from the community assessments and identifying how those lessons influenced the plans to enhance sexual assault services. When needed during the Implementation Phase, technical assistance providers directed site staff back to the community assessments and encouraged them to continue using what they learned to tailor their work to the community.

A prime example of using the community assessment to influence the plan to enhance services is seen in the plan from the New York Asian Women's Center. As illustrated in Figure 1, each major finding from their community assessment (shown on the left) was used to develop specific goals for their plan to enhance sexual assault services (shown on the right):

Figure 1. Summary of NYAWC's Use of the Community Assessment

"It happens but not in my neighborhood"	•Targeted outreach and awareness campaigns
Modest awareness of NYAWC services	•Targeted outreach and awareness campaigns
Importance of media outreach and community events	•Use media and community events for sexual assault awareness
Best practices vary by communities and cultural sensitivity is needed	•Continue both pan-Asian and culturally/ linguistically specific approaches
High frequency of disclosures to families despite cultural inhibitions against disclosure	•Use media to promote positive responses to disclosures by family and friends
Survivors have little experience with alternate healing methods because not widely available in or accepted by mainstream systems	•NYAWC as a setting for trauma-specific traditional healing practices

Looking across sites, there were three key ways the community assessments influenced the plans: identifying underserved populations, messaging, and culturally specific and culturally relevant planning.

Identifying Underserved Populations

A goal of the SADI was to expand the populations of survivors served by the sites. While many underserved populations have been identified in research on sexual assault, each site needed to determine the starting point for enhancing their services. Although they had long-term visions for enhancing sexual assault services for all populations, the time-limited nature of the SADI funding required that they start with specific groups in their communities.

As their plans reflected, populations of focus included:
- Youth/Adolescents
- Men
- College students
- Immigrants
- Spanish-speaking survivors
- Transgender survivors
- Parents of child sexual abuse survivors

In some cases, these populations would <u>not</u> have been focused on without the census and community assessment data. This was a direct influence of the community assessments. Furthermore, seeing these populations as underserved represented more than an intellectual realization brought about by comparing the census to the program's service numbers. For at least

one site, this involved a fundamental realization for the staff about how they were failing to see survivors in their community: *"Before we thought if we weren't seeing them [survivors from underrepresented groups], they weren't there. Now we have to be honest with ourselves and the program about who we're not reaching."* This critical self-examination represents not only recognition of underserved survivors, but also a sense of humility and responsibility on the part of the program.

Messaging

The community assessments also influenced the messaging that sites planned to engage in. This included influencing who messages were designed for, the content of the messages, and the media that would be used to distribute the messages.

The influence of the community assessment on messaging was especially notable for DOVES who had messaging and marketing as a primary activity of their plan. Although they started the SADI with an interest in messaging campaigns, the specific content of those messages was yet to be determined. During the course of the community assessment, they realized how widespread victim blaming and rape myths, especially equating alcohol consumption with consent, were in their community. The messaging campaigns they developed and implemented during the course of the SADI directly addressed these community beliefs. Additionally, as a direct result of what they learned from their community assessment, they realized that for their communities "old media" such as radio and billboards were an effective way to reach a broad range of people. This was in contrast to the social media initiatives the site had originally envisioned. Without the community assessment, they would have invested in a messaging platform that would have missed large segments of their communities.

Culturally Specific and Contextually Relevant Planning

Having taken the time to step back and listen to their communities, the SADI sites were better able to develop plans that were culturally specific and contextually relevant. Each SADI site needed to think about the racial and ethnic groups within their service areas and to assess how they could better serve survivors within those communities. This includes considering the historical context of oppression and trauma.

For New York Asian Women's Center, yoga and other Eastern practices of healing such as acupuncture and qi-gong were recognized early on as key to developing sexual assault services that are culturally relevant to the communities they serve. From the start of the SADI, there was a desire to incorporate such practices into their services. The resulting model found in Pathways to Healing (described on pages 54-55) is a powerful example of culturally specific services.

When developing culturally specific services, it was also important for SADI sites to attend to the diversity of cultures and experiences within a community. For example, New York Asian Women's Center had to continuously consider the diversity of not only different Asian communities they serve, but also the diverse experiences within those communities. Within a single national/linguistic group there was diversity based on immigration status, generational status, and

cultural assimilation. Gila River Indian Community similarly had to consider the diversity of the Native American community they serve, including diversity of tribal cultures, educational levels, degree of traditional religious and cultural practices, and multi-generational effects of boarding schools.

These types of diversities within culturally specific programs require careful consideration of how to reach out to survivors and to provide services. While staff at culturally specific programs are acutely aware of these needs, technical assistance providers and funders may not understand the diverse needs and communities they are serving. **Ongoing education of funders and technical assistance providers is needed to ensure that culturally specific programs receive the necessary resources and supports to serve the diverse populations within their communities.**

In addition to culturally specific services for survivors from marginalized racial/ethnic communities, SADI sites also had to consider other aspects of the contexts in which they were operating. This was particularly seen in the rural programs. From the beginning of the SADI, the rural sites talked about not only practical barriers they faced, such as geographically large service areas, but also unique aspects of rural life. Some of those were a result of the structure of rural communities. Confidentiality when serving a rural community can be more difficult to maintain than in an urban or suburban setting. The nature of rural communities is such that people often have multiple roles and relationships with one another. For example, the advocate who is supporting a survivor may have children who go to the same school as the survivor's children and also be the neighbor of the detective investigating the case. Furthermore, the fact that there is less anonymity in rural communities means that even walking into the sexual assault program's office may lead to questions later from an acquaintance, friend or family member who saw the survivor go in the door.

Additionally, it is important to note that it was in the rural SADI sites that staff members reported facing pressure from other systems personnel (especially law enforcement and prosecutors) to share information about the survivors and pending legal cases. Therefore, multidisciplinary systems responses such as Sexual Assault Response Teams, community coalitions, and joint task forces had complicated dynamics in the rural communities. Some of the responses of the programs to these concerns included incorporating reassurances of confidentiality into messaging plans, addressing confidentiality in greater depth during crisis intervention and intake procedures, and establishing clear confidentiality guidelines for staff members and with community partners.

In addition to these structural dynamics, sites also talked about various contextual dynamics they had to account for when enhancing sexual assault services. For DOVES, this included a strong ethic of self-reliance and taking action. They found that emphasizing talking about and processing trauma did not resonate with their community's culture. Rather, more action-oriented services were needed. Therefore, their plan emphasized developing support settings that used recreational activities as the focus for gathering survivors together, such as knitting/crocheting, art, and horseback riding. They also chose not to include yoga as a modality for healing. While they

appreciated the benefits of yoga for healing trauma and the growing body of research around it, yoga was not widely practiced in their communities and so was not an effective way of reaching out to survivors.

The lessons learned from the community assessments and how they influenced plans for enhancing sexual assault services underscore the importance of the assessments. At first, it might seem that a community-based program that has been operating for many years would have little to learn. However, **the experience of the SADI sites was that they learned much from the community assessment and that they would not have developed the same plans or as relevant of plans without it.** As one staff member said:

"The community survey was an a-ha moment for me. I have lived in this community most of my life, but I didn't realize how deep sexual violence was in the community. I came to see how important this work is. This is what the community is asking for and now we need to do this."

Organizational Contexts for Enhancing Services

What people do within organizations must be understood within the context of how the organizations themselves function (Morgan, 2006). While the focus is often on what employees can contribute to the organization, attention must also be paid to what employees need to be healthy and fulfilled and if they are to perform effectively in the workplace (Morgan, 2006). Organizations can meet their employees' needs at different levels (adapted from Morgan, 2006):

Figure 2. Hierarchy of Employees' Need
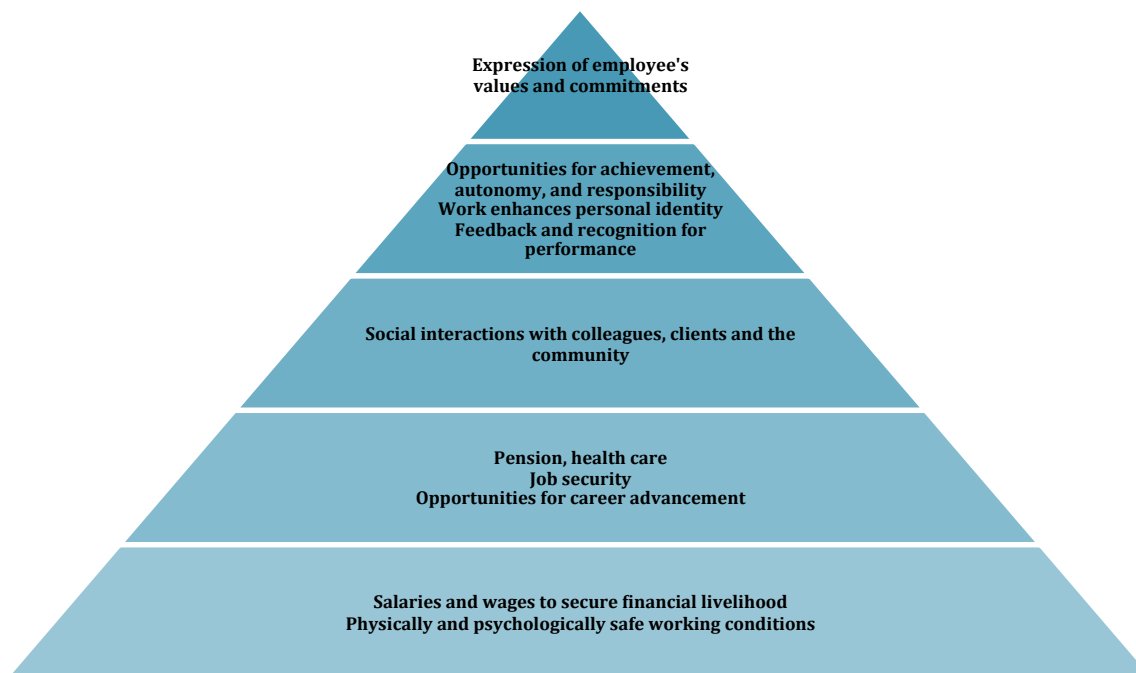
In order for an employee to meet fundamental job responsibilities, basic needs must first be met. As needs higher up the pyramid are met, the employee's potential for contributing to the organization in meaningful ways increases.

Because organizations function in different environments, there is no one best organizational structure that will fit all settings (Morgan, 2006). Different organizational structures and processes may be needed in different settings. Even within an organization, different structures and processes may be needed for different tasks (Morgan, 2006). These differing approaches can be placed on a continuum. At one end are *mechanistic* approaches to organizing where there are predetermined procedures that are used in all situations by all employees who operate within narrowly defined job responsibilities to deliver a particular service (Morgan, 2006). At the other end are *organic*

approaches to organizing where members of the organization take a more flexible approach in which procedures are influenced by the current situation and ongoing decision making within input from employees with different roles is used to determine next steps (Morgan, 2006).

While the specific community contexts varied between the SADI sites, they faced common issues in the nature of sexual violence and trauma, social perceptions of victims and perpetrators, and the structure of legal and medical systems. The nature of the environment they operate in is one of a high degree of change, with new cases and survivors' needs arising without warning. The nature of the tasks they have to perform is subject to modification based on the needs of survivors and the community. While there is division of job responsibilities within a program, those responsibilities are often blurred, especially when all staff must be prepared to respond to survivors in crisis. There is a hierarchy of authority within most programs, but in smaller organizations especially those roles are often blurred. Additionally, many programs value collaboration and consensus, which means that even if an administrator is vested with extra responsibilities, there is a pattern of informal authority that recognizes the value of all staff having input. This, too, impacts communication systems with most programs leaning toward frequent meetings and consultations among staff. Finally, employee commitments are expected to be focused not only on their own job responsibilities, but to include an openness and flexibility to taking on other responsibilities as needed.

This pattern of organization and management calls for a balance between mechanistic and organic approaches (Morgan, 2006). This balancing act is complex and requires careful attention and excellent leadership skills. Therefore, assessing and documenting organizational contexts was critical for developing plans to enhance services.

Organizational Assessments

The organizational assessments were done to inform the SADI sites' plans for organizational change. The assessment was presented as an opportunity to gain a new perspective on the site's own organization vis-à-vis sexual assault services. This way the work of the SADI would be better positioned to enhance the site program-wide and to be sustained through structural changes that would continue beyond the funding of the SADI. The organizational assessments included three components. First, a survey of all program staff was done to assess perceptions of program effectiveness and individual confidence for providing sexual assault services.

The second part of the organizational assessment was a social network analysis. This one-page survey listed all program staff and asked the respondent to indicate which people they would go to for assistance if they needed help serving a survivor of sexual violence. These responses allowed a social network map to be created for each site, identifying how the program staff connected with one another in regard to sexual assault services. For example, the networks identified who was seen as a central leader on sexual assault services within the program, if there were sub-groups within the program, and any linkages between those sub-groups. This was a critical measure for the

SADI in light of the goal of promoting shared responsibility for and program-wide engagement with sexual assault services.

The third part of the organizational assessment was a brief review of existing documents that could provide some indication of the extent to which the program defined itself as a sexual assault program, staffing structures to support sexual assault services, and the extent to which policies and procedures could support sexual assault services. Because the SADI did not begin with preconceived ideas of what structures, policies and procedures are necessary for effective sexual assault services, and because it was recognized that different structures may work well for different programs, this review was <u>not</u> designed to judge or rate those aspects of the organizations on an objective scale. Rather, the review pointed out aspects of organizational operations that the site may want to consider when planning how to enhance sexual assault services. Documents were assessed for the way the organization presented itself publicly, communicated internally, structured job responsibilities, and implemented policies and procedures. These are also basic aspects of organizations that impact organizational effectiveness.

Description of the Organizations

The descriptions of the SADI programs presented in this section focus on their ratings at the start of the SADI. Changes in organizational capacity over the course of the SADI are documented in in the section on "Organizational Change to Enhance Services." In reading these descriptions, it is important to remember that **at the start of the SADI programs tended to be overly confident in the effectiveness of the services they were providing to sexual assault survivors**. As observed by technical assistance providers and OVW program managers and as reported by the sites themselves, at the start of the SADI program staff tended to think they were serving sexual assault survivors well. The primary problem they saw was that they were not reaching as many survivors as they wanted to reach. They were as yet unaware of fundamental changes needed in the approach to services (see "Enhancement of Sexual Assault Services"). Program staff reported that, if they knew at the beginning of the SADI what they knew at the end, they would have rated many areas of program effectiveness lower at the beginning.

This overestimation of effectiveness reflects dynamics that technical assistance providers and funders should keep in mind when working with programs to enhance sexual assault services:
- Program staff receive reinforcement for the effectiveness of their services, directly and implicitly, from clients, community members, community leaders, and funders. There are few feedback loops that provide program staff with external, data-driven, and critical perspectives on their work.
- The high level of turnover in these types of programs means there are many staff who are at relatively novice levels in their understanding of and skills for providing services. Therefore, more nuanced perspectives on program effectiveness may be absent.
- Technical assistance that programs have received is often on an as requested basis. It is impossible to ask for information or assistance when one is not aware it is needed. This

mode of providing technical assistance, therefore, limits the development of new and advanced knowledge and skills of many program staff.

- Similarly, training is largely self-selected with programs and staff going to workshops they think are relevant and of interest. Again, it is impossible to seek information or training when one is not aware it is needed. The self-selected nature of training, therefore, also limits the development of new and advanced knowledge and skills.
- The availability of advanced training is also somewhat limited. Due to high staff turnover in the field, many coalitions invest their resources in ensuring all staff have received fundamental training. Similarly, state and national conferences are limited in the advanced topics and skills they address. Furthermore, the short format of most conference workshops leaves little room for doing more than introducing participants to ideas. Developing in-depth understandings and skills requires more intense training opportunities than are often available.
- Even when in-depth training is provided, it rarely is accompanied by individualized technical assistance that helps program staff successfully implement what they have learned.

In short, program staff do not know what they do not know. This limits their ability to seek the kinds of training and assistance that would enhance their program effectiveness and organizational capacity for providing sexual assault services.

Perceptions of Program Effectiveness

At the beginning of the SADI, the sites rated the overall effectiveness of their sexual assault services as moderately effective. However, **there was a noticeable difference between sexual assault services and services to other victims of crime that were rated as more effective.**

Figure 3. Overall Effectiveness
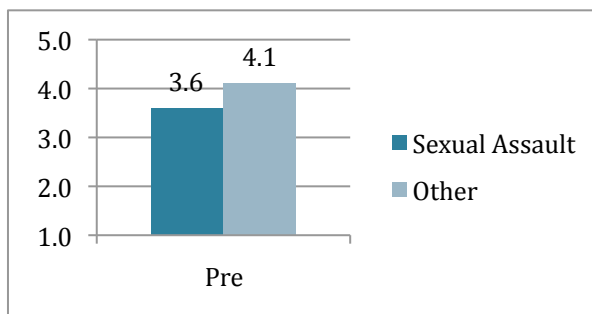
When the effectiveness of specific types of services was rated, most services were rated very high. Only health and well-being services (e.g., exercise classes, yoga, art groups, etc.) were rated somewhat lower. However, this moderate rating for health and well-being services is surprisingly high in light of the fact that only one SADI site reported providing any type of service like this prior to the start of the SADI. This is further evidence that program staff were overestimating the

effectiveness of their sexual assault services at the start of the SADI, perhaps due to a lack of awareness of the services their program was providing and/or due to a lack of understanding of the nature of health and well-being services.

Figure 4. Effectiveness of Specific Services
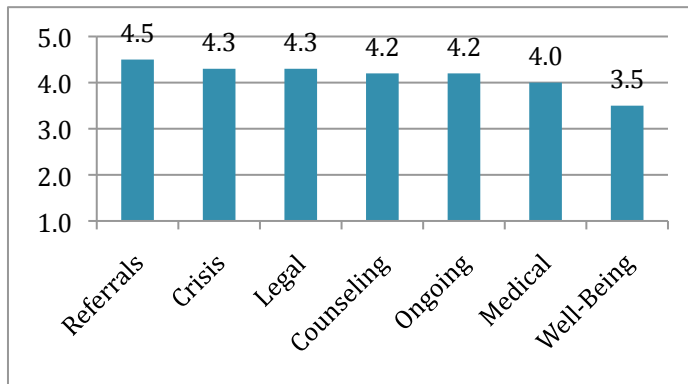
Services were also rated for the perceived effectiveness for serving specific groups of survivors. These ratings reflect a more nuanced view of services, with **services to some groups being rated as more effective than others.** One of the challenges staff noted on the surveys and in the following discussion of the results was that many of these groups were rarely served. However, when they were served, program staff thought they effectively met their needs.

Figure 5. Effectiveness of Services to Specific Groups
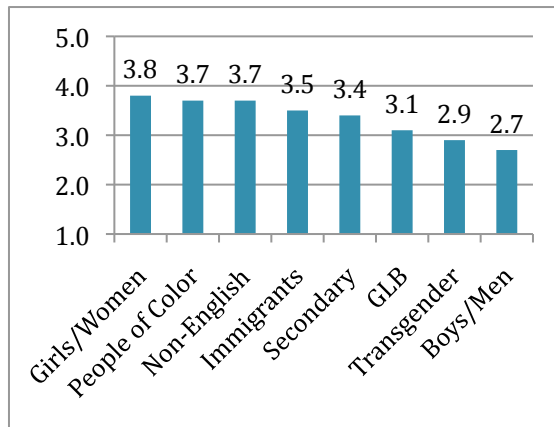
Work with Systems

In addition to the effectiveness of services to individual survivors, program staff also rated their program's effectiveness at working with other systems in the community. Here, the ratings were a more realistic assessment, with most ratings being fairly modest. In discussing the results of the organizational assessment, **most SADI sites reported having either polite but surface level relationships with these systems or having no relationship.** In only one case was explicit conflict noted.

These ratings also reflect important challenges that some of the SADI sites faced. Rural sites were often negotiating relationships with multiple systems, for example separate prosecutor's offices in each county and even more law enforcement systems within each county. The number of systems they had to negotiate taxed their already limited resources. A unique dynamic challenged New York Asian Women's Center where, as a culturally specific and non-hospital based program, they had much less leverage than the hospital-based programs that are the primary vehicle for sexual assault services in the city. The lack of leverage with systems such as law-enforcement, prosecution, and hospitals is a challenge that is likely faced by other culturally specific programs.

Figure 6. Effectiveness of Work with Systems
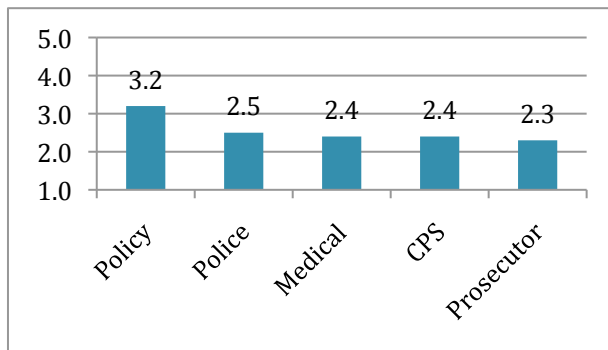
Confidence for Providing Services

While the perceptions of program effectiveness were based on what staff thought about their organization, the confidence ratings indicated how confident the individual staff member felt in their own ability to provide specific explanations, supports, and advocacy. In light of the de-prioritization of sexual assault services in dual and multi-service programs, it was important to have a snapshot of how all staff felt about responding to sexual violence survivors. The following figures illustrate their confidence for different aspects of responding to sexual violence.

As Figures 7 and 8 show, **while at least half of staff were moderately or very confident with explaining general issues and processes related to sexual violence, less than half were moderately or very confident with explaining the needs of survivors of sexual violence.** This represents a substantial gap in confidence that raises questions about how this lack of confidence would affect their interactions with survivors. It is difficult to provide responsive and effective support to someone whose needs are not understood.

Figure 7. Confidence for Explaining Issues and Processes
(% of Staff "Moderately" or "Very Confident")

Category	Value
Explain Impact	63
Explain Services	61
Be a Voice for Survivors	61
Explain Medical	56
Explain Sex	54
Explain Healing	51
Explain Prosecution	51
Explain Frequency	48
Explain Reporting	40
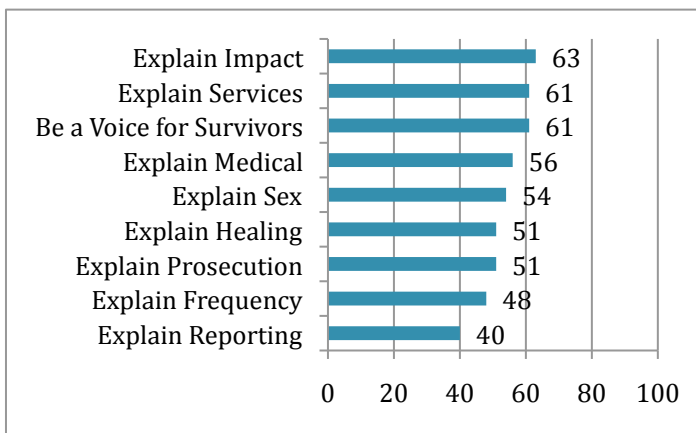
Figure 8. Confidence for Explaining Needs of Survivors
(% of Staff "Moderately" or "Very Confident")

Category	Value
Explain Needs Teens	42
Explain Needs People of	41
Explain Needs Children	37
Explain Needs	36
Explain Needs Elderly	29
Explain Needs	29
Explain Needs LGBT	21
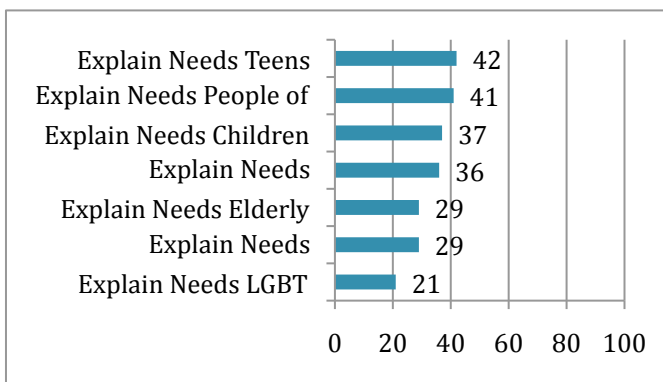
As Figures 9 and 10 show, more than half of staff reported being moderately or very confident when providing services and advocating in systems, except for advocacy in prosecution. However, an important pattern is evident here. **The highest confidence for providing services was for those services that could be provided through sharing information:** making referrals to other services and providing support during prosecution and reporting. Although "support" in those cases may (and should) extend beyond information, early in the SADI, program staff tended to understand these services as explaining prosecution and reporting processes and answering survivors' questions.

The ratings for providing emotional support, such as through crisis intervention and responding to negative coping strategies, reflect a lack of confidence. The disparity between information/tangible support and emotional support will be revisited in greater depth in the section of this report on "Enhancement of Sexual Assault Services."

Figure 9. Confidence for Providing Services (% of Staff "Moderately" or "Very Confident")
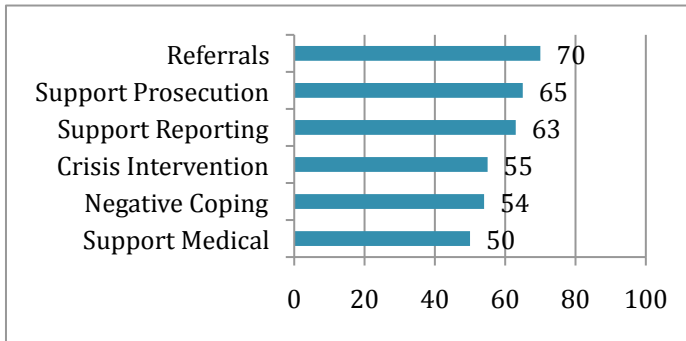
Figure 10. Confidence for Advocating in Systems (% of Staff "Moderately" or "Very Confident")
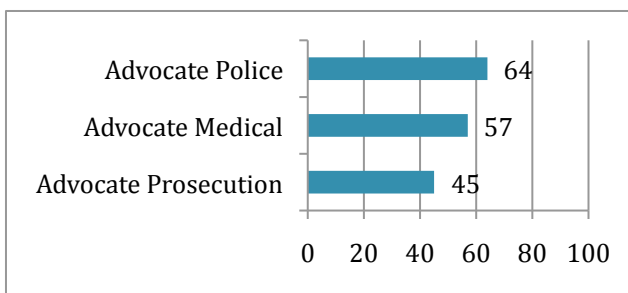
Finally, the initial confidence of staff in identifying sexual violence in different contexts demonstrated a crucial deficiency with fewer than half of staff being moderately or very confident at identifying sexual violence outside of the context of intimate partner violence. **The pervasive lack of knowledge and skill at the start of the SADI around sexual violence outside of domestic violence is reflected here. It indicated the extent to which these programs, four of which had for many years identified themselves as dual domestic and sexual violence programs, were understanding and responding to sexual violence primarily in the context of domestic violence.** This mirrors the public perception of the programs as solely or primarily domestic violence agencies.

*Figure 11. Confidence for Identifying Sexual Violence
(% of Staff "Moderately" or "Very Confident")*
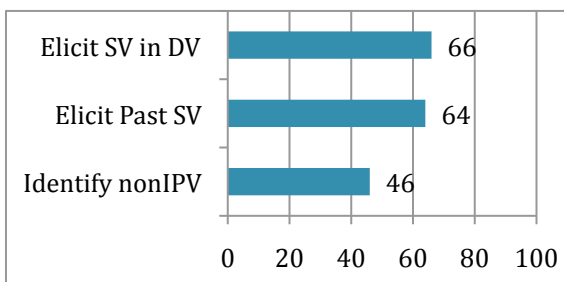
Organizational Documents, Policies, and Procedures

In reviewing documents, policies and procedures at each site, some patterns that cut across multiple sites were revealed.

- *Online Presence:* Overall, the SADI programs had clear online presences in the form of websites with five out of six having sites they managed and an additional site being included in a community website. With one exception, the websites were well-designed using common practices in website formatting and navigation. Three out of the six programs were multilingual. Additionally, four out of six SADI programs had active Facebook and/or Twitter feeds.

- *Public Presentation*: The communities' inability to identify the programs as providing sexual assault services was understandable when the websites, brochures, and flyers used by the sites were reviewed. **Of the six sites, only two explicitly named sexual assault services on their websites. In describing their services, all of the sites focused on crisis intervention and meeting immediate needs of safety and other tangible needs. No programs talked about long-term healing and support services.**

- *Communication Within the Programs*: Five of the six programs had regularly scheduled staff meetings. These included location-specific, role-specific, committee, leadership, and all-staff meetings (although no program had all of these meetings). Additionally, three programs had clearly defined systems for communicating among staff through case file notes. **Despite these mechanisms of communication, all sites that had staff at multiple locations reported disconnects between those locations.**

- *Job Structure*: Job descriptions were generally lacking in three ways. First, four out of six programs had job descriptions that lacked detail and specificity. Second, **three out of six programs failed to mention responsibilities for sexual assault services in any of their job descriptions.** Third, training requirements were missing from five out of six programs. Together, these gaps created ambiguity about who was responsible for providing sexual assault services.

- *Policies and Procedures*: All sites had at least one policy or procedure that stood out as particularly well developed. These included working with first responders, responding in the field, providing services to clients with limited English proficiency, providing culturally competent services, and philosophical statements of the values and principles guiding services. However, all sites also had policies and procedures that lacked specificity or had no policies and procedures for situations they would frequently encounter. Additionally, **no sites had sexual assault–specific policies and procedures and many explicitly focused on domestic violence and intimate partner violence to the exclusion of non-intimate partner sexual violence.**

Organizational Cultures

In addition to being influenced by the broader culture of community and society, organizations also have a culture that is internal. This culture is spread throughout the organization. Organizational culture is shaped by many factors of the organization including its history, the services it provides, how technology is used, whom it employs, and leadership style (Needle, 2004). Once established, organizational culture also guides what happens by defining what is appropriate to do and, even, setting expectations for how people in the organization should think and feel about situations and issues that come up (Ravasi & Schultz, 2006).

Therefore, the SADI took note of organizational culture from the beginning of the project. Although a comprehensive assessment of organizational culture was not the focus, staff interactions were identified as an important factor from the beginning of the SADI. Other aspects of organizational culture emerged over the course of the project and are discussed in "Facilitators of Successful Change."

Staff Interactions

How staff communicate and network with one another around sexual assault services is important. In the SADI, this was documented through social network analysis. This type of analysis generates both visual and numeric descriptions of which individuals within a system (i.e., a SADI site) network with one another on a particular issue. What was hoped was that the sites would become less centralized around one or a few people who bore the primary responsibility for sexual assault services and shift to more people being seen as experts and valued resources. This would be an indicator that sexual assault services were more integrated throughout the program.

At the start of the SADI, most programs were highly centralized. This is represented by a centralization score in which a score of 1.0 means there is one person to whom everyone else turns and lower numbers mean that responsibility is shared across more people in the network. The average (mean) centralization score at the start of the SADI was 0.52. The range across sites was very wide, from a low of 0.24 to a high of 0.72. Overall, the sites demonstrated some networking among staff, but with a notable reliance on a few key people. The goal during the course of the SADI was for more staff to be seen as knowledgeable about sexual assault services and to be seen as resource people, as reflected by decreases in the centralization scores.

Table 2. Centralization Scores at the Start of the SADI (lower numbers reflect more shared responsibility for sexual assault services)

	Centralization Score
Lowest	0.24
Highest	0.72
Mean	**0.52**

To illustrate what centralization looked like, the following are two examples of high and low centralization at the start of the SADI. Figure 12 shows high centralization with all staff members (represented by dots) saying they would turn to the same individual (in the middle of the figure) for help if they were serving a survivor of sexual violence. Only two respondents also said they would turn to an additional staff member as well. This highly centralized network is problematic because:

- If that central figure is unavailable or leaves the program, a high degree of knowledge, skills and resources will leave with them.
- Having a central figure often reflects that staff see that person as the person designated to respond to sexual assault cases. This frees other staff from a sense of responsibility for providing those services and/or disempowers them from relying on their own skills.
- Being that central figure can also mean being at greater risk for professional burnout because of bearing undue responsibility for sexual assault responses.

Figure 12. High Centralization
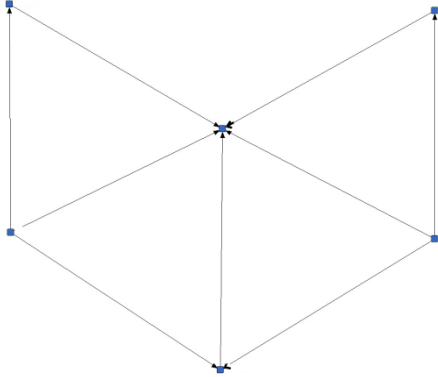
In contrast, in Figure 13 there is low centralization. The complexity of this picture comes not only from the fact it is a program with more staff, but from the fact that there are multiple central resource people who are at the center of the network and most staff reported turning to multiple peers for assistance when serving a survivor of sexual violence. This means that:

- If one of those central figures is unavailable or leaves the program, other central figures are already available and will retain the knowledge, skills, and resources the program needs.
- Having multiple central figures reflects that sexual assault services are not the responsibility of only one or two people. Rather, it is a shared responsibility that cuts across different sectors of the program.
- Being one of those central figures poses less risk for professional burnout because the responsibility for sexual assault responses is shared. Those central figures can also rely on one another, rather than being isolated in their role.

Figure 13. Low Centralization
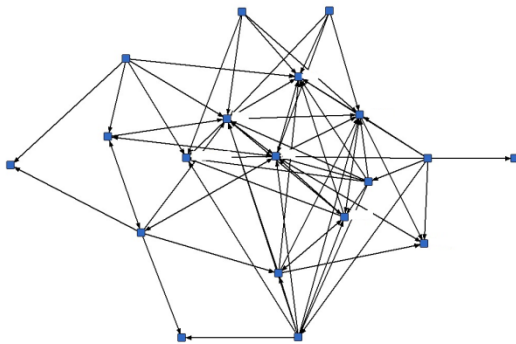
Influence of Organizational Contexts on Individualized Response Plans

The organizational assessments and the emphasis in technical assistance on organizational change led to a heavy emphasis in the plans on making organizational changes that could enhance sexual assault services. As an illustration of how the organizational assessments influenced sites' plans, Figure 14 shows the connections between NYAWC's baseline organizational assessment and its plan for organizational change:

Figure 14. Summary of NYAWC's Use of Organizational Assessment

Mission and structure currently focused on DV and Human Trafficking	•Review and revise policies and protocols for addressing sexual assault •Develop sexual assault screening tool, forms and protocols
Staff value of learning and lack of confidence for doing sexual assault work	•Extensive staff training on sexual assault •Revise training manual to include sexual assault •Revise volunteer training to include sexual assault
Potential impact on staff of doing new type of trauma work	•Revise policies to address vicarious trauma •Vicarious trauma training •Enhanced supervision

Looking across sites, there were three key ways the organizational assessments influenced the plans at all SADI sites: training, policies and protocols, and vicarious trauma. Each of these aspects of the sites' plans will be discussed in Plans for Enhancing Services.

Plans for Enhancing Services

Development of Individualized Response Plans

The completion of the community and organizational assessments and the development of each site's plan took substantially longer than anticipated. As summarized in Table 2 and detailed in the timeline on the following page, the total time for all sites to go from the Kick-Off Meeting to approval of their plan was 24 months (November 2011 – October 2013).

Step	Anticipated		Actual	
Kick-Off Meeting	November 2011		November 2011	
On-Site Orientations	January – March 2012	3 months	February – April 2012	3 months
Community Assessments Designed and Completed	March – August 2012	6 months	April 2012 – January 2013	10 months
IRP Developed and Approved	September – October 2012	2 months	August 2012 – October 2013	14 months

The timeframe described above was for all sites combined and can be a useful indicator for funders and technical assistance providers planning projects where they will be working with multiple sites. For programs that want to engage in this work on their own, at the level of individual sites, the minimum and maximum times for community assessment and plan development were:

Step	Actual	
	Minimum	**Maximum**
Community Assessments Designed and Completed	2 months	4 months
IRP Developed and Approved	4 months	12 months

Whether these times would be shorter outside of a cooperative agreement, which requires more collaboration and approvals, is a matter of speculation. On the one hand, some sites reported that the processes required by the cooperative agreement slowed down their progress and that they would have been able to move more quickly if they were working independently. However, other sites reported that without the accountability of a cooperative agreement, they would have put the assessments and planning process on the back burner in light of other demands on their time and would either have moved no more quickly or, in the worst case, stalled out and given up on the process entirely. It is also possible that, without the cooperative agreement, the assessment and planning phases would have been circumvented and sites would have jumped into implementation prematurely.

Phase 1 Timeline: Assessment and IRP Development
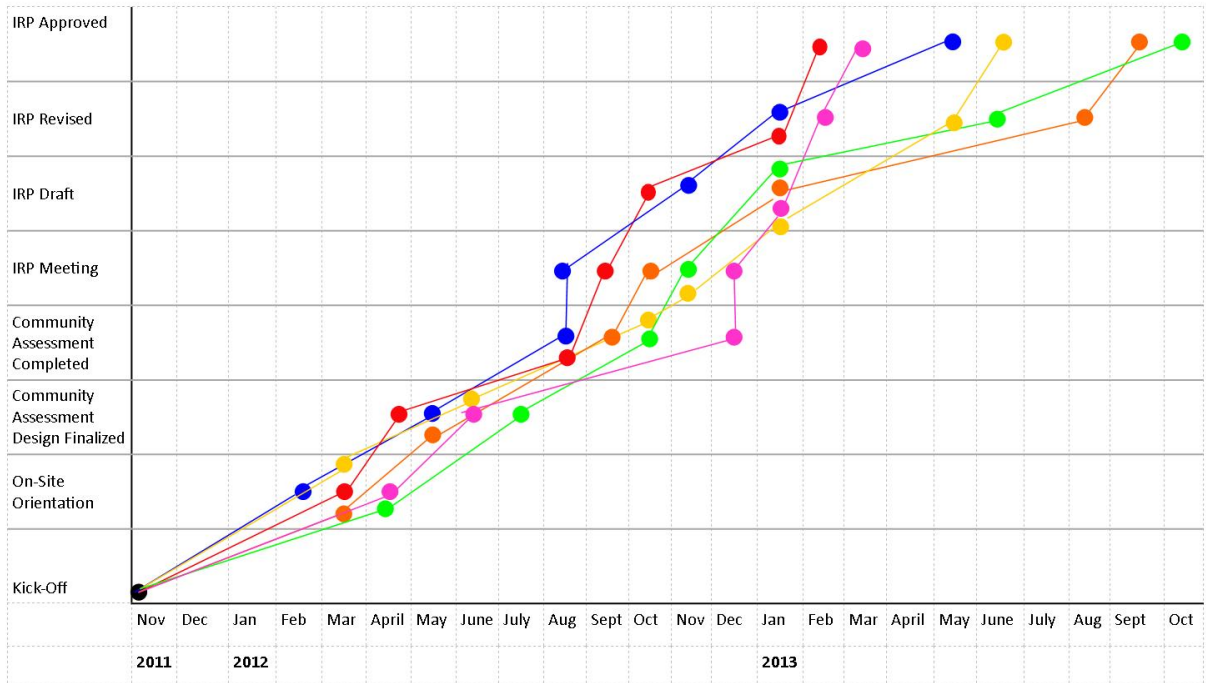
Each line represents a different SADI site.

SADI Individualized Response Plans

The plans SADI sites developed to enhance their sexual assault services were unique to each site. However, there were remarkable similarities between them. Four areas were emphasized in all six plans:

- Organizational change
- Outreach
- Messaging
- Group services

Organizational Change

The area that was most emphasized was organizational change. This was consistent with the principles of the SADI and with the need to use SADI resources in a way that could be sustained in the long-term. Focusing on organizational change was also a unique opportunity for the SADI sites, as funding is usually not available for this type of work. Despite the emphasis on organization-wide change, sites struggled with seeing the SADI as more than a specific funding stream with a limited scope within the agency. This was reflected, for example, in sites frequently not talking with TA providers about sexual assault work they were doing outside of their SADI-specific implementation plan. Despite this challenge, four organizational changes were seen:

- Training
- Policies and protocols
- Support for staff
- Staffing

Training for staff was a priority of all six sites. Specific topics and skills identified included basic sexual assault intervention, trauma-informed services, anti-oppression perspectives and skills, and vicarious trauma. The inclusion of training across all sites highlights the critical need for sexual assault training in dual/multi-service programs. **All sites recognized that they lacked both fundamental and advanced understanding and skills about sexual violence. This was striking in light of the fact that some of these sites had operated as dual agencies for decades. If even these programs recognized the need for fundamental training, the training needs of dual/multi-service programs in general are likely high.**

The amending or creating of policies and protocols was also a priority of all six sites. This reflected recognition early in the SADI that the established practices of the sites may not adequately serve the needs of sexual assault survivors, due to the way **they focused on immediate physical safety while overlooking long-term emotional safety and were aimed at providing tangible support and were not suited to providing ongoing emotional support.** Some specific policies and protocols were identified for review and revision, including crisis/helpline protocols and intake procedures and client forms. However, many sites planned a review of all policies and protocols without designating specific ones that needed revision.

In addition to service-oriented policies and protocols, four sites also intended to review and revise their approach to supporting their own staff with the aim of diminishing the effects of vicarious trauma. They recognized the fact that vicarious trauma negatively affects the ability to serve survivors to the best of their ability and contributes to staff burnout and turnover. In addition to policies, some sites prioritized reorganizing their internal structures for staff supervision and communication to provide more consistent and proactive support for staff.

Finally, four sites prioritized changes to staffing structures, either through revising job descriptions to better include roles and responsibilities for sexual assault services and/or adding new staff positions. **More emphasis was placed on restructuring current jobs than creating new positions**. In light of the large fiscal awards involved in the SADI, it might be surprising that more new hires were not planned. However, **this reflects the emphasis on planning for sustainability and the priority placed on using resources to make changes that could be continued after the end of the SADI.**

An example of changes made to job responsibilities was seen in the extensive organizational change work done at Hope Shores Alliance. At the start of the SADI, they had a sexual assault advocate. However, that person was part of the safe house team. The thinking was that many of the domestic violence survivors at the safe house are also survivors of child sexual abuse or intimate partner sexual violence. However, the sexual assault advocate had very little capacity to serve survivors of

sexual violence outside of the safe house. Additionally, because of being in the safe house the advocate was expected to help provide services to all residents as needed. Therefore, a considerable portion of the advocate's time was spent serving domestic violence survivors who had not disclosed any experiences of sexual violence.

As Hope Shores Alliance moved through the plan development and implementation phases, their staff realized that this was not an effective way for the sexual assault advocate to provide services to the vast population of sexual violence survivors. By the time the SADI concluded, Hope Shores Alliance had developed a sexual assault services department consisting of two full-time staff who operated out of the outreach office. Additionally, all staff had been cross-trained in sexual violence services. This represented a major change in the program's understanding of the population of sexual violence survivors, their needs outside of shelter, and how to meet those needs.

Outreach

Another common element of the SADI plans was new and increased outreach to the community, including survivors, the general public, and professional community partners. Across sites, this included outreach specifically to survivors, youth, schools, the elderly, therapists, law enforcement, child protective services, and the faith community.

One of the most striking examples of a sustainable approach to such outreach was seen in the plans of the Gila River Indian Community. Gila River planned a Community Advisory Group where adults and community partners could inform and advise Crime Victims Services on their strategies for enhancing sexual assault services and to coordinate how they, as partners, could contribute to the community-wide response to sexual violence. Additionally, they planned to work with a Youth Council to gain youth input into outreach and services to the community's youth.

Similarly, SafePlace has established SafePlace Peer Education Action and Knowledge (SPEAK). Originally formed to ensure that youth had input into outreach and services, SPEAK has grown into weekly in-depth education and sharing around the root causes of sexual violence. It includes teens from 10 local high schools.

The creation of new groups and settings for planning community outreach and collaborations represents a comprehensive and sustainable approach. It represents a level of collaboration and openness that acknowledges and capitalizes on the insights and expertise of the community in a way that allows the community to directly shape and participate in the strategies of the program.

Messaging

Another common priority in the plans was developing and implementing messaging campaigns. **The focus of the campaigns was specific to each community in response to what was learned during the community assessments.** For example, DOVES planned to do messaging around myths about sexual violence, specifically that use of alcohol is not consent, and two sites planned

messaging that survivors should be believed. Avenues for messaging included program websites, PSAs, social media, billboards, brochures/flyers, and promotional products such as key chains, pens, etc.

Group Services

Finally, all six sites planned to develop groups for supporting survivors in their healing. Five of the sites planned to begin, expand, or strengthen mainstream psychoeducational support groups, either for sexual assault survivors in general or for specific populations of survivors including youth, parents of child sexual abuse survivors, or LGBTQ survivors. Additionally, four sites planned to develop groups using culturally specific healing practices or groups focused on alternative pathways for receiving social support such as yoga, art, and recreational activities.

Other Plans

While the above activities were common across most sites' plans, each site also included other activities. These included:
- assessment of training and services
- reviewing and developing referral systems
- identifying legal needs
- developing or expanding resource libraries
- strengthening employee benefit plans

What was surprisingly absent from almost all plans was creation of new individual-level support services. Only two sites planned the creation or expansion of wellness activities and other healing modalities for individual survivors. As will be discussed in the section on Enhancement of Sexual Assault Services, **this absence may be explained by the struggle of many sites, initially, to grasp the need for emotional support and the ways sexual violence can affect survivors throughout the lifespan. Without that fundamental understanding, it is difficult to envision support services outside of case management and didactic counseling methods.** This is not to say there were not important changes at some sites in the nature and quality of individual support. As will be discussed in the next section of this report, strides were made in the use of active listening and trauma-informed approaches within that didactic support.

Challenges in Plan Development

Time for Plan Development

Not all sites took 24 months from the Kick-Off Meeting until they had an approved plan. The shortest timeline was 15 months and the average was 19.5 months. Many factors contributed to this extended assessment and planning time:
- The collaborative nature of a demonstration initiative required learning and adjustments for all parties involved. Establishing shared expectations for input, collaboration, and approvals took more time than anticipated.

- Although the sites were scheduled to meet with the technical assistance providers and OVW program managers weekly, some sites frequently cancelled meetings. Sites that were the most consistent in meeting with technical assistance providers and program managers made the most time-efficient progress.
- Some sites quickly recognized they needed more training on specific topics and skills before they could determine what would go into their plans. This introduced delays for those sites.
- Some sites did not allocate adequate time internally for SADI work, relying on the weekly check-in calls as their primary time for generating ideas and plans. Those sites that allocated internal time, individually and as a group, for SADI work, made the most time-efficient progress.
- Some sites faced unanticipated events including damage from fire, hailstorm, or hurricane.
- Some sites faced significant changes in their organizations during the planning period, including two sites that closed service locations due to funding losses and three sites that were facing impending changes in their executive leadership.

Additionally, at some sites there were substantial issues with how the sites were being led and organizational openness to learning and change. These issues are discussed in detail in the section on "Facilitators of Successful Change." Although the issues began to be manifest during the plan development phase, the full understanding and impact of them was not clear until sites began to implement their plans.

Based on the two sites that made the most efficient progress, a reasonable recommendation for assessment and planning time is 12 months (eliminating the delay between the Kick-Off Meeting and the On-Site Orientations and barring any natural disasters). This is an important guideline for funders who typically allocate little to no funding for these types of community and organizational assessments and for plan development. As the prior descriptions of how the community and organizational assessments affected the plans indicate, assessment and planning time is crucial. **Funders must find mechanisms to support these activities prior to asking for the implementation of new strategies and initiatives.**

An additional challenge that made planning take longer was sites' lack of fundamental knowledge about sexual assault services at the start of the SADI. **An important lesson learned by the technical assistance providers and OVW was to not presume that knowledge and to provide basic sexual assault training at the beginning**, adjusting as appropriate by going deeper into specific topics if sites demonstrate that they already have a basic understanding. It may also have been more efficient to designate certain areas to focus on in the plans. Based on the needs of the sites and the process of plan development and implementation that was observed, those areas might include:
- Basic training on sexual assault, trauma, and advocacy for staff, Board and volunteers
- Trauma-informed and equitable policies and procedures
- Leadership development
- Intake processes and data collection
- Ensuring availability and strength of core services

Scope of Plans

A second major challenge in the development of the plans was defining their scope. Sites struggled internally and with the funder to determine whether the plans should focus on what was feasible to accomplish in the two years of the Plan Implementation Phase versus longer-term changes. Even when the focus was on the Implementation Phase funded by the SADI, the scope of the plans was, for most sites, too broad.

Plans went through three versions:
1. An initial version of the plan was drafted by the sites with input from technical assistance providers and OVW program managers
2. Most of those plans were deemed to be too broad in scope to be feasible, so further prioritization happened and the plans were somewhat narrowed
3. Following approvals of no-cost extensions for an additional year of implementation, the plans were further revised to focus on what could be accomplished in the remaining time

Even with those revisions, all sites that participated in the Wrap-Up Meeting acknowledged that there were goals they had that they could not meet due to the work requiring more time, effort and resources than they had allocated.

This speaks to the need for technical assistance providers and funders to be even more realistic and assertive when talking about feasible scope of work. Although all sites were repeatedly cautioned about needing to set more realistic expectations for themselves, it was a difficult message to hear. Sites wanted to do as much as possible. Additionally, the level of funding in the SADI was unprecedented for these sites and created a vision that exceeded what could be accomplished in the time available. This overly optimistic vision was shared by sites, technical assistance providers, and OVW program managers in the beginning. However, it was easier for the latter parties to revise their expectations. The genuine commitment to survivors in their communities made it more difficult for site staff to scale back their expectations.

Leadership for Planning

Early in the planning process, concerns began to emerge about the type of leadership at some of the SADI sites. **Organizational change requires clear commitments from leaders. However, they cannot be the sole individuals to do the work.** Early signs of leadership challenges were seen in two main ways.

At some sites, the executive leadership of the programs took control of the planning process and tried to develop the plans with little or no input from their staff. This had numerous effects:
- Planning were not shaped by the valuable insights and experiences of staff who work directly with survivors
- Staff were left with vague understandings of the purpose of the SADI
- Staff had little knowledge of what their organization was doing to enhance sexual assault services and, consequently, could not explain plans to survivors or community members

- An atmosphere was created of uncertainty about the program's future, which fostered fear among staff about the implications the SADI would have for their work and future employment

In contrast, at other sites the executive leader was disconnected from the planning process and/or actively undermined the process. Both of these situations had negative effects:
- Staff were largely immobilized by not having a clear sense of direction for the plan
- Staff who were developing the plans were unclear what goals and strategies would and would not be supported and, consequently, had difficulty making decisions about which goals and strategies to include in the plan
- Not realizing the time needed to develop a good plan, executive leadership did not allocate sufficient staff time for planning, resulting in plans being made in haste with less reflection than was needed
- After investing considerable time and effort at developing a plan, some staff would suddenly find it would not be supported by their executive leader and had to begin again

At some sites, these leadership challenges were relatively minor and with further communication between leaders and staff were resolved. At those sites, the planning process, while slightly delayed, proceeded efficiently. However, at other sites the challenges were not resolved until there was a change in leadership as the result of executive transitions. Those sites experienced substantial delays, revisions, and organizational and individual stress that had to be resolved. In some cases, the challenges were not resolved at all. Those sites demonstrated minimal, if any, sustainable change.

The leadership challenges that emerged at some sites very early in the SADI process speak to the **imperative of screening programs more closely before engaging in an organizational change process**. At the least, unsupportive and non-inclusive leadership will introduce delays and complicating dynamics to the planning process. At worst, attempting organizational change without effective and constructive leadership can create or exacerbate organizational trauma.

Enhancement of Sexual Assault Services

Training

In both the overall plan for the SADI as well as in the sites' Individualized Response Plans, there was an emphasis on training. For all SADI sites, this included:

Multi-Day Trainings	Webinars	Connection Calls
On-Site Orientation Sustainability IRP Planning Meeting Oppression and Trauma Building Cultures of Trauma-Informed Care Building Organizational Capacity Comprehensive Advocacy Needs Organizational Change Messaging and Marketing Building Leadership Capacity Train-the-Trainer for Basic Advocacy Skills Wrap-Up Meeting	Active Listening Crisis Lines Screening for Sexual Violence Working with Significant Others Child Sexual Abuse Serving Male Survivors Serving Teen Survivors Serving LGBTQ Survivors Communication Self-Care Cultivating Staff Resilience Support Groups	Creating a Learning Environment Engaging in the Change Process Hotline Operations Interviewing for Community Assessments Systems Advocacy Sexual Violence in Native American Communities Sexual Assault Awareness Month Activities Individualized Response Plans
On-Site Visits		
Externships		

Multi-day trainings were two to three day learning exchanges and trainings facilitated either by SADI technical assistance providers or by external consultants. They introduced information on specific topics, emphasized the development of skills through interactive activities, and concluded with initial planning for how to incorporate what was learned into the sites' own efforts to enhance services. These trainings were attended by three to four staff from each site.

Webinars were one to two hour online presentations and discussions on a specific topic. The content of the webinars focused on introducing information and then talking about how it could be applied at the different sites. Typically, multiple staff from each site participated in these webinars. Interaction between sites and with presenters was facilitated through an online chat function and telephone conferencing.

Connection Calls, although focused on a particular topic, were geared toward sites sharing their work, experiences, and ideas with one another. This was a way for them to learn about different approaches to the topic and different strategies for engaging in the work.

On-Site Visits involved technical assistance providers (usually two, sometimes accompanied by outside consultants) visiting the site for one or two days to provide hands-on assistance. Typically, these visits were focused on specific topics. They included information sharing, brainstorming, problem solving, strategic planning, and general discussion of the topic. Topics included:

Foundational Training	Trauma	Culturally Specific Services and Underserved Survivors	Administration
Foundational sexual assault training Active listening and crisis lines Support groups Basic advocacy skills Legal advocacy Medical advocacy Advocacy on college campuses Healthy sexuality	Trauma informed care Trauma informed supervision Vicarious trauma Organizational trauma	Allyship Serving Native American communities Serving Asian-Pacific Islander communities Serving adult survivors of child sexual abuse	Messaging and marketing Staff and board orientations Strategic planning

The frequency of on-site visits varied by site, ranging from 1 to 5 visits. As will be discussed further in Facilitators of Successful Change, **openness to learning was a critical factor that distinguished the SADI sites from one another.** Those sites that scheduled more on-site visits with clearly defined learning goals were the sites that demonstrated the greatest accomplishments for enhancing sexual assault services.

Externships involved two staff from a SADI site spending two days visiting a freestanding rape crisis center and seeing how they approach the work of serving survivors of sexual violence. The intent was to provide a contrast between the approaches of dual/multi-service agencies and stand-alone agencies and to take lessons that can be learned from sexual assault-only programs and apply them back at the SADI sites. Each SADI site was matched with a rape crisis center that had organizational similarities (e.g., geographic area served, size of agency, culturally specific or mainstream program, etc.). Gila River's program was matched with a dual tribal program due to the unique needs of tribal programs and the importance of learning about the work being done by other tribal programs.

These learning opportunities were a critical aspect of the SADI. Overall, they were well received by the staff who participated in them. Surveys completed at the end of each Learning Exchange and Webinar asked for critical feedback from participants. This included a rating (1 – 5 scale) of how valuable the training was, where higher numbers indicated greater value. As those results indicate, the trainings were largely reported to be valuable to participants.

Table 3. Value Ratings for Learning Exchanges and Webinars

Setting	Minimum	Maximum	Mean
Learning Exchanges	4.2	4.9	4.65
Webinars	3.7	4.7	4.15

The higher rating for the Learning Exchanges is consistent with the observation that participants were more actively engaged with the in-depth, in-person trainings than with the shorter, on-line trainings. Although webinars are a cost-efficient way of training people who are spread out geographically, it is important to offset that logistical advantage with what is lost. During the Learning Exchanges it was observed that there were more:

- Responses given to facilitator questions
- Questions asked by participants
- Points of discussion and insights raised by participants
- Exchanges of differing and opposing views
- Opportunities to practice skills
- Nuanced reflections on what it was like to practice those skills
- In-depth discussion of how the skills and strategies might or might not apply to a site

Based on the experience of the SADI team, **webinars are an effective way of transmitting information.** However, despite multiple strategies and modes of interaction available, webinars were not an effective way of promoting interaction among participants. Very little discussion, through the on-line chat or on the telephone, resulted from the webinars. In contrast, **longer, in-person trainings are an effective venue for sharing experiences, developing skills, and creating new perspectives.**

The impact of the Learning Exchanges on the capacity of the sites to enhance their sexual assault services was seen most profoundly because of the Learning Exchange on Building Cultures of Trauma Informed Care. This three-day Learning Exchange, co- facilitated by Tiombe Wallace and Nina Jusuf, covered:

- Overview of the neurobiology of trauma
- Overview of trauma informed services
- Oppression and sexual violence
- Elements of trauma informed services
- Healing trauma
- Trauma informed advocacy
- Self-care and organizational commitment

A critical element of the training was daily activities that allowed participants to experience, as both providers and recipients, specific trauma-informed intervention techniques. These skills were practiced in dyads and small groups and were followed by discussions of what the experience was like and how the techniques might be used in their sites. A considerable portion of the third day was spent on planning for how to take lessons learned from the training back to the site, including how to share the training with other staff.

The impact of this training, which was the second of the Learning Exchanges and so occurred during the Assessment and Plan Development Phase, was evident during the Documenter's discussions with sites at the end of that phase, during the mid-Implementation Phase discussion, and again at the end of the SADI discussion. This training, more than any other, was identified as a peak experience during the SADI project and as pivotal to changing the understanding of sexual violence trauma and healing and to shaping the direction that the sites took with implementing their plans.

When describing the training, staff at SADI sites reported:

"The neurobiology of trauma training made it clear to me what trauma is and what treatment options are. It brought new focus to how we can help survivors."

"That training was a real eye opener, especially about trigger points."

"Trauma became more real for me after that training. Trauma is no longer unnoticed in face of the tangible needs of domestic violence survivors."

The information and understandings they gained from that training were put into action in their services in ways that benefitted survivors:

"Now we all constantly talk about trauma informed practice, client oriented practice, and the neurobiology of trauma. All staff can incorporate this understanding of trauma into their work."

"When I'm talking from a trauma informed perspective, I see a light bulb go on for clients. It's really a beautiful thing."

"Now we hear more from clients, 'You guys actually do something in therapy' when we use EMDR and trauma informed and neurobiological perspectives, in contrast with clients' experiences with other providers."

The theme of trauma-informed services was a fundamental part of the changes brought about by SADI. Those changes will be discussed further below in the section on New Services.

A final lesson learned about training was an unexpected and critical one. Because all SADI sites had been providing some type of crisis intervention, support and advocacy for years, and four of the six sites had identified themselves as having sexual assault programs for more than 10 years, technical assistance providers presumed a certain fundamental understanding about sexual assault, crisis intervention, active listening, and advocacy. Therefore, the early all-site SADI trainings were designed to build on that foundation by exploring more advanced issues. **However, as sites struggled to articulate clear plans for enhancing services it became clear that those fundamental understandings and skills were not widely present in the programs and that,**

therefore, they were struggling with envisioning what enhanced sexual assault services might look like. The lack of basic knowledge was evidenced through:

- Inability to identify sexual assault patterns outside of intimate partner violence
- Lack of awareness of how sexual trauma affects survivors throughout the lifespan and how trauma reactions can be triggered by later life events
- Inability to describe the program's own sexual assault services
- Existing services structured to meet only immediate tangible needs
- Placing arbitrary time limits on hotline/helpline calls
- Defining successful services as only those where a tangible resource was provided and/or where a police report was filed
- Automatically referring all callers that were seeking emotional support to counseling services

It was only as training was provided on active listening, trauma, and advocacy that sites started to grasp the differences between providing tangible aide in a caring way versus the type of emotional support throughout the lifespan that survivors of sexual violence were likely to be looking for.

While formal training provides information, frameworks, and opportunities to develop skills, it was when staff applied what was learned that the most profound shifts occurred in understanding and skill development. The direct experience of providing services in new ways and debriefing those experiences afterward cemented understanding and honed skills in ways that training by itself could not accomplish.

Turning practical experience into a learning opportunity was most effectively achieved when technical assistance providers and site staff debriefed recent interactions with survivors. This was especially true early in the SADI when staff first tried providing active listening and emotional support as the primary (and only) service being delivered.

For example, following a hotline call where the only service provided was emotional support, one staff member asked, *"Did I do the right thing? I think I helped. It felt strange not to offer something that I could do besides listening."* Debriefing that call with colleagues and the technical assistance provider provided the staff with the reassurance that, in fact, she had provided the kind of support the survivor was looking for and that it was a legitimate service.

As sites had more of these experiences and received validation of the value of the service, their confidence grew. Validation initially came from debriefing with the technical assistance providers on the Weekly Check-In Calls. As staff became more confident and skilled, some sites explicitly worked this type of debriefing into their staff meetings and supervision.

Increased Services

A fundamental goal of the SADI was to enhance sexual assault services by increasing the number of survivors served. This goal was achieved. Baseline data were collected from each site for the number of sexual assault survivors served during a 12-month period prior to the start of the SADI. These data were compared with the number of survivors served during the last 12 months of the SADI. The means across all sites are presented in Table 4. These indicate that, in the aggregate, the SADI sites did increase services to survivors of sexual assault. This is true both when looking at the number of survivors served and the percentage of all clients who were survivors of sexual violence. Increases in both these regards were seen at all sites for which End of SADI data were available.

Table 4. Survivors of Sexual Violence Served in a 12-Month Period Averaged Across All Sites*

	Survivors of Sexual Violence Served	% of Clients Who Were Survivors of Sexual Violence
Average at Baseline	83	13%
Average at End of SADI	147	19%
Average Difference	+64	+7%

* These averages exclude two sites that did not submit End of SADI services data

The change in sexual assault survivors served was greatest in one agency that served **four times** as many survivors in the last year of the SADI as they did during the baseline year. The percentage of clients who were survivors of sexual violence tripled from **7% to 29%** of all survivors served.

Reach of Services

In addition to increasing the overall number of survivors served, another goal was to broaden the reach of services to different groups of survivors, especially those that had been previously unserved and underserved. Here we see increases in the number of sites that reported serving male, transgender, young children, African American, Asian/Pacific Islander, and Hispanic/Latin@ survivors. Some caution should be used when interpreting these positive changes because increases in services to specific populations may still have been modest.

Table 5. Percentage of SADI Sites Serving Specific Populations of Sexual Assault Survivors*

Group	Baseline	End of SADI
Females	100%	100%
Males	50%	100%
Transgender	25%	50%
Children < 10 years	25%	100%
Youth 10 – 18 years	100%	100%
Young Adults 19 – 24 years	100%	100%
Adults 25 – 64 years	100%	100%
Adults 65+ years	100%	75%
African American	75%	100%
Asian/Pacific Islander	25%	75%
Hispanic/Latin@	50%	75%
Native American	50%	50%
White	100%	100%

* These percentages exclude two sites that did not submit End of SADI services data.

More profound than the changes in how many programs are serving specific groups of survivors were the changes in attitudes and commitments of some of the sites. At the start of the SADI, there were three sites that explicitly said they did not serve children and two sites that did not serve men. These programs had a policy of referring those survivors to other service providers. With the SADI, this policy was no longer an option because of the obligation of federally funded programs to serve all individuals, regardless of age or gender. (It should be noted that most of the programs were already under that obligation from other funding sources, although they were not aware of it or were not aware that their referral policies were in violation of the requirement.)

However, by the end of the SADI those sites had changed their policies and are now serving all survivors. Furthermore, some of the sites had radical changes in their organizational commitments to these survivors. As one staff member said:

"We didn't serve male survivors before. We were afraid to. We were afraid of them. Now we're not. We need to do more because we aren't reaching enough of them. We still have a very long way to go, but now we see this as part of what we do. We couldn't call ourselves a sexual assault program if we didn't serve male survivors."

Another of these programs, at the end of the SADI, was beginning to fundamentally re-think its organizational identity vis-à-vis serving male survivors, including beginning the process of redefining their mission and possibly engaging in a name change and rebranding of the entire organization. This is a profound change in their organization's identity and commitments.

While the above examples reflect important shifts in thinking about services, even more striking is when changes in thinking were acted upon through changes in services. This was seen at Hope Shores Alliance where, at the start of the SADI, the agency did not serve children. However, through the planning and implementation phases they gained a deeper understanding of the needs of child survivors and their parents/guardians. They also realized that those needs were not being met by other social service agencies in the area, but were consistent with their own mission. Therefore, they decided that their services needed to be expanded to children. They began doing outreach and to offer support to child survivors and their parents/guardians, including successfully developing a group for parents and guardians.

New Services and Approaches

Another programmatic goal for enhancing services was the creation of new services. While the creation of new services was minimal, there were important changes made in how services were provided. This was seen across the SADI sites in four areas: establishing core sexual assault services, trauma informed approaches, group based services, and community outreach and events. Additionally, one site also strengthened multilingual resources and communication.

Establishing Core Sexual Assault Services

Based on the information available through the site selection process, the SADI started with a presumption that sites were already providing core sexual assault services. Therefore, the goal at the outset was to expand those into more innovative and comprehensive services. The training and technical assistance structure of the SADI was designed with that in mind.

However, as the planning process moved forward, it became clear that even those sites that had ostensibly been providing sexual assault services for decades lacked foundational understandings of sexual assault trauma and advocacy and that their services were geared to the tangible needs survivors of domestic violence most frequently access. For example, one staff member described how they used to channel all survivors into their shelter program, regardless of what they called for:

"We came to recognize that we used shelter as a way of getting survivors to come in. We said we don't require shelter to receive services. But when a survivor would call we would say, 'Just come into the shelter and we'll talk.' So, really, all services were provided through shelter."

This practice meant that survivors who did not need shelter were either not served because they did not come in, or they were poorly served because the structure of services was not designed to meet their needs. Similar practices were seen early in the SADI with how hotlines/helplines were used to deliver services. Practices included:
- Limiting calls to very short durations
- Discouraging repeat calls
- Telling callers the line was not for emotional support

- Immediately referring all callers who were seeking emotional support to counseling services, either within or outside of the agency

These practices illustrate how, although every site had appeared to have core services, they were not necessarily used in ways consistent with delivery of effective sexual assault services. Therefore, technical assistance providers and program managers from OVW had to shift their expectations in the types of changes in services that could be accomplished through the SADI. The new focus was on ensuring that core sexual assault services were available and effectively delivered. Any innovative services that were more comprehensive in nature had to come next. The extent to which new, comprehensive services were developed depended on the site's leadership, openness to learning, and openness to change.

Active Listening and Trauma Informed Approaches

The most widespread change in services across the SADI sites was the shift toward placing primary importance on active listening and trauma informed approaches. This was seen throughout almost all of the work at all of the SADI sites and was a critical shift for the sites. The level of entrenchment in providing tangible aid (e.g., shelter, transitional housing, transportation, orders of protection, legal referrals, clothing and personal hygiene products, food, etc.) was extensive. While tangible needs are important to some survivors, when they define the nature and mode of service delivery to the exclusion of other needs, emotional support is sacrificed and other survivors are left unsupported. Many sexual assault survivors do not need tangible resources, but are looking solely for emotional support. The shift to seeing emotional support as a service in and of itself was monumental for many of the sites.

As an illustration, one site reflected on the many ways their services across the entire agency had changed as a result of using active listening and trauma informed approaches in their services. Those changes included:
- When clients call looking for legal remedies, rather than the legal advocate immediately making a referral to an attorney, the legal advocate now begins with questions such as "What prompted you to reach out to us?" and "What is your biggest concern right now?"
- A counselor who had been working with a domestic violence survivor for 1.5 years was recently talking with her about a custody issue. Rather than limiting the conversation to the tangible needs, the counselor asked the client "You're stronger now than in the past; what has made you stronger?" That question led to the survivor disclosing a sexual assault that had happened earlier in her life and the counselor and survivor connected in a way that had not happened in the previous 1.5 years.
- A client was worried about raising her children in a culture different from the one she grew up in. When she shared this with the advocate, the advocate who before would have seen the issue as not directly relevant to the services being provided and would have redirected the conversation to the client's tangible needs, instead asked what her concerns were. That question led to a meaningful discussion about the prevalence and tacit acceptance of child sexual abuse in her home country and strengthened the client's confidence at talking with

her own family about it and her resolve to always believe her children if they are sexually abused.

- When hiring a counselor for the agency's Children's Services, applicants were specifically asked about their experiences with serving sexual violence survivors and their families and how they saw themselves fitting into that aspect of the agency's work. This reflects the fact that the agency now hires <u>all</u> staff with the expectation they will work with sexual violence and have to be open to listening to those experiences.
- Finally, the agency had received feedback from legal services providers that they can see differences in how survivors tell their stories depending on if they have been working with one of the agency's counselors. They report that legal clients are much more likely to disclose sexual violence, both current and past, than they were before.

This agency's examples show how SADI sites are asking different questions and responding to what survivors say differently than before. Similar trauma-informed changes were reported by five of the SADI sites in the work their counselors and advocates were doing individual work with survivors. They are following the survivors' lead and are ready to listen to the stories survivors need to tell. While most of these examples are about individual interactions between staff and clients, it was also seen in group work.

For those sites that provided traditional psychoeducational support groups, changes were seen in the approaches to facilitating those groups. Specifically, the reliance on trauma-informed techniques greatly expanded. The counselor at FVRC reported that, because of the training on neurobiology of trauma and trauma-informed care, she now had a *"real understanding of trauma"* and had more effective tools for working with survivor groups. Some of the changes involved the vocabulary and ways of talking about sexual violence. Other changes concerned group format and processes with a new emphasis on self-determination and choices by participants as a way of being more trauma-informed. The content of the groups also changed, with more emphasis on how trauma can be triggered and the use of trauma-informed practices for grounding oneself that were learned at the Learning Exchange on trauma-informed care.

An example of how a shift toward active listening and trauma-informed approaches in existing services can transform those services is seen in one staff member's description of how their counseling services had changed:

"We have come to see the work as a much broader effort around oppressions and violence rather than merely violence against women. This has changed the way staff describe services and has opened the door to conversations in counseling sessions that might have been overlooked before. Consequently, survivors are experiencing greater support within a holistic framework. For example, they discuss how sexual violence is experienced across the lifespan, how coping skills develop at different ages, how personhood is developed through learned sexualization. This shift was needed for us to really become a dual program and to raise the bar of our sexual assault services. It requires our staff to develop a unique set of skills for being sexual assault advocates apart from the skills of a domestic violence advocate. On paper the skills look similar, but in practice they feel very different."

Despite the diversity of programs, there was a recurring theme when talking about barriers to engaging in active listening and trauma informed responses. **Screening protocols and intake forms were repeatedly named as working against listening to survivors and allowing them to take the lead on what they want to share.** Staff saw the problems early in the SADI process:

"We act like we need a form to work with sexual assault survivors."

"We train staff and volunteers to the form, not to the individual sitting in front of them or on the other end of the phone line."

"Our forms and intake protocols really get in the way. They are the opposite of active listening and trauma-informed. But how do we get away from them?"

Consequently, three of the sites prioritized reviewing and changing their forms and intake protocols. Exemplifying this work are the changes Crime Victims Services in the Gila River Indian Community made to their intake form. Their prior forms were more akin to what might be seen in a criminal report and included detailed information about the perpetrator, assault, and survivor's own behaviors and demeanor. Putting the needs of survivors first and thinking about what it was like for survivors answering those questions, staff at Crime Victims Services discarded those original forms and started from scratch. The goals were to:
- Better protect survivor confidentiality
- Emphasize building relationships with survivors, listening to their stories, and affirming their experiences
- Eliminate implicit judgments and interpretations
- Reduce the amount of paperwork, thereby freeing up more time to spend with survivors

Resulting changes to the forms included:
- Deleting a description of the assault
- Deleting the advocate's assessment of the survivor's needs and barriers
- Reducing the amount and detail of information recorded
- Not recording information the survivor may not want written down
- Being mindful of how recorded information can be used in legal proceedings against the survivor and minimizing the possibility of those negative consequences

Trauma-informed thinking around physical space also occurred at four of the SADI sites. For most sites, these changes are still in the planning stages or were limited to individual changes staff were making to their own offices. However, DOVES, shortly after the training on trauma-informed care, made substantial changes to the physical environment of their office space where most services were provided. These included new color schemes throughout the building, redesigning the entry and waiting area, new furniture and layout in offices and group rooms, and new artwork on the walls. Every room in their building was examined with a critical eye and redesigned. These changes

were not merely aesthetic. Rather, they were based on trauma-informed principles and were designed to create a more soothing, empowering, and less triggering physical environment.

The shift toward active listening and trauma-informed approaches seen in the examples above was perhaps summarized best by one staff member who said:

"The most important thing we do is listen…That comes before forms or anything else. It used to be the forms drove the interactions. But now it's more important to listen and be with somebody than to get the information…Most people don't realize how deep that change has been. This isn't going away when the SADI ends."

While these changes did not result in the creation of new, comprehensive services, they represent **major changes in the way core services were understood and delivered**. **The sites that most incorporated active listening and trauma informed approaches ended the SADI in the best position to move forward with creating new services that extend beyond core support and advocacy.**

Group Based Services

As described in Plans for Enhancing Services, a common element across SADI sites was the creation of new group settings for social support and healing. The most novel of these plans were those that sought to create settings that would allow for support and healing using modalities beyond mainstream psychoeducational support groups. The most striking example of a site achieving this goal is seen in New York Asian Women's Center's Pathways to Healing.

Pathways to Healing offers survivors the opportunity to participate in wellness practices, such as trauma-sensitive yoga, acupuncture, and qi gong, along with a creative arts-based support group that prioritizes healing over directly confronting painful memories or recounting traumatic events. The format of Pathways to Healing allows for considerable flexibility in the healing opportunities available to survivors. The service is designed as a three-month program that meets twice weekly. While survivors are encouraged to attend weekly, they are not required to do so. Recognizing the differing needs of survivors and respecting their decision-making, they can participate in as many or few of the weekly sessions as they choose. At the end of the three months, there may be a brief break before the next three-month cycle begins. Survivors are welcome to end or continue their participation for another cycle.

A typical Pathways to Healing session is held in a large room with sufficient open space. Participants are welcomed by an advocate or trained volunteer. The first 10 minutes are spent completing basic paperwork focused on confidentiality for those who are new to the group. This is followed by one hour of some type of healing practice. The practices alternate by the day; for example, acupuncture and qi gong may be offered on one day, alternating with acupuncture and yoga the other day. The schedule of activities is consistent so survivors can choose which practices they want to participate in. Additionally, the two activities for the day are separated by a tea/water

break. This allows the advocate/volunteer to check in with the participants. It also provides a comfortable exit point for those participants who do not want to participate in the remaining activities. Following the healing activities, the final activity an arts-based activity based on what the group decides they would like to do. In the first cycles of Pathways to Healing, a psychoeducational approach was used in place of the arts-based activity. However, staff found that this did not resonate with many participants. Therefore, the latter cycles during the time of the SADI shifted to arts-based activities.

There are numerous ways that Pathways to Healing provides powerful support to survivors. First, the concept of counseling is foreign to many of NYAWC's clients. Talk therapy is not necessarily how staff come to hear about what survivors are experiencing. In contrast, the community unit is very important as a part of the ethos of balance and harmony that is valued. Experiencing healing collectively, as opposed to individually, is important. As one staff member explained, *"The power of Pathways to Healing is that even if they don't talk, they are all working toward healing. Simply to be in the same room, breathing together and healing together is powerful."*

While Pathways to Healing is the most well developed example to date of new healing modalities being offered, it is not the only example. Gila River Indian Community has also worked to develop opportunities for survivors to use traditional healing and cultural practices as a source of support for survivors. Like with NYAWC, traditional counseling and talk therapy is not consistent with the dominant culture in the community. Therefore, they are using culturally specific practices such as artwork and weaving to create safe spaces for community members to gather, to talk in a more self-directed way about their experiences, and to offer one another support.

The creation of new group settings for support and healing was not limited to the culturally specific programs. Among the mainstream programs, FVRC developed an arts-based group for youth and DOVES has developed plans for (although not yet implemented) an arts-based group, handcrafts (knitting and crocheting) group, and equine assisted learning.

Community Outreach and Events

In addition to services to survivors, the SADI sites all demonstrated substantial increases in outreach to their communities. This took many different forms. A few examples that typify the changes are described here.

Sexual Assault Awareness Month (SAAM; April) represented a major change for all sites. Prior to the SADI, these sites did little and in some cases no activities during SAAM. (Again, this is striking in light of the fact that for more than a decade four of the sites had identified themselves as having sexual assault programs.) While all sites engaged in SAAM activities to a higher degree than prior to the SADI, the most striking changes were seen in Gila River Indian Community where each year they expanded their activities and did so in a way that markedly involved community members.

Prior to the SADI, Gila River had no SAAM activities. During the first year of the SADI, while they were still doing their community assessments and planning, they incorporated sexual assault awareness into their Domestic Violence Awareness Month (October) activities. This included a "Stories on Cloth," art-based display that include sexual assault and child sexual abuse and the addition of teal that represent sexual assault awareness to the purple color scheme of domestic violence awareness. While these changes may seem small, they represented a major shift for both Crime Victims Services and the Gila River community as a whole. In prior years staff reported they had been criticized for talking about sexual violence publicly, although the community was accepting of talking about domestic violence. Now, however, the community was gathering publicly to talk about sexual violence as well.

Subsequent years saw Gila River hosting sexual assault-specific events in April. Throughout the years, these included:
- Proclamation by the Governor declaring April as Sexual Assault Awareness Month
- Public viewing of a documentary on sexual violence followed by a community discussion
- 5k run in support of sexual assault awareness
- Professional trainings on healing from sexual violence
- Community vigil

It is important to note that community outreach did not only focus on hosting events and encouraging the community to participate. It also included Crime Victims Services participating in community events being hosted by other community groups and organizations. For example, their staff have attended meetings of a local LGBTQ group, participated in the employee wellness program of a major employer, volunteered to help with a Head Start celebration, and participated in a human trafficking training held by an allied organization.

Multilingual Resources and Communication

Work on enhancing multilingual resources and communication was a focus of only one SADI site, New York Asian Women's Center. The challenges they face with serving an area where dozens of Asian languages are spoken are certainly more daunting than what most dual/multi-service programs face outside of large urban areas. However, the changing face of the United States and its increasing linguistic diversity makes the lessons NYAWC has learned important for the field.

While NYAWC had long invested resources in multilingual access, the deeper nuances and challenges of what that means became apparent for them following a training on crisis response on hotlines that they participated in as part of the SADI. During the training they asked the staff to divide into linguistic groups to talk about sexual violence in their native languages. These conversations led them to realize that some ideas were not translatable or culturally understood. For example, a role-play done in Urdu made evident the paucity of language for emotional content and that there was no easy way to define or express "trauma." In multiple language groups they found that the kinds of questions that would be asked in English made almost no sense when

translated and that sexual violence requires more nuanced language than was sometimes available in the vernacular.

This exercise opened a new path for enhancing services. From that point forward, every time NYAWC engaged in training or other explorations of ideas for services, they looked at it from the point of how to express the ideas in multiple languages – beginning with the question of whether the idea was translatable and culturally understandable.

It became clear to NYAWC that multilingual access is not simply about having someone available who speaks a specific language or about translating written materials into another language. Sometimes the very concepts must be understood and explained in very different ways to make them linguistically and culturally appropriate.

This is an important lesson for all dual/multi-service programs that are looking to reach out to different linguistic groups. This issue is more widespread than programs may realize. For example, when reaching out to Latin@ communities, many programs think only in terms of translating to and services in Spanish. However, many immigrants from Central and South America, especially more recent immigrants, speak an indigenous language. For example, when looking at translation needs in federal immigration courts, Mam (a Mayan language spoken by more than half a million people in Guatemala) is currently the 9th most spoken language, whereas five years ago it was not even in the top 25 languages appearing in the court. While there is clearly a pressing need for Spanish-language resources and services, **reaching out to any ethnic or racial group is more complicated than a single language or mere translation.**

Influence on Other Services

Although the SADI funding was limited to sexual assault services, a profound dynamic of organizational change is that it can impact other services as well. This was clearly the case for New York Asian Women's Center and the broader impact of their work to develop Pathways to Healing. The principles that define Pathways to Healing have become the model of practice for the entire agency. This is not merely a matter of influencing how services are delivered, but a fundamental shift in defining the nature of services. As their staff explained:

"SADI and Pathways to Healing have transformed our agency beyond case management. We now allow for people to recover from trauma in their own way rather than only through a formal therapeutic approach. This is true for all of our services now, not only sexual assault services. We are making these kinds of changes in our work with domestic violence and human trafficking survivors as well. It has changed all of our work to emphasize wellness and it has changed how we respond to all trauma."

Similarly, other sites described how **what they learned about trauma-informed care for sexual assault survivors was being used by their staff in their work with all survivors of any type of trauma. This reflects a broader shift in the programs and underscores how organizational**

change necessarily involves changes throughout the organization and not merely in one service area.

For dual/multi-service agencies that operate a shelter or emergency housing, this necessarily impacts those shelter services as well. As one staff member from a rural program explained:

"We are looking at services differently now. For example, ways of thinking from the SADI helped us think about closing our safe house. Before we would have thought that if we did that, there would be no services left. Now we know there are other ways to serve survivors."

Organizational Change to Enhance Services

Organizational Change

When looking at changes from the beginning (pre) to the end (post) of SADI, it is important to keep in mind two important limitations in the survey data. First, as discussed earlier, at the start of the SADI programs tended to be overly confident in the effectiveness of the services they were providing to sexual assault survivors. They were as yet unaware of fundamental changes needed in the approach to services. Program staff reported that, if they knew at the beginning of the SADI what they knew at the end, they would have rated many areas of program effectiveness lower at the beginning. Therefore, when comparing the pre- and post-scores for perceptions of program effectiveness, undue weight should not be put on the apparent lack of substantial change in some areas. There are other areas where the surveys were less influenced by this overestimation on the pre-survey and where substantial change is apparent.

The second limitation of this measure is that, due to high staff turnover, the individuals responding to the surveys were largely not the same people. Therefore, the unit of analysis is the program sites, not individuals. Due to this small sample size, tests for statistically significant change were not valid. The results presented are descriptive only. Certainly, very large changes from pre- to post-survey can be noted as substantial. But small changes should be interpreted with caution as they may be due to random fluctuations or due to differences in the individuals responding and not statistically significant differences.

Perceptions of Program Effectiveness

By the end of the SADI, the perceptions of overall effectiveness show two important changes. First, **the perception of the sexual assault services as effective increased.** While the increase was modest, it should be remembered that the actual effectiveness prior to the SADI was likely lower than shown in the surveys. Second, **the difference in perceptions of sexual assault and other crime victim services had almost completely disappeared.**

Figure 15. Overall Effectiveness
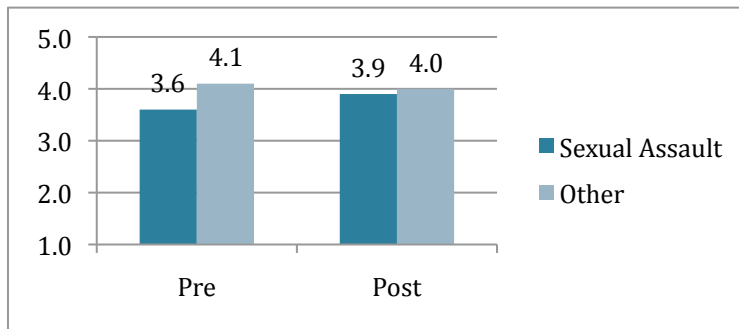
However, when the effectiveness of specific types of services was rated, perceived effectiveness mostly decreased. This does <u>not</u> mean that sexual assault services actually decreased in their quality or effectiveness for survivors. Again, it must be emphasized that program staff overestimated their effectiveness at the beginning of the SADI due to not fully understanding what effective sexual assault services entail.

*Figure 16. Effectiveness of Specific Services*
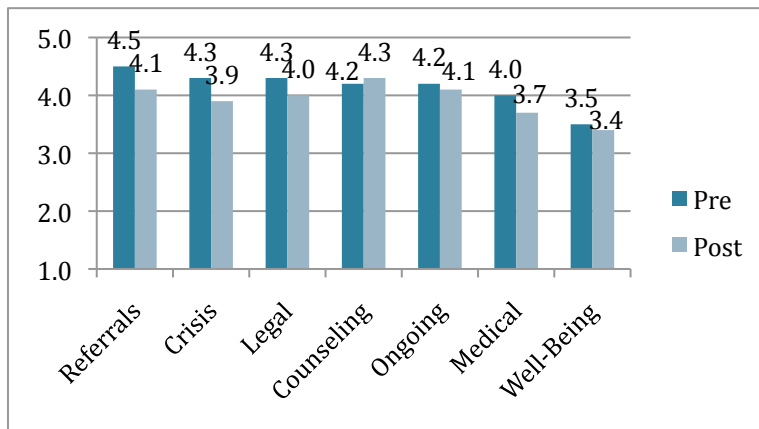
Services were also rated for the perceived effectiveness for serving specific groups of survivors. These ratings reflect a more nuanced view of services and notable increases in perceived effectiveness for all groups of survivors. Increases ranged from differences in ratings of 1.1 to 0.1. The groups for which staff saw their effectiveness increasing the most were for serving men/boys, transgender survivors, and gay/lesbian/bisexual survivors.

Those increases may be attributed to the training aspect of the SADI that emphasized understanding the specific needs of survivors and the ways that racism and oppression can impact survivors in different ways because of how trauma intersects with other identities and experiences. In addition to specific trainings on serving male, LGBTQ, Native American, and teen survivors, the needs of different survivors and anti-racism/oppression perspectives were a component of most training. **Whereas prior to the SADI staff at these programs tended to approach serving all**

survivors in the same way, by the end of the SADI they understood the different needs survivors may have and were more prepared to respond to those needs.

Figure 17. Effectiveness of Services to Specific Groups
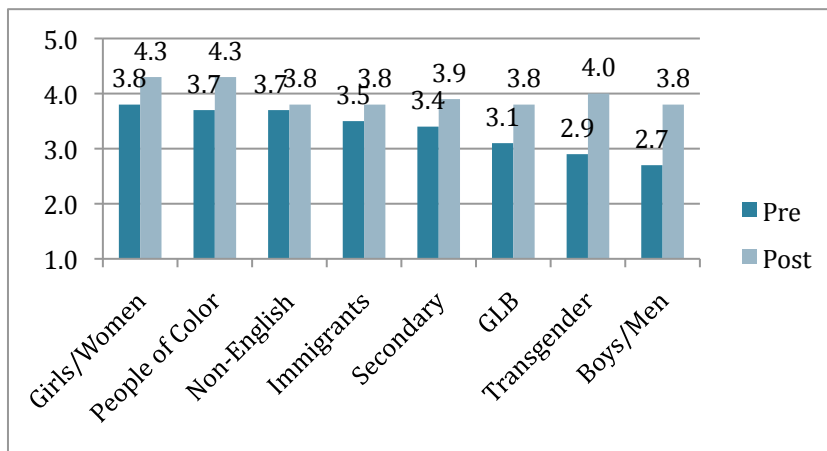
Work with Systems

Similarly, there were remarkable increases in the perception of staff that their programs were effectively working with systems on issues related to sexual violence. Their work with all five systems was rated as more effective at the end of the SADI than at the beginning. The largest increases were in working with prosecutors and Child Protective Services.

These changes reflect broader organizational shifts in some of the SADI sites around who they serve and their role as advocates. At the start of the SADI, most sites were not serving children and some of them distinctly did not want to serve them because either they saw that as the work of another agency in the community or they did not feel adequately prepared. However, **through the SADI they developed a deeper understanding of their role as advocacy organizations and came to recognize that agencies that serve children are often not providing the kind of advocacy that sexual assault programs can provide.** Therefore, while not usurping the role of other agencies, SADI sites began to interact with them in new ways and to provide services to children and their families rather than simply referring them out.

Similarly, some sites experienced shifts in the way they defined their role with prosecutors, taking on more of an advocacy role rather than merely an accompaniment and information-providing role for survivors engaged with prosecution. While advocating on behalf of survivors has the potential for leading to conflicts between systems, the SADI sites that made this type of shift saw themselves as being more effective in meeting survivors' needs.

The SADI sites still strive to have professional and collaborative relationships with other systems. However, **by taking on more of an advocacy role, they allow survivors' needs to define how**

they interact with those systems. This is a fundamental shift in defining their roles and the scope of sexual assault services.

Figure 18. Effectiveness of Work with Systems
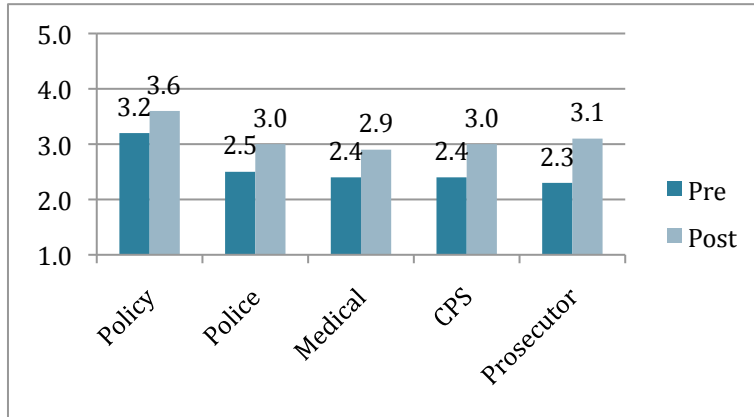
Confidence for Providing Services

The greatest changes over the course of the SADI were seen in the sites' self-reported confidence for providing sexual assault services. As Figure 19 shows, the proportion of staff who were moderately or very confident at explaining issues and processes related to sexual violence at the start of the SADI ranged from 40% - 63%. By the end of the SADI, that had increased to 65% - 88%. Explaining prosecution was the only area where fewer than 70% of staff remain less confident. (It should be noted that prosecution issues were not a major focus area of the SADI.)

Figure 19. Confidence for Explaining Issues and Processes
(% of Staff "Moderately" or "Very Confident")
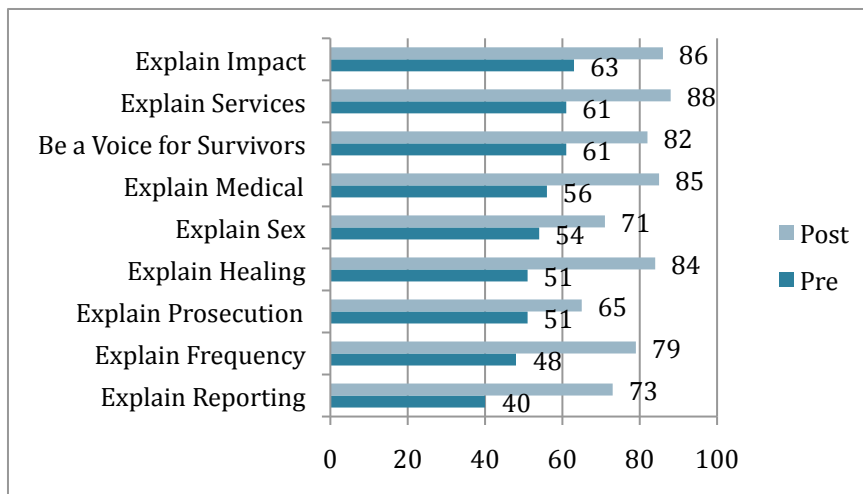
Similarly, as shown in Figure 20, the confidence for explaining the needs of survivors increased from 21% - 42% of staff being moderately or very confident to 66% - 78% of staff. Like with the data on perceived effectiveness of serving specific groups of survivors, these ratings indicate that over the course of the SADI program staff acquired a more in-depth and nuanced understanding of the needs of survivors that could account for how other identities and experiences intersect with trauma to create unique needs. The remarkable increase in and consistency of these confidence ratings, as opposed to the start of the SADI, reflect the sites' increased ability to serve the broad range of survivors in their communities.

Figure 20. Confidence for Explaining Needs of Survivors
(percent of staff "Moderately" or "Very Confident")
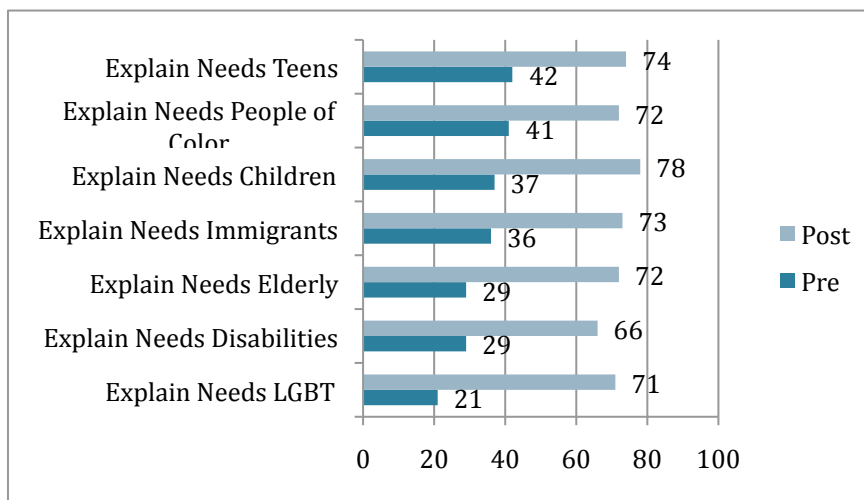
While knowledge and the ability to explain are foundational to providing services, confidence for actually providing those services is a distinct question. An individual may have a clear understanding, yet still lack confidence in their skills for providing a particular service. As shown in Figure 21, there were increases in confidence for providing all services. Prior to the SADI, 50% - 70% of staff were moderately or very confident at providing these services, whereas at the end of the SADI it ranged from 79% - 87%. **The high and consistent confidence levels for these services indicates the SADI sites are now in a much better position to meet the wide range of basic needs survivors of sexual violence may have and that there are fewer gaps in their service capacity.**

Figure 21. Confidence for Providing Services (% of Staff "Moderately" or "Very Confident")
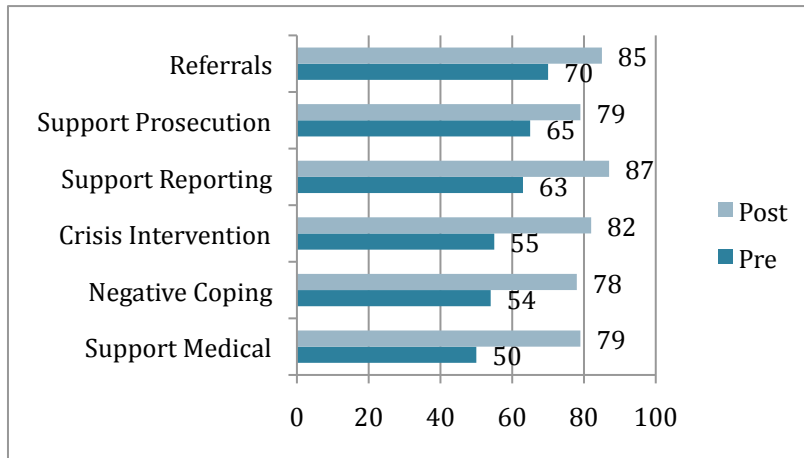
Similarly, the substantial increases and resulting consistency in staff confidence for advocating within systems means there are fewer gaps in the capacity for advocacy than before the SADI.

Figure 22. Confidence for Advocating in Systems (% of Staff "Moderately" or "Very Confident")
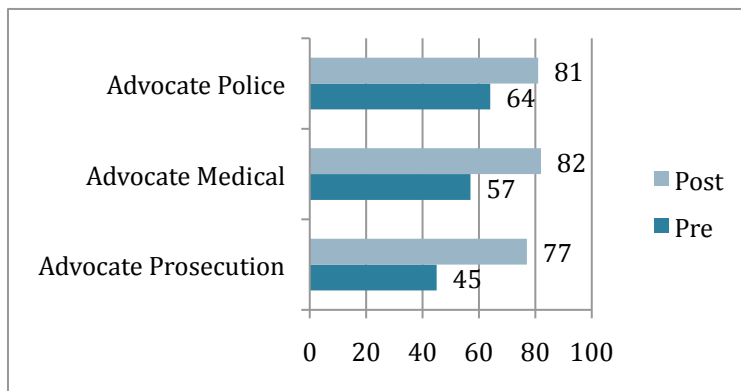
Finally, the ability in identifying sexual violence outside of intimate partner violence increased greatly over the course of the SADI where staff went from 46% being moderately or very confident to 77**%. Eliciting disclosures of sexual violence within the context of domestic violence and in the survivor's past also increased. These increases in confidence are critical to these sites shifting from being primarily domestic violence agencies to being dual/multi-service organizations with better functioning sexual assault programs.**

*Figure 23. Confidence for Identifying Sexual Violence
(% of Staff "Moderately" or "Very Confident")*
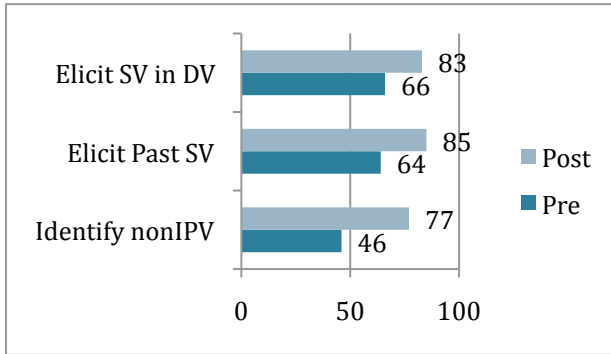
Staff Interactions

As was discussed earlier, an important aspect of organizational change to enhance sexual assault services is the shared responsibility for providing those services versus an organization where a few designated staff are seen as responsible for service sexual assault survivors. In the SADI sites, substantial improvements were seen in fostering shared responsibility.

At the start of the SADI, most programs were highly centralized. The centralization score from a social network analysis is interpreted such that <u>lower</u> numbers mean responsibility is shared across more people in the network. As we see in Table 6, on average at the end of the SADI the centralization scores were 0.31 points lower than at the start of the SADI. This is the type of change that was intended. For some sites, the change in centralization was very large with decreases of 0.43 and 0.45 points.

Table 6. Centralization Scores at the Start of the SADI (lower numbers reflect more shared responsibility for sexual assault services)

	Centralization Score
Average at Baseline	0.52
Average at End of SADI	0.27
Average Change	-0.31

To illustrate what that kind of change in the social network looked like, Site 3 is shown here as an example. At the start of the SADI (Figure 24), they were the most centralized site with almost all staff going to one central person for help when trying to figure out how to best serve a survivor of sexual violence.

Figure 24. Site 3 at the Start of the SADI
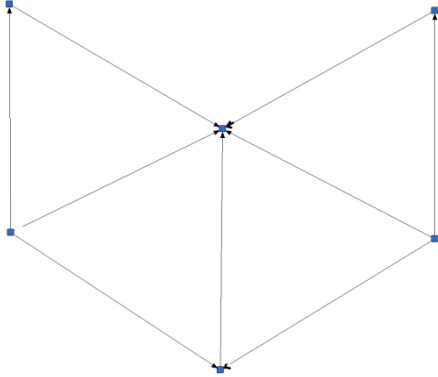
In contrast, as shown in Figure 25, at the end of the SADI, the site was much less centralized with four staff people (in green) being identified by many staff as a resource for sexual assault services. The staff were networked with more of their colleagues by the end of the SADI and the network did not rely on a single person. This is precisely the type of change that was intended by the SADI and reflects more shared responsibility for sexual assault services.

Figure 25. Site 3 at the End of the SADI
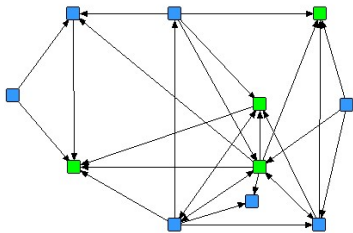
Organizational Identity

As the self-report data above indicate, there were substantial increases over the course of the SADI in the sites' perceived effectiveness at serving specific groups of survivors and working with systems. There were also remarkable increases in staff confidence for explaining issues and processes related to sexual violence, explaining the needs of survivors, providing services, and advocating within systems. Staff also reported being more able to identify sexual violence in a variety of contexts.

These changes, while important in and of themselves, also reflect shifts in organizational identity. That shift was a common theme across many of the SADI sites when they reflected on what had changed over the course of the demonstration initiative. In the words of one staff member:

"Before the SADI, we thought we were doing sexual assault work, but we weren't. We thought you hung a shingle out, said we're here, call us, and we'll figure it out. Everything was a crisis. If they call us, they call us. So we thought we were doing the work…Now we really are doing the work."

Staff at other sites acknowledged how models of domestic violence services used to define the agency's work, but that had changed:

"Now we are looking at services differently. Now we know there are other ways to serve people besides safe houses. We listen more to how can we meet survivors' needs outside of shelter."

"We have become a sexual assault agency, not just a domestic violence agency that does sexual assault work, too."

"Our organization has shifted from domestic violence to multiple forms of gender violence. SADI played a big role in bringing sexual assault into the conversation explicitly, unlike before when it crept in without being clearly named."

"Our language has changed across the entire agency. Trauma informed language that started with sexual assault services have been integrated across the agency as a whole. We're not doing this just because of SADI. This is how the agency is growing and how we see this work."

"The language of the SADI is becoming our language on a daily basis."

Recognizing both the overlapping and the distinct needs of survivors of sexual and domestic violence is not merely a matter of philosophy. It also has practical implications for how dual/multi-service programs are managed and how they account for their work. As one staff member explained, before the SADI:

"Sexual and domestic violence were in one big clump. Staff didn't realize they were mixing them together and not seeing sexual violence in itself. Before we used state sexual assault money for domestic violence work. Not intentionally, but because we didn't know. We also used domestic violence money for sexual assault transitional housing."

For one site, organizational identity was core to their SADI work as they undertook to change their agency's name. Formerly known as Shelter, Inc., Hope Shores Alliance in northern Michigan recognized from the start of the SADI that their name did not reflect the comprehensive work that they do and that it reinforced their public identity as serving only domestic violence survivors (and even then, serving only those who needed emergency housing). As their experience demonstrates, taking on a name change takes time. Although they said they were interested in changing their name from the initial SADI Kick-Off Meeting, their new name was not launched until 4.5 years later. While there were internal and external factors that slowed down the process, the time it took also underscores the fact that a name change is not something to be undertaken lightly or done quickly. **The initial indications are that a name change can be a powerful way of redefining an**

agency's identity internally and externally and that it may be a critical component of transforming that identity from that of being a domestic violence agency to truly being a dual/multi-service agency.

In all of these examples, **what the sites demonstrated was the shift from diffuse organizational identities that vaguely included sexual assault services to a more clear organizational identity as a dual/multi-service organization.** Diffusion of organizational identity is a barrier to organizational change because it makes it difficult to identify what direction to move in and which strategies to implement. It can also contribute to a sense of disempowerment among staff, especially those who are most concerned about enhancing sexual assault services. As sites developed a clearer organizational identity as a provider of sexual assault services, they could more clearly state: This is who we are; this is what we do; this is how we do it. **Having a clear sense of organizational identity was associated with changes that permeated throughout the organization.**

Policies and Protocols

Finally, organizational change was evidenced in many SADI sites through the changes they made to policies and protocols. The specific policies varied between the sites, but all had the common goals of making sexual assault services more integral to the organization's work, ensuring that all staff have clearly defined roles and responsibilities for the sexual assault program, and making policies and protocols more trauma informed.

The types of policies and protocols that were revised or created included:
- Job description changes
- Supervision protocols to be more trauma informed and to reduce vicarious trauma
- Staff orientation and training materials
- Volunteer orientation and training materials
- Revised staff meeting structures to allow for more discussion of sexual violence services and to provide better support to staff doing that work
- Medical response procedures
- Self-care and debriefing
- Quality assurance
- Sexual assault crisis response
- Mandatory reporting
- Data tracking system to better document services to sexual assault survivors
- Intake procedures to be more trauma informed and to better document sexual assault trauma

Perhaps one of the most innovative of the efforts in this area was Hope Shores Alliance's development of Core Competencies for their staff. This list was developed over a two-year period

with substantial input from and collaboration across staff. It defines 14 skills that all staff should develop and demonstrate.

Hope Shores Alliance has trained staff on the Core Competencies and is now working to incorporate them into staff and volunteer training, professional development planning, employee reviews, and other aspects of the agency. In addition to those formal structures, they are also reflecting on how the competencies can shape day-to-day aspects of how the organization functions. For example, one question that is under consideration is how staff meetings can be reshaped to reflect the values and intents in the competencies. Staff also intend to have the competencies guide the development of new services, ensuring that the principles of the competencies and the type and manner of service delivery are consistent with one another. The importance of the Core Competencies was explained by one staff:

"What a gift articulating the core competencies is. It's more than a mission, vision, or philosophy statement. This is what we do and how we do it."

Although intended as a way of enhancing sexual assault services, they are competencies that all staff should develop and demonstrate in all of their work. As such, it is a prime example of recognizing that **sexual assault services cannot be strengthened without changing other aspects of an organization as well**.

Facilitators of Successful Change

As has been described, many important and substantial changes came about in the SADI sites over the four years of the initiative. However, there were also challenges and disappointments for site staff, TA providers, and OVW program managers alike. There is much to be learned from both the successes and challenges about what can facilitate, or hinder, successful change.

Openness to Learning

The most influential factor that facilitated successful change was openness to learning. The three sites that documented the most comprehensive changes in their services, organizational capacity, and/or community outreach were those that demonstrated the greatest openness to learning. This was evidenced by behaviors such as:

- Active engagement in SADI trainings
- Requesting training on specific topics based on the community and organizational assessments and relevant to their plans for change
- Ensuring a broad range of staff could participate in those trainings
- Participating in training outside of the SADI
- Learning through other resources such as professional networks and reading
- Active questioning and curiosity during weekly Check-In Calls
- Ongoing reflection on lessons learned
- Openness to learning about oneself, one's organization, and the community

While all SADI sites expressed some interest in learning, two characteristics made sites that were more open to learning different from other sites. First, **they actively recognized that the breadth and depth of what needed to be learned meant learning was an ongoing process.** In the words of one executive director, *"It's not just a one day training on sexual assault. It's a multi-year process that must be part of a strategic plan."* In contrast, sites that demonstrated less openness to learning tended to view a single training on a topic as sufficient.

Second, **sites that had greater openness to learning also demonstrated humility about their own level of knowledge.** They freely asked for guidance, input, and training and they saw the assistance of TA providers as critical. As one staff member explained, *"The weekly Check-In Calls were imperative to navigate through the process, especially when we were feeling uncertain and not confident."* These organizations were willing to engage with and learn from people who had different views and accepted constructive feedback, even when it was challenging. The dynamic was best explained by one staff member:

"Sometimes it was very hard to bring our ideas to the TA providers when we were very excited about what we had come up with and then have them question it. They were always very respectful and we knew they meant well. We also recognized that they had a lot of experience we didn't have. But it's still

hard to hear something other than unreserved excitement. But even when we initially disagreed with them, we would listen to what they had to say and go back and think about it. In the end, we could always see where they were coming from. Sometimes we agreed with them and did what they suggested. Other times we came back, better able to explain our ideas, and they listened, and together we came up with something new. Always, what we ended up with was better that what we would have had if we had gone ahead with our original idea."

Interestingly, the most active and thorough openness to learning from the beginning to the end of the SADI was demonstrated by the two programs that had the <u>least</u> prior experience with providing sexual assault services and that, prior to the SADI, did not have distinct sexual assault services available.

In contrast, leaders and staff at some other sites adopted the stance that they already knew what needed to be done. At trainings, guidance on enhancing sexual assault services were met with responses such as that the sites were already doing that and/or had already been trained on the issue. At best, they would describe trainings as being good for the other sites, but that their site was more advanced.

Resistance to learning was seen in a site where, toward the end of the Planning Phase as final revisions were being made in order to obtain approval from the funder: *"If it was up to the director, she would say goodbye to the SADI because the site has learned enough to move forward on their own with sexual assault services."* What is most striking about this description was that this was a director who was seeing feedback from the technical assistance providers on an almost daily basis in order to get the agency's plan approved. However, their feedback was ignored and sometimes the plan was taken in the opposite direction of what they advised. The director appeared to be pursuing her original ideas that did not respond to the community and organizational assessments and that had been determined with almost no input from her staff. It was merely a matter of repackaging her ideas into a different format so they would be approved.

At another site, resistance to learning was expressed by a leader who said, *"I've been doing this for years and I already know how to do this…Everyone knows this but we need to check in with staff because sometimes there are disconnects."* While the SADI was structured to build on existing knowledge and strengths of the programs, it was also based on the premise that these were programs that had the <u>potential</u> to enhance sexual assault services but were not yet fully serving survivors of sexual violence in their communities. However, not all staff were able to acknowledge that learning, growth, and change were needed in their programs.

It is important to note that in both of these examples, it was the executive leader who was resistant to learning. This exemplifies a dynamic that was witnessed at all sites**: the extent to which the organization was open to learning reflected the openness of the executive leader**. The impact of the executive leader was especially noticeable when a transition between leaders occurred. When the new leader exhibited greater openness to learning, a striking shift occurred across the whole organization. This is not to say that staff were not open to learning from the beginning.

Rather, many of them as individuals were keenly interested in learning and were aware of areas where they and their colleagues would benefit from learning. However, the organizational climate established by the executive leader prohibited staff from creating spaces and time for engaging as a group in learning. Additionally, leaders' resistance to learning put a stop to numerous changes in services.

The difference between those sites that were open versus resistant to learning might be understood by considering the characteristics of learning organizations. While staff at all sites expressed a value of learning and training, some reflected a model of learning that is termed *single loop learning* versus those that reflected *double loop learning* (Morgan, 2006). There are three steps in single loop learning:
1. Sensing, scanning, and monitoring the environment
2. Comparing that information against operating norms
3. Initiating action

In contrast, in double loop learning there is an additional cycle within step two:
1. Sensing, scanning, and monitoring the environment
2. Comparing that information against operating norms
3. Questioning whether operating norms are appropriate
4. Revising operating norms as needed
5. Initiating action

Organizations that are "learning organizations" are ones that engage in double loop learning (Morgan, 2006). They:
- Embrace environmental change as expected and normative and find ways to see their environments in completely new ways
- Embrace the creation of insight and knowledge
- Identify signals and trends that open up new possibilities for the future and act in ways to make those possibilities real
- Accept, use, and even create uncertainty as a resource for growth
- Are rooted in core competencies that are defined by the organization
- Support change and risk taking and accept that challenges are inevitable
- See mistakes as an opportunity for new learning

In contrast, organizations that engage in single loop learning (Morgan, 2006):
- Tend to be highly bureaucratic and dominated by authoritarian leaders
- Are marked by fragmented communication with information rarely being freely shared throughout the organization
- Emphasize distinctions between different parts of the organization
- Use rewards and punishments as mechanisms of accountability
- Foster defensiveness among staff who feel threatened or vulnerable
- Manage external impressions so the organization looks better to the public than it actually is
- Ignore problems and dilute criticism

The influential role that openness to learning played in the SADI sites indicates that an organizational culture of learning is a critical component for readiness to engage in this type of change process. Therefore, when selecting programs to participate in a change project of this nature, the extent to which there is a learning culture should be assessed and factored into determining whether a program is ready for this type of effort. Because of executive leaders' influence in an organization, that assessment necessarily includes understanding the extent to which they are open to learning.

Openness to Change

Related to learning, there was a notable difference in openness to change between those sites that accomplished the greatest changes to enhance sexual assault services and those that struggled to carry out their plans. This includes openness to more radical change than mere minor tweaks to existing programs. As one executive director explained:

"It's never just the sexual assault services. This is about challenging your core. You thought everything was established with your core services, but integrating sexual violence makes you rethink everything. Integrating services makes you have to regroup everything."

Another executive director described a similar fundamental change in the orientation of the agency:

"The goal for us from the beginning was to transform the agency to do more and go deeper beyond case management. The SADI helped us move to a model of practice that has been extraordinarily successful, but it has been very hard. What we are doing now is much more complicated, much less cerebral. Case management, which is what we did before, is not about recovery from trauma. It's hard for staff to accept that people will recover from trauma in their own way."

In contrast, those sites that achieved less organizational change focused their efforts on making minor changes to their existing services and organizational structures, often with the stated goal of building on what they were already doing. While it is certainly recommended that programs build on their existing strengths, that language can hide underlying resistance to change.

In some cases, the resistance to change was more explicit and was in direct opposition to the goals of the SADI. For example, one executive director expressed that *"TA providers need to get over sexual assault survivors being served in fewer numbers than domestic violence survivors."* On another occasion, this director stated, *"We can't go goofy because one funder asks us to do something."* These statements were made despite the fact that the program's own service numbers indicated that sexual assault survivors in their service area were severely underserved. This site was one of two where the leadership did not embrace the idea that the SADI allowed sites time to reflect on their work in a larger picture.

When resistance to change comes from the program's leadership, staff may have to go outside the program and make peripheral changes. For example, one staff explained: *"Management doesn't get this [active and reflective listening], but the staff do. I'm overwhelmed by what to do with this. I think I will have to take it to our SART because that's the only place I really have the power to make change."*

Resistance to change was also seen among frontline staff, such as one who stated to their colleagues and technical assistance providers, *"We all just need to recognize that we are never going to be a rape crisis center."*

Like with openness to learning, openness to change appears to be a critical component for the readiness of dual/multi-service programs to enhance their sexual assault services. Additionally, the role of executive leaders in establishing that openness is critical. Therefore, **openness to change, both by executive leaders and in the organization as a whole, should be assessed and factored into determining whether a program is ready for this type of effort.**

Stability of Leadership

During the course of the SADI, an unexpected event was the change of executive leadership in the programs. Three of the six SADI sites underwent at least one change in top administrative positions, including one site that saw multiple executive changes in rapid succession. In two of the cases, the executives announced their impending retirements at or shortly after the initial SADI Kick-Off Meeting, to the surprise of the technical assistance providers and OVW program managers.

While two of those sites made great strides by the end of the SADI and accomplished important changes in their organizations, the flux in leadership greatly complicated and delayed their planning and implementation processes. For one site, the flux in leadership brought the change process to a complete halt as the agency struggled to ensure the viability of ongoing operations.

While unforeseen events can happen**, it is imperative that a comprehensive change process such as was attempted in the SADI is not started when there is any question about the continuity of leadership during the course of the process**. Changes in mid-level leadership specific to sexual assault services – such as expanding Change Team membership and shifting staff into new roles where they are responsible for coordinating sexual assault services – appeared to enhance the effectiveness of some sites. However, changes in executive positions should be avoided.

Empowering Leadership

While stability of leadership is important, the type of leadership provided had an even greater impact on the effectiveness of SADI sites at enhancing sexual assault services. Many leadership styles can be effective. Leadership should match the personal strengths of the leader and also the cultural norms of the organization and the community it serves. However, across these diverse sites a common dynamic was that organizations that accomplished the most comprehensive changes were led by people who demonstrated trust in and empowerment of their staff.

This empowering type of leadership was most eloquently described by an executive director who put it this way:

"You have to give people enough power to make changes and trust them. You create a culture of everyone contributing. You have to help staff feel they can transform as well if they want to help survivors transform their lives. Domestic and sexual violence teach you to be afraid. So to do this work you have to be brave. You have to have the courage to try things and the courage to fail. And we have to support one another when we fail."

As an example of how this kind of leadership may look, this director talked about the agency's shift from referring all men elsewhere for services to becoming an agency that works with men and families. Reflecting on that shift, the director's advice to other leaders was, *"Don't get too far ahead of your staff. Tell them where you want to go but don't force them into it. Help them grow into the idea over time."*

In organizational studies, this type of leadership is found in what are called *pluralist organizations* (Morgan, 2006). These are organizations that recognize multiple interests, conflicts, and sources of power that shape the organization. The defining characteristic of their leaders is that they focus on balancing and coordinating different interests so staff can work together to achieve the organization's goals. These leaders are able to read developing situations and to be aware of areas where conflict or challenge is most likely. When faced with conflicts and challenges, they encourage collaborative approaches to conflict management by:
- Taking a problem-solving stance
- Bringing to the surface differences and encouraging the sharing of ideas
- Searching for integrative solutions
- Finding win-win solutions

One issue that hindered many executive leaders in the SADI sites was the lack of formal training in fundamental management responsibilities. Most professional development in management appeared to have come through learning on the job. The contrast between the one site that had the most well trained leaders (at both the executive and mid-leadership levels) and the other sites was striking. Over the course of the SADI, deficiencies in management skills were observed in the following areas:

Fundamental Management Skills	Field-Specific Management Skills	External Role
Setting goals & objectives Planning timelines Project management Time/workload management Maintaining timesheets Grant writing Grants management Budgeting Creating job descriptions Employee recruitment Effective hiring processes Non-discrimination in services Non-discrimination in hiring Setting agendas Meeting facilitation Conflict management Establishing Board roles Board recruitment Fundraising Fiscal safeguards and accountability Strategic planning Strategic plan implementation	Maintaining confidentiality / privilege Meeting mandated reporting obligations Training staff and volunteers Basic supervision skills Trauma-informed supervision Preventing burnout Managing organizational trauma Planning for sustainability Leading through change	Public speaking

The lack of these skills across many sites speaks to the need for intensive and ongoing training of those people who are in leadership positions in dual/multi-service programs. (This may apply to freestanding rape crisis centers as well, but the data documented in the SADI cannot speak to the needs of those organizations.) To be most effective this professional development should be aimed not only at new executive leaders, but also at rising leaders within organizations and ongoing leadership development. While this field does pose specific needs and challenges, it is likely that many of these management skills can be developed through accessing or partnering with resources in nonprofit management outside of the field of sexual and domestic violence services, while still maintaining a deep organizational grounding in advocacy.

The lack of well-honed management skills made the change process more difficult for many sites. But it did not stop them from making changes, although it may have diminished the depth and breadth of changes that could be accomplished during the time of the SADI. Of far greater concern were sites where leaders managed in a way that creates what, in organizational studies, is called *unitary organizations* (Morgan, 2006). These were organizations where the authority of the leader dominated and individuals had to subordinate themselves to the leader. Unitary organizations have a culture based on the executive leader's right to manage and staff have little autonomy in their

jobs. In these organizations, conflict is seen as problematic and the manager tries to eliminate or suppress it. Formal authority is seen as the most legitimate source of power and so decision making rests almost entirely with the executive administrators. When faced with conflict, these leaders are most apt to engage in either avoidance or competition:

Avoidance
- Ignoring conflicts in the hopes they will go away
- Putting problems on hold
- Using slow procedures to stifle the conflict
- Using secrecy to avoid confrontation
- Appealing to rules to resolve conflicts

Competition
- Creating win-lose situations
- Creating rivalries
- Asserting power to resolve conflicts
- Requiring staff to acquiesce

In some SADI sites, unitary frameworks created what technical assistance providers and OVW program managers recognized as a toxic environment. That toxicity was not a permanent state at all of those sites. As noted above, flux in executive leadership is problematic when an organization is engaging in this type of change process. However, for some of the sites it was beneficial because it removed leaders who were directly impeding change and replaced them with leaders who were more open to change and able to work more effectively with their staff.

Examples of behaviors by leaders that were toxic to the change process and to the overall well-being of their staff included leaders who:
- Developed plans with no input from their staff
- Excluded staff who provide most of the sexual assault services from the planning process
- Explicitly dismissed the concerns of their staff about the relevance and effectiveness of those plans
- Verbally berated staff in both public and private settings
- Threatened to fire staff publicly when they expressed disagreement
- Threatened to fire and fired staff without following personnel policies and procedures
- Did not respond to reports about staff whose interactions with survivors were inappropriate or in violation of policies
- Disparaged the input and role of the technical assistance providers to their staff
- Triangulated allegiances between the site, OVW program managers, and technical assistance providers
- Undermined trainers through direct confrontation and indirect refusal to participate
- Dismissed and invalidated the experiences of other SADI sites
- Prohibited other staff from providing services to sexual assault survivors while providing those services themselves
- Denied Board members and staff access to information about the organization's resources, including basic budgetary information

These types of actions by executive leaders elevated stress within their organizations to a level of organizational trauma. Organizational trauma (Vivian & Hormann, 2013) is characterized by:
- Closed boundaries between the organization and the external environment

- Dominance of insider relationships
- Stress and anxiety that spreads throughout the organization
- Erosion of organizational and professional identities
- Widespread fear or anger among staff
- Despair and loss of hope about organizational and individual effectiveness

Those sites that were most affected by toxic leadership evidenced these characteristics and required explicit and ongoing efforts to transform their organizations. It is important to stress that one assumption of these organizations was that if the toxic leader or staff members who were contributing to the toxicity of the organization would only leave, the problems would disappear. However, **unless the organizational trauma was openly and thoroughly addressed, the dynamics continued even after individuals in the organization left.**

In part, this continued dysfunction appeared to be due to the communication patterns that had been established and that did not automatically change when personnel changes happened. This speaks to the impact leaders have on the practice of ethical and direct communication in their organizations. Leaders establish communication practices and patterns that continue even in the leader's absence or departure. **Those SADI sites that were most impacted by toxic leadership and organizational trauma demonstrated a lack of ethical and direct communication.** This was evidenced through:
- Patterns of persistent complaining about others
- Exclusion from decision making
- Dismissing differences of opinion
- Presumptions of unanimous agreement that precluded any discussion
- Shutting down people when disagreements were voiced
- Levying negative consequences on staff who voiced disagreement

When sites worked through these dynamics in an open and direct way, the organization became stronger. The importance of shifting communication patterns was spoken about by a staff member whose program went through significant struggles with this, especially during the Planning Phase of the SADI:

"Communication has been an issue. There were key opportunities when we hit a wall and were unable to move forward. But then we were able to open up communication again. For example, the first Learning Exchange when we talked with the TA providers about the challenges we were having communicating with one another and with our leadership was an opportunity to reset the communication. Miscommunications happened when we felt like 'We're not all in this together. Who's leading this thing?' Change happened when we regained a sense that we are all working on the same goal."

Support for Staff

A direct outgrowth of more direct and ethical communication was more effective support for staff. Supporting and advocating for survivors of sexual violence can lead to vicarious or secondary trauma where the service provider experiences their own trauma reactions in response to the survivors' sharing their stories (Baird & Jenkins, 2003; Jenkins & Baird, 2002). Symptoms include re-experiencing the survivor's traumatic event, avoidance or numbing in response to reminders, and persistent arousal (Figley, 1988, 1995). Secondary traumatic stress can emerge suddenly, may include a sense of helplessness and isolation from support networks, and the symptoms may be disconnected from the actual causes.

Trauma workers may be especially vulnerable to secondary traumatic stress because in their work they are surrounded by an intense level of trauma-inducing factors. Additionally, trauma workers who are engaged therapeutically with victims rely in part on empathic approaches to assess problems and formulate treatment approaches. This empathy allows trauma workers to understand victims' experiences but also places them at risk for secondary traumatic stress by making them emotionally vulnerable when hearing about those experiences (Harris, 1995).

All six SADI sites became more aware of the secondary trauma their staff were experiencing and that their organizations were not adequately supporting them. Vicarious trauma became a common point of discussion within the programs and with their technical assistance providers. Implementing strategies and policies to more effectively support staff was a goal of all of the sites' plans. The extent to which programs support their own staff was seen as directly influencing the quality of services that could be provided to clients. As one staff member explained, *"If we can't understand ourselves, we can't work with others."*

At one of the sites, systematic strategies for staff self-care included:
- Making time to eat and play together as staff
- More open conversation about how changes in the organization affect staff
- More validation of staff success
- More open talk about challenges staff face
- Greater transparency, including frank and unashamed talk about how to maintain quality in services
- Increases in the frequency of both individual and group supervision
- More trauma-informed practices in supervision
- Explicit check-ins during supervision on how the individual staff are responding to the work
- Initiation of self-care plans as part of annual work plans

Supporting staff also included creating an environment where staff who are survivors of violence can, if they choose, identify as such without feeling shamed or the legitimacy of their work being questioned. The role of survivors in the rape crisis movement is a longstanding issue. What the SADI revealed was how deep the pressure is on survivors who work in the movement. Fear that they will not be seen as legitimate runs deep. As one staff member explained:

"So many people come to this work because of trauma – to make it right, be the hero, change the ending…If staff disclose being a survivor of sexual violence it might discredit them or make them seem less powerful."

Intentional efforts to create such an environment were particularly evident in two of the SADI sites and that work was associated with substantial organizational changes being made to their sexual assault services. According to staff from those sites:

"We had to recognize that the identities as survivor and advocate can be shared. We try to honor survivorship in advocacy by treating coworkers and community partners like we would treat a survivor, in every conversation. As we are learning to better care and create support for ourselves, it provides us with a personal experience that helps us support our clients in developing their own plans and tools."

"We no longer see sexual assault survivors as 'them' because of the discussions we have had in our agency about survivorship among our own staff and volunteers. We are still exploring how to better supervise with survivorship in mind so we can develop more capacity to be more supportive in that regard…We are talking about survivorship and self-care regularly in our small and large staff groups."

As the SADI shows, bringing this issue into the open is critical to enhancing sexual assault services. There often a bias against survivors working in this field. The SADI sites found that explicitly countering that bias made them better at serving their clients and communities. **Programs cannot create safe spaces and give compassionate care to their clients if the space is not safe for survivors among their own staff.** Additionally, these efforts must be supported by executive leadership. Peer-to-peer support among staff is vitally important. However, establishing systematic structures for staff support requires executive commitment.

Staff Turnover

Staff turnover has long been talked about as a problem in the fields of sexual and domestic violence services. The SADI represented an opportunity to systematically track staff turnover across multiple years. As shown in Table 1, **the rates of turnover were shockingly high for all SADI sites across the four years of their involvement with the SADI.** In the best case, two-thirds of staff who were with their program at the start of the SADI had left the program by the end of the SADI. For one site, none of the staff who were with their program at the start of the SADI were still there at the end. The turnover was, in fact, higher than what these numbers represent because in many cases there were multiple changes in staff for a single position during the course of the SADI. These numbers only look at the beginning and end, not the multiple changes that occurred in-between.

This level of turnover poses many challenges for dual/multi-service programs. Simply maintaining services at the current level is a formidable task when there are frequently empty positions having to be covered and new staff having to be trained. Within that context, there is little room for thinking about how to enhance sexual assault services. When that work is taken on, as it was in the SADI, maintaining continuity of planning, cultivating program-wide awareness of and buy-in to the efforts, and implementing plans can seem to be nearly impossible. This makes what the SADI sites achieved all the more remarkable.

Table 1. Staff Turnover at SADI Sites

	Start of SADI		End of SADI		Change in Staff Size
	Staff Size	% left by end of SADI	Staff Size	% new since start of SADI	
Minimum	7	67%	10	55%	-12
Maximum	49	100%	63	100%	+14
Mean	27.2	77.2%	24.8	71.4%	-2.4

Anti-Racism/Oppression Stance

A basic tenet of the SADI was that effective sexual assault services cannot happen if there is not an understanding and direct response to racism and oppression. To the extent that programs do not endorse and enact an anti-racism/oppression approach, they will be limited in their capacity to serve survivors from marginalized groups.

Among the SADI sites, most of them ascribed to anti-racism/oppression language from the beginning of the SADI. However, their understanding of what that means varied greatly. Even more, **staff capacity and willingness to allow themselves and their work to be shaped by that understanding ranged from active engagement to passive or active resistance.**

Believing that anti-racism/oppression work is integral to serving survivors of sexual violence, the SADI technical assistance team began training sites on these issues from the first Learning Exchange on Oppression and Trauma. That training covered:
- **Oppression theory**, including: understanding theory and tactics of oppression, micro aggressions, and privilege, power and culture
- **Historical trauma**, including: exploring privilege, practicing interrupting oppressive remarks, and courageous conversations
- **Intersections of sexual violence and oppress**ion, including: rape as a tool of and result of oppression and culturally specific barriers
- **Impact of oppression on healing**, including: analysis of programs' readiness to respond to marginalized groups

There was openness demonstrated by all sites at that training. Indicators included:
- Sites sharing encounters with racism in their communities and asking for feedback on how they handled those encounters
- Acknowledgements of the need to weave anti-racism/oppression work into all work
- Endorsement of the idea that sexual violence is a form of oppression and is related to other oppressions
- Open expressions of dissatisfaction with staff members' own programs lacking diverse representation and struggling with how to make a commitment to diversity real
- Engagement from all sites with the training discussions and exercises
- High levels of engagement across sites informally outside of the training discussions and exercises
- Final sharing on what participants were taking back to their programs including: better understanding the layers of oppression, new tools to respond to oppression, stretching outside of one's comfort zone, critical role of anti-oppression work, ways to engage in subversive action for positive change, and the need to work on individuals' and programs' own internalized oppression

However, even with the high level of engagement and endorsement of the ideas, when all sites were asked to turn to their own plans for enhancing sexual assault services and to identify ways to incorporate the ideas and commitments to anti-racism/oppression work into their change plans and services, the discussions quickly slowed down and became much more vague than when the discussions were about responding to racism and oppression outside of the programs.

Three of the sites continued to openly work on enacting their anti-racism/oppression commitments. Examples of how sites enacted these commitments included:
- Replicating with staff the exercises and discussions about oppression they had at the Learning Exchange on Oppression and Trauma
- Exploring the specific nature of historical trauma and oppression in the different cultural communities served by the program
- Building models of practice that are specifically grounded in the values and practices of the cultural communities served by the program
- As a consequence of realizing that culturally specific models of services largely do not exist, committing to creating them

However, as the SADI progressed, the other three sites demonstrated passive and/or active resistance to technical assistance providers encouraging them to look more closely and self-critically at their individual and organizational capacity to serve marginalized communities. Sometimes the resistance was clearly stated, such as when staff at one site said, *"Why should we emphasize culturally specific services? We just work with individual survivors."* More often, it was expressed through behaviors such as:
- Actively reaching out to and investing in bilingual services for the local Latin@ community while overlooking the needs of the local African American community
- Silencing women and men of color during staff discussions

- Only sending staff who identify as people of color to the Learning Exchange on oppression and trauma but to no other Learning Exchanges; or never sending people of color to the Learning Exchanges
- Excluding people of color from their own internal change teams
- Denying that leadership existed among communities of color in their local areas, despite clear evidence of such leadership
- Refusing to meet with service providers from nearby communities of color because it was inconvenient to do so
- Stating that anti-racism/oppression frameworks were not relevant to their communities
- Dismissing the experiences of staff from culturally specific SADI sites
- Overt statements that reflected stereotypes and prejudices against communities of color

Technical assistance providers must be prepared to have difficult conversations with program staff about how the program's structure and work may not enact anti-racism/oppression values and principles. They must also have mechanisms in place to hold themselves, as technical assistance providers, accountable as well. This is especially important when providing assistance to culturally specific programs.

Working with Tribal Programs

Mainstream technical assistance structures may poorly serve culturally specific programs. In the SADI, this was especially seen in the technical assistance to the Gila River Indian Community. While they frequently indicated that the support of the individual technical assistance providers helped them in their work, the overall structure of the SADI project did not fit their needs.

The model for providing training and technical assistance and for networking sites with one another was developed prior to selection of the sites. As such, it presumed the sites would operate with the type of program structure found in federally recognized 501(c)3 nonprofit organizations. This includes:
- Operating under the governance of a board of directors
- Appointment of an executive director
- Autonomy of governmental oversight other than accountability to funders
- Internal control of fundraising and budgeting
- Internal control of hiring processes and designation of job responsibilities

There are multiple structures for supporting sexual assault survivors in tribal communities. Some tribal services are provided through non-governmental agencies that operate much like a 501(c)3 nonprofit organization. However, most tribal programs are like Gila River and are a branch of the tribal government.

Crime Victims Services is embedded in Gila River's Tribal Social Services Department and is under the executive authority of the tribal government. While mainstream technical assistance providers and funders had a vague awareness at the start of the SADI that Gila River may, therefore, have

other needs, the extent to which the model of the SADI was designed for non-governmental organizations and training and technical assistance structure and shared project content did not fit Gila River's context was severely underestimated. Prior to the start of the SADI there was a failure to learn about what it means to work with a tribal government in a timely enough manner to change the overall SADI model accordingly. Once technical assistance providers realized the disconnect, they spent a significant amount of time learning about the context Crime Victims Services was operating in and made changes to how technical assistance was provided, including having tribal technical assistance providers lead the delivery of training and assistance.

However, SADI-wide trainings and shared project content were more relevant to non-governmental organizations. This included training SADI sites to make changes in operational areas over which Crime Victims Services did not have sole, direct authority, including changes in:
• Budgeting
• Hiring and defining job responsibilities
• Mandatory reporting policies
• Other operational policies
• Travel to trainings
• Development of new services

Acknowledging the failure of the structure of the SADI to match the context of a tribal government program should in no way take away from acknowledging the successes and significant changes that Crime Victims Services made in their services or the valuable technical assistance provided by the tribal technical assistance providers. Their staff had many successes with engaging their community to better serve survivors of sexual violence. The establishment of an Advisory Council and a Youth Advisory Council, the revision of policies, community engagement with SAAM events, and creating new positions are only some examples of the remarkable work they did. That this was accomplished in spite of the failures of the SADI to meet their needs speaks to their strengths as individuals and as a program.

A cooperative agreement with a tribal government program is actually an agreement between one sovereign nation and another. At the least, this necessitates an autonomy over the use of funds that exceeds the autonomy given to a nonprofit organization. It also requires, at the least, that the structure of technical assistance be designed in collaboration with the tribal government, and ideally that any technical assistance or training project be designed for tribal governments by tribal-specific TA providers well versed in working with tribal governments.

Cycle of Change

There is extant literature in fields such as organizational psychology and business about change in organizations. However, only recently have theorists and researchers begun looking at the possibility that, instead of a smooth process of progressive changes, organizations may experience a period of less effective functioning and even chaos.

The process of documenting organizational change in the six SADI sites revealed a destabilizing period as a distinct part of the process. Based on the experiences of the SADI, the change process can be illustrated as:

Figure 26. Organizational Change Process in the SADI
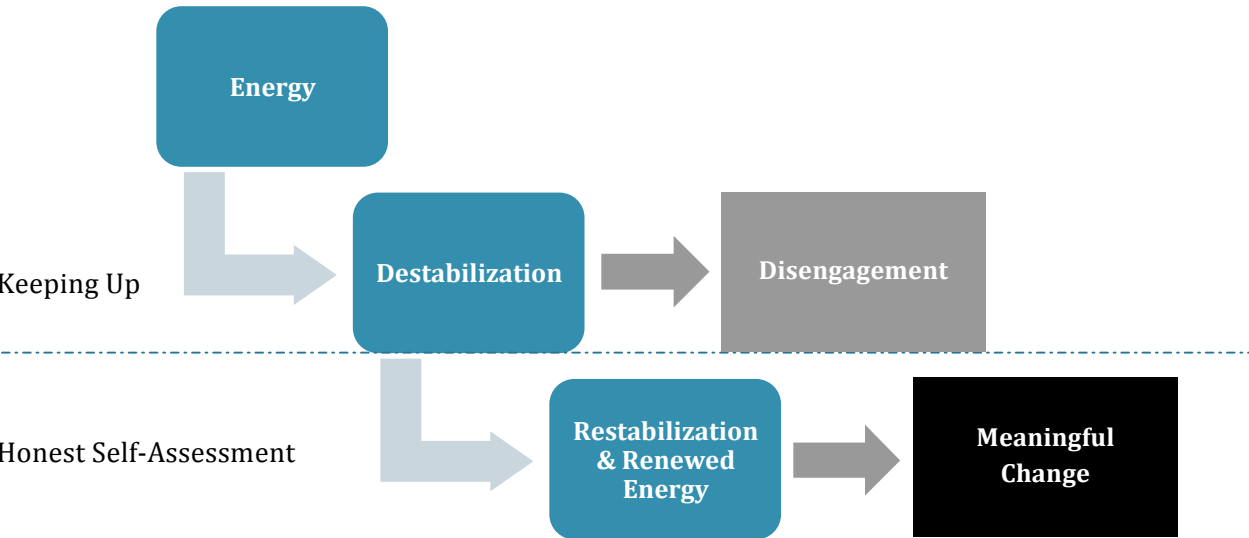
Energy: The six SADI sites all started with high energy. They were honored to be the few sites selected from a large applicant pool. The funding level was unprecedented for all of the sites and brought with it prestige both in the field and in their communities. They were excited for the training opportunities they knew would be coming and were eager to get started.

Keeping Up Appearances: However, there was a dynamic across the sites of keeping up appearances on the Weekly Check-In Calls and at the early Learning Exchanges. Not only was this observed by the technical assistance providers and OVW program managers, but also by the end of the SADI, some of the sites freely described it. For example, one staff member explained:
"In the beginning we wanted to make a good impression. We were running into some staff issues but we were hesitant to be candid about them. We wanted to be seen as getting things done."

Destabilization: In part due to the attempt to keep up appearances, challenges were not directly addressed, and all of the sites went through some period of destabilization during either the Planning Phase or the Implementation Phase. The nature and degree of the destabilization varied, depending on the overall organizational health and well-being of the program. Those sites that were affected by toxic leadership faced the most significant challenges until the healing of organizational trauma began. During the destabilization period, progress on planning and/or implementation stalled.

Honest Self-Assessment: One factor that helped sites move out of the destabilizing phase of the cycle was honest self-assessment about the program's struggles. That assessment first occurred internally and then was shared with the technical assistance providers and OVW program managers. As the staff member quoted above continued:

"*Eventually [one of our team members] said we needed to be honest and our internal change team intentionally decided to open up with the TA providers and OVW about the problems we were having.*"

Re-stabilization and Renewed Energy: With that honest self-assessment, the programs could regroup themselves, recommit to the process of organizational change, and move forward to become stronger:

"*From that point on we soaked up TA like a sponge. There was no more pushing back against them. We also started speaking up more and advocating for our own programs and ideas when we disagreed with the TA providers. That helped us get our confidence for doing the work on our own.*"

Disengagement: When honest self-assessment did not occur, then the site became disengaged, passively or actively, from the change process.

The humility that organizational change requires should not be minimized. Not all sites succeeded in transforming from destabilization into re-stabilization. It required the courage to admit they were not serving survivors as well as they wanted to or as well as survivors deserve. This humility – and the potential for change that it makes possible – was most poignantly expressed by one staff member, reflecting on her agency realizing that they needed to make fundamental changes:

"*We went through an identity crisis throughout implementing our SADI plan. We said we knew how to do transitions and we thought we were doing sexual assault work, and we said we had good leadership. But we weren't. We didn't know what we didn't know. We weren't lying. We really thought we had it all down.*"

For technical assistance providers, observing this cycle was eye opening. Given that it occurred, in various ways, at all six sites, indicates that **some type of destabilization ought to be expected when engaging in organizational change. This requires that technical assistance providers and programs themselves be ready for it and be committed to working through it.**

Challenges are inevitable and are not a sign of failure. As one staff member said, *"I have learned the most at the hardest times."* The question is how those hard times are handled. Factors that were observed as contributing to successful change were:

- Allowing the necessary time and not rushing through the process
- Consistent messages from multiple sources regarding expectations and potential strategies
- Difficult, frank and honest conversations that hold all parties involved accountable
- Deadlines to keep the work moving forward
- Shifting from focusing on what has been done to focusing on what has been learned
- Narrowing the number of activities prioritized for current implementation
- Taking intentional time to pause and assess the needs of programs, along with the willingness to restructure in order to meet those needs
- Many opportunities for reflective listening to other perspectives and assessment of how information and lessons learned apply to the program's plans
- Programs being grounded in a philosophy (whatever that philosophy may be) that guides their work in concrete ways
- Inclusion of and empowerment of staff to do the work that is needed
- Supporting emerging leaders
- Clearly thinking about sustainability and prioritizing changes that can be sustained without additional funding

When programs engage in the kind of honest self-assessment that is needed to re-stabilize and renew their energy for change, breakthroughs can happen that open up new opportunities. For example, staff from two programs described the changes that happened after they confronted issues that had been blocking progress:

"We have been wanting to get rid of the checklists that we were required to complete when we met with new clients. But we kept getting blocked [internally] and being told we had to use the checklists. I now have permission to do what I felt in my heart I should have been doing all along."

"Real change began when we started talking about why we weren't talking about sexual violence. We finally had open discussion about why we were uncomfortable, our own survivorship, the knowledge and skills we lacked and how that made us feel. We finally admitted that we're supposed to have survivors coming in and talking about their sexual assault experience, but they're not because we're not talking about it…After that we made changes to our core team and we were empowered to do the work that needed to be done. We trusted each other more and we made fewer decisions out of fear."

Finally, technical assistance providers, funders, and program staff themselves must remember that working in the context of crisis affects the capacity of organizations and individuals to engage in reflective assessment and planning. Often times staff at dual/multi-service programs have little time to reflect and plan because they are continually interrupted by crises – whether those of clients that must be attended to promptly and with compassion, or organizational crises such as the loss of funding or staff departures. **Those sites that made the most progress toward their goals were the ones that embraced the opportunity the SADI provided to pause, reflect, assess, and**

plan. This does not come easily, however. It is a process that must be prioritized by leaders, funded, and supported.

Recommendations

When the process, outcomes, and lessons learned from the SADI are considered in their entirety, it is clear there are implications for enhancing sexual assault services across the field. Those implications speak to recommendations for funders, technical assistance providers, and dual/multi-service programs.

Funders

When funding programs to provide sexual assault services, it is important that their capacity and organizational commitment to provide sexual assault services be assessed. There may be legitimate reasons that staffing levels and budget allocations are not equally divided between sexual assault and other services. However, funders should ensure that adequate resources are allocated to sexual assault and that staff are adequately trained for providing these services. It is easy for dual and multi-service agencies to serve a small number of sexual assault survivors without actually having core or comprehensive services that meet their needs while overestimating the scope of their services. .

Most funders prioritize proposals for service delivery and especially those that prioritize new services. The lessons of the SADI indicate that priority also needs to be given to funding:
- Community and organizational **assessments**
- **Planning** time
- **Training** in support of carrying out plans
- Development of organizational **infrastructure** including policies and procedures

Funding these activities in substantial ways will increase the likelihood that any new service or enhancements of services will be relevant to the community, feasible to implement, thoroughly developed, supported by skilled staff, and sustainable. Without this funding, new services are less likely to be effective and may unintentionally drain resources from core services that provide fundamental supports to survivors.

For dual/multi-service programs that want to enhance their sexual assault services, there is also the need for specific funding to support organizational change. As the SADI demonstrated, this process is not to be taken lightly. It is a multi-year process that requires substantial time for exploration, discussion, and reflection. The process itself, not only the outcomes of it, must be funded and ensuring the greatest chances of success requires assessing the readiness of programs to engage in the process before they are funded.

The challenges that SADI sites faced with staff turnover, flux in leadership, and instability in funding suggest that **if funders are to invest in programs that are most likely to have success, there**

needs to be more thorough consideration of the stability of the program over time. While grant applications commonly ask for a list of key personnel and current budget, what occurred over the 4.5 years of SADI planning and implementation indicate that a longer view should be taken and a recent history of staffing and fiscal stability considered. That history will not be a perfect predictor of future performance. However, it will provide a better indication of whether the program has the prerequisite stability to weather engaging in change or if they need to focus on maintaining their current services.

Finally, the multi-year and collaborative nature of the SADI revealed the immense pressure that is on programs to present the best possible picture to funders and other outside parties. While understandable, this hinders the ability of funders to fully understand what is happening in the field, the challenges programs face, and how they can better support programs. **The more funders engage in dialogue with grantees <u>outside</u> of reports and other accountability mechanisms, the more candid the flow of information can be.** Building meaningful relationships with grantees takes time and resources, but the opportunities it creates can have great rewards.

Technical Assistance Providers

The type of technical assistance provided through the SADI stands in contrast to how assistance is commonly provided. Whereas technical assistance often takes the form of providing information and resources and answering questions, the SADI provides a model for a more intensive, collaborative approach. This requires that technical assistance providers:

- **Communicate directly** when setting feasible expectations, providing resources, and suggesting strategies
- Simultaneously take on **collaborative roles** including generating ideas, planning, creating resources, and tailoring resources along with the program they are assisting, drawing on the local expertise of the program
- **Create time and space** for reflection and work as a counterbalance to the draw toward crisis that programs experience
- **Keep programs on task** in order to carry out their plans in a timely manner
- **Customize assistance** in a way that is specific to the program and adapts as the program changes

The most challenging of these tasks for the SADI technical assistance providers was taking on directive roles. Being deeply grounded in principles of sexual assault advocacy, there was a tendency to avoid giving direct advice or to provide critical feedback. At first, some providers were uncomfortable with offering direct suggestions or indicating that an idea was likely not a good one to pursue. They grew into this role over time, but that change made it difficult to build relationships with the site staff. The approach to technical assistance also needs to be clearly agreed upon by funders and technical assistance providers.

The key to effectively supporting programs through an organizational change process is balancing the directive and collaborative roles. This requires that technical assistance providers, prior to engaging with programs, have developed a clear understanding of how their roles are different from advocacy, skills for direct communication, and comfort with the new role.

The SADI was a unique project. It started with a basic framework and goals, but sought to collaboratively create the strategies and resources as the project unfolded. This did not always meet the needs or expectations of sites that were looking for concrete guidance, resources, and feedback. Technical assistance providers can now take what was learned from the SADI and provide a clearly defined structure for organizational change to enhance sexual assault services. Technical assistance for enhancing sexual assault services in dual/multi-service programs may be most effective when:

- Technical assistance providers also **collaborate with state coalitions** and build capacity within state networks
- Sites are selected based on an assessment of **organizational openness to learning and readiness for change** without asking them to articulate a plan prior to the start of the initiative
- **Extensive training** is provided from the very beginning of the initiative on what we now know to be requisite understandings and skills for enhancing sexual assault services, including:
  - Fundamentals of sexual assault services and advocacy
  - Neurobiology of trauma and trauma-informed services
  - Models of organizational change
  - Anti-racism/oppression frameworks
- Prior to planning, programs are supported in carrying out **community and organizational assessments**
- Sites develop their plans focused on **designated areas** that we know from the SADI to be necessary for enhancing sexual assault services including:
  - Staff/volunteer training
  - Trauma-informed policies and procedures
  - Leadership development
  - Intake processes and data collection
  - Enhancing core services in response to the community and organizational assessments
  - Developing comprehensive services in response to the community and organizational assessments
- Sites are provided with **specific** examples, resources and feedback
- **Frequent in-person** technical assistance is provided on-site

Through this approach to technical assistance, it should be possible to bring about even greater change within dual and multi-service agencies seeking to build comprehensive sexual assault responses, offer models for enhancing sexual assault services that can be replicated, and promote the diffusion of innovations throughout the field.

Dual/Multi-Service Programs

Enhancing sexual assault services in dual/multi-service programs requires that programs **acknowledge that sexual assault survivors are not getting what they deserve**. It is not merely a matter of wanting to serve more survivors or survivors from more groups within the community. Programs must engage in an honest and critical self-assessment that includes reflection on whether, as an organization, they are ready to say, "We don't know what we don't know" and to accept feedback in all areas, including those where they thought they were doing well.

Programs must also be honest about their **willingness to change their models of practice**. When sexual assault services are approached from a problem-solving, tangible needs framework, survivors will be poorly served. Program staff must be open to learning new approaches to services and to applying them throughout their entire agency, not only in the sexual assault program.

When applying for funding to support an organizational change process, it is advised that **funding requests be broken into four stages**, including training and technical assistance or consulting in each stage:

1. Conducting community and organizational assessments
2. Planning how to enhance services, based on those assessments
3. Developing the infrastructure and resources needed to carry out those plans
4. Implementing new and enhanced services

Prioritizing development of new and enhanced services while skipping or rushing through the prior stages may appear to meet funders' interests in new services. However, it is unlikely to be a successful process in the end. Like the recommendation for funders that they not prematurely ask for specific plans, programs also need to wait on jumping to implementing services until adequate assessment and planning has been done to ensure those services are relevant, feasible, and sustainable.

Finally, programs must **attend to the well-being of their staff** and of the organization as a whole. Trauma work is rewarding and fulfilling while at the same time demanding and draining. Even when there is no secondary or vicarious trauma evidenced, staff are doing difficult jobs, usually without full compensation or social rewards. It is the responsibility of leaders to create structures and an environment that supports their staff. This includes an honest assessment of how prior events, crises, and dynamics in the organization may have elevated stress to the level of organizational trauma. Until staff are adequately supported and organizational trauma has been resolved, the program is unable to integrate new learning and therefore undertake substantial changes in services.

References

Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims, 18,* 71 - 86.

Bergen, R. K. (1996). *Wife rape: Understanding the response of survivors and service providers.* Thousand Oaks: Sage Publications.

Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validational study. *Journal of Traumatic Stress, 15,* 423 - 432.

Figley, C. R. (1988). Victimization, trauma, and traumatic stress. *The Counseling Psychologist, 15,* 635 - 641.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. Figley (Ed.), *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1 - 17). Bristol, PA: Brunner/Mazel.

Harris, C. (1995). Sensory-based therapy for crisis counselors. In C. Figley (Ed.), *compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 101 - 114). Bristol, PA: Brunner/Mazel.

Johnson, I. M., Crowley, J., & Sigler, R. T. (1992). Agency response to domestic violence: Services provided to battered women. In *Intimate violence: Interdisciplinary perspectives*, E. C. Viano (Ed.) (pp. 191-202). Washington, DC: Hemisphere Publishing Corporation.

Minkler, M., & Hancock, T. (2003). Community-driven asset identification and issue selection. In M. Minkler & N. Wallerstein (Eds.) *Community-based participatory research for health* (pp. 135 – 154)*. San Francisco: Jossey-Bass.

Morgan, G. (2006). *Images of organization.* Thousand Oaks: Sage.

Needle, D. (2004). *Business in Context: An Introduction to Business and Its Environment*. ISBN 978-1861529923

Patterson, D., & Laskey, S. (2009). *The effectiveness of sexual assault services in multi-service agencies.* National Online Resource Center on Violence Against Women.

Ravasi, D., & Schultz, M. (2006). Responding to organizational identity threats: Exploring the role of organizational culture. *Academy of Management Journal, 49* (3): 433–458.

Rudkin, J. K. (2003). *Community psychology: Guiding principles and orienting concepts.* Upper Saddle River: Prentice Hall.

Street, A. E., Stafford, J., Mahan, C. M., & Hendricks, A. (2008). Sexual harassment and assault experienced by reservists during military service: Prevalence and health correlates. *Journal of Rehabilitation and Development, 45*, 409 – 419.

Suris, A., & Lind, L. (2008). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse, 9,* 250 – 269.