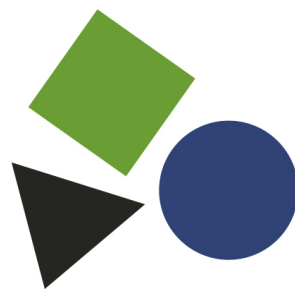


# Sexual Assault Coalition Organizational Survey

from the National Sexual Assault Coalition  
Resource Sharing Project

Data and results compiled by Jessica Staskal, Matty Smith, and Karen Siler

Resource  
Sharing  
Project





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## **What is the National Sexual Assault Coalition Resource Sharing Project?**

The Resource Sharing Project (RSP) helps state sexual assault coalitions across the country access the resources they need in order to develop and thrive. The project provides technical assistance, support, and the dissemination of peer-driven resources for all state and territorial sexual assault coalitions. The RSP recognizes the needs of all coalitions, especially those designated as new or emerging, regarding issues of organizational growth, professional development, and policy/protocol development. We believe in the importance of peer-to-peer technical assistance and the voices of survivors as guiding principles.

## **Who is the RSP?**

The RSP is led by the Iowa Coalition Against Sexual Assault with project partners, the North Carolina Coalition Against Sexual Assault and the Washington Coalition of Sexual Assault Programs. The RSP is made possible by a grant from the Office on Violence Against Women, United States Department of Justice.

## **The RSP provides:**

- Individual technical assistance to state and territorial sexual assault coalitions, both proactive and reactive, through phone, email, fax, and mail.
- Site visits and intensive technical assistance visits to provide coalitions with face to face mentoring and assistance, which allows for technical assistance to an entire coalition staff and board.
- Skill-building conference calls with presenters on a given topic allowing for distribution of information regarding policies/protocols, capacity building or collaborative efforts that affect coalitions as well as new skill development.
- Skill-building meetings and Train-the-Trainers that allow coalitions the chance to meet, provide peer-to-peer assistance, exchange best practice information, and receive capacity-building skills on topics the field has identified.
- National conferences and roundtables that allow staff of statewide sexual assault coalitions to exchange information nationally, receive ongoing capacity building training, and identify and address emerging issues.
- Newsletter, website and publications which offer means of peer exchange of information, discussion of emerging issues and ongoing discussions of collaborative efforts to serve survivors and end sexual assault.

**[www.resourcesharingproject.org](http://www.resourcesharingproject.org)**

# Introduction

The Resource Sharing Project (RSP) launched a survey in 2011 to collect detailed organizational information from sexual assault coalitions in the United States and territories about various aspects of coalition work. Ultimately, this analysis provides coalitions with a useful resource to support their ongoing efforts to build infrastructure and understand trends in the field. This organizational survey consists of four shorter surveys, the first of which provides data on [Membership, Infrastructure, and Budgets](#), completed in 2013.

**The second report, contained within this document, provides data on hotlines, training, certification, and program accreditation.** This document offers a report on and analysis of the data collected through the survey on hotlines, coalition certification and training, as well as advocate privilege as of 2012. Where possible, the report also compares data collected in the RSP Organization Survey in 2005-2006 and data collected by the National Sexual Violence Resource Center (NSVRC) in 1999. RSP reviewed the information collected in the previous survey and added many new questions to more accurately reflect the current and emerging needs and trends seen in the last several years. However, as many of the questions in this survey were not asked in 2006 or 1999, there are many areas in this report where historical data comparison is not possible.

## Hotlines

Information on statewide hotlines includes information on whether or not the state or territory currently has a hotline and who houses the hotline. Since the 2006 Organizational Assessment Survey, the number of states and territories that have a hotline has gone down.

## Training

Coalitions provided us with their initial and ongoing training requirements for staff and volunteer advocates, prevention educators, outreach staff, counselors, therapists, managers, and other staff and volunteers working at local programs. Some coalitions also described the requirements beyond training hours, such as supervised direct service, and educational degree requirements for staff.

## Certification

Although the definitions of advocate certification vary widely from coalition to coalition, most states and territories have a certification process. This section provides information on each state or territory's requirements for advocate certification, as well as subject matter requirements for certification.

## **Advocate Privilege**

Most coalitions reported that their state or territory had some sort of privileged communication or confidentiality for advocates. Some coalitions responded that this confidentiality only covers spoken communications, while written communication and records were covered for others.

## **Program Accreditation**

This section includes information on what type of certification or accreditation coalitions have for their member programs. This varies widely, as some states have a formal process for accreditation, while others do not.

## **Community/Professional Training**

Coalitions provided information on whether or not they trained law enforcement, judges, healthcare providers, as well as numerous other professionals who work with sexual assault survivors. Many coalitions also gave information on what type of training they provided, as well as how many hours on average they trained these individuals.

**The third report, contained within this document, provides data on board governance, staff benefits, funding, and prevention.** This survey builds upon the 2006 survey and 1999 NSVRC survey, allowing for comparison of data with the past surveys, and more comprehensive information in several areas. The RSP reviewed the information collected in the previous survey and updated several of the questions to more accurately reflect the current and emerging needs and trends seen in the last several years.

## **Governance**

This portion of the report includes an overview of the board structure for coalitions, the size of the board, diversity representation, and board requirements. Since the 2006 Organizational Assessment Survey, coalitions have experienced significant structure changes and expanded representation outside of rape crisis center membership programs. As a result, more community engagement and diversity exists on coalition boards.

## **Staff Benefits**

This portion of the report discusses the wide array of staff benefits available for coalition employees, including health, retirement benefits, and paid time off options.

## **Funding**

This portion of the report looks at different funding sources and models for coalitions and pass-through funds.

## **Prevention**

This portion of the report analyzes the involvement of coalitions in statewide prevention planning. This includes prevention conferences and trainings, collaborative groups to address prevention strategies, and providing integrated technical assistance.

**The final section provides data on communication, media, and technology.** This report will build on the data collected in the last Organizational survey in 2005-2006. Unlike the three prior reports, the subject matter of this report was not included in the data collected by the National Sexual Violence Resource Center (NSVRC) in 1999, so no data is available for comparative analysis. The RSP reviewed the information collected in the 2006 survey and updated several of the questions to more accurately reflect the current and emerging needs and trends seen in the last several years. Several questions *were* added to this survey that were *not* asked in 2006.

## **Communications**

This portion of the report includes an overview of how coalitions handle communications. This includes those who have dedicated communications positions, position titles, and position salaries.

## **Media**

This portion of the report discusses the way coalitions work with the media, both responses to media and contacting media. Information reported includes the staff position responsible for media contacts, the position salary, and the average number of media contacts per month.

## **Website and Social Media**

This portion of the report provides information regarding coalitions' use of online tools including websites and social media. Included in the information is a list of the social media sites used and the rationale for picking those sites. Coalitions were also asked to rate their social media presence, use of social media, and the usability of their website.

## **Technology**

This portion of the report discusses how coalitions utilize technology. Information was reported on the availability of computers and ratings of how well coalitions felt they were utilizing available technology. This section further asked coalitions about online training and service provision in their state/territory and if there were any policies in place regulating these activities.

## **Methodology**

RSP staff conducted quantitative and qualitative data analysis on all completed survey responses, and then synthesized the data into this report. When a percentage is given, the associated number of coalitions that answered a particular way is given in comparison to the total number of coalitions that answered that specific question [i.e. (52 of 54)]. Note that when an average is provided, it refers to the “mathematical mean or figure intermediate between two extremes, determined by adding the series of numbers and dividing the sum by the number of cases.”<sup>1</sup> Also note that when a percentage is provided, that it was calculated for each specific question with the percentage being determined by the number of respondents to each individual question.

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1 Goldstein, Norm (Editor). The Associated Press stylebook and Libel Manual. Reading, MA: Addison-Wesley, 1998, p. 20.

## **Survey Limitations**

There were survey limitations that may affect the validity of results obtained:

- Four coalitions (Puerto Rico, Virgin Islands, Virginia, and Northern Marianas) did not take the survey.
- Some coalitions did not complete the entire survey (i.e., they answered some questions and skipped others).
- Some coalitions completed the survey more than once, duplicating data. Survey results were compared, raw data edited and/or combined, and duplicate material deleted to create a more accurate data set.
- This report combines quantitative and qualitative data analysis. With any data analysis, there is always the possibility of human error. All possible care has been taken to correct or avoid errors in this report.



# Hotlines, Training, Certification, and Program Accreditation

## **Approximately how many survivors do rape crisis centers/sexual assault programs in your state serve annually?**

We asked coalitions how many survivors their member programs serve annually. The responses indicated great diversity in data collection: some states or territories had detailed data while others did not. Some coalitions indicated that the state funder collected data though the coalition did not. In some states and territories, data on sexual violence and domestic violence is combined. Coalitions also reported on different services in this data set, such as this sampling:

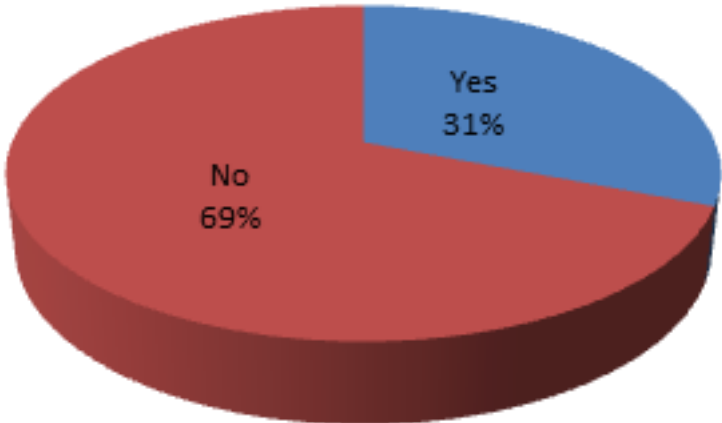
- “In 2010, 137 women and 45 children received shelter services, 3,711 women, 330 men and 1,342 children received non-shelter services (counseling, exams, etc.), 2,544 shelter nights, 15,151 hours of individual counseling, 2,499 group counseling, 9884 crisis calls, 1,623 emergency responses, 1,058 forensics exams”
- “1500 crisis calls; 4000 victims served”
- “8000 primary victims/survivors; 4500 secondary victims/survivors”
- With the diversity of data collection instruments, it is not possible at this time to compare and contrast numbers of sexual assault survivors served across the states and territories.

## **State-/Territory-wide Hotline**

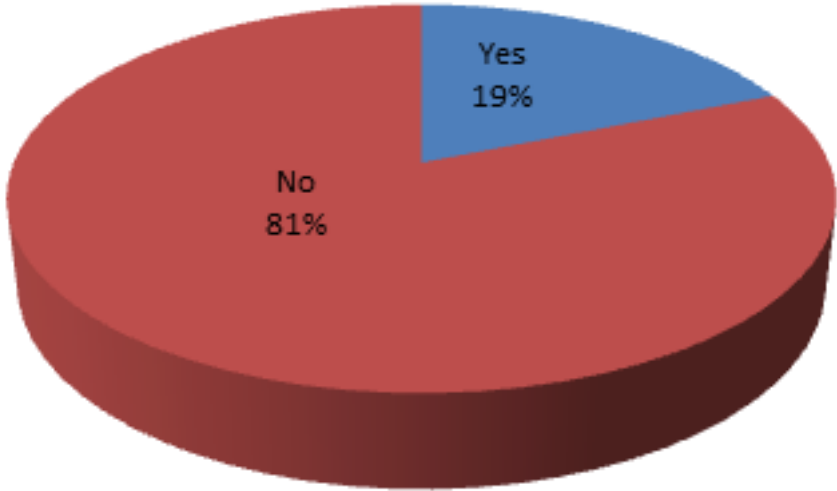
The organization and maintenance of hotline services varies widely across jurisdictions. 32% of coalitions reported that they had a statewide sexual assault hotline (17 of 53), and 19% housed the statewide hotline within the coalition (9 of 48). The number of states that have a hotline has gone down since 2006, when 21 coalitions reported they had a statewide hotline. In addition, seven housed the hotline within the coalition at that time.

When asked who runs the hotline if not the coalition, many responded that a member program was in charge of running the hotline. In other states and territories, each individual program has their own hotline, or each county. One coalition stated that they don't have a unified hotline, but rather an advertised toll-free number that routes callers to the local program's hotline. One coalition said they utilize national hotlines, but have their own Spanish crisis line for domestic violence and sexual assault.

**Does your state have a statewide sexual assault hotline?**



**Does the coalition house the hotline?**



Running a statewide hotline takes a lot of work, resources, and staff time. Coalitions use a variety of funding sources to support the hotline: state appropriations, VOCA or STOP VAWA, private donations, or a mix of state, federal and local grants, like OVW Rural funding, SASP, and RPE. This survey did not explore how coalitions staffed the hotline for coalitions that house the hotline.

## **Staff and Volunteer Training**

Initial training requirements for individuals working in local programs.

Initial training of advocates, volunteers, and other staff members teaches individuals how to provide non-judgmental, empowering intervention for survivors of sexual violence, their families, and significant others. In this set of questions, coalitions were asked to describe the initial training requirements, if applicable, for individuals working in rape crisis centers/sexual assault programs in the following positions: Staff advocates, volunteer advocates, prevention educators, outreach staff, counselors, therapists, and managers. We also asked about those working as sex offender treatment providers. The responses below may include coalitions who were simply reporting the same training requirements for each job type—it doesn't necessarily mean that the training for the different positions go beyond or vary from the state or territory's standard certification training.

Some coalitions require the same number of training hours for all staff and volunteers and did not differentiate between jobs. For example, one coalition said, “the coalition requires those working in approved SA programs to have 30 hours of training.” Another explained, “Advocates must have a minimum of 15 hours of training. The training content is determined by the individual rape crisis centers and the hours vary. As a coalition, we have created training modules and have been working to create a more standardized training but that has not yet been adopted by the board.”

Some coalitions gave descriptions of the training requirements in addition to giving information on the number of required hours of training. Several require continuing education throughout the year, some have supervised direct service, and one requires that trainings must be face-to-face. One detailed the requirements for training content and training staff:

“All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the [coalition] (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal, and social services respond to victims of sexual abuse/assault. Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.”

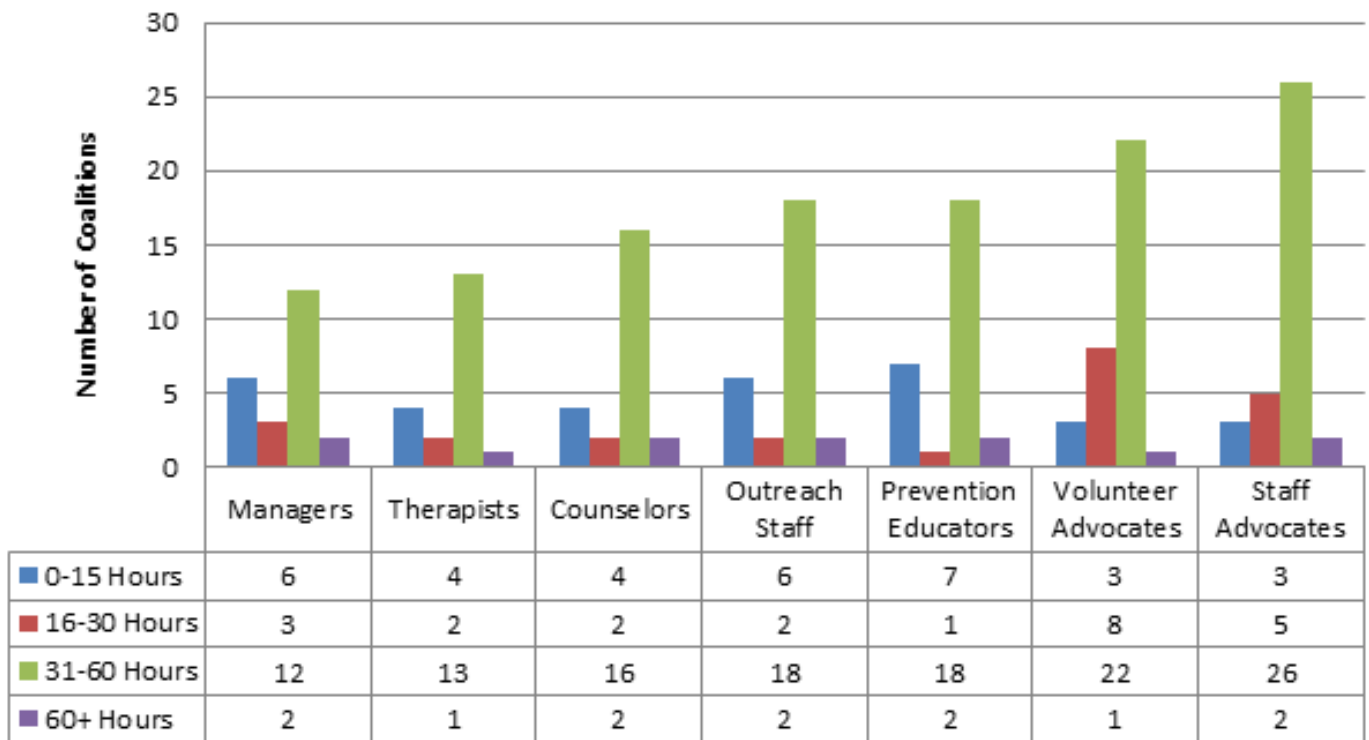
A few coalitions offer training curricula, but do not require use of it, such as one coalition that explained they have a “40-hour training with approved guidelines/topical areas. This, however, is

not mandatory for funding so only a portion of RCCs complete the entire training.”

*In the 1999 survey, 83% of coalitions required 30 or more hours of training. In the 2006 Organizational Assessment Survey, 76% of coalitions required 30 or more hours of training.*

Below is a chart that shows the training hour requirements by position, and how many coalitions have that requirement. Forty-five coalitions responded to this question.

### Training Hour Requirements by Position



#### Staff Advocates:

Hours of Training for Staff Advocates	Number of Coalitions That Require
15 hours	2
30 hours	4
40 hours	24
56 hours	1
65 hours	1
Did not specify number of required hours	6
Trainings hours left to the discretion of local programs	2
No training requirements	1

Some coalitions had formal educational requirements for sexual assault advocates, while others do not. Some required a Bachelor’s Degree and a few required higher degrees for counselors or therapists. One coalition explained, “No other formal educational requirements are required of sexual assault advocates, but they may need to meet requirements associated with their professional licensing (such as clinical social worker).”

**Volunteer Advocates:**

Hours of Training for Volunteer Advocates	Number of Coalitions That Require
15 hours	1
16 hours	1
24 hours	1
30 hours	6
35 hours	1
40 hours	21
65 hours	1
Did not specify number of required hours	7
Trainings hours left to the discretion of local programs	4
No training requirements	1

**Prevention Educations:**

Hours of Trainin for Prevention Educators	Number of Coalitions That Require
30 hours	1
35 hours	2
40 hours	15
65 hours	1
No training requirements	6
Trainings hours left to the discretion of local programs	3

One coalition responded that Prevention Educators got “on the job training.” Two require prevention educators to have at least a Bachelor’s Degree. A few coalitions further explained training for prevention educators:

- “40 hour victim advocate training, attendance at ALL coalition-sponsored trainings and prevention meetings if they receive our funding”
- “We have a checklist list of standards (content, mentoring, and observation) that the educators must meet and the directors sign off on. We have training modules on the topics included in the standards. The training is self-paced; we have no time period/hours tied to it.”
- “40 hours, although we will be adding some basic primary prevention training.”

**Outreach Staff:**

Hours of Training for Outreach Staff	Number of Coalitions That Require
15 hours	1
30 hours	2
35 hours	1
40 hours	16
65 hours	1
Did not specify number of required hours	13
Trainings hours left to the discretion of local programs	3
No training requirements	5

*Definitions of counseling and therapy vary quite a bit and sometimes overlap; in some states and territories they are distinct services, and in others, they are interchangeable terms for the same service.*

**Counselors:**

Hours of Training for Counselors	Number of Coalitions That Require
15 hours	3
30 hours	2
35 hours	1
40 hours	15
65 hours	1
No training requirements	1
Trainings hours left to the discretion of local programs	4

Education/Licensure Requirements for Counselors	Number of Coalitions That Require
Bachelor's Degree	1
Master's Degree	6
Licensed	2
Master's Degree plus licensed	1

**Therapists:**

Hours of Training for Therapists	Number of Coalitions That Require
15 hours	3
23 hours	1
30 hours	3
35 hours	1
40 hours	12
No training requirements	4
Trainings hours left to the discretion of local programs	2

Education/Licensure Requirements for Therapists	Number of Coalitions That Require
Master's Degree	5
Licensed	4
Master's Degree plus licensed	2

**Managers:**

Hours of Training for Managers	Number of Coalitions That Require
30 hours	3
35 hours	1
40 hours	11
65 hours	1
No training requirements	3
Did not specify number of required hours	18
Trainings hours left to the discretion of local programs	5

Education/Licensure Requirements for Managers	Number of Coalitions That Require
Master's Degree	2

Some individual answers include:

- “Same as ‘Staff Advocates’ - exceptions may be made to those managers who may not typically provide direct services or direct contact with victims/survivors (Finance Manager). However, as a best practice, many centers require all staff - regardless of their title or position - to go through the 40 hour training.”
- “We highly recommend 40 hours for all who come into contact with survivors, some high level managers claim this does not happen.”

## **Entity Responsible for Training Requirements**

Different entities are responsible for setting forth training requirements in different states and territories. In many cases, it is the coalition—sometimes in conjunction with their Board of Directors or certification/accreditation standards—that stipulates training requirements. For others, training requirements are outlined by the Department of Human Services, Department of Health, state/territory VAWA/VOCA administrator, or the Office of the Attorney General. One coalition explained the “coalition sets standards for advocates and DPS [Department of Public Services] makes it a requirement to follow standards.” Member programs set the requirements for a few others. Many mentioned that their funders specified training requirements. For one coalition, the domestic violence coalition in their state was in charge of training requirements. Several coalitions had a state statute specifying the number of hours of training that an individual had to have in order to have privileged communications with a survivor. While there may be statute setting a required number of training hours, these statutes typically do not address topics to be covered. Also, some state coalitions require more training hours than the state/territory statute does.

Some coalitions stipulate training requirements for some positions, but not all positions. One coalition explained, “For the prevention educators, the coalition [specifies training requirements]. That is because they are funded through pass-through funding (RPE) that we monitor. Up until recent years, the coalition did not pass through funds for direct services so we were not as involved in the actual training of advocates on an ongoing basis. So for the centers’ direct service staff, the rape crisis centers individually determine the training requirements. As a coalition, we do mandate that they receive a minimum.” Another coalition said, “Coalition and rape crisis centers developed the staff/volunteer advocate core training hours and agenda. The state mandates therapists and sexual assault counselors have a Master’s, centers require that they attend their 40 hour victim advocate training. Coalition mandates and provides required Legal Advocate training.”

Some states/territories are currently developing training requirements:

- “40 hours is required by statute to ensure privileged communication. [The coalition] is guiding a voluntary process of compliance with topics covered and how they are covered in the 40 hours.”
- “Voluntary training requirements - we are working on standards currently.”

## **On-going training requirements for individuals working in local programs**

Coalitions were asked to describe the ongoing training requirements (if applicable) for individuals working in member programs in the following capacities: Staff advocates, volunteer advocates, prevention educators, outreach staff, counselors, therapists, managers, and sex offender treatment providers. Forty coalitions responded.



## Staff Advocates:

Hours of Continued Training for Staff Advocates	Number of Coalitions That Require
4 hours	1
6 hours	3
8 hours	5
10 hours	3
12 hours	2
16 hours	2
20 hours	1
No continuing education training requirements	6

One coalition explained the details of their ongoing education requirements for advocates:

“On a yearly basis, advocates must receive eight hours of continuing education training to increase knowledge and remain current with developments and trends in the sexual assault field. This includes a required ‘Human Relations’ Training, where sexual assault counselors must receive training about groups that have experienced prejudice and discrimination on the basis of race, sex, age, class, religious belief, disability, or sexual orientation and the effect of such practices. This training is part of the eight hours of required continuing education training and must be provided by persons with subject area expertise. Documentation retained in sexual assault counselor’s personnel file must include training date, time, topic, trainer, location, and attendees.”

Some coalitions do not require ongoing education for advocates, but do provide many opportunities for it:

- “Coalition advocates trainings as funding permits.”
- “[Ongoing training] not mandated, but encouraged.”
- “There are no official requirements, but the coalition offers a full training calendar every year in which most advocates participate.”
- “There is no direct requirement for ongoing training BUT we have agreed that annually advocates (volunteer and staff) should have up to 12 additional hours of training. State law requires that they be supervised and working in a program specifically designed to serve victims of sexual assault.”
- “We track all ongoing training of advocates through our training institute. They are encouraged through our state funding agency to attend ongoing training.”

**Volunteer Advocates:**

Hours of Continued Training for Volunteer Advocates	Number of Coalitions That Require
4 hours	2
6 hours	4
8 hours	5
10 hours	4
12 hours	1
No training requirements	4
Trainings hours left to the discretion of local programs	6

**Prevention Educators:**

Hours of Continued Training for Prevention Educators	Number of Coalitions That Require
4 hours	1
6 hours	1
8 hours	4
10 hours	2
12 hours	3
16 hours	2
20 hours	1
No training requirements	7
Trainings hours left to the discretion of local programs	2

Some coalitions gave descriptions of the training requirements for prevention educators, explaining:

- “Annual training by national experts provided by coalition and mandated for coalition funded programs.”
- “We do at least one annual training and provide several throughout the year.”
- “Our coalition facilitates at least quarterly capacity building meetings with the nine Prevention Educators we fund. We also facilitate a listserv with them. We don’t have specified training requirements; we instead work very closely with them and provide training and technical assistance as needed.”
- “Must participate in [coalition] run prevention meetings.”

**Counselors:**

Hours of Continued Training for Counselors	Number of Coalitions That Require
6 hours	1
8 hours	3
10 hours	1
12 hours	2
15 hours	1
16 hours	2
20 hours	1
No training requirements	5
Trainings hours left to the discretion of local programs	4

One coalition explained that, “documented monthly SA-specific peer support, guidance, supervision, and/or case review totaling at least 12 hours per year” is required, and another noted that counselors must obtain “30 CEU’s per two year cycle (license renewal), but 0 hours required in sexual assault CEU’s.”

**Therapists:**

Hours of Continued Training for Therapists	Number of Coalitions That Require
6 hours	1
8 hours	4
12 hours	2
15 hours	1
16 hours	1
20 hours	1
No training requirements	5
Trainings hours left to the discretion of local programs	4

**Managers:**

Hours of Continued Training for Counselors	Number of Coalitions That Require
4 hours	1
8 hours	3
10 hours	3
16 hours	1
20 hours	1
No training requirements	7
Trainings hours left to the discretion of local programs	4

## **Sex Offender Treatment Providers:**

One coalition required sex offender treatment providers to have 10 hours of continuing education per year, and one coalition required 16 hours. Only a few coalitions responded to this question, and many were uncertain of the training requirement or did not have any, with one reporting they were “not sure but they do have requirements set by Council of Sex offender Treatment.” One has an “annual two-day refresher course provided by coalition [but it is] not mandatory.”

## **Other positions**

When asked if there were continuing education requirements for individuals working in other capacities in member programs, four coalitions responded:

- “Annual two day advanced conference, and national scholarships provided to nurses to attend International Association of Forensic Nurses (IAFN) conference.”
- “As opportunities arise, agencies send staff - not generally a requirement.”
- “Support group facilitators - documented monthly SA-specific peer support, guidance, supervision, and/or case review totaling at least 12 hours per year.”
- “The [state] Council on Domestic Violence and Victim Assistance mandates an additional 20 hours per year ongoing education.”

## **Advocate Certification**

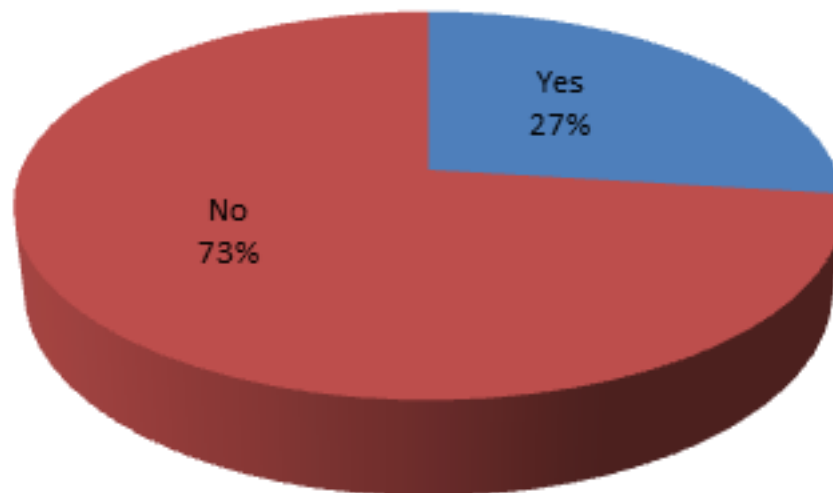
For states that provide advocate certification, there is great variation but the process is generally a recognition of completed requirements set forth to assure survivors and the community that advocates and volunteers have the required training and expertise to provide non-judgmental, empowering intervention for victims, their families, and significant others. Twenty-seven percent of coalitions had certification processes in their state (14 of 51); 73% did not have a certification process (37 of 51). Fourteen percent of coalitions oversee advocate certification (7 of 49) while 86% do not (42 of 49).

Where the coalition does not oversee advocate certification, it is most often member programs or a state/territory office such as the Attorney General who oversees certification. Other certifying bodies include the State Health Department, State Emergency Management Agency, a Governor-Appointed Certification Board, and a State Council on Domestic Violence and Victim Assistance. In some places, the certification process is unclear:

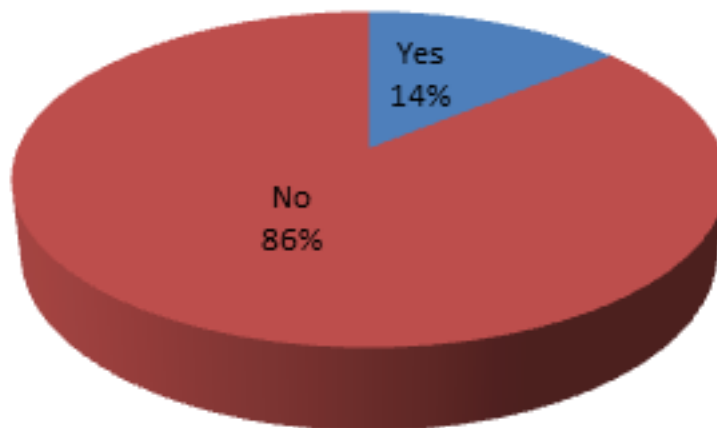
- “‘Crisis Workers,’ as defined by our privileged communication statute, must be ‘certified’ by the director of their program (this certification is neither defined nor monitored in any way).”
- “When they complete the training they receive a certificate of completion. We are currently trying to figure out how we can have our training certified.”

Certification is generally obtained through training or a combination of training and supervised service. Duration of supervised service varies, with some mandating up to 6 months’ supervised service. One coalition describes their supervision requirement for certification: “As domestic and sexual abuse work is difficult, stressful, and filled with complex issues and decisions, consultation

## Are advocates certified in your state?



## Does the coalition certify advocates in your state?



with an experienced certified advocate is required.” A few states administer certification tests, and one noted that programs must write a letter of recommendation for individuals’ certification. In some states/territories, certification must be maintained over time, such as in this state’s requirements: “A Certified SA Counselor is any person who works for a sexual assault crisis center who has successfully completed a minimum of 30 hours of training; receives at least 4 hours of advanced training annually; is certified by the center which has provided the training; is under the direct supervision of staff at the sexual assault crisis center; and their primary purpose is to provide advocacy, support, information, referrals, crisis counseling and other types of assistance to victims of sexual assault.”

Certification of individuals is often tied to or combined with certification of member programs, as these examples illustrate:

- “Applicant must be an employed staff member or volunteer of [coalition] member agency meeting our minimum standards; must have passed a criminal background check; at least 21 years of age; if survivor, at least one year beyond assault; agency’s E.D. signs off that applicant has met training requirements; we approve/ask questions and send certificate.”
- “Our programs apply for certification, not individual advocates. There is a 40 hour outline of required topics. It is currently renewed every 2 years but that will soon increase to 5 years.”
- “If [state] Department of Health approves/certifies the program as a rape crisis program, the program is then able to train/certify rape crisis counselors consistent with [state] Public Health Law. This is important because certified rape crisis counselors can provide privileged communications in their work with survivors.”

Some coalitions provide the initial certification training, but many others allow member programs to provide initial training and certify advocates: “They have to meet the training requirements. We provide core training. Programs can do their own core training too. They have to sign off on it. We certify the training not the persons.”

Other coalitions are developing certification procedures. One explained, “We are just beginning a movement-controlled certification process that will focus primarily on who does the training and supervising of local advocates and who trains the trainers.” Another said, “Our coalition is in the process of updating standards and working towards developing certification for RCC’s (rape crisis centers) in the state. Although many agencies provide SA advocacy training, this is not required in our state and there is no certification process at this time.”

For some, certification is tied to specific positions: “SA advocates will be able to apply for certification as a SA Intervention Specialist, an SA Prevention Specialist, or both. Both types of certification will be offered at a basic and advanced level. Applicants for each type of certification must have 20 hours of core SA training plus 20 additional hours in the specific area of certification (Intervention or Prevention). They will also be required to pass a test, perform at least 96 hours of service annually, and obtain at least 12 CE hours annually. The Intervention Specialist certification will have an optional Support Group specialization, and the Prevention Specialist will offer an optional Adult or Child specialization.” And for others, certification represents advanced training and skills: “We have a voluntary certification process being implemented currently. Advocates must have 3-5 years’ experience and/or education; work must be directly with victims of sexual violence. Advocates make an application to the board. They will have had to meet a 40-hour basic training requirement as well. Once the application is accepted they will complete a 22-hour training, test and then have advanced certification.”

Several coalitions described training requirements for advocates before they work with clients, though they do not call this training certification. Many of the requirements were “tied directly to ensuring that advocate/victim communication is protected,” as one coalition stated. One coalition responded that the requirements were set by the agencies, but that a 40-

hour training orientation and participation in the coalition's annual conference were part of suggested requirements. Another coalition said advocates were "screened through the individual programs" and then sent to a 40-hour training by DHS. Another coalition remarked that "state statute requires 20 hours of relevant training and ongoing in-service for community-based advocates to maintain the confidentiality privilege." The privilege of confidentiality, not surprisingly, was also a common theme here. One coalition required 30 hours for advocates "to be eligible for statutory privilege." And, finally, education was a key factor for one coalition: "Advocates must have education, experience [and] background" in the sexual violence field with 12-16 hours of initial training and 12 hours annually after that.

*In the 1999 survey, seven coalitions out of 47 (15%) indicated that their states certified sexual assault advocates. In the 2006 survey, seven coalitions again (not all the same coalitions as in 1999) reported they or another entity in their states certified advocates.*

## **Training Subjects**

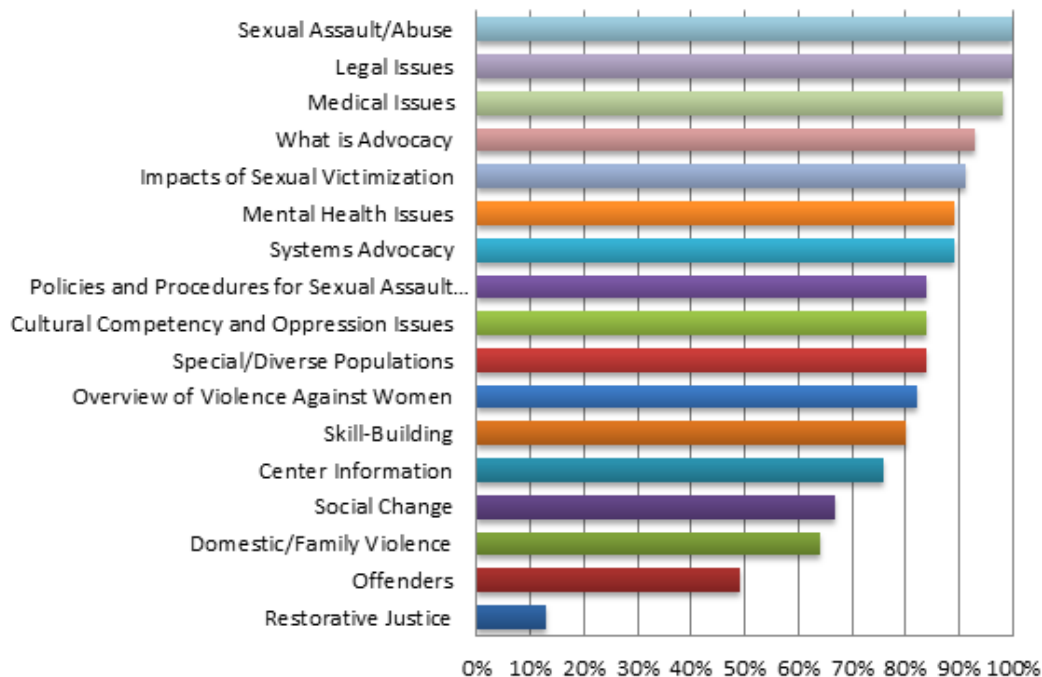
For coalitions that do offer training or require certain training topics, there is a range of issues on which to train member program staff and volunteers. We asked about several subject areas, including: center information; what is advocacy; policies and procedures for sexual assault advocates; systems advocacy; overview of violence against women; sexual assault/abuse; social change; impacts of sexual victimization; medical issues; legal issues; mental health issues; cultural competency and oppression issues; special/diverse populations; skill-building; domestic/family violence; offenders; and restorative justice. Forty-five coalitions provided information on their training subject areas.

*In the 1999 survey, 65% of coalitions had training requirements for sexual assault advocates at the state level (35 of 54). In the 2006 survey, 78% of coalitions reported training requirements (36 of 46).*

*All of the required training subjects for state level sexual assault advocates reported here are the same categories as the 2006 Organizational Assessment Survey training subjects. 66% (27 of 41) of coalitions reported required training topics under these same broad categories at that time. Percentages of various training topics between 2006 and now have relatively stayed the same. Specific training topics were not included in the 1999 survey.*

Subject	Percentage	Count
Sexual Assault/Abuse	100%	45
Legal Issues	100%	45
Medical Issues	98%	44
What is Advocacy	93%	42
Impacts of Sexual Victimization	91%	41
Mental Health Issues	89%	40
Systems Advocacy	89%	40
Policies and Procedures for Sexual Assault Advocates	87%	39
Cultural Competency and Oppression Issues	84%	38
Special/Diverse Populations	84%	38
Overview of Violence Against Women	82%	37
Skill-Building	80%	36
Center Information	76%	34
Social Change	67%	30
Domestic/Family Violence	64%	29
Offenders	49%	22
Restorative Justice	13%	6

### Sexual Assault Advocacy Training Subjects





It is clear from this survey that some topics are consistently covered in initial training, though of course training is individualized to each state or territory. Coalitions also reported a number of other important topics covered in training that were not part of the survey questions. This includes: the history of feminism; drug-facilitated sexual violence; stalking, dating, and acquaintance rape; spiritual concerns; secondary survivors; rape culture; crime victim reports; sexual harassment; law enforcement and community resources; how to prevent sexual violence; self-care for advocates; working with survivors with disabilities; suicide assessment skills; and lastly, confidentiality and victims' rights.

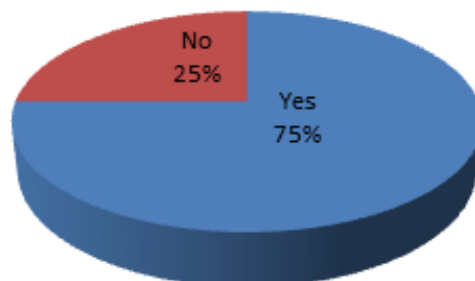
## **Advocate Privilege**

Seventy-five percent of responding coalitions (48) reported that sexual assault advocates had some sort of privileged communications or confidentiality in their state (36 of 48); 25% did not (12 of 48). 86% responded that privilege covers written records (37 of 43) while 14% said it does not (6 of 43). Additionally, 84% responded that privilege covered advocate/survivor conversations (36 of 43); 16% said it did not (7 of 43).

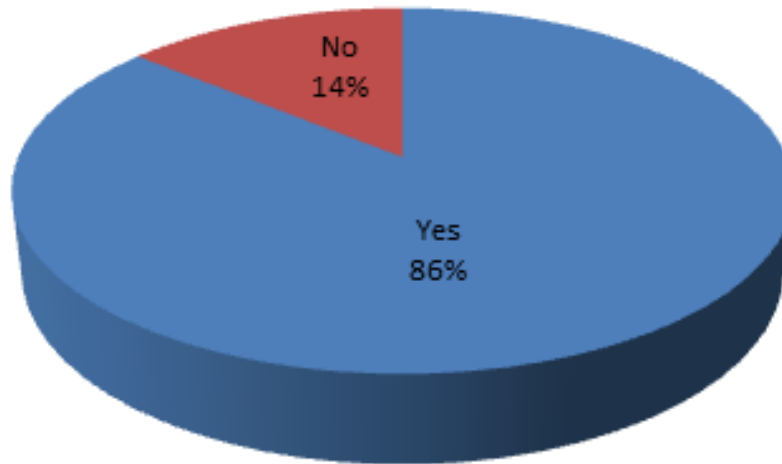
There are many nuances to privilege across the states and territories. One coalition explained that they “rely heavily on VAWA confidentiality provisions to protect communications with survivors.” One coalition noted that privilege “also covers interpreters and support groups.” There are limitations on privilege for many, such as one state that has “privilege except when third party is present.” Limitations in some states are related to the type of work:

- “DV programs in the state have privileged communication so our advocates in dual programs are covered.”
- “Our state only has privilege for attorneys and clergy so we are unlikely to get privilege for advocates.”
- “We are covered under the health care provider confidentiality statute...DV programs are covered in a different section of law.”

### **Do sexual assault advocates/programs have privileged communications in your state?**



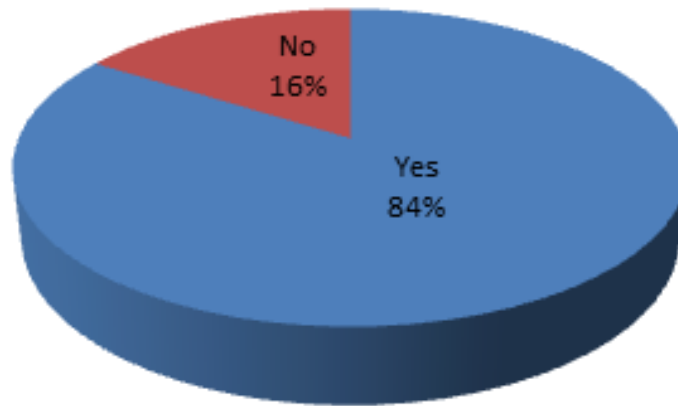
## Does privilege cover written records?



For some states, there is a clearly defined connection between privilege, certification, and training, as this coalition explains: “individuals cannot be designated ‘sexual assault victim counselors’ per [State] Code sections unless employed by or volunteering at a [State Agency] funded rape crisis center. Further, in order to be designated a ‘sexual assault victim counselor’ per [State] Code sections, an individuals must (1) successfully complete a minimum 40-hour Sexual Assault Counselor Training Class which uses a course agenda that was reviewed and certified by EMA and (2) be accepted as a volunteer or staff at a EMA-funded rape crisis center. The ‘sexual assault victim counselor’ designation allows confidential privilege to attach during conversations between sexual assault victims and sexual assault victim counselors, and to the records and or other documentation of those conversations. Additionally, individuals must remain affiliated with the rape crisis center to retain the designation of ‘sexual assault victim counselor.’ The sexual assault counselor confidential privilege does not attach to conversations if the individual is no longer affiliated with the EMA-funded rape crisis center.”

*In the 1999 survey, 55% of coalitions (29 of 53) reported having a privileged communication statute, which included sexual assault advocates. In the 2006 survey, 66% of coalitions reported that sexual assault advocates and programs had privileged communications in their state (31 of 47). Twenty-eight reported that privilege covered case records and advocate/client conversations.*

## Does privilege cover advocate/survivor conversations?

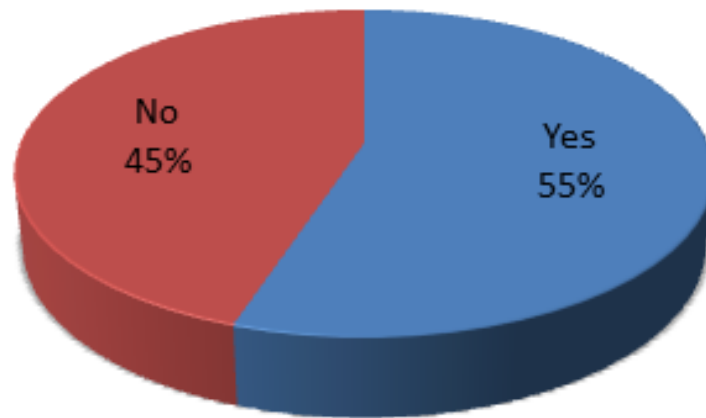


### **Program Accreditation/Certification**

Fifty-five percent of coalitions (27 of 49) had member programs that were certified or accredited; 45% did not (22 of 49). Typically, accreditation or program certification is formal recognition of completed requirements for programs (rather than individual advocates) set forth by the coalition or state/territorial entity, and is a method to ensure a minimum standard of service and define a vision for best practice for serving victims. When asked who accredits/certifies member centers, 15 coalitions reported that the coalition manages accreditation and certification, 3 coalitions reported the State Attorney General’s Office as the managing entity, and 7 named other state agencies, such as the Health Department, or a state Council on Domestic Violence and Sexual Assault. One state has a sexual violence task force that certifies programs, and one reported that “our programs self-certify their compliance with program standards.” One noted that the state “Department of Community Health and Department of Human Services provided funding and programs must meet minimum standards to receive and maintain funding. This, however, is not considered certification.”

Member programs are certified and/or accredited in a variety of ways, involving program evaluations, site visits, and continual review of a program’s compliance with standards. Peer evaluation and/or evaluation from an outside entity is a key component to help member programs gain and keep their certification/accreditation. In addition, the review process happens on a frequent revolving basis for many of the member programs to ensure consistency. The following reports from coalitions help to explain some of the diverse ways member programs gain certification/accreditation:

## Are local rape crisis centers/sexual assault programs accredited/certified (or have program standards)?



- “Self-study completed by program and submitted to [coalition]. Site visits every 5 years or as needed. New standards in 2010. Not all programs have completed the 5 year cycle yet.”
- “Our centers participate in the [coalition] standards review process every other year”
- “Required by legislative statute. Application made to [the Attorney General’s Victims’ Services Unit], review for compliance by staff and peer reviewers, renewal every 3 years.”
- “Each year when applying for funding, there is a certification checklist that the rape crisis centers must complete that indicates their compliance with the standards. We then verify that information at annual monitoring visits.”
- “Programs’ self-certification is submitted to a committee of program directors (‘Peer Support Committee’) who provide TA and support to members around program standards. If a program’s policies or practices are not fully congruent with program standards, they may work with the Peer Support Committee over a defined period of time to bring their practices/policies into congruence. Membership in the coalition is contingent upon compliance with the program standards.”
- “We don’t have certification, but do have program standards that must be met. We have a committee of coalition/program staff who conduct peer reviews at each agency on a rotating basis, so that each agency is reviewed every 4 years or so.”
- “All member programs are staffed by certified sexual assault crisis counselors and are held to [coalition’s] Member Agency Criteria and Standards of Operation. Programs submit quarterly reports; participate in quarterly meetings and an annual site visit.”
- “[Programs] in [state] receive their funding through the [state crime victim office]. Every four years, each [program] undergoes a rigorous accreditation process, whereby they are audited by an outside agency...to ensure that sexual assault survivors have access to quality services across the state. [State crime victim office] is responsible for the accreditation process broadly, including the determination of accreditation standards and the enforcement of the accreditation process. [The outside agency] conducts the accreditation review and delivers each program’s score to [state crime victim office].”

*In the 2006 Organizational Assessment Survey, 66% of coalitions indicated there was an accreditation process or set of program standards for local sexual assault programs (31 of 47). Seventeen coalitions of 29 indicated that they established standards or an accreditation process for member sexual assault programs. Eight coalitions reported that standards/rules for programs come from the funders. Two coalitions were in the process of developing program standards.*

## **Community/Professional Training**

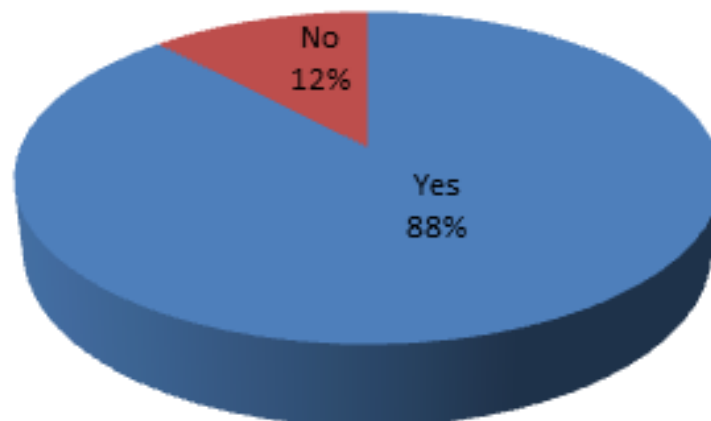
Coalitions play many different roles in their states/territories. Some provide training and technical assistance to communities and professionals in the state/territory in addition to the support they provide to member programs. We asked coalitions about the training they provide to several categories of allied professionals such as law enforcement, healthcare providers, and judges, among others.

### **Law Enforcement:**

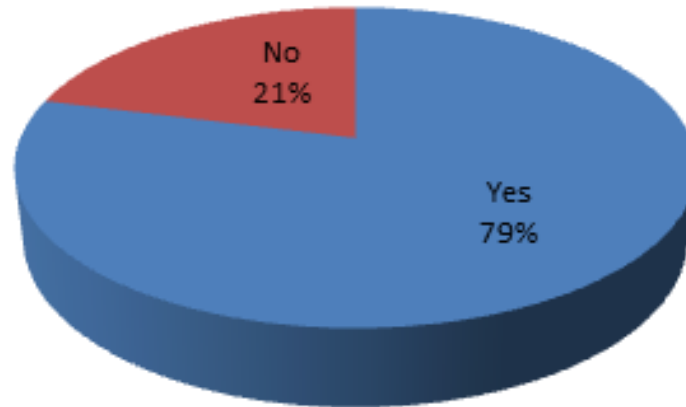
Eighty-eight percent of coalitions reported that they provide training to law enforcement (45 of 51), while 12% percent did not (6 of 51).

Participation by law enforcement at coalition statewide conferences was a common theme. One coalition had a specific law enforcement track at their conference, another had state-level law enforcement associations co-sponsor and help plan the conference, and ensure that scholarships are available for police to attend. Many coalitions mentioned that they are invited to train new cadets at their local or statewide academy and can impact law enforcement officers before they're even certified. Others described how they work with law enforcement in the context of SARTs or MDTs. There were numerous topics that coalitions train law enforcement on, including:

## **Does the coalition provide training to law enforcement?**



## Does the coalition provide training to healthcare providers?



- Interviewing vs. interrogating
- Protection orders
- Rape culture
- Myths and facts of rape
- Working with the elderly and those with disabilities
- Evidence-based prosecution
- Child sexual abuse
- Trauma
- Prevention
- Strangulation
- False reports
- Laws and statutes
- Forensic exams
- Trafficking
- Court testimony
- Vulnerable populations
- Effects of fear
- Trauma and the brain
- Delayed reporting

Interestingly, several coalitions mentioned that they train specifically on the role of law enforcement, the role of an advocate, and how the two can work together. One coalition mentioned that they train law enforcement on how they can bring in other community service providers and do systems change work. Several mentioned that they did advocate-officer role plays, and one mentioned that the coalition is brought in to help with curricula creation for new officers and continued education requirements for practicing officers.

## **Judges:**

Some coalitions provide training to judges, but the success and frequency of these trainings varies quite a bit. Sixteen of 50 coalitions responded to this question, and most said they have had a difficult time training judges or that attendance was poor during trainings. Several coalitions mentioned that they have created online resources available for judges to use on their own time. One coalition, after numerous failed attempts to set up trainings for judges, decided to try to train court clerk staff, which ultimately ended up being more successful.

The frequency of trainings depended on the coalition: once a year; or generalized trainings about sexual violence a minimum of 5 times a year across the state; or once every 3 years; or trainings as requested. One coalition said that they have only seen about 3-4 trainings for judges in 20 years. Another stated that recent legislation actually requires training for judges regarding sexual violence, and that the coalition was “making every effort to be involved in this process.”

## **Healthcare Providers:**

Seventy-nine percent of coalitions reported that they provide training to healthcare providers (39 of 47), while 21% did not (8 of 47).

If coalitions said they did provide training to healthcare providers, they were asked to describe the frequency of the training, audience type and topics covered.

Similar to trends in law enforcement training, several coalitions stated that they have topics relevant to healthcare providers at their annual conference. One even has a specific track available for SANEs, with another noting that they offer scholarships and CEUs for nurses at their conference. Several coalitions offer the opportunity to train and certify SANEs, sometimes several times a year. When training healthcare providers, common topics include:

- SARTs
- Rape Culture/Sexual Violence 101
- Evidence collection kits
- Diverse victims
- Survivors with disabilities
- Victimization across the lifespan
- HIV/AIDS
- Universal screening
- Reproductive coercion
- LGBTQ survivors
- 2005 VAWA Forensic Compliance

Several coalitions train healthcare providers on how to respond to disclosures, how to protect victim privacy, as well as local resources to which hospitals and clinics can refer their sexual assault patients. One coalition trains at their state nurses' association conference every year, while another has a special training for medical staff at correctional institutions. One coalition trains nurses on how to give expert testimony in courts. Several coalitions said that their member programs are mostly in charge of doing trainings for medical staff, and that the coalition only trains as needed or as requested. One coalition mentioned that they have a domestic violence curriculum they use when training healthcare providers, but they do not have one for sexual assault.

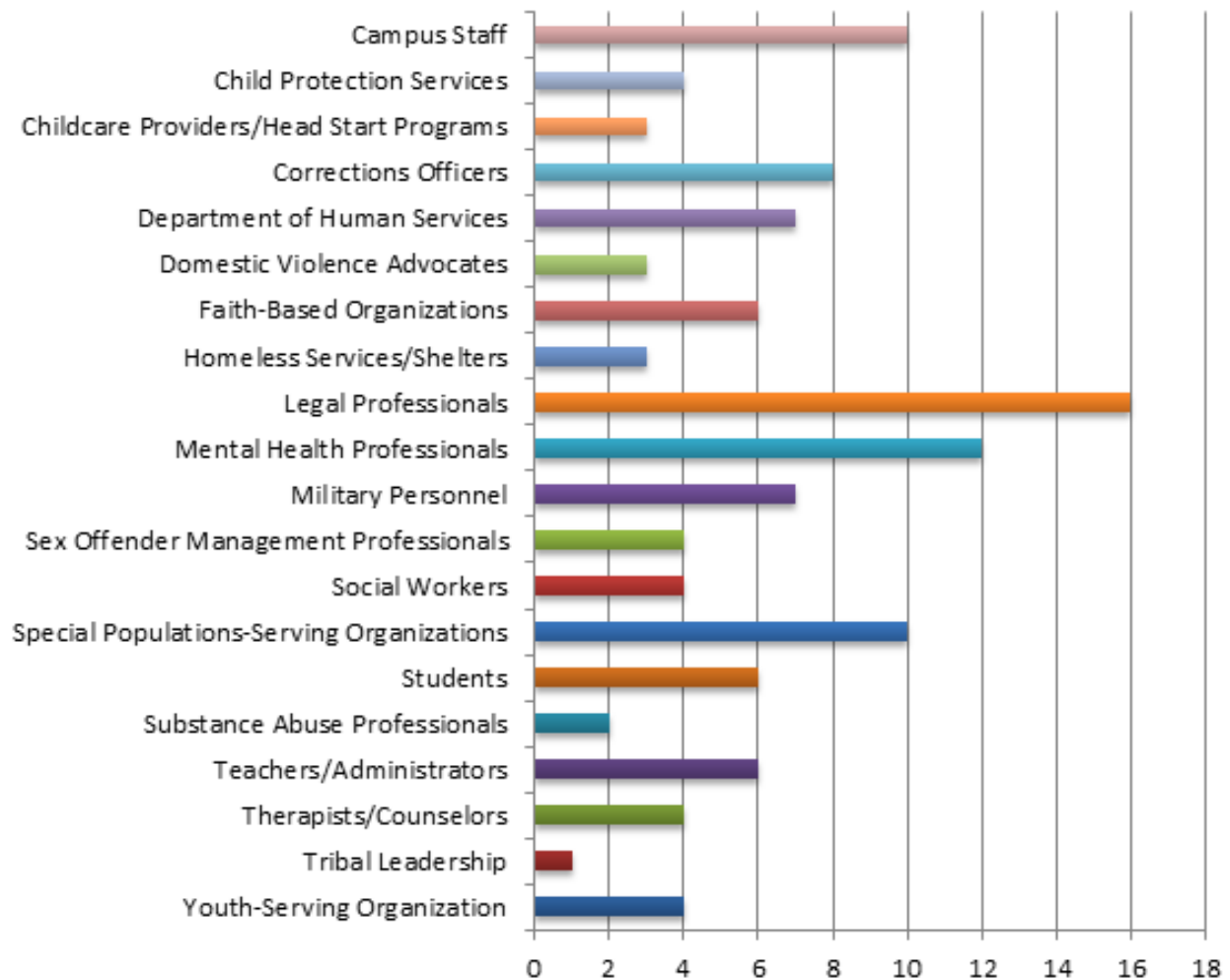
### **Training to other professionals**

Coalitions provide training to an impressive array of allied professionals and community members in their states and territories.

Other trainings provided by coalitions (42 reporting) included:

<b>Training Audiences</b>	<b>Number of coalitions that provide training to this audience</b>
Campus Staff	10
Child Protection Services	4
Childcare Providers/HeadStart Programs	3
Corrections Officers	8
Department of Human Services	7
Domestic Violence Advocates	3
Faith-Based Organizations	6
Homeless Services/Shelters	3
Legal Professionals	16
Mental Health Professionals	12
Military Personnel	7
Sex Offender Management Professionals	4
Social Workers	4
Special Populations-Serving Organizations (Culturally Specific Programs, etc.)	10
Students	6
Substance Abuse Professionals	2
Teachers/Administrators	6
Therapists/Counselors	4
Tribal Leadership	1
Youth-Serving Organizations	4





Training topics have included trauma-informed advocacy for professionals working in systems and what professionals need to know. One coalition trains lawyers on intimate partner violence and the consent defense. This same coalition provides training for LGBTQ groups, atheist groups, women groups, court personnel, and probation officers on the dynamics of sexual violence. In addition, they provide trainings about legislation, policy, and prevention with student groups.

Another coalition responded that they provide quarterly trainings to their member Sexual Assault Centers, either in-person or by phone or webinar. “Depending on the topic,” this coalition noted, “we invite partner agencies, which may include DV workers, staff at CACs, prosecutor-based Victim Assistance Coordinators, SAFE examiners, private counselors or therapists, college/university staff, law enforcement, health care, SO treatment providers, child and adult protection workers, probation and parole officers, prosecutors, civil attorneys, and substance abuse treatment staff. Working with representatives or associations representing these groups, we try to offer both engaging topics and CEUs for as many of these colleagues as possible at the annual conference.”

“During the past year, we have primarily focused on training to member agencies as part of a capacity building effort to strengthen agencies and programs at the local level,” one coalition remarked. On a larger and more statewide scale, however, this same coalition has “also conducted trainings with the military, probation officers, district attorneys, and universities/colleges. We are looking to strengthen these partnerships, which will include medical personnel (e.g. SANEs). At the same time, we find that many centers conduct trainings to their own local law enforcement, medical providers, school districts and other local agencies. Our goal is to support local agencies to build their relationship with their local partners, so that their collaborations can be effective on behalf of the survivors.”

*In the 2006 Organizational Assessment Survey, 87% of coalitions trained law enforcement professionals (41 of 47), 58% trained judges (26 of 45), and 84% trained medical staff (38 of 45).*

*Trainings for law enforcement included Sexual Assault 101, the role of advocates, law enforcement in response, an overview of SANE programs, drug-facilitated sexual assault, and more.*

*Trainings for judges were per request, as many coalitions indicated that accessibility to judges was difficult. Trainings for judges emphasized ways to improve access to the criminal justice system for women with disabilities, among other things.*

*Trainings for healthcare professionals included evidence collection protocols for adults/children and the medical standards of care for survivors. There were also medical trainings on SANEs, SAFEs, SARTs, emergency contraception, drug-facilitated sexual assault, sexual abuse of the elderly, and more.*

# Board Governance, Staff Benefits, Funding & Prevention

## Board Governance

### What is the structure of the coalition's Board of Directors?

Of the 53 coalitions who responded to the question, 26% have membership-based boards (14 of 53), 11% have community-based (6 of 53), 57% have a mixture of community members and crisis center members (30 of 53), and 8% were transitioning to a mixture of membership and community members (4 of 53).

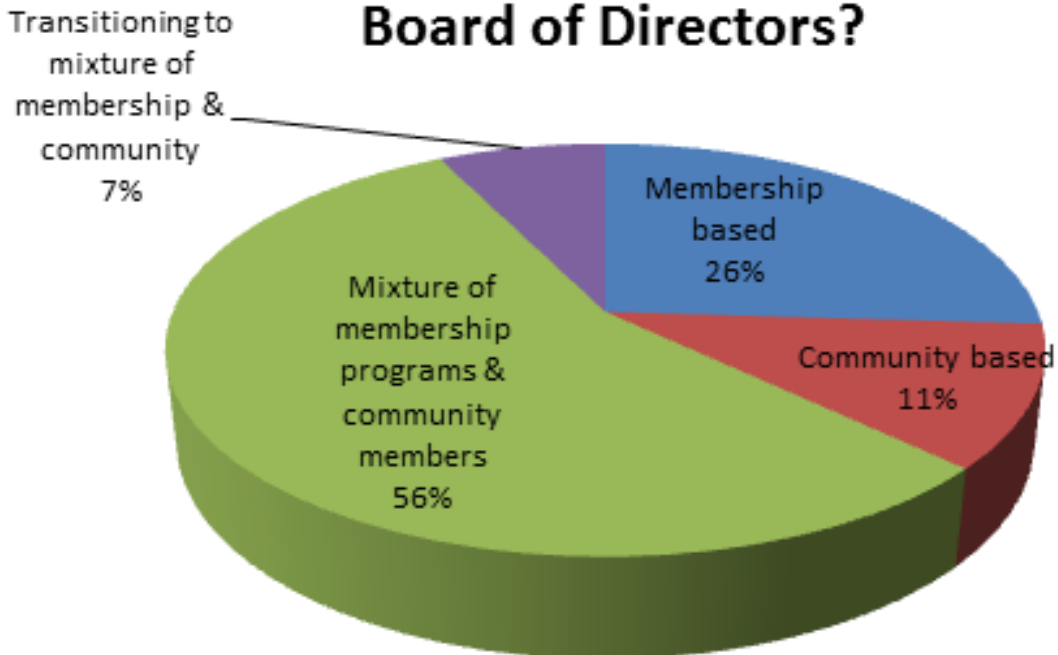
*In the 2006 Survey, 46% responded that their boards were membership-based (22 of 48), 19% were community-based or in transition to becoming community-based (9 of 48), 31% were a mixture of community members and crisis center members (15 of 48) and 4% responded that they did not yet have a board (2 of 48).*

Type of Board Structure	Number of Coalitions	Percent of Coalitions
Membership-Based	14	26%
Community-based	6	11%
Mixture of members and community members	30	57%
Transitioning to mixture of membership and community	4	8%

### Has the structure of the coalition's Board of Directors changed since 2005?

The last time the Resource Sharing Project conducted an organizational survey was 2005-2006, so we wanted to see if boards had changed or evolved since that time. Nearly 42% of coalitions responded that their board structure had changed (22 of 53), signifying that the coalition itself has most likely been going through growth and change as well.

## What is the structure of the coalition's Board of Directors?



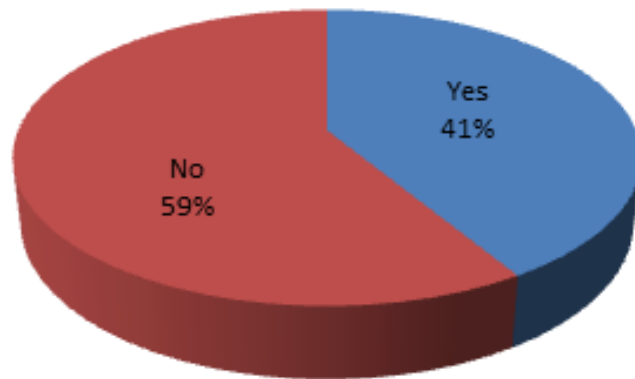
*In the 2006 Survey, 38% of coalitions responded that their board structure had changed in the last 6 years (18 of 48), which is fairly consistent with this survey. The most common change involved increasing representation from the community on the board (10 of 48). In one case, changes were due to a merger between the sexual assault and domestic violence coalitions. Changes were also made to the number of seats on the board, board terms, committee membership, and the process for making decisions (10 of 48). In one coalition, members had recently voted in their first board of directors.*

### **If so, how has the structure changed?**

The main structure changes to coalition boards included the formation of the board of directors (2 of 17), an increased community representation of the board, as opposed to membership representation (13 of 17), a merger occurred with another coalition (1 of 17), a change occurred in the number of seats on the board (9 of 17), a change occurred in the decision-making process of the board (7 of 17), a change in the length of board members' terms or, lastly, committees have formed on the board (9 of 17).

Coalition boards change and adapt over time to better serve the organizations' missions, goals, and overall work. A distinct trend of coalition boards exists to move from having only representation from rape crisis center membership to having representatives from the overall community. Often these representatives work in the anti-violence field as therapists, police

## Has the structure of the Board of Directors changed since 2005?



officers, social workers, or attorneys. Although these individuals might not specifically work in one of the member programs, coalitions feel they understand the work performed by the coalition, and that the outside perspective is valuable.

One coalition elaborated on this question to explain that they are currently in the process of defining “member agencies” to include service providers that serve victims of sexual violence, but are not typical rape crisis centers. As survivors of sexual violence seek alternative support systems instead of going to a traditional rape crisis center, coalitions are making an effort to become more inclusive of these alternative forms of healing to better inform their work to promote a society free from sexual violence.

### **What is the current size of your Board of Directors?**

As statewide/territory-wide organizations, coalitions face unique challenges with board organization ranging from philosophical questions about board membership to seemingly insurmountable logistical questions on how to facilitate meetings comprised of members across the state or territory. Despite these challenges, most coalitions’ boards have ten or more members. Of the 53 coalitions that responded to this question, only one had fewer than four members. Sixteen coalitions have boards with 5-9 members, twenty-one have 10-14 members, ten have 15-19 members, and five have 20 or more members.

## **The 1999 and 2006 Surveys**

*In the 2006 Survey, 6% of coalitions had fewer than 4 board members (3 of 48), 10% had 5-9 members (5 of 48) 40% had 10-14 members (19 of 48), 21% had 15-19 members (10 of 48) and 23% had 20 or more members (11 of 48).*

*In comparing 2006 data with the 1999 survey, the most common changes to board structure involved increasing representation from the community on the board. In addition, changes were made to the number of seats on the board, board terms, committee membership, and the process for making decisions.*

As coalitions increasingly diversify their board membership, member centers still play an important role in the make-up of coalition boards. Coalitions represent the needs of sexual violence survivors and rape crisis centers in their state/territory, making local programs and their collective knowledge an important representative voice in informing the work of coalitions.

*In the 2006 Survey, 12% (6 of 48) of coalitions did not have representation from local rape crisis programs on their board, which is about the same as it is today.*

*Of those coalitions who did have representation from local centers, 23% had less than a quarter representation on their boards (11 of 48), 23% had between 25-50 %representation (11 of 48), 15% had between 50-75% representation (7 of 48), with 33% having more than 75% or more representation (16 of 48).*

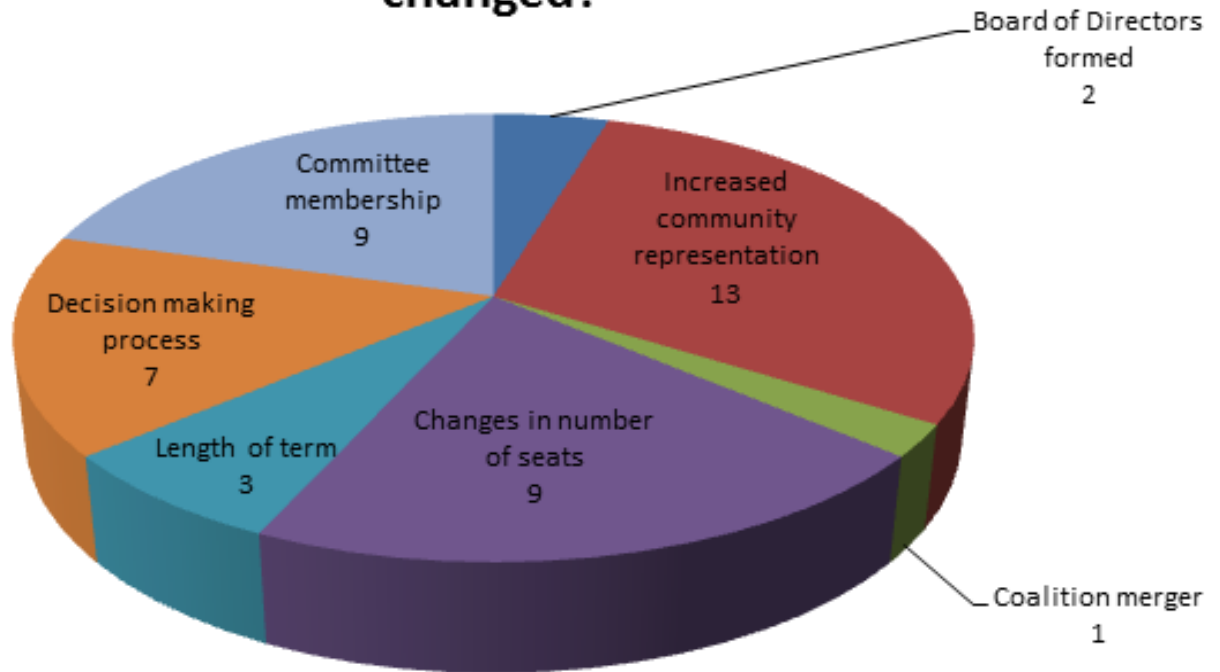
## **Is there a requirement for representation from diverse populations on the Board of Directors?**

As a movement, we prioritize diversity as we seek to improve services and increase the diversity of our leadership. An integral part of developing a board that reflects anti-violence work is bringing perspectives of race, ethnicity, class, disability, sexual orientation, gender identity, and spirituality. By ensuring that board members represent a wide range of genders, ethnicities, and races, an organization begins to put in place a foundation that will allow for overall inclusivity.

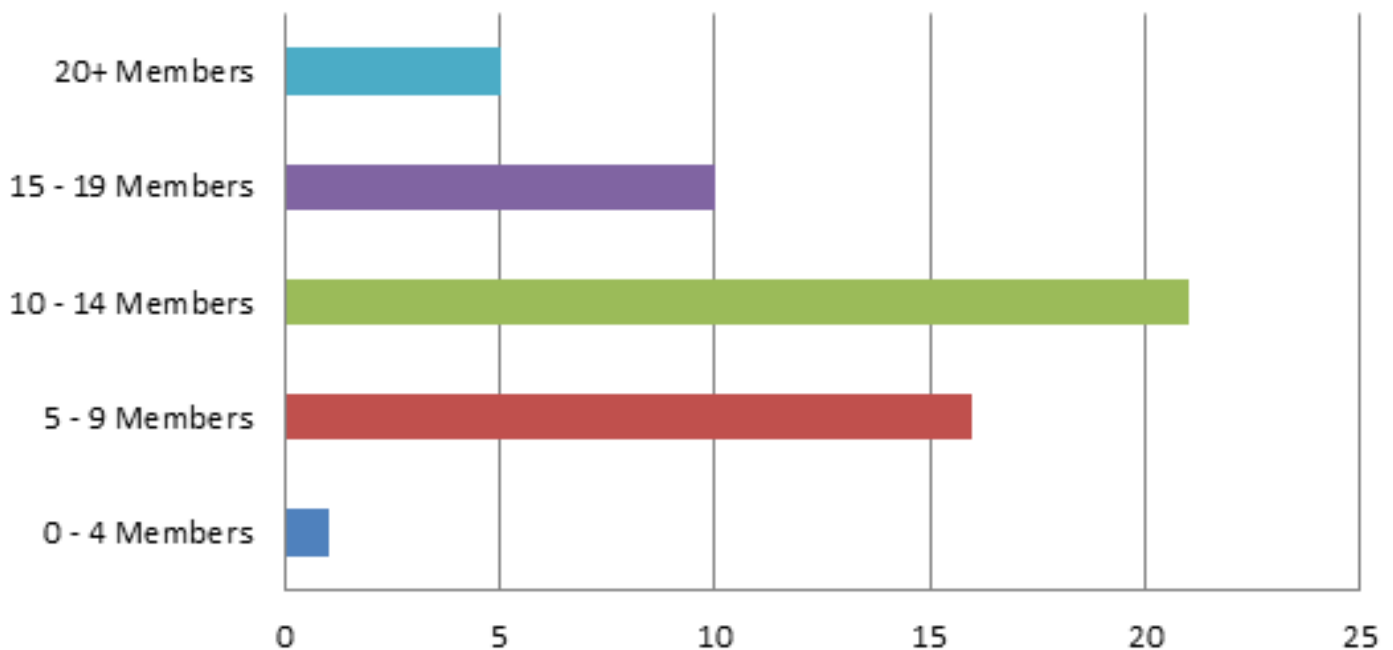
Twenty-four coalitions gave details about what kind of requirements they had for including board members from diverse populations.

- Some coalitions had specific numbers or percentages of members from diverse populations that were required: Two coalitions required two of their members to be people of color.
- One coalition required that one of the board positions be served by an individual from a “traditionally underserved population.”
- One coalition required that a third of its board be served by “historically oppressed or marginalized communities.”
- One coalition requires that 50% of its board be served by “marginalized populations.”

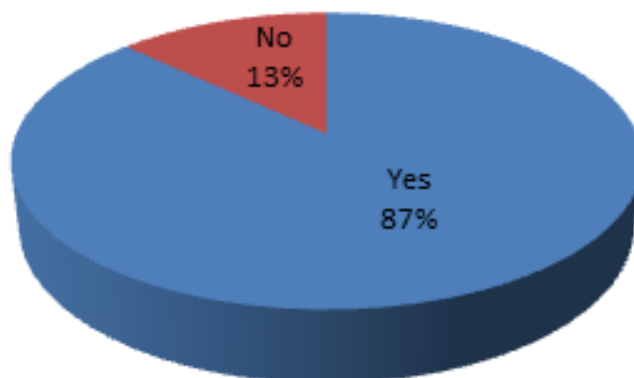
## If so, how has the structure of your Board changed?



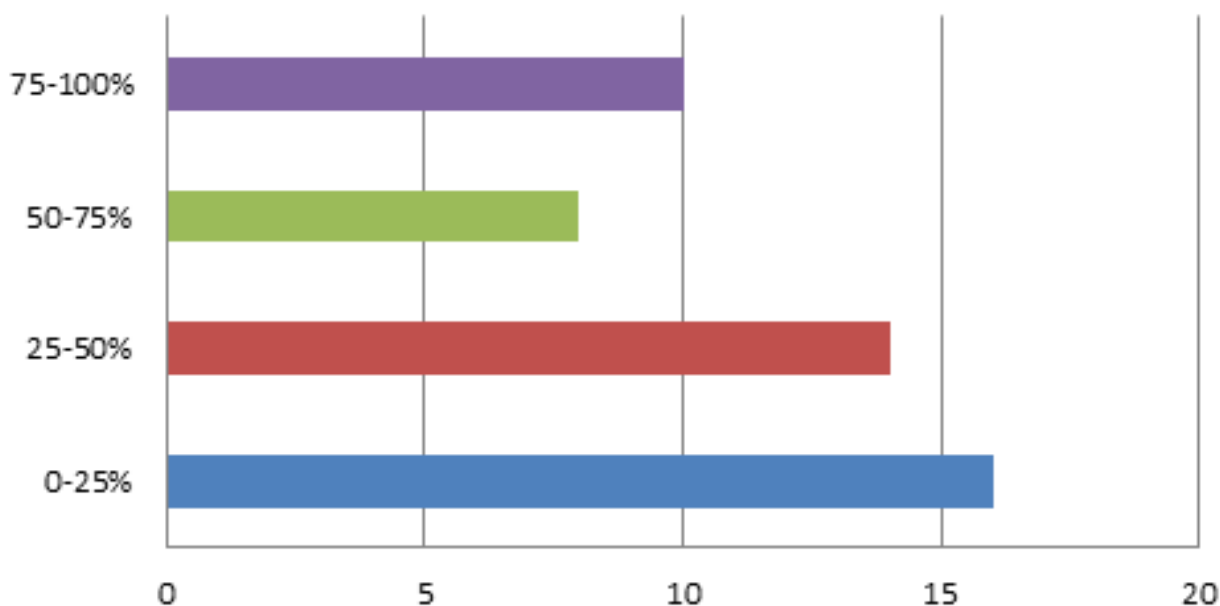
## What is the current size of the coalition's Board of Directors?



## Is there currently representation from local rape crisis centers/sexual assault programs on the Board of Directors?



## If yes, what percentage?

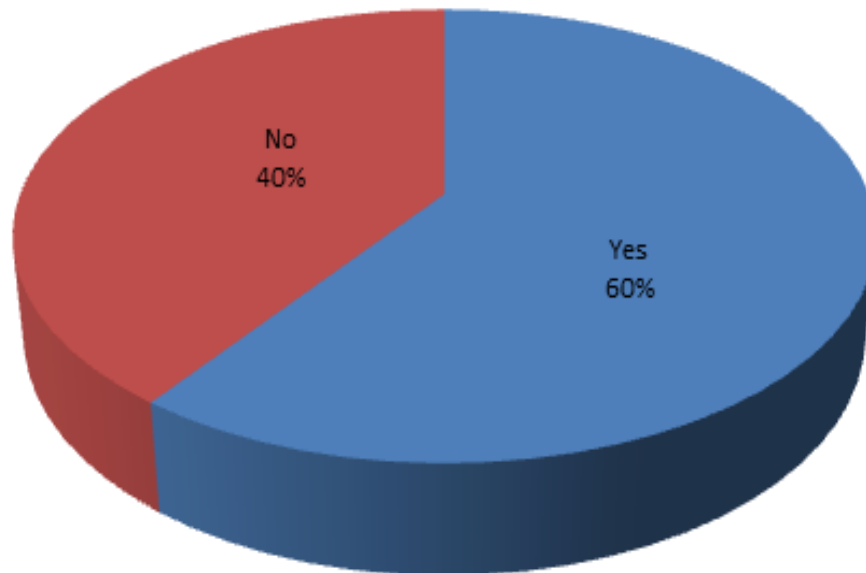


At least five coalitions say that while having diverse representation on their board is not a direct requirement, it is a goal the coalition and nominating committee for the board strives to achieve and/or it is part of an ongoing strategic plan. Several coalitions have specific wording in their bylaws:

- “Efforts will be made to maintain diversity in board membership by including those who are of different ages, gender, race, ethnic origin, sexual orientation, geographic representation and professional expertise.”
- “In recruiting candidates for the board, the nominating committee shall consider board composition in order to retain regional and cultural community representation as well as other needs that ensure that a balance of stakeholder interest, governance, and fiduciary



## Is there a requirement for representation from diverse populations on the Board of Directors?

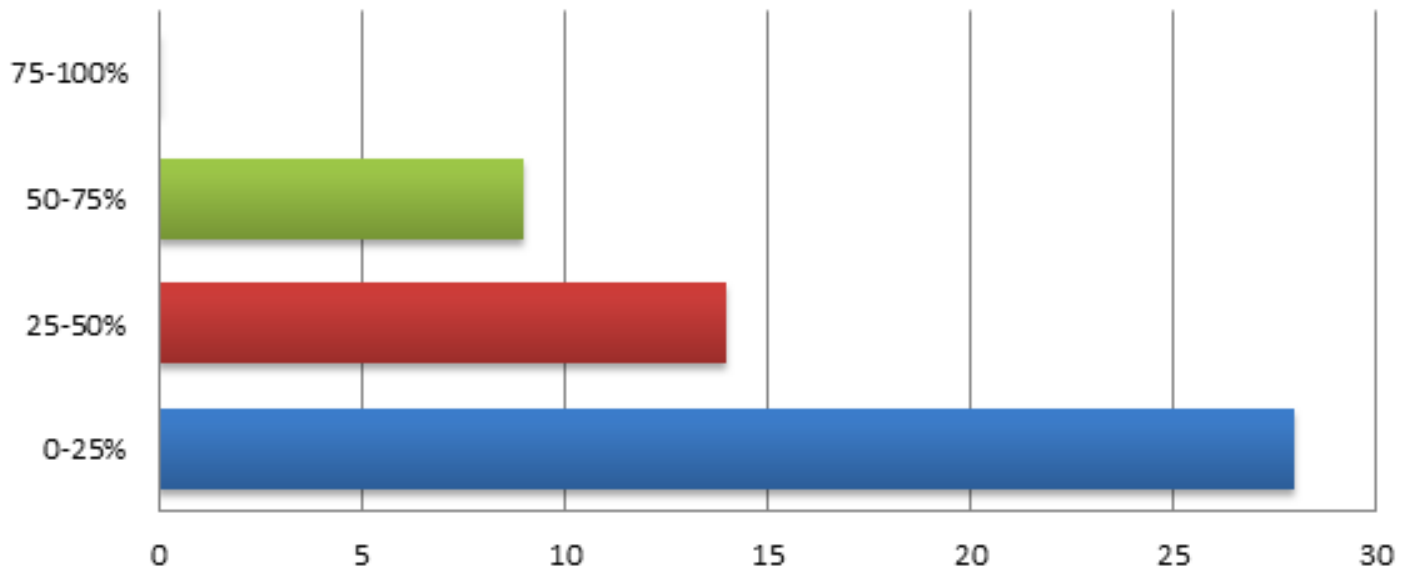


expertise and the interests of the Corporation are met. All Directors shall affirm a commitment to the purpose and mission of the corporation. Each Director shall be selected with the goal of reflecting the regional and population diversity of the coalition, particularly with respect to ethnicity, sexual orientation and survivors.”

- “The Board of Directors will strive to recruit individuals who represent diverse perspectives.”
- “Nominations must include information on the nominee’s professional skills and affiliations, region of the state, resident area (urban/suburban/rural/military/reservation), age, race/ethnicity, disability, survivor status, and sexual orientation—all if known and if information is openly shared by the nominee. This information is used to keep various aspects of the BOD as varied as possible.”

In addition to requirements on board diversity, we also asked about current board diversity. Many coalitions strive to go beyond basic requirements. Fifty-one coalitions responded to the question about percentage of board members representing diverse populations. In examining the diversity of their boards of directors, 28 of 51 (55%) reported 25% or fewer of their board members came from diverse populations, 14 of 51 (27%) reported having 25-50%, and 9 of 51 (18%) reported having 50-75%. No coalitions reported having more than 75% of their members from diverse populations.

## What percentage of the Board of Directors is from diverse populations?



## Staff Benefits

### Employee Benefits

Most coalitions indicated that they provided benefits to full-time, part-time, and temporary employees. Not surprisingly, full-time positions within coalitions have the most benefits for employees. In this section, not all respondents answered each question.

All respondents provide full-time employees with health insurance (49 of 49), dental insurance (45 of 45), and an employee assistance program (13 of 13). Additionally, 95% offer life insurance to full-time employees (36 of 38); 97% offer short-term disability to full-time employees (26 of 27); and 96% offer long-term disability to full-time employees (24 of 25).

For part-time employees, the numbers vary quite a bit. 31% of coalitions offer part-time employees with health insurance (15 of 49); 29% offer dental insurance to part-time employees (13 of 45); 26% offer life insurance to part-time employees (10 of 38); 26% offer short-term disability to part-time employees (7 of 27); 28% offer long-term disability to part-time employees (7 of 25); and 69% offer employee assistance program to part-time employees (9 of 13).

Only 4% of temporary employees receive health insurance from coalitions (2 of 49); 2% receive dental insurance (1 of 45); 3% receive life insurance (1 of 38); 4% receive short-term disability (1 of 27); 4% receive long-term disability (1 of 25); and 23% receive employee assistance program (3 of 13).

**We asked coalitions to indicate employee benefits that they provide.**

<b>Benefits</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Temporary</b>
Health Insurance (out of 49 total respondents)	49	5	2
Dental Insurance (out of 45 respondents)	45	13	1
Life Insurance (out of 38 total respondents)	36	10	1
Short-term Disability (out of 27 total respondents)	26	7	1
Long-term Disability (out of 25 total respondents)	24	7	1
Employee Assistance Program (out of 13 total respondents)	13	9	3

Several coalitions had part-time pro-rated benefits, health savings accounts, and a few included parking, gym membership or a wellness plan. Some had supplemental insurance plans such as AFLAC.

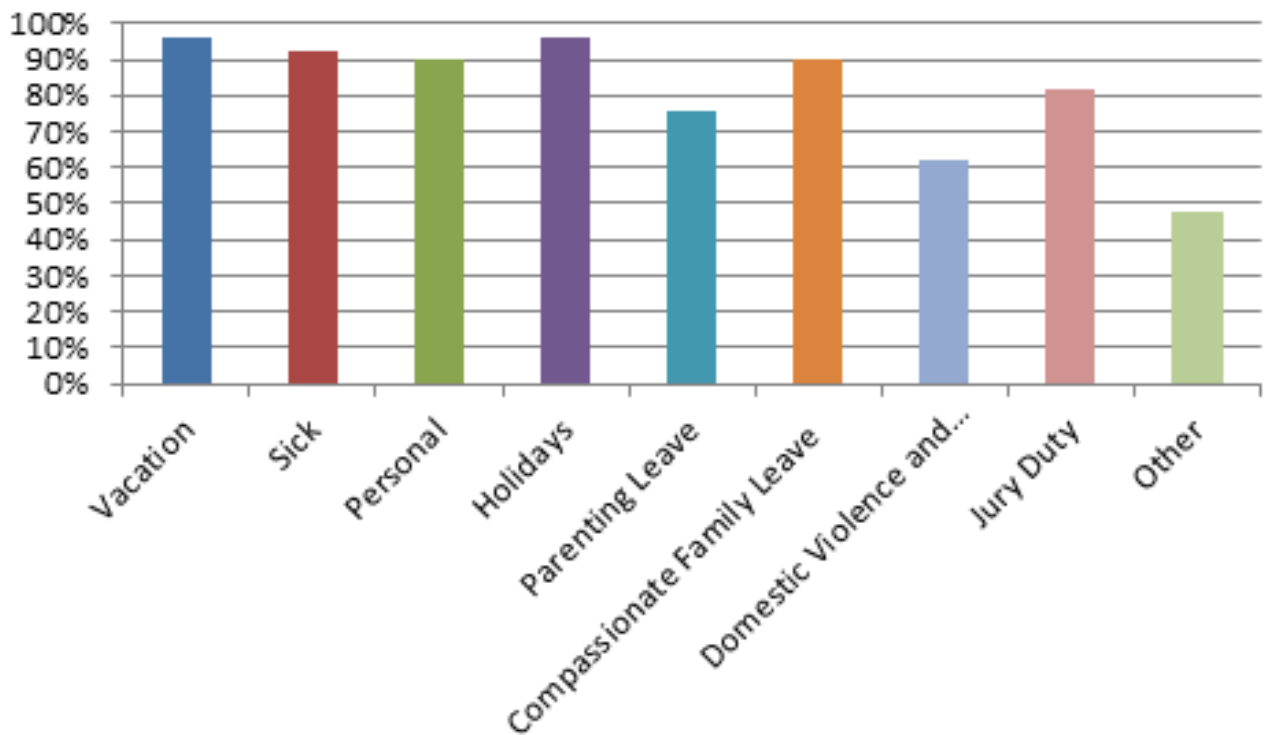
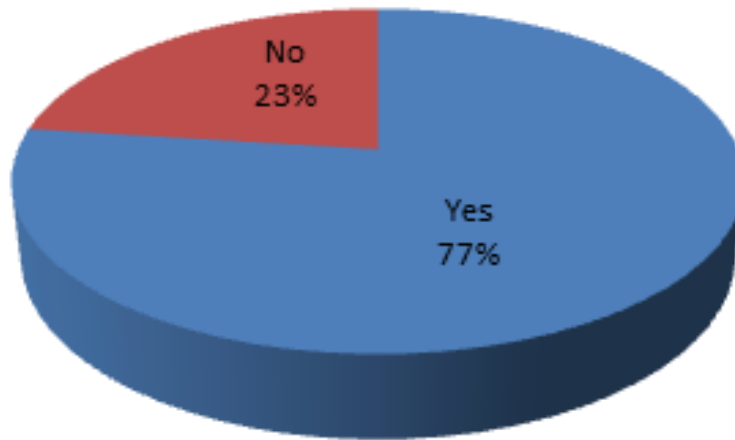
**Employer Contribution to Retirement Benefits**

Many coalitions offer retirement benefits through the organization (40 of 52). Of these, 30 of 52 coalitions provide employer contributions to retirement benefits. The amount of employer contributions varies, but most offer a 3-5% match. Some coalitions, instead of offering a percentage, offer a flat dollar amount. Two coalitions offer yearly amounts of \$2,500 and \$1,000, and one coalition offers \$420 per month.

**Paid Time Off Benefits**

Fifty coalitions told us about their paid time off (PTO) benefits. All the coalitions that responded to this question offer some PTO benefit, though it is called different things. Many coalitions offer a combination of different types of PTO as a benefit to their employees: paid vacation (47 of 50), personal leave (45 of 50), sick leave (46 of 50), and paid holidays (48 of 50) as a benefit. Some offer floating holidays, military leave, disability leave, or a set number of days per year to use at will. Additionally, many coalitions offer time off for parenting leave (38 of 50), compassionate family leave (45 of 50), domestic violence and/or sexual assault leave (31 of 50), and jury duty (41 of 50). One coalition noted that they offer a 4-8 week sabbatical for employees that have worked with the organization for five or more years.

## Does the coalition offer retirement benefits?



# Coalition Funding

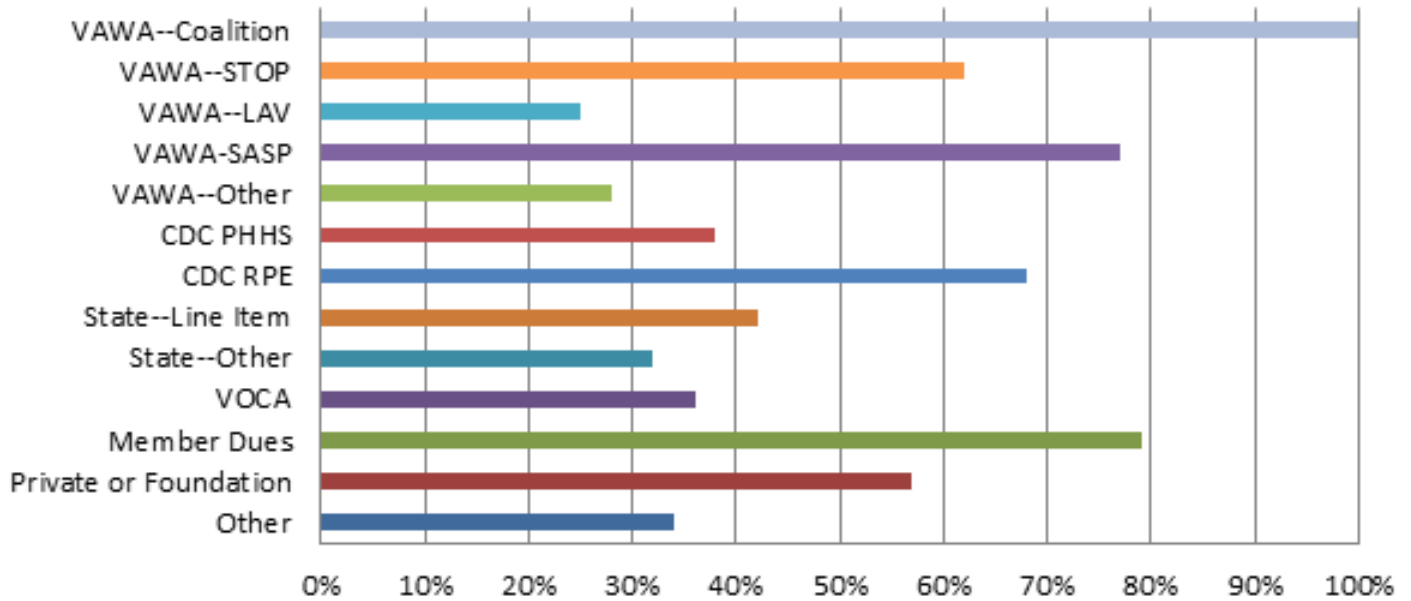
All 53 coalitions that responded to the question regarding funding sources, with Violence Against Women Act (VAWA) funds being the most common. Fifty-three coalitions receive the state/territory coalition grant, 33 receive VAWA-STOP grants, 13 receive VAWA-LAV funds, 41 receive VAWA- SASP funds, and 15 identified receiving other VAWA funds such as Engaging Men in Prevention, Rural Grants, and Transitional Housing. Coalitions also receive monies from the Centers For Disease Control and Prevention (CDC), with 36 receiving Rape Prevention Education (RPE) funds, one receiving CDC-Delta funds, and 20 receiving Preventative Health and Health Services Block Grant (PHHSBG). Nineteen coalitions reported receiving Victims of Crime Act Funds (VOCA). Note that this survey was completed before the recent expansion of VOCA funds, and it is likely that more coalitions receive VOCA funds than during the years of data collection.

Of the coalitions responding, 20 receive funding through a state line item. Seventeen coalitions also reported they receive other state funding from various sources, including victim assistance, criminal justice departments, injury prevention, health departments, training and technical assistance, state surcharges, and pass-through funds administration fees. Membership dues provide funding for 42 coalitions. Thirty coalitions receive private or foundation grants to fund their activities. The other category includes funds for trainings, fees, contributions, and fundraising.

*In the 1999 Survey, 93% of coalitions reported receiving federal funding in addition to VAWA (51 of 55). Forty-eight percent (27 of 55) indicated they received state and local government assistance. Of coalitions that received state funds, 41% of those were funded through a state budget line item. Eighty-seven percent of coalitions reported they received funding that was not generated through a federal or state source (46 of 54).*

*The 2006 Survey provided more detailed information on federal funding beyond the VAWA coalition set aside: 67% had VAWA STOP Grants (33 of 49); 25% had VAWA-LAV funds (12 of 49); 20% had other VAWA grants (10 of 49); 31% received CDC-PHHSBG grants (15 of 49); 60% had CDC-RPE grants (34 of 49); and 36% had VOCA grants (16 of 49). In addition, six coalitions also received funding through other federal grants, including an Office for Victims of Crime Discretionary grant, grants from the Department of Health and Human Services, an AmeriCorps grant, and Byrne grants. Thirty-one percent of coalitions were funded through a state budget line item (15 of 49) and 33% received other state funding (16 of 49). Eighty-two percent of coalitions reported receiving funding through membership dues (40 of 49). Fifty-seven percent received private or foundation grants (28 of 49).*

## What are the coalition's funding sources?



## Pass-Through Funding

A little less than half of coalitions that responded to the survey (25 of 52) act as funders to their member centers and pass through state and federal funds.

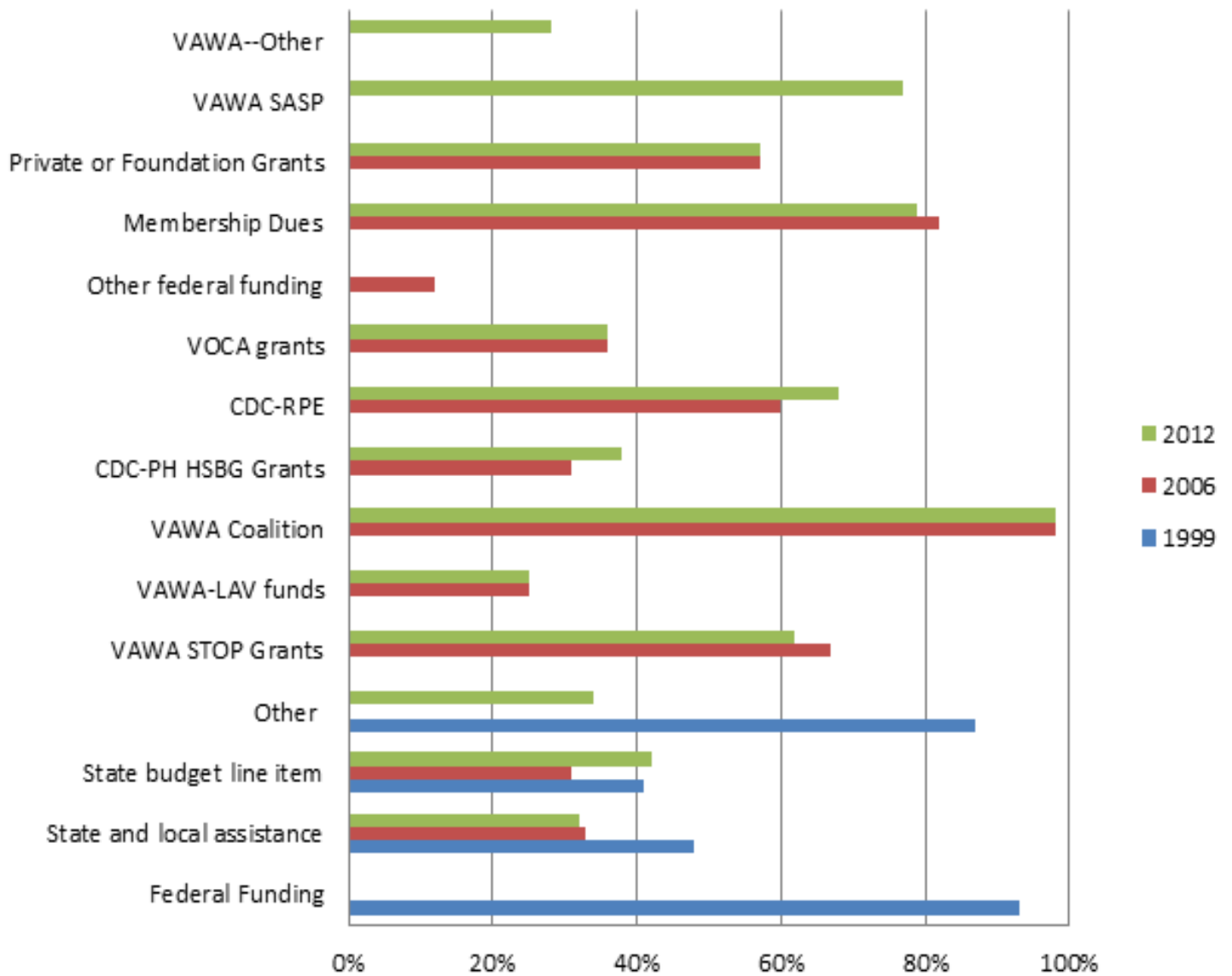
Violence Against Women Act Sexual Assault Services Program (SASP) is the most common type of pass-through federal funding, with 16 coalitions (31%) that distribute that grant.

Several coalitions responded that there were other types of funding that they pass through to their member centers. Examples include the VAWA Rural Grant, state department of health, state injury prevention, donations from statewide efforts, fines and fees, and state victim assistance funds.

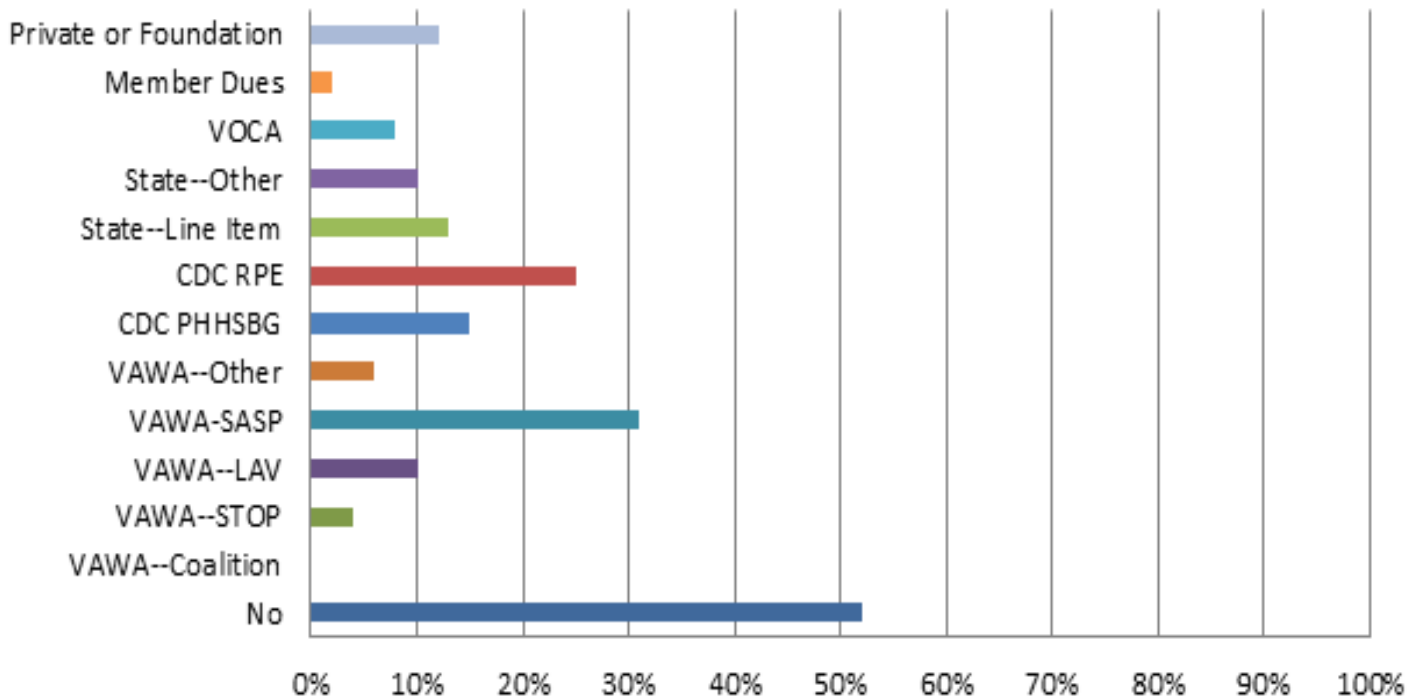
Twelve coalitions pass through funds to agencies other than member programs, such as agencies serving the elderly, underserved providers, tribal organizations, and more with OVW Campus Grants, City Grants, FVPSA (Family Violence Prevention Services Act), Rape Prevention Education Funds, and SANEs and medical facilities.

*In the 2006 Organizational Survey, 25 coalitions of 50 indicated they passed funding through to rape crisis centers including VAWA STOP Grants, VAWA Rural Grants, CDC RPE, CDC PHHSBG, and more. Statewide funding that was passed through included state sexual assault medical bill funds, state line items, state general funds, state sexual assault funds, state domestic violence funds, and more.*

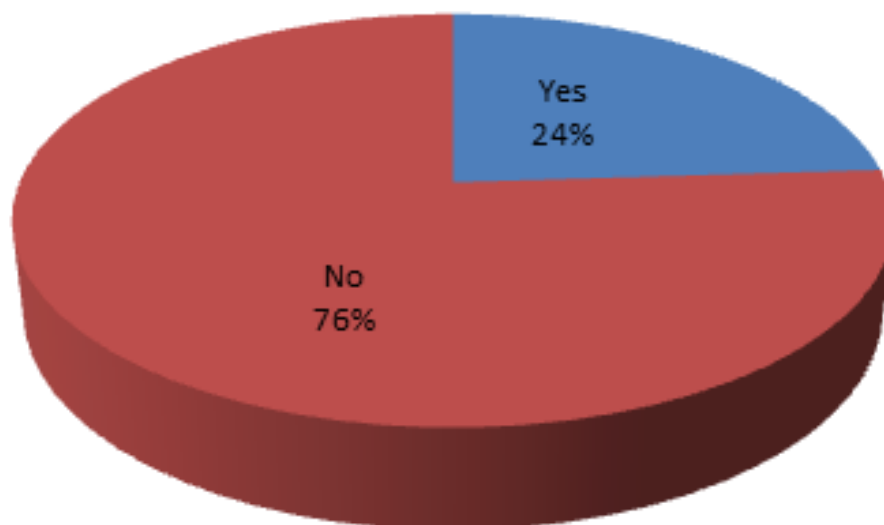
## Coalition funding sources, compared over time



**Does the coalition pass through state and/or federal funds to local rape crisis centers/sexual assault programs?**



**Does the coalition pass through state and/or federal funds to other types of agencies that are NOT rape crisis centers/sexual assault programs?**





# Prevention

Overwhelmingly, coalitions are involved in state or territory prevention planning processes and have a variety of prevention activities and projects. Coalitions play a significant role in promoting best practices in prevention work across the state or territory and to stop sexual violence before it begins. 50 of 53 coalitions said they are involved within the state or territory prevention planning process (94%).

Coalitions do important work to support the prevention efforts of their member programs and communities throughout their states/territories. Fifty-two coalitions (98%) reported they have prevention activities and projects within the coalition. Coalition prevention efforts comprise:

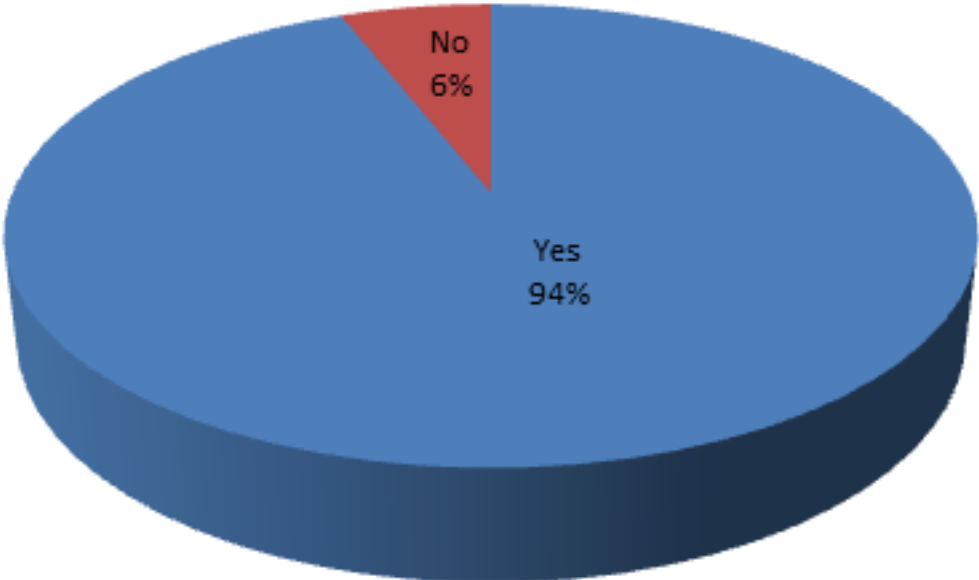
- Coordinating awareness and prevention campaigns (41 of 52)
- Participating in collaborative groups that address sexual violence prevention (46 of 52)
- Doing school/education presentations (23 of 52)
- Holding conferences and trainings (46 of 52)
- Planning to do prevention projects (32 of 52)
- Providing technical assistance to local programs (43 of 52)
- Funding local programs to do an array of prevention work within the community (21 of 52)
- Doing or supporting prevention research (19 of 52)
- Supporting a coalition position to do prevention work (34 of 52)

## Prevention Staffing

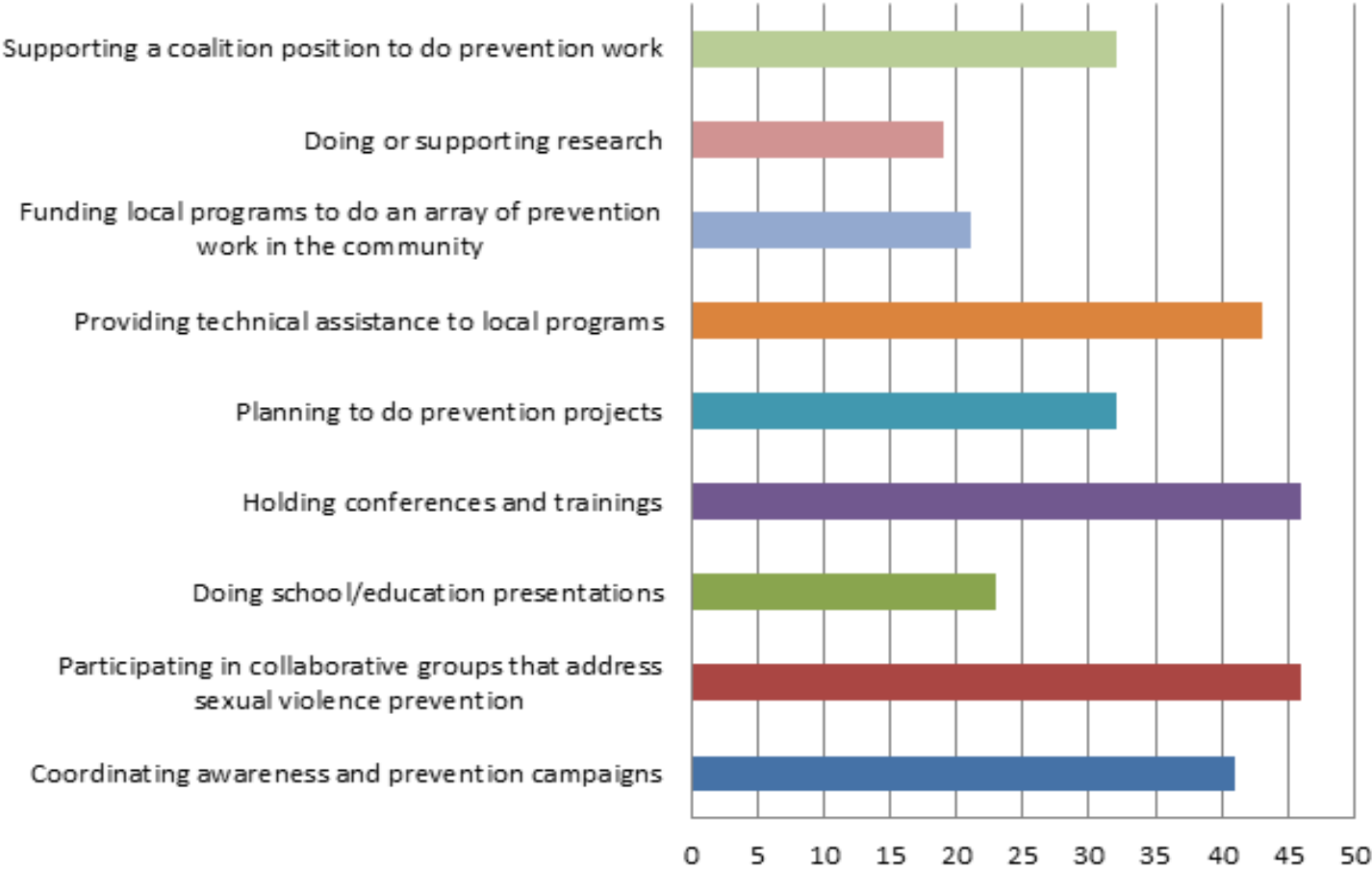
Thirty-four coalitions responded that they had staff members dedicated to prevention activities. Several coalitions listed 1.25 or 2.75 FTE, but for the purposes of this report, these numbers were rounded to the nearest whole number.

Some coalition prevention staff may perform activities related exclusively to sexual assault prevention, a combination of prevention related to sexual assault and domestic violence, or split duties between prevention and other types of training, such as new advocate training. Of the coalition staff working in prevention, 50% worked exclusively on sexual assault prevention (17 of 34). Sexual assault prevention is designed to reduce the likelihood that sexual violence will happen, and typically focuses on education and policy change aimed at effecting potential victims, potential perpetrators, or bystanders. Twenty-nine percent of the coalition prevention staff works in combination sexual assault/domestic violence prevention position (10 of 34). This work is designed to reduce the likelihood of both sexual assault and domestic violence, including healthy relationship promotion and reduction of risk factors related specifically to domestic violence. Combination prevention and training positions (7 of 34, or 21%) typically focus on all of the prevention efforts listed above in addition to advocacy education or professional training, including how to respond to disclosures, how to access services, and trauma-informed care.

# Is the coalition involved with the state/territory prevention planning process?



## What types of prevention projects has your coalition facilitated in the past 18 months?

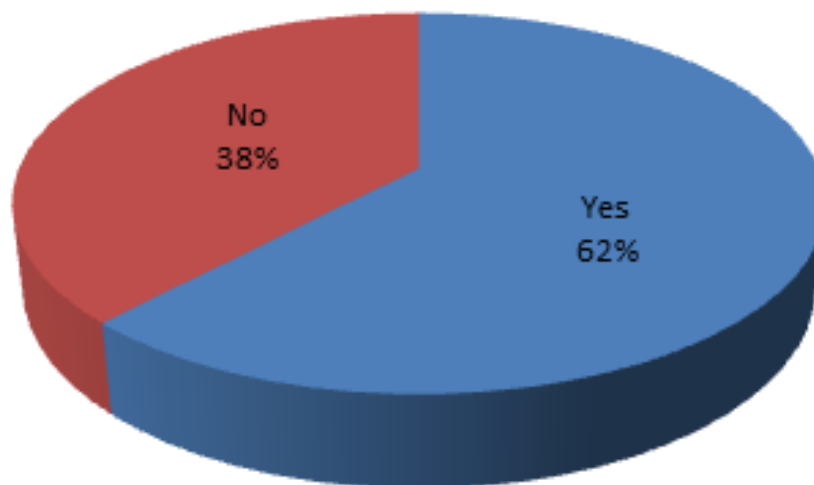


At least one coalition said that they have been using an AmeriCorps member to help with prevention work that is separate from its full-time position. Another said that their hope is for Rape Prevention Education money from the CDC to fund an FTE at the coalition for its ongoing prevention work. At least three coalitions have their prevention work contracted out to a third party, or work with consultants.

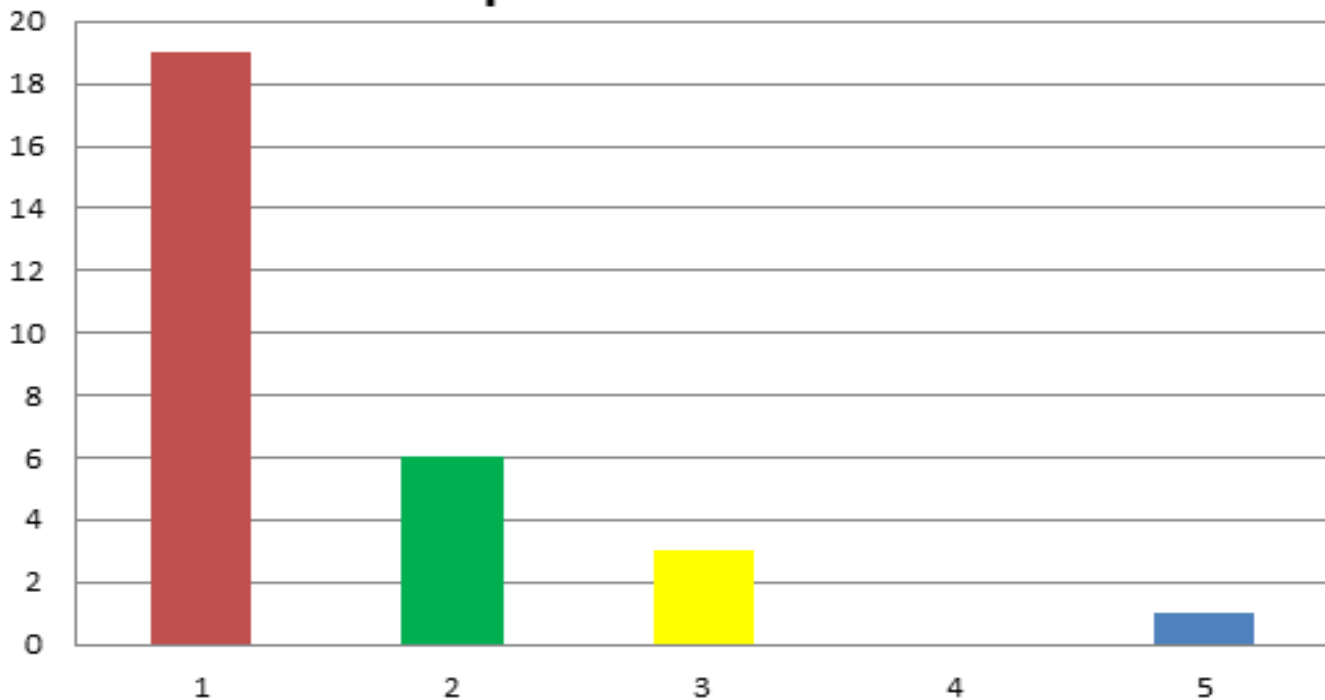
One coalition works with the domestic violence coalition on primary prevention work. This coalition has an advisory council comprised of direct service providers and survivors that help guide the prevention work, in addition to committees working with the program directors.

*Since 2006, coalitions have expanded prevention work. In the 2006 Organizational Assessment Survey, 72% of coalitions had a prevention initiative (34 of 47). Only 38% had staff whose positions were dedicated entirely to prevention work (18 of 47). Of the 18 coalitions with staff positions dedicated to prevention work, 15 solely addressed sexual assault prevention while three addressed both sexual assault and domestic violence prevention.*

## **Do you have staff whose positions are dedicated entirely to prevention work?**

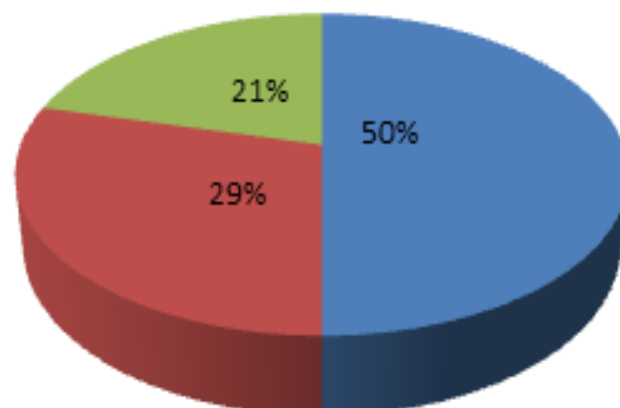


## How many full-time positions does your coalition have dedicated entirely to prevention work?



## Coalition Staff Working On Prevention Efforts

- Staff dedicated to sexual assault prevention (17 of 34)
- Working in a combination sexual assault/domestic violence prevention position (10 of 34)
- Working in a combination prevention/training position dedicated to sexual assault (7 of 34)



# Communications, Media, and Technology

## Communications Positions

When asked if the coalition has a staff member dedicated to organizational communications, of the 45 respondents 47% (21 of 45) indicated that they did and 53% (24 of 45) responded they did not. Of the coalitions with a dedicated staff member, seven indicated that the position was full time, one has a half-time position, and one coalition has two staff members dedicated to managing communications. Three responded the position is part time, and eight indicated that it was a shared responsibility of all coalition staff. In describing the positions responsibilities, one coalition responded, “Director of Communications and Development is a full time position; spends roughly 50% on each. Also have a Communications Specialist who is three days a week who works on a variety of communications (online and otherwise).” Two coalitions identified that they are in the stage of developing a communications plan, one saying, “Almost at that developmental stage of our work...”

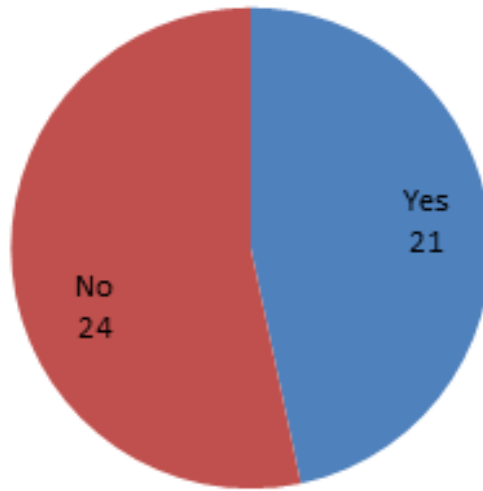
*In the 2006 survey 34% of coalitions had a staff position dedicated to organizational communications (16 of 47).*

We asked coalitions to share the title of the position that is responsible for communications. Of the 21 coalitions with communications positions (two coalitions have two positions), there were 23 positions named. These 23 positions include: three coalitions have Communications Specialists, ten coalitions have Communications Coordinators, eight coalitions have the position designated as a Director, one has a Communications and Design Specialist, and one coalition has a Development and Communications Manager.

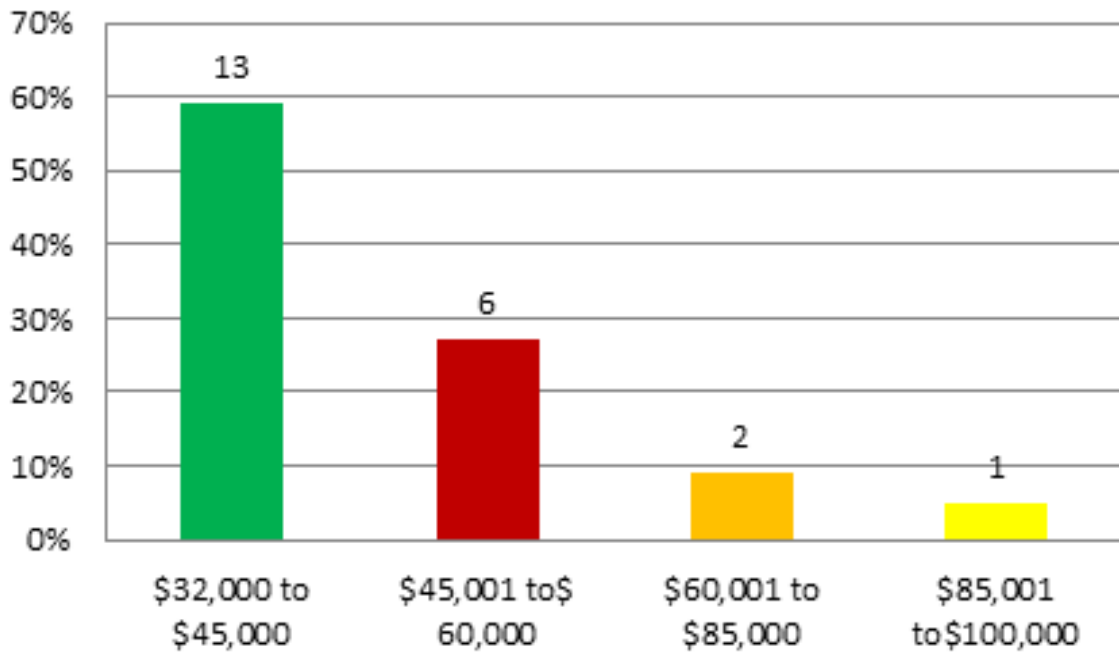
When asked about the salaries for these positions, there were 20 responses and 21 salaries were reported, due to one respondent being a coalition with two positions. The salary range was \$32,000 to \$95,000, with an average salary of \$43,927 for these positions. 13 of 21 positions were reported to be in \$30,000 to \$45,000 range and 5 were reported in the range of \$45,000 to \$60,000, for a total of 86% of all positions at \$60,000 or under. Two positions are listed at \$60,000 to \$85,000 and one coalition reported a position in the \$85,000 to \$100,000 range.

In the period between the 2006 and 2013 surveys, the number of positions dedicated to communications activities has increased by 27% (from 16 to 22) and the average salary for the positions has increased by just over 19%.

## Staff Member Dedicated to Communications



## Salary Range Percentages



*In the 2006 survey, the salary range for 11 of 16 communications positions were between \$24,000 and \$56,444 with a mean salary of \$36,804. The remaining five positions did not have a salary reported.*

## Media Positions

When responding to the question having a position dedicated to responding to the media, 60% (27 of 45) responded that they did have positions designated to perform these duties, and 40% (18 of 45) reported they had no position dedicated to media response. Two coalitions have a staff position whose prime responsibility is public relations and media response. Three programs identified that the position for this had been eliminated, one noting, “This is part of the Communications Director’s job; we used to have a half-time position dedicated to media but had to cut that position; media connections have dropped dramatically”.

Answer	Percentage	Response Count
Yes	60%	27
No	40%	18

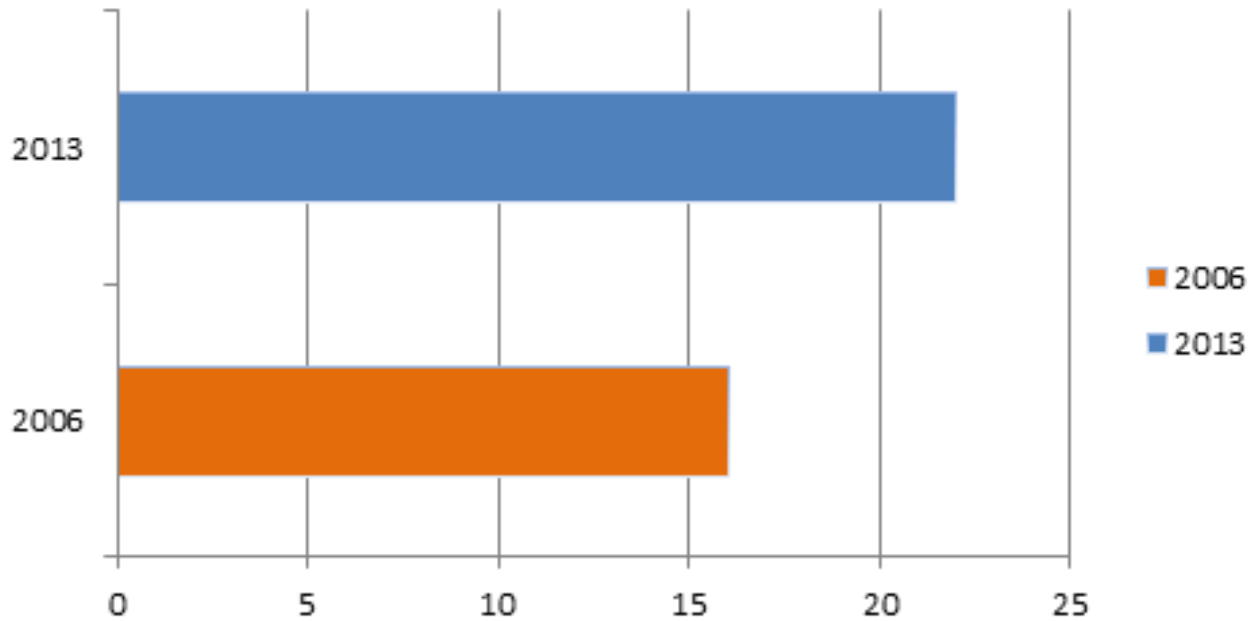
Of those reporting having a position with responsibilities for media response, 25 responded with information on the title of the positions. 40% (10 of 25) identified that the Executive Director/ Chief Operating Officer or co-director position is responsible for media responses. Twenty percent (5 of 25) identified that the Communications Director/Coordinators are the position dedicated to responding to the media. Twenty percent (5 of 25) coalitions reported that media response was the responsibility of the Public Affairs Officer, the Community Relations Director, the Director of Media and Public Relations, and the Technology and Events Coordinator.

Twelve percent (3 of 25) of coalitions reported that the media response duties are shared between positions. Respondents identified that the duties are shared between multiple positions that include the combinations of the Executive Director and Public Policy Coordinators or Communications Specialists and Communications Director. Other coalitions (8%, or 2 of 25) reported that the responsibilities are shared between all coalition staff.

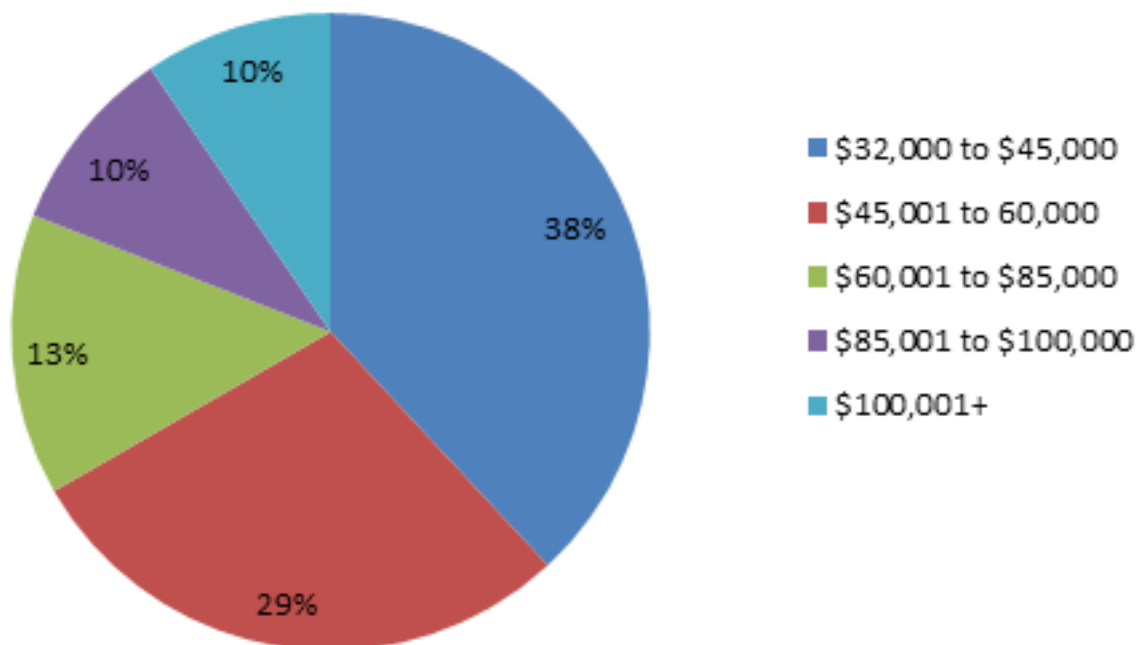
*In the 2006 survey 62% (29 of 43) of coalitions reported they had a staff person whose responsibility was communicating with the media.*

Salary Range	Number of Positions of 21	Percentage of Positions in Range	Average in Range
\$32,000 to \$45,000	8	38%	\$40,118
\$45,001 to \$60,000	6	29%	\$53,742
\$60,001 to \$85,000	3	13%	\$72,740
\$85,001 to \$100,000	2	10%	\$97,500
\$100,001 to \$122,000	2	10%	\$111,500

## Dedicated Communications Positions



## Media Positions Salary Range - 2013





The salary as reported by 18 coalitions for these positions range from a Communications Specialist at \$32,000 to an Executive Director at \$122,000, with an average of \$60,934 (rounding to nearest dollar). Two coalitions included the salaries for each position responsible for working with the media, resulting in 21 salaries being reported. The average was determined by adding all salaries reported by the respondents and dividing by 21. When averaging the reported salaries for positions that are specific for communications and media, (excluding executive directors or chief operating officers) there were 12 responses with an average salary of \$49,533.

## **Media Contacts**

When asked for the average number of media contacts, 41 coalitions provided responses, two responded “not applicable,” and one identified that another agency handles their media contacts. The answers ranged from 1 to 125, with an average of 7.28. There was only one coalition who identified having media contacts above 30, if the average is taken with the remaining 40 coalitions, the result is 4.3 media contacts per month. Thirty-eight of 41 (90%) coalitions identified receiving 10 or fewer media contacts a month with an average of 3.5 media contacts per month. Two coalitions reported receiving between 11 and 20 requests, one coalition reported receiving 30 contacts, and one coalition reported receiving 125 media contacts per month.

*Among the 43 responding coalitions in 2006, there was a range of 0 to 46 media contacts per month, with an average of 6 per month. 91% had fewer than 10 contacts per month (39).*

Four coalitions said their media contacts increase during Sexual Assault Awareness Month. Another coalition reported that their media contacts go up when there is a high profile case in their state.

Of the 45 respondents to this survey, 19 (42%) responded that they had a staff position dedicated to marketing, public relations, event planning or fundraising, while 26 (58%) responded that they did not have a dedicated position for these activities. Coalitions with such a position provided explanation for who in their organization is responsible for these activities.

- Ten coalitions responded that the responsibilities were shared between multiple or all staff members. One coalition, for example, said the responsibilities are shared between the Development Director, the Writer/Editor, and the Graphic Design Director. Five identified that these responsibilities are assigned to the same position that is responsible for communications and media response
- Two reported that the Executive Director holds these responsibilities
- Two responded that the responsibilities lie outside the regular staff, with one coalition reporting use of a private contractor and the other reporting that these activities are in the purview of the Volunteer Board.

When asked about salaries for positions holding these responsibilities 14 coalitions provided this information for 19 positions. Coalitions identified that 48% (9 of 19) positions had salaries within the \$32,000 to \$45,000 range with an average salary of \$35,493. Twenty-one percent (4 of 19) positions were reported to have salaries within the range of \$45,001 to \$60,000 with an average salary of \$50,860. Twenty-six percent (4 of 19) reported these positions having a salary range of \$60,001 to \$85,000 with an average salary of \$70,805. Five percent (1 of 19) reported a salary of \$100,000 and an additional coalition, 5% (1 of 19), identified that their contractor receives \$20 per hour up to \$15,000 per year to perform these activities.

Salary Range	Number of Positions of 19	Percentage of Positions in Range	Average in Range
\$32,000 to \$45,000	9	48%	\$40,118
\$45,001 to \$60,000	4	21%	\$53,742
\$60,001 to \$85,000	4	21%	\$72,740
\$85,001 to \$100,000	1	5%	\$97,500
Other	1	5%	\$20/hour

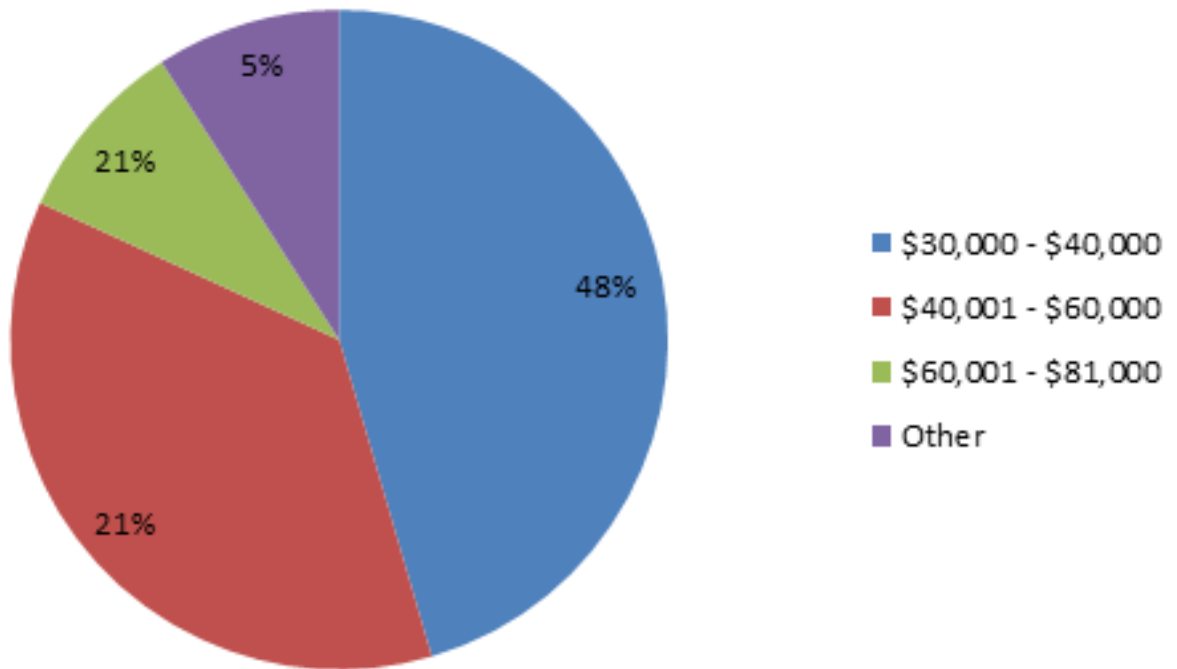
### **Online Communications and Social Media**

Technology is constantly changing and the outlets for outreach and marketing opportunities continue to increase. Social media, websites, and other technologies expand the world we live in, providing more opportunities to network, train, and communicate with others more quickly and more often. Coalitions continue to increase their online footprint in many different ways, be it through training, marketing, or providing prevention and outreach information. This ever-changing use of technology is best evidenced by the fact that there were no questions in the 2006 survey regarding use of social media and online trainings.

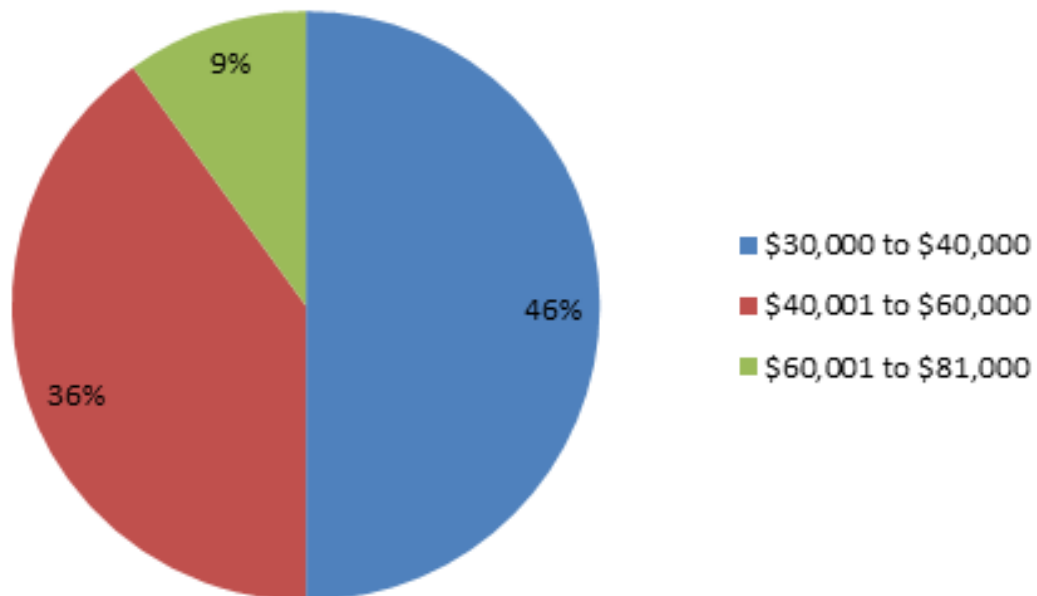
All 45 coalitions responded to the question, “Do you have staff positions dedicated to online media (including website maintenance, social media, TA to centers about online media)?” 56% (25 of 45) responded that, yes, they have staff positions dedicated to these activities and 44% (20 of 45) do not. Of the 25 respondents with a dedicated position, 12 (48%) identified that the position responsible for these activities are the communications specialists/coordinators who have additional responsibilities for other communications and media duties. Nine of 25 (36%) identified that they have a specific position for online and social media operations and technical assistance; those positions have titles such as Technology and Events Coordinator, Technology Consultant, Technical Programs Associate, Outreach Coordinator, and Outreach Specialist. Four of 25 (16%) identified that these responsibilities are performed collectively between multiple positions within the coalition: the positions sharing these duties are Outreach Directors and Prevention Coordinators, Co-directors and TA Coordinators, Executive Directors and multiple staff members.

The salaries for these positions as reported by 20 coalitions regarding 22 positions range from \$30,000 to \$81,000. One coalition reported having contractor that provides these services for

## Salaries of Postions Dedicated to Marketing, Public Relations, Event Planning or Fundraising



## Salaries of Postions Repsonsible for Online and Social Media



\$1,500 per month. Additionally another coalition identified having a part time position paid at \$20,000. Forty-six percent (10 of 22) of positions have salaries in the \$30,000 to \$40,000 range with an average salary of \$36,500. Thirty-six percent (8 of 22) have salaries in the \$40,001 to \$60,000 with an average salary of \$45,307. Nine percent (2 of 22) were in the range of \$60,001 to \$81,000 with an average salary of \$78,610.

<b>Salaraage Range</b>	<b>Number of Positions of 22</b>	<b>Percentage of Positions in Range</b>	<b>Average in Range</b>
\$30,000 to \$40,000	10	46%	\$36,500
\$40,001 to \$60,000	8	36%	\$45,307
\$60,001 to \$81,000	2	9%	\$78,610
Other (part-time and contractor)	2	9%	\$20,000 (PT employee) \$1,500/month (contractor)

Social media is increasingly important to our work. Coalitions use social media, as one coalition put it, “to educate, connect, and share, [to] get a broader audience connected to the center and the issue.” Others explained, “Social media is used to increase awareness and to help engage younger survivors” and “The primary goal is to bring awareness about the organization and its activities. These outlets allow us to reach a broader audience than the one that may subscribe to our Constant Contact emails.” Forty-one of 45 responding coalitions identified using social media as part of their outreach and prevention efforts. Just four coalitions stated that they do not use social media in any way. Coalitions described increased visibility, faster information sharing, and outreach to youth as motivations for increasing their social media presence. Respondents also identified goals and plans to increase the number of platforms they utilize. Further, some coalitions are hoping to increase the number of followers for the coalition and member programs.

There are so many social media platforms, and the choices are expanding and changing every day, so coalitions are faced with decisions about how best to use limited resources. They said “We utilize the mediums that are the most popular” and “we have limited resources to devote to this, so stick to mainstream sites.” Others identified their choices were based on the sites they were the most familiar with and understood how to manage, while others also identified they were getting the most contact for their messaging by utilizing their social media sites. Another responded that they are planning to increase their presence on Instagram and Twitter to reach youth, and are using Pinterest because it “. . .is the fastest-growing site for women over 35, we are new to it.” As of 2013, Facebook and Twitter were the most popular platforms for coalitions.

- 40 have a profile on Facebook for information sharing and prevention messaging
- 34 utilize Twitter for messaging and information sharing
- 23 use YouTube for training and prevention

- 10 use photo sharing sites such as Instagram, Flickr, and SnapChat
- 8 use Pinterest
- 7 use Google+
- 5 use Tumblr
- 2 use Vimeo and LinkedIn

One coalition explained, “We chose FB to stay connected to our programs and brand our organization.” Another described their logic model in using Facebook: “The goal is to engage the younger population and increase visibility. The objective is to have the site serve as our main social media outlet to share information and gain supporters. The plan is to increase followers by 300% and the outcome is greater online presence and accessibility.” One coalition values the evaluation tools built into the platforms: “To measure effectiveness, we use the Facebook metrics provided by Facebook about interactions per week.”

One coalition identified their goal as “expanding our social media activities. Our goals/objectives/plans and outcomes are able to inform our members as well as provide pertinent information to the general public that visits our social media sites. As we continue to develop our communication plan, our plans and outcomes will evolve as well.” Another responded that “Our goal is to have a presence so that our current and prospective supporters can find us, so that we can be part of the national dialogue on these issues, and so that survivors...know that they are not alone and we can provide resources for them and people who care about them.”

<b>Social Media Sites</b>	<b>Coalitions Using</b>	<b>Percentage Coalitions Utilizing Each Site</b>
Facebook	40	89%
Twitter	34	76%
YouTube	23	51%
Pinterest	8	18%
Instagram/Flickr/Other photo sharing sites	10	22%
Google+	7	16%
Tumblr	5	11%
Other (LinkedIn, Vimeo)	7	15%

Coalitions were asked to self-rate their social media presence on a scale of very poor (1) to very good (5). When averaging the responses on a weighted scale (the average of the set of ratings, where each set carries a different amount to be averaged the average rate of coalitions social media presence is 3.09, or slightly above average). Four coalitions reported that they had little or no social media presence, due to lack of staff, knowledge, or resources to establish or maintain such activities. Seven (3 of 45) responded that they felt their presence was very poor, while 22% (10 of 45) rated their presence at poor. Others identified that they desired to do more. One respondent said, “We do well with FB but need to put more effort into other mediums. We need

more thoughtful planning and policies.” Another commented that, “This is a constant challenge, we schedule staff to rotate this responsibility and it is easy to fall off the radar.” 49% of coalitions (22 of 45) responded that they rated their social media presence as average, with 18% (8 of 45) rated their presence as good, and 4% (2 of 45) identified their presence as very good.

When survey respondents were asked, “How would you rate your website (usability, quality/ quantity of information, use)?” Forty-four coalitions responded on a scale of very poor (1) through very good (5), and one coalition responded that they did not currently have a website. A majority of coalitions (29) identified that they would rate their website at average or above. Thirty-four percent (15 of 44) rated their website at average, 32% (14 of 44) rated their site at good, and 23% (10 of 44) at very good. The total weighted rating for coalitions’ websites was 3.55. One respondent who rated their website as “good” said, “We spent a lot of time on our update a few years ago. It is rich with information and organized in a thoughtful way. We have received a lot of positive feedback from users.” One coalition rated their website as very poor and 9% (4 of 44) rated their website as poor.

Multiple coalitions identified that they had updated or had plans to improve and update their websites, including specific goals, adding staff to update and design, and increasing usability. Regarding work on websites, coalitions said:

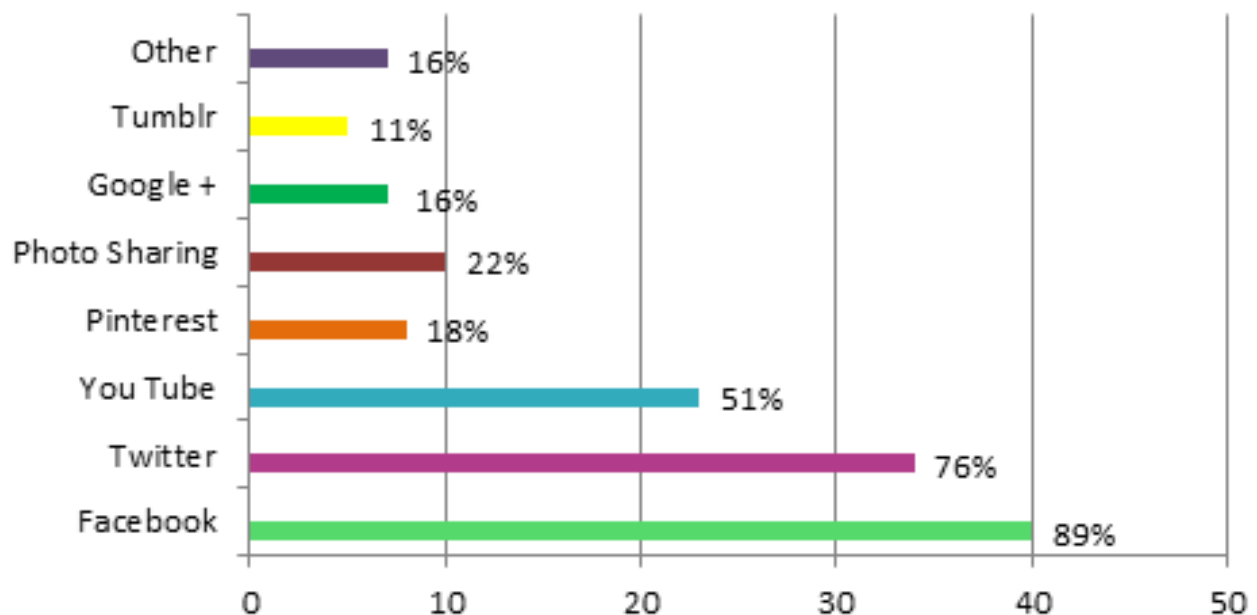
- “New design implemented this year is much more user friendly.”
- “We redid it a few years ago and intentionally included less content that doesn’t have to be updated as frequently - but it still contains a lot of useful information for many different audiences.”
- “We redesigned it several years ago and have received positive feedback and have provided guidance to others developing websites.”
- “The site is an ongoing project that needs revamping especially in the areas of statistics; however, the appearance and structure has improved in the last 6 months as it was outdated and not user friendly before.”

*In the 2006 survey, most coalitions (94%) indicated they had or were developing a website (48 of 51).*

## **Coalitions Use of Technology**

Survey respondents were asked to self-rate their use of technology on a scale of 1 to 5, with 1 being “use of technology is infrequent or low-tech” and 5 being “frequently use advanced technologies.” All 45 coalitions answered this question, with the total weight of responses being 3.29, which indicates an overall technology use slightly above average. Six percent (3 of 45) of coalitions rated their use as “1,” 4% (2 of 45) rated their use of technology as a “2,” 44% (20 of 45) rated their use as a “3” (average use). 42% (19 of 45) ranked their use as a “4,” and 2% (1 of 45) ranked their use at “5” (frequently use advanced technologies).

## Numbers and Types of Social Media



Coalitions were given the opportunity to comment on their rationale for their ratings and they commented:

- “Daily use of social media, streamlined internal communications plans... We have a sophisticated data management system, regular webinar use, use constant contact and other online tools.”
- “The Coalition is constantly learning and trying to improve its use of technology.”
- “We can increase our presentation of materials online through email marketing programs, live and interactive sites, etc.”

*In 2006, 2% of coalitions gave themselves a rating of “1, use of technology is infrequent or low-tech” (1 of 46), 6% rated themselves “2” (3 of 46), 28% gave themselves a rating of “3, average use of technology” (13 of 46), 39% of coalitions rated their use of technology as “4” (18 of 46), and 24% of coalitions rated their use of technology as “5, frequently use advanced technologies” (11 of 46).*

*Between 2006 and 2013, the number of coalitions rating their use as average (3) rose from 28% to 44%, while the number of coalitions rating their use as frequent (5) dropped from 24% to 2%. Other ratings remained consistent. It’s not clear to what the changes in self-report are related. One possibility is simply that the increasing options in technology change coalitions’ self-perception of usage.*

## Additional information related to availability and use of technology 2013 survey:

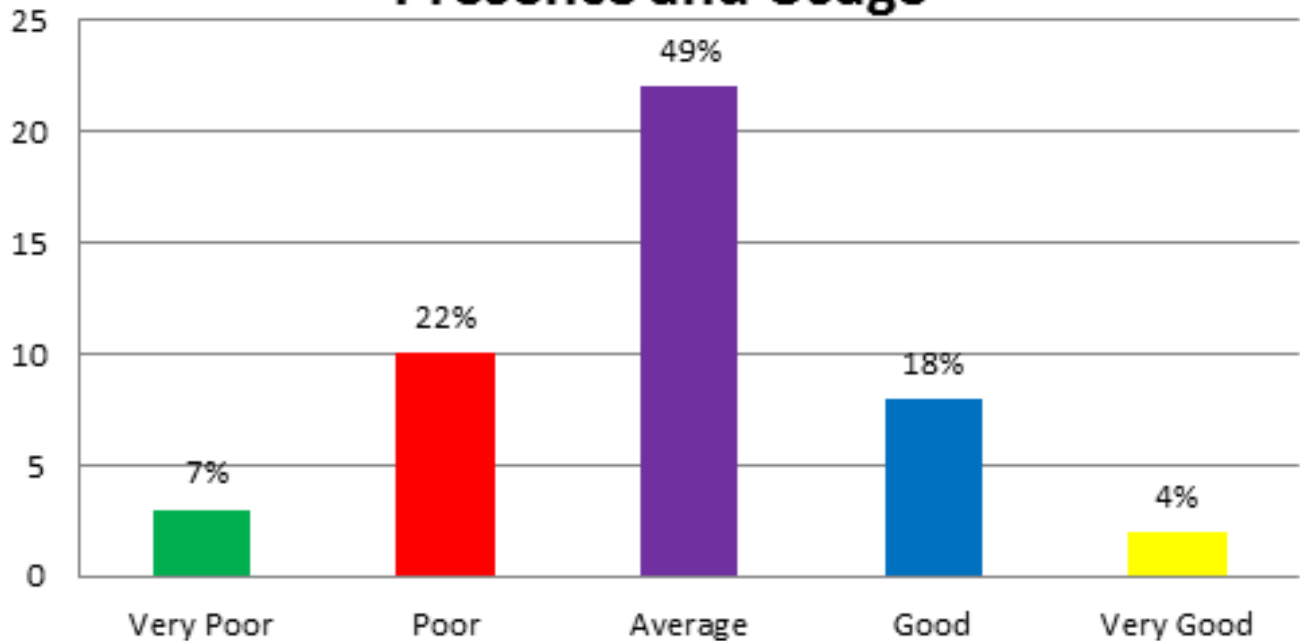
- 100% (45 of 45) of coalitions indicated every staff member had their own computer.
- 71% of respondents (32 of 45) indicated the coalition uses DSL/cable modem internet, 87% indicated they used wireless, and 4% responded the use of “other” types of internet connection. From this data set, it’s clear that some coalitions use more than one type of internet connection. One coalition identified that they use a VPN type of connection for telecommuting capabilities.
- 71% (32 of 45) have their own servers, while 29% (13 of 45) do not. Two respondents indicated that they currently use or would be transitioning to cloud-based systems.
- 64% (29 of 45) feel they have adequate software while 36% do not. Some comments regarding software were:
  - » “Some computers and software are old and should be replaced soon. Weak on the database and secure data protection areas.”
  - » “Always struggling with new and updated versions of software due to cost.”
  - » “We’ve worked hard to update our hardware and have most of the software that we need. Our attorney could use better access to legal data services, but the cost is prohibitive. One big problem is that we don’t have in-house IT. Our IT contractor is generally wonderful but pricey, so we can pay dearly for computer emergencies that don’t happen on the one day a month that our contractor is here to work on our computers.”

### *In the 2006 survey:*

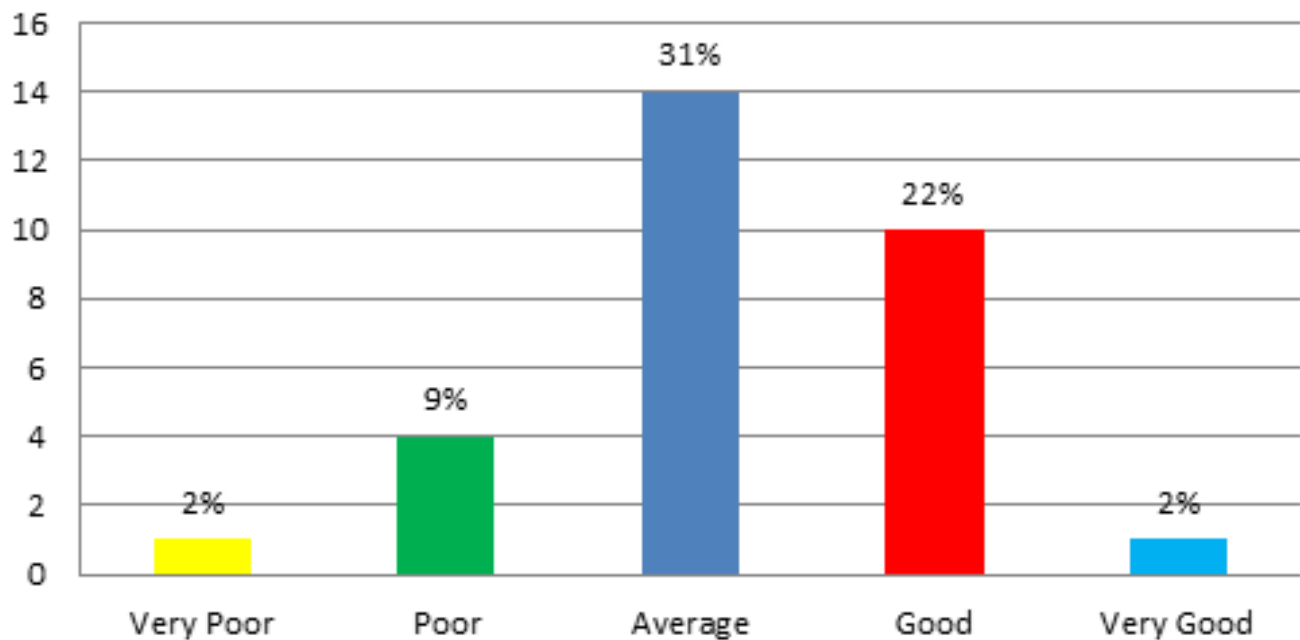
- *98% of coalitions indicated each staff member had their own computer (46 of 47)*
- *98% used PCs as opposed to Apple (46 of 47)*
- *In terms of type of Internet connection, 85% had DSL/cable modem (40 of 47), 15% had wireless (7 of 47), 8% had Ethernet (4 of 47), and 4% had dial-up (2 of 47). From this data set, it’s clear that some coalitions use more than one type of internet connection.*
- *60% had their own servers (29 of 48)*
- *57% had cell phones (27 of 47)*
- *92% had adequate software (43 of 47)*
- *98% had fax machines (46 of 47)*



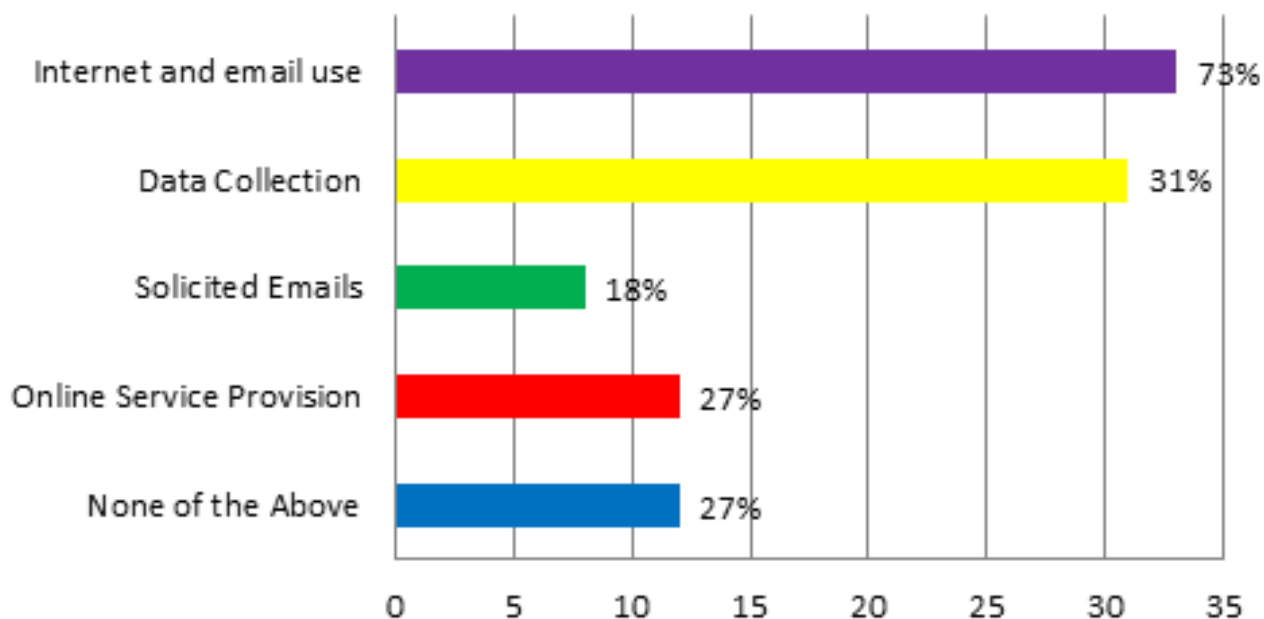
## Coalitions' Self-Rating of Social Media Presence and Usage



## Coalition's Self-Rating of Website Usability and Information



## Technology Policies



### Organizational Technology Use Policies

Forty-five coalitions responded to the question regarding technology use policies. Seventy-three percent (33 of 45) have internet and email use policies (including policies on solicited emails), 31% (14 of 45) have data collection policies, 27% (12 of 45) have online service provision policies, and 27% (12 of 45) answered none of the above. Five respondents identified they were in the process of developing social media policies and two were developing online service provision policies.

*In 2006, 61% of coalitions had policies on internet and email use (28 of 46). 28% had policies on data collection (13 of 46), 20% had policies on online service provision (8 of 46), and 17% had policies on solicited emails (8 of 46). Thirty-five percent of coalitions reported having no technology-related policies (16 of 46).*

As technology opportunities increase, rape crisis programs are beginning to use additional modes of advocacy and support in conjunction with, or in place of more traditional phone and in person contact. Some programs are providing services via text messaging, online chat, video chat, email support, and websites providing information and referral links. When asked whether local programs provide services to survivors online, 31% of coalitions (14 of 45) have some member programs that use their own system, 20% (9 of 45) have some member programs that use a national provider. Forty-nine percent (22 of 45) of coalitions identified there is no online service provision by member programs. Coalitions were not asked how many member programs provide services in this manner, simply whether any member programs utilized technology this way. No coalitions responded that all of their member programs provide online services.

The coalitions also reported that member programs use other types of technology to provide services. One commented, “They are not supported with funding to do so at this time, but we know through conversations with them that they are using Skype, email and texting to communicate with clients. We are in process of dialogue about safety and risks to advocate privilege.” Another coalition spoke of the disparity between different member programs’ abilities to provide technology-based services: “Some are developing; others barely have enough computers for staff.”

Online training is emerging as an important tool for coalitions as they provide education and information to advocates spread across their state and territory. Online training, whether through live webinars or self-directed e-learning modules, can provide opportunities for low-cost education that’s accessible to busy advocates. Seventy-eight percent of coalitions (35 of 45) have some training available online and 22% (10 of 45) do not. Nineteen coalitions use webinars for training purposes, including new advocate training, prevention presentations, and continuing education. Similarly, nine use e-learning and online training modules for educational presentations to advocates and community partners. One coalition described their use of online training, “We use GoToMeeting for meetings, technical assistance and occasional trainings. We have also partnered with our criminal justice training cabinet to develop online trainings for law enforcement, and with our state Agency of Human Services to develop a DV 101 training for AHS employees and allied service providers.” Another said, “Our training room is equipped so that people can participate in a live training at a remote location. Still learning how to do this well.”

Many local programs are developing their own online training capacity. Twenty-nine percent (13 of 45) of coalitions reported that local programs provide advocate training online and 71% (32 of 45) do not. Some programs use an e-learning program developed in-house, while others use modules and trainings developed by coalitions or other national providers (such as OVC’s online training). Others identified that local programs do not have the technological resources to support this type of training.

Regarding local programs who provide online training, 20% of coalitions (9 of 45) said that they have policies regulating this type of training, while 80% (36 of 45) have no policies. Respondents reported that most of the policies set a limit for the amount of basic advocate training, certification, and re-certification that can be completed online versus face to face.



# Resource Sharing Project

