

Sexual Assault Coalition Organizational Survey 2005–2006: *A Report on Responses*

for the National Sexual Assault Coalition
Resource Sharing Project

by Kristin Littel

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What is the National Sexual Assault Coalition Resource Sharing Project?

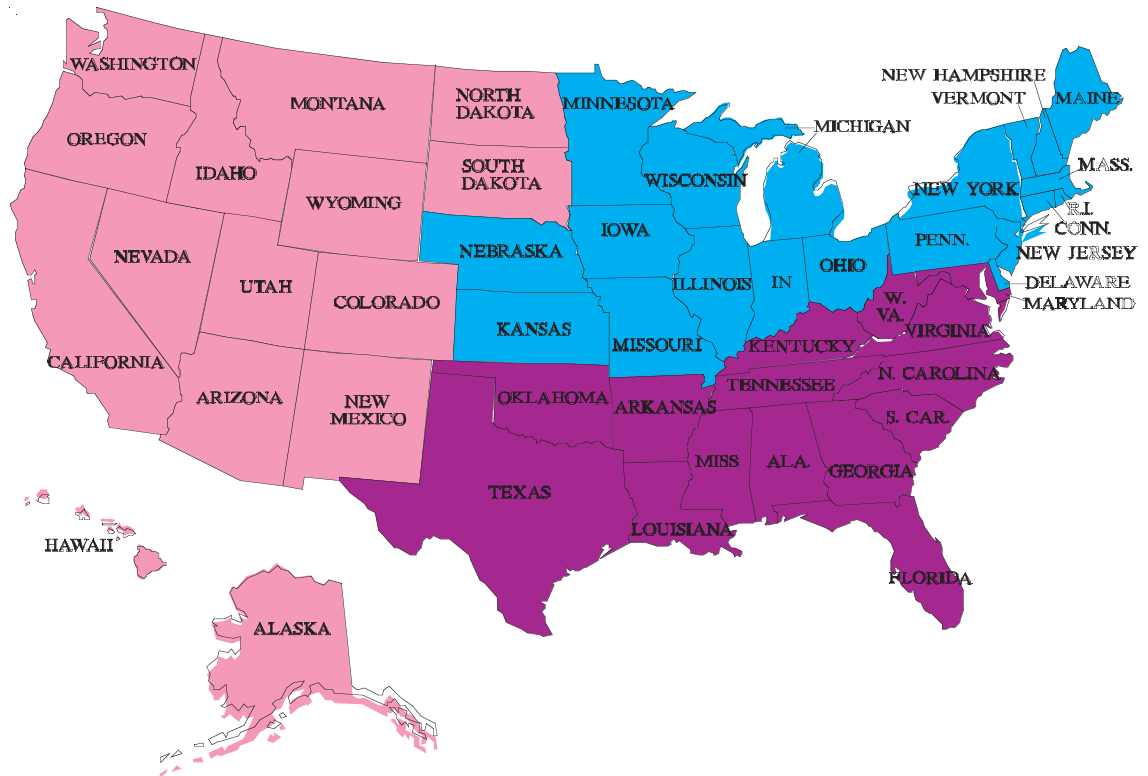
The RSP was created to help state sexual assault coalitions across the country access the resources they need in order to develop and thrive. The project is designed to provide technical assistance, support, and to facilitate peer-driven resources for all statewide sexual assault coalitions. The RSP recognizes the needs of all coalitions, especially those designated as new or emerging, regarding issues of organizational growth, professional development, and policy development.

Who is the RSP?

The RSP is led by the Iowa Coalition Against Sexual Assault (IowaCASA), assisted by the North Carolina Coalition Against Sexual Assault (NCCASA) and the Washington Coalition of Sexual Assault Programs (WCSAP).

For ReShape newsletters or other electronic resources, please visit
www.resource-sharingproject.org

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Table of Contents

Historical Perspective

Snapshot of a Sexual Assault Coalition

RSP Sexual Assault Coalition Survey 2005-2006:
A Summary of Responses

Appendices

1. Fact Sheets

- Coalition Membership
- Board Governance
- Funding Sources
- Staffing, Salaries and Benefits
- Training, Advocate Certification,
and Program Accreditation
- Information Technology

2. Supplemental Data

- Required Training Topics
- Description: Certification Process/
Program Standards for Sexual
Assault Programs
- Description of Training Provided
to Law/Medical Professionals
- Materials Offered to Local Programs
- Types of Prevention Projects
- Resources Coalitions Would Most
Like to Share

The Resource Sharing Project (RSP) launched a survey in 2005 to collect detailed organizational information from sexual assault coalitions in the United States and its territories. RSP envisioned that the breadth and depth of data collected would allow for a true snapshot of coalition work. Ultimately, it was hoped that an analysis of survey results would provide coalitions with a useful resource to support their ongoing infrastructure building.

This document offers a report on and analysis of the data collected through the survey. It reports on 2005–2006 membership structures, funding sources, staffing patterns, salary and benefit offerings, and board governance options used by responding sexual assault coalitions. It also compares data collected in 2005–2006 with responses obtained through a 1999 RSP coalition survey. Additionally, it shares information that coalitions provided related to the provision of sexual assault services in their states and territories as well as resources they are willing to share with other coalitions.

Snapshot of a Sexual Assault Coalition

The data obtained through the Sexual Assault Coalition Survey 2005-2006 offers a snapshot of a sexual assault coalition:¹

Sexual Assault or Dual/Multi-Issue Focus

- Is solely dedicated to sexual assault issues (64.7 percent of 51 coalitions).
- Reports that 50 to 100 percent of their local programs are dual sexual violence and domestic violence agencies (59.6 percent of 47 coalitions).

Membership

- Has a membership including both local rape crisis centers (94.1 percent of 51 coalitions) and other community members (76.5 percent).
- Has between 1 and 20 local rape crisis center members (56.9 percent of 44 coalitions).
- Has several membership levels, including rape crisis centers, dual programs, affiliate organizations and professionals, advocates, individuals, students, corporations, seniors, and survivors.
- Assesses dues on member rape crisis centers (87.5 percent of 48 coalitions), with dues being either a fixed amount or amount that is based on agency budget. Also assesses dues on other members.

Board Governance

- Has a governing board composed of a mix of membership and community-based or solely community-based (50.1 percent of 48 coalitions). Board size is between 10 and 19 members (60.4 percent of 48 coalitions), with local rape crisis centers represented (87.5 percent).

Infrastructure and Funding

- Was incorporated in the 1980s (58.3 percent of 48 coalitions) and first received funding for staff in the 1980s or 1990s (over 80 percent of 46 coalitions).
- Has an annual operating budget averaging \$745,247 (for 47 responding coalitions) and an agency budget averaging \$1,676,555.
- May or may not pass through state/federal funds to local centers (50 percent of 50 coalitions do).
- Is funded through a VAWA Coalition Set-Aside grant (98 percent of 49 coalitions), member dues (81.6 percent), a VAWA STOP Grant (67.3 percent), a CDC-RPE grant (69.4 percent), private or foundation grants (57.1 percent), and other non-governmental funds (57.1 percent).

Staffing and Benefits

- Has between two and 10 FTEs (56.3 percent of 48 coalitions), with an executive director among its staff (95.7 percent of 46 coalitions).
- Offers employees health (100 percent of 46 coalitions), dental (87 percent), life insurance (54.3 percent), and retirement benefits with an employer contribution (66 percent).
- Offers employees paid vacation (89.1 percent of 46 coalitions), ranging from 10 to 36 days annually; sick days off (87 percent), averaging 13 days annually (for 40 coalitions); personal time off (60.9 percent), averaging 4 days annually (for 25 coalitions); and paid holidays (97.8 percent), averaging 11 days annually (for 45 coalitions).

Training Requirements and Certification for Advocates and Program Accreditation

- Reports training requirements for sexual assault advocates at the state level (78.3 percent of 46 coalitions), as well as ongoing training requirements (55.6 percent of 45 coalitions). Requires 30 hours or more of initial training (75.7 percent).
- Reports that while there is no certification of advocates at the state level (85.1 percent of 47 coalitions), there is an accreditation process or set of program standards for local sexual assault programs, established by the coalition or other state entity (66 percent).

¹ Data cited in the "Snapshot" reflects the experiences of at least 50 percent of responding coalitions. The exceptions are if a listing is provided. When an average is given, 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." (Goldstein, Norm (Editor). *The Associated Press stylebook and Libel Manual*. Reading, MA: Addison-Wesley, 1998, p. 20.)

Snapshot of a Sexual Assault Coalition – Continued

Training for Allied Professionals

- Provides training to law enforcement (87.2 percent of 47 coalitions), judges (57.8 percent of 45 coalitions), and medical staff (84.4 percent of 45 coalitions).

Privileged Communications

- Reports that advocates/programs have privileged communications (66 percent of 47 coalitions).

Media/Information Technology

- Has a staff position which is responsible for communicating with the media (61.7 percent of 47 coalitions), with an average of 5.59 media contacts a month (for 43 coalitions).
- Reports that all staff have their own computers (97.9 percent of 47 coalitions), PCs are used rather than Apple Machines (97.9 percent), a DSL/Cable Modem is used for internet connection (85.1 percent), it has its own server (60.4 percent of 48 coalitions), it has cell phones (57.4 percent of 47 coalitions), it has adequate software (91.5 percent), and it has a fax machine (97.9 percent).
- Has a policy for internet and e-mail use (60.9 percent of 46 coalitions).
- Has a toll free number (58.8 percent of 51 coalitions) and a website (94.1 percent).

Prevention

- Has a prevention initiative (72.3 percent of 47 coalitions).

Support to Sexual Assault Programs/Training

- Offers local programs a variety of materials (95.8 percent of 48 coalitions).

Resources to Share with Coalitions

- Has a library (85.1 percent of 47 coalitions) and is willing to share the library catalogue with other coalitions (85 percent of 40 coalitions).

Summary of Responses

This section summarizes coalition responses to 2005-2006 survey questions, as categorized under the following topical areas:

1. Membership
2. Board governance
3. Infrastructure and funding
4. Staffing, salaries, and benefits
5. Sexual assault service provision
6. Privileged communications
7. Media/information technology
8. Support to sexual assault programs/training
9. Prevention
10. Resource sharing with other coalitions

Additional information on these topics can also be found in the Appendix 1, Fact Sheets, and Appendix 2, Supplemental Data.

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.”²

² Goldstein, Norm (Editor). *The Associated Press stylebook and Libel Manual*. Reading, MA: Addison-Wesley, 1998, p. 20.

1. Membership

Members

94.1 percent of coalitions reported they had member rape crisis centers (48 of 51).³ 76.5 percent also had members other than rape crisis centers (39 of 51). 17.6 percent had member rape crisis centers, but no community members (9 of 51).⁴ Types of membership identified beyond rape crisis centers included affiliate/allied organizations and individuals, dual and multi-issue programs, advocates, individuals, students, corporations, nonprofit organizations, government agencies, seniors, and survivors. When describing their membership options and structure, some coalitions (11) distinguished members with voting privileges from non-voting members.

Dues

87.5 % of coalitions (42 of 48) indicated they assessed dues on member rape crisis centers. 47.6 percent (20) had fixed dues, ranging from \$0 to \$2,000 with an average due of \$308. 52.4 percent (22) had dues with the amount assessed for each depending on their agency budget, ranging from \$25 to \$800. Other member dues range from \$5 to \$5,000. Seven of 50 coalitions have no member dues.⁵

Benefits of Membership

Of the 48 responding coalitions, the most-cited benefits of membership for rape crisis centers included technical assistance (32 coalitions), access to materials and resources (30), training/conference notices and free and reduced registration fees (25), coalition newsletters and other publications (25), training and education (20), a voice for sexual assault victim advocacy at the state level (20), and legislative updates (15). The most-cited benefits of membership for other organizations and individuals included training/conference notices and reduced registration fees (5), other coalition publications (5) and newsletters (4), access to training and materials (3), and legislative updates (2).

Changes in Membership Structures since 1999

Since 1999, 36.7 percent of coalitions had changed membership structures (18 of 49). The majority reported expanding to include more community members (in some cases, giving some voting privileges). Two merged with domestic violence coalitions. One reported a decrease in the number of member rape crisis centers. One updated member by-laws to clarify requirements, including compliance with program standards.

Focus—Single or Dual/Multi-Issue

64.7 percent are solely dedicated to sexual assault issues (33 of 51),⁶ while 35.3 percent are dual or multi-issue (18).⁷

³ Washington D.C., Idaho, and Rhode Island indicated they had no member rape crisis centers.

⁴ Connecticut, Alaska, Kentucky, Maine, West Virginia, Arkansas, Pennsylvania, Illinois, and North Dakota.

⁵ Delaware, Guam, Hawaii, New Mexico, Rhode Island, Utah, and Washington, D.C.

⁶ Wisconsin, New Jersey, Nevada, Connecticut, Texas, Maryland, North Carolina, Minnesota, Kentucky, Indiana, Maine, West Virginia, Hawaii, Rhode Island, Illinois, Florida, Pennsylvania, Georgia, Washington, D.C., Utah, Louisiana, New York, Mississippi, Arizona, Arkansas, Iowa, New Mexico, Delaware, Ohio, Guam, Colorado, Alabama, and Washington.

⁷ Alaska, North Dakota, Oregon, Nebraska, Michigan, New Hampshire, South Carolina, Idaho, Tennessee, Montana, Oklahoma, Puerto Rico, South Dakota, Massachusetts, Vermont, Kansas, and Wyoming.

2. Board Governance

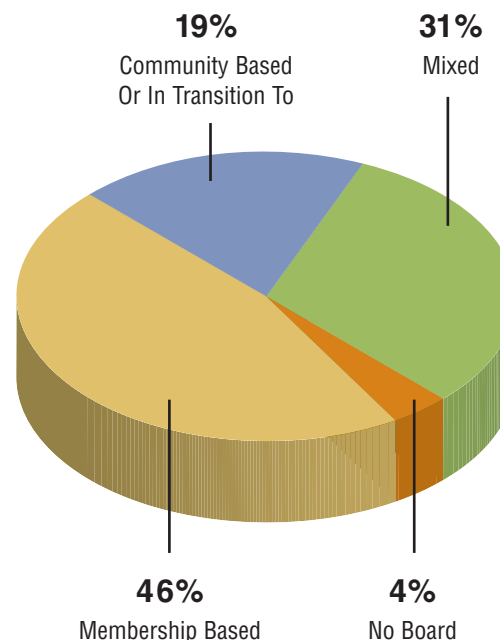
Structure of Boards of Directors

45.8 percent of coalitions reporting having board structures that were membership based (22 of 48). 18.8 percent were community based or transitioning to community-based (9). 31.3 percent were a mix of membership and community based (15). 4.2 percent did not have a board (2).⁸

Of the 46 coalitions with boards, 24 described having board seats for a mix of member rape crisis centers and community organizations and individuals. In 17 of these 24, not every member rape crisis center is on the board but instead centers may be represented by a select number of elected directors from rape crisis centers. Three of the 24 had options for nonvoting board members. Eight coalitions reported board structures that consisted of representatives from member rape crisis centers only, each with one seat and one vote. The board of another coalition consisted of two representatives from each member rape crisis center. Four coalitions had board seats only for individuals from the community and community organizations.

At least 9 coalitions mentioned having executive committees and/or other functioning communities as a component of the board.

Structure of Board of Directors



Changes to Board Structure since 1999

37.5 percent of coalition board structures changed since 1999 (18 of 48). The most common change involved increasing representation from the community on boards (10). 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). In one coalition, members recently voted in their first board of directors.

Board Size

Of the 48 responding coalitions, 39.6 percent have 10 to 14 directors (19), 22.9 percent have greater than 20 directors (11), 20.8 percent have 15 to 19 directors (10), 10.4 percent have 5 to 9 directors (5), and 6.5 percent have 0 to 4 directors (3).

Representation of Local Programs on Board

87.5 percent of coalition boards have representation from local sexual assault programs (42 of 48). In 16 (of 45),⁹ members from local sexual assault programs comprise of 75 to 100 percent of the board. In 11, they comprise of 0 to 25 percent. In 10, they comprise of 25 to 50 percent. And in 7, they comprise of 50 to 75 percent.

Representation of Diverse Populations on Board

Of the 48 responding coalitions, 37.5 percent have a board requirement for representation from diverse populations (18). In 28 coalitions,¹⁰ 0 to 25 percent of the board is from diverse populations. In 15, 25 to 50 percent of the board is from diverse populations. And in three, 50 to 75 percent of the board is from diverse populations.

⁸ Delaware and Guam

⁹ One of the 45 answered "yes" to representation of local program on board, but did not provide a percentage, while four answered "no" but gave percentage.

¹⁰ 10 coalitions that did not have a requirement provided a percentage of diverse population representation on their board.

3. Infrastructure and Funding

Year of Incorporation and First Funded Staff Position

Survey results indicated the first sexual assault coalition was incorporated in 1973 in Michigan.¹¹ Out of the 48 responding coalitions/agencies that became coalitions, 10 were incorporated in the 1970s, 28 in the 1980s (with six in 1982), eight in the 1990s, and two in the 2000s. The most recently incorporated was the Nevada coalition in 2003. The Guam coalition is not yet incorporated.

In 1978, Oregon was the first coalition to have a funded staff position. Out of the responding 46 coalitions/agencies that became coalitions, five had their first funded staff position in the 1970s. 18 first obtained a funded staff position in the 1980s, 19 in the 1990s (with seven in 1997), and four in the 2000s. At the time of completing the survey, two coalitions did not yet have funded staff.¹²

Annual Budget

Coalition annual operating budgets ranged from \$74,373 to just under four million (47 of 51), with an average of \$745,247. Four coalitions had operating budgets of \$100,000 or less,¹³ while 12 had \$1 million and over.¹⁴ Annual agency budgets ranged from \$74,373 to 15 million (47 of 51), with an average of \$1,676,555.¹⁵ Three coalitions had agency budgets of \$100,000 or less¹⁶ and 20 had agency budgets of \$1 million and over.¹⁷ 50 percent of coalitions reported that they pass through state and/or federal funds to their local

centers (25 of 50). 12 dual coalitions indicated that an average of 33 percent of their annual budgets was available exclusively to sexual assault activities, with a range of 7 to 50 percent of the total annual budget (\$85,457 to \$1,410,000).

Funding Sources

The chart below provides an overview of funding sources for coalitions, as reported in the 1999 survey and the 2005-6 survey.

	Coalitions Reporting Funding in 1999 Survey (55 respondents)	Coalitions Reporting Funding in 2005-2006 Survey (49 respondents)
VAWA – Coalition Set Aside	98% (54)	98% (48)
VAWA – STOP Violence Against Women Grants	38% (21)	67.3% (33)
VAWA – LAV	—	24.5% (12)
VAWA – Other	—	20.4% (10)
CDC – PHHSBG – sex offense set-aside	—	30.6% (15)
CDC – Rape Prevention and Education (RPE) Grant	60% (33)	69.4% (34)
STATE – Line Item	—	30.6% (15)
STATE – Other	—	32.7% (16)
VICTIMS OF CRIME ACT (VOCA)	27% (15)	35.6% (16)
MEMBER DUES	—	81.6% (40)
PRIVATE or FOUNDATION GRANTS	—	57.1% (28)
Other	—	57.1% (28)

¹¹ The DC Rape Crisis Center was created in 1972 and the Sexual Assault and Trauma Center of Rhode Island was created in 1973. These agencies later took on coalition level responsibilities. Puerto Rico and South Carolina did not answer this question.

¹² Hawaii and Guam.

¹³ Arkansas, Delaware, Hawaii, and Guam.

¹⁴ Wyoming, Virginia, Massachusetts, Iowa, South Dakota, Washington, D.C., Tennessee, Washington, Pennsylvania, Illinois, North Dakota, and Texas.

¹⁵ Agency budget is defined as operating budget plus any pass through funding. Some coalitions seemed confused about how operating budget differed from agency budget, particularly if they didn't pass through funds. Alaska, , Nevada, Puerto Rico, and South Carolina did not answer this question.

¹⁶ Arkansas, Delaware, and Hawaii.

¹⁷ Wyoming, Kansas, Virginia, Vermont, Massachusetts, New Mexico, Iowa, South Dakota, Washington, D.C., Tennessee, Washington, Florida, Illinois, Rhode Island, New Hampshire, Michigan, Kentucky, North Dakota, Texas, Connecticut, and Wisconsin.

In 1999, 93 percent of coalitions reported receiving federal funding in addition to the Violence Against Women Act (VAWA)-Coalition Set Aside (51 of 55). The 2005-6 survey provides more detailed information on federal funding beyond the coalition set aside: 67.3 percent had VAWA STOP Grants (33), 24.5 percent had VAWA-LAV funds (12), 20.4 percent had other VAWA grants (10), 30.6 percent received Center for Disease Control and Prevention (CDC)—PHHSBG grants (15), 60 percent had CDC-RPE grants (34), and 35.6 percent had VOCA grants (16). Of the coalitions that received other VAWA funding, the following were documented:

- Rural Grants (8)
- Disabilities Grants (4)
- Grants to Encourage Arrest Policies and Enforcement of Protection Orders
- Transitional Housing Assistance Grant
- Technical Assistance Program Grant
- Family Justice Center Initiative Grant

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.

In 1999, 48 percent of coalitions indicated they received state and local government assistance (27 of 55). Of coalitions that received state funds, 41 percent were funded through a state budget line item. The 2005-6 survey provides the following information on state funding: 30.6 percent of coalitions were funded through a state budget line item (15) and 32.7 percent received other state funding (16). Sources of other state funding included, but were not limited to:

- Victim Assistance Offices (6)
- Departments of Health (2)
- Violence Against Women Office
- Department of Criminal Justice Services
- Department of Children, Youth and Families
- Commission on the Status of Women
- Office of Policy and Management
- Department of Corrections
- The general fund
- A fund for community awareness of sexual assault/domestic violence
- Pass through administrative funds

Another state/local government source of funding included assessments on sex offense fines (4).

In 1999, 87 percent of coalitions reported they received funding that was not generated through a federal or state source (46 of 54). 85 percent of coalitions which received nongovernmental funding assessed membership dues (40 of 47). In 2005–2006, 81.6 percent of coalitions reported receiving funding through membership dues (40). 57.1 percent received private or foundation grants (28). 57.1 percent received other funds not generated through a governmental source. Sources for these other funds included, but were not limited to:

- Fundraising activities, donations, and contributions (8)
- United Way and similar agencies (2)
- Publication and product sales (2)
- Marriage license fees
- Consulting and nongovernmental subcontracting fees
- Honorariums
- Conference income
- Newsletter advertising
- Tax check offs
- Hurricane Katrina relief funds

Infrastructure and Funding – Continued

Pass Through Funding

25 coalitions (50 percent of 50) indicated they passed the following funding to rape crisis centers:

Federal

- VAWA STOP Grants (5)
- VAWA Rural Grants (4)
- VAWA Faith Pilot Program Grant
- VAWA SAFE Havens: Supervised Visitation and Safe Exchange Grants (2)
- CDC RPE (13)
- CDC PHHSBG (6)
- CDC Delta (5)
- VOCA grants (3)
- OJP grants to coalitions for center directors for national training scholarships
- TANF State Family Violence Option Implementation Project (OARS)
- DHHS Family Violence Prevention/Services Act
- HHS Child Access and Visitation grants
- Drug Free Schools/Communities Grant

State

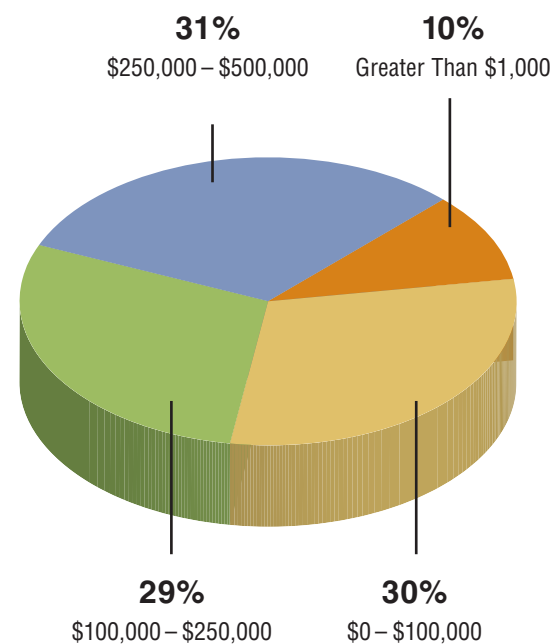
- State sexual assault medical bill fund
- State line item (3)
- State other (2)
- State general funds
- State sexual assault funds
- State domestic violence funds
- State Homelessness funds
- One-time appropriation for rape crisis programs
- Mental health related funds
- Sex offender fees
- Funding to a State university a SANE State coordinator position
- Funding of an evaluation position for the state Department of Health and Environment, Sexual Assault Prevention Funding Program

Budget Data for Local Programs

When asked about average budgets of their local sexual assault programs, 42 coalitions responded with the following information: 31 percent have budgets between \$0 to 100,000 (13), 28.6 percent have budgets between \$100,000 to 250,000 (12), 31 percent have budgets between \$250,000 to 500,000 (13), and 9.5 percent have budgets greater than \$1,000,000 (4). Several coalitions indicated they didn't have access to this data.

When asked to provide an estimate of a range of budgets for local sexual assault programs, 35 coalitions provided the following information: the low range was between \$800 and \$250,000 (5 were \$10,000 and below). The high range was between \$1,500 and 2.5 million (10 were \$1 million and over). Three coalitions indicated they did not have access to this data and three indicated the question did not apply to them (e.g., because there was only one local program).

Budget Data for Local Programs



4. Staffing, Salaries, and Benefits

FTE Staff

The total number of FTE staff reported at 48 coalitions was 407.4. A range of 0 to 27.5 FTE staff was reported, with an average of 8.5 FTE staff. 56.3 percent of coalitions had between 2 and 10 FTE staff (27), 22.9 percent had between 11 and 19 (11), 14.6 percent had less than 2 (7), and 6.3 percent had greater than 20 (3). Some coalitions (18) had staff that worked at locations other than the coalition office, ranging from 0 to 9.2 staff off-site and averaging 0.86 staff off-site. The majority of coalitions (29), however, did not have staff that worked off-site.

Staff Positions at Coalitions

The following were reported by 46 coalitions:

-
- 95.7% had a Executive Director (44)
-
- 47.8% had a Finance Director (22)
-
- 47.8% had a Ed./Training Director (22)
 - 41.3% had a Outreach Coordinator (19)
-
- 39.1% had a Staff Attorney (18)
 - 39.1% had a Training Specialist (17)
 - 34.8% had a Resource Coordinator (16)
-
- 28.3% had a Public Policy Director (13)
 - 28.3% had a Program Director (13)
 - 26.1% had a Program Assistant (12)
 - 26.1% had a Associate Director (12)
 - 26.1% had a Executive Assistant (12)
 - 26.1% had a Secretary (12)
-
- 19.6% had a Legal Specialist (9)
 - 17.4% had a Conference Coordinator (8)
 - 15.2% had a Operators Director (7)
 - 15.2% had a Public Policy Specialist (7)
-
- 2.2 percent had a Human Resource Director (1)
-

Staffing, Salaries, and Benefits – Continued

What are annual salaries for positions?

POSITION <i>(or comparable) and number of coalitions (of 46)</i>	ANNUAL SALARY ^{11, 12, 13} <i>Range and Mean</i>
Executive Director (44)	Range: \$40,000–\$95,066 Mean: \$54,447 (43 positions)
Associate Director (12)	Range: \$40,000–\$80,000 Mean: \$52,355 (10.6 positions)
Operations Director (7)	Range: \$15,000 (.5)–\$57,000 Mean: \$42,896 (5.5 positions)
Program Director (13)	Range: \$13,333–\$67,584 Mean: \$41,229 (28 positions)
Finance Director (22)	Range: \$20,000 (.5)– \$56,000 Mean: \$37,590 (16.5 positions)
Education/Training Director (22)	Range: \$30,000–\$54,881 Mean: \$40,682 (21.5 positions)
Public Policy Director (13)	Range: \$36,000–\$61,433 Mean: \$47,880 (10.75 positions)
Human Resource Director (1)	Range: \$40,000 Mean: \$40,000 (1 positions)
Staff Attorney (18)	Range: \$34,000–\$60,000 Mean: \$48,454 (25.5 positions)
Legal Specialist (9)	Range: \$15,600–\$38,000 Mean: \$36,106 (8 positions)
Outreach Coordinator (19)	Range: \$25,000–\$73,000 Mean: \$36,682 (22 positions)
Public Policy Specialist (7)	Range: \$30,250–\$37,500 Mean: \$ 34,791 (6 positions)
Training Specialist (17)	Range: \$22,000–\$41,000 Mean: \$34,523 (21.75 positions)
Conference Coordinator (8)	Range: \$3,000–\$37,000 Mean: \$32,018 (6.2 positions)
Resource Coordinator (16)	Range: \$32,000–\$60,000 Mean: \$39,504 (24 positions)
Executive Assistant (12)	Range: \$24,000–\$42,650 Mean: \$32,401 (11 positions)
Secretary (12)	Range: \$13,000–\$30,000 Mean: \$21,027 (16.1 positions)
Program Assistant (12)	Range: \$6,240–\$34,000 Mean: \$24,971 (19.75 positions)

¹¹ If a range was provided for a salary, a mean was calculated for analysis purposes.

¹² In a few cases where a salary for a <1FTE position was provided, it was not clear whether the salary was prorated or if it represented a salary for 1 FTE. However, the figures provided were not adjusted for the above analysis.

¹³ Note some answering “yes” to having a position provided no salary data.

Staffing, Salaries, and Benefits – Continued

In addition to the positions on the previous page, coalitions indicated they had staff positions in the following categories and with the salaries listed here and on the next page:

ADDITIONAL POSITIONS	ANNUAL SALARY
Accountant Accounting Assistant	\$32,000–\$33,000 \$24,000
Office Manager	\$30,000–\$38,000
Bookkeeper	\$35,000–\$40,000
Organizational Services Director	\$40,000–\$50,000
Info Technology Coordinator Office & Tech Manager Information Technology Coordinator Digital Media Coordinator	\$56,844 \$32,000–\$42,500 \$45,000 \$45,000
Communications Director Media Coordinator Communications Coordinator	\$42,000 \$24,000 \$31,500
Communications Writer Senior Communications Specialist	\$32,000 \$30,000
Publications Specialist	\$24,000
Services Coordinator Senior Victim Advocate Victim Advocate/Probation Units Victim Advocate/Sex Off Team	\$32,000–\$38,000 \$39,000 \$32,000 \$39,000
Protective Orders Coordinator	\$35,000
Prevention Service Director Prevention Education Coordinator	\$40,000–\$50,000 \$32,000–\$36,500
Empowerment Evaluation Coordinator	\$35,000
Economic Justice Coordinator	?
Creating Access Project Coordinator	?
Managers/Analysts	\$39,000–\$52,000

continued on next page

Staffing, Salaries, and Benefits – Continued

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ADDITIONAL POSITIONS – con't.	ANNUAL SALARY – con't.
Coordinators	\$36,000–\$45,000
Program Manager	\$28,000–\$42,500
Program Coordinator	\$28,000–\$42,000
PREA Specialist	\$36,000
Immigrant/Refugee Community Liaison	\$22,214
Membership Coordinator	\$9,100–\$38,000
Support Staff	\$18,000–\$24,000
Financial Assistant	\$25,000
SA Specialist/DV Specialist	\$36,000–\$37,000
SANE Program Coordinator	\$60,000
SANE Coordinator	\$76,000
SANE/SART Outreach Coordinator	\$40,000
Therapist	\$34,320–\$43,000
Training/Events Coordinator	\$30,000–\$38,000
Contract Liaison	\$42,106
Grants and Contracts Administrator	\$48,000
Grants Monitor	\$40,000
Nonprofit Legal and Management Assistance	\$53,055–\$69,810

Employee Benefits

All coalitions that responded to this question (46) provided health benefits, with 63 percent offering full coverage for individual employees. 87 percent provided dental benefits (40), with 70.3 percent offering full coverage for individual employees (24). 54.3 percent provided life insurance (25), with 64 percent offering full coverage for individual employees (16). 37 percent provided short-term disability insurance (17), with 47.1 percent offering full coverage for individual employees (9). 41.3 percent provided long-term disability insurance (19), with 57.9 percent offering full coverage for individual employees (11).

66 percent of coalitions offered retirement benefits with an employer contribution (31 of 47), while 15 percent offered these benefits with no employer contribution (7). Of those coalitions that offered an employer contribution, 26 contributed a percentage of the employees' annual salary, ranging from 3 percent to 11.25 percent and averaging at 4.3 percent. Two contributed a dollar amount (\$1,000).

In terms of paid time off benefits, four of 46 coalitions offered a package (ranging from 20 days to 45 days off annually) that was inclusive of some or all benefits (vacation, sick, personal, other, and holidays).¹⁴ However, most other coalitions broke down paid time off benefits into categories:

- 89.1 percent of coalitions offered paid vacation (41), ranging from 10 to 36 days off annually. Eight coalitions offered a set number of days off to all employees (averaging 16.89 days), while 23 coalitions offered a range of days off, some depending on time accumulated with the agency (17) and/or position (1).
- 87 percent of coalitions offered paid sick time off (40), ranging from 5 to 54 days annually and averaging at 12.75 days (for 37 coalitions).
- 59 percent of coalitions offered paid personal time off (27), ranging from 1 to 12 days annually and averaging at 3.12 days (for 25 coalitions).
- 40 percent of coalitions offered paid time off for other reasons (14), ranging from 1 to 5 days annually and averaging at 2.93 days. Reasons for "other" time off included bereavement leave (9), birthdays, floating holidays, and flex time.
- 97.8 percent of coalitions offered paid holidays (45 of 46), ranging from 6 to 16 days off annually and averaging at 10.80 days. One coalition indicated it had not yet addressed this issue.

¹⁴ Alaska (package plus holiday), Oregon, Texas (package plus holidays), and Wisconsin (package plus holidays).

5. Sexual Assault Service Provision

Statewide Sexual Assault Hotline

43.8 percent of coalitions reported they had a statewide sexual assault hotline (21 of 48). 7 indicated they housed this hotline.

Required Training at the State Level for Advocates

In the 1999 survey, 65 percent of coalitions had training requirements for sexual assault advocates at the state level (35 of 54). 19 coalitions required 40 or more hours of training, 9 required 30 to 40 hours, and six required between 20 to 30 hours (1 didn't indicate hours). In the 2005-6 survey, 78.3 percent of coalitions reported these training requirements (36 of 46). The majority (75.7 percent) required 30 or more hours of training (28).

65.9 percent of coalitions (27 of 41) reported required training topics under these broad categories:

- Center Information
- What is Advocacy?
- Policies and Procedures for Sexual Assault Advocates
- Systems Advocacy
- Overview of Violence Against Women
- Sexual Assault/Abuse
- Social Change
- Impact of Sexual Victimization

- Medical Issues
- Legal Issues
- Mental Health Issues
- Cultural Competency and Oppression Issues
- Special/Diverse Populations
- Skill-Building
- Domestic/Family Violence
- Offenders
- Restorative Justice

For more detailed information on actual topics, see Appendix 2 under Required Training Topics.

14 coalitions reported additional educational/experiential requirements for advocates at the state level, including being at least 18 years of age, having a high school diploma or GED, completing an application and consenting to a background check with law enforcement and a child abuse registry, shadowing experienced advocates (2), courtroom observation; a SANE program visit, independent study, and role play. Other related requirements included:

- 80 hours of training for advocates of joint domestic violence/sexual assault programs
- Training in cultural competency and anti-oppression issues

- An additional 20 hours of initial training for counselors;
- Recommended attendance at a 32 hour training provided by the coalition on all aspects of sexual assault advocacy;
- Recommended certification of advocates based on completion of training; and
- Additional training requirements mandated by funding agencies or local programs (4).

55.6 percent of coalitions also reported requirements for ongoing training (25 of 45). 12 required a certain number of training hours annually, ranging from four to 20 hours. Four required a certain number of in-services annually, ranging from to one monthly to one every six months. Three indicated specific annual continuing education requirements for paid staff, ranging from 4 hours to hours equivalent to half their work week. For coalitions in two states, counselors were required to have annual continuing education. Four coalitions indicated they leave decisions about continuing education up to individual programs.

Certification Processes for Advocates

In the 1999 survey, seven coalitions out of 47 (14.8 percent) indicated that their states certified sexual assault advocates.¹⁵ In the 2005-6 survey, seven coalitions again (albeit not all the same as in 1999) reported they or another entity in their states certified advocates.¹⁶ In three, certification is obtained by completing the required training and

¹⁵ Connecticut, Iowa, New York, Pennsylvania, Rhode Island, Texas, and Washington.

¹⁶ Connecticut, Iowa, New York, Oklahoma, Pennsylvania, Texas, and Utah.

Sexual Assault Service Provision – Continued

continuing education. Two coalitions offered voluntary certifications to advocates they train, but indicated that certification requirements were being developed. Three indicated that certification was obtained through another state entity. One coalition indicated that advocate certification was obtained through another state entity and certification not transferable if the advocate moved to another center. Three additional coalitions indicated they were considering developing a certification process for advocates.

Accreditation Processes or Set of Program Standards for Local Programs

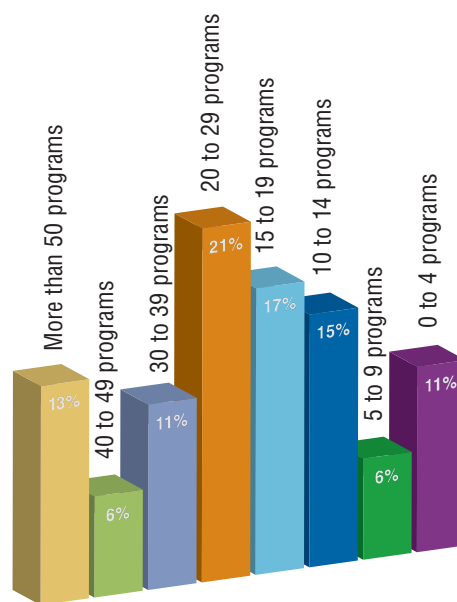
66 percent of coalitions indicated there was an accreditation process or set of program standards for local sexual assault programs (31 of 47). 17 coalitions (of 29)¹⁷ indicated that they established standards/an accreditation process for member sexual assault programs.¹⁸ Eight coalitions reported that standards/rules for programs come from their funders.¹⁹ Two coalitions were in the process of developing program standards.²⁰

For more detailed information, see Appendix 2 under Descriptions of Certification Process or Program Standards for Sexual Assault Programs.

29.8 percent of coalitions indicated their funding is dependent upon advocate certification or program standards for sexual assault programs (14 of 47).

Training for Law Enforcement, Judges, and Medical Staff

87.2 percent of coalitions trained law enforcement professionals (41 of 47). 57.8 percent trained judges (26 of 45). 84.4 percent trained medical staff (38 of 45). For more detailed information, see Appendix 2 under Description of Training Provided to Law/Medical Professionals



Budget Data for Local Programs

Number of Rape Crisis Centers

21.3 percent of coalitions indicated they had 20 to 29 local sexual assault programs (10 of 47). 17 percent had 15 to 19 programs (8). 14.9 percent had 10 to 14 programs (7). 12.8 percent had more than 50 programs (6). 10.6 percent had 0 to 4 programs (5) and the same number had 30-39 programs. 6.4 percent had 5 to 9 (3) and the same number had 40 to 49.

Rape Crisis Centers that are Coalition Members

36.4 percent of coalitions had between 11 and 20 local center members (16 of 44). 20.5 percent had between 1 and 10 local center members (9). 18.2 percent had between 21 and 30 local center members (8). 11.4 percent had between 31 and 40 local center members (5). 6.8 percent had between 41 and 50 local center members (3). 6.8 percent of coalitions had greater than 50 center members (3). In total, responding coalitions had been 1 and 78 local center members, with an average of 23 local center members.

Percentage of Dual Programs

36.2 percent of coalitions indicated that 75 to 100 percent of their local programs were dual sexual violence and domestic violence agencies (17 of 47). 25.5 percent indicated that 0 to 25 percent were dual agencies (12). 23.4 percent indicated that 50 to 75 percent were dual agencies (11). 14.9 percent indicated that 25 to 50 percent were dual agencies (7).

¹⁷ Vermont and Massachusetts indicated they had a certification process/standards for programs but did not describe.

¹⁸ Alabama, Arkansas, Connecticut, Florida, Georgia, Hawaii, Iowa, Indiana, Kansas, Louisiana, Maine, Nebraska, New Hampshire, New Mexico, Pennsylvania, Wisconsin, and West Virginia.

¹⁹ Illinois, Kentucky, Michigan, Minnesota, New York, Oklahoma, Texas, and Washington.

²⁰ Virginia and Oregon.

6. Privileged Communications

Privileged Communication Statutes

In the 1999 survey, 55 percent of coalitions (29 of 53) reported having a privileged communication statute, which included sexual assault advocates. In the 2005-6 survey, 66 percent of coalitions reported that sexual assault advocates/programs had privileged communications in their state (31 of 47).²¹ 28 reported that privilege covered case records and advocate/client conversations.²²

7. Media/Information Technology

Staff Positions Dedicated to Organizational Communications or Responsible for Communicating with the Media

34 percent of coalitions had staff position dedicated to organizational communications (16 of 47). 61.7 percent had a staff member who was responsible for communicating with the media (29).

Media Contacts

Among the 43 responding coalitions, there was a range of 0 to 46.6 media contacts per month, with an average of 5.59. 90.7 percent had less than 10 contacts per month (39).

Use of Technology

23.9 percent of coalitions rated their use of technology as “5, frequently use advanced technologies” (11 of 46). 39.1 percent rated their use of technology as “4” (18). 28.3 percent gave themselves a rating of “3, average use of technology” (13). 6.5 percent rated themselves “2” (3). 2.2 percent gave themselves a rating of “1, use of technology is infrequent or low-tech” (1).

Additional information related to availability and use of technology:

- 97.9 percent of coalitions indicated each staff member had their own computer (46 of 47)
- 97.9 percent used PCs as opposed to Apple Machines (46 of 47)
- In terms of type of Internet connection, 85.1 percent had DSL/Cable Modem (40), 14.9 percent had Wireless (7), 8.5 percent had Ethernet (4), and 4.3 percent had Dial Up (2 of 47)

- 60.4 percent had their own servers (29 of 48)
- 57.4 percent had cell phones (27 of 47)
- 91.5 percent had adequate software (43 of 47)
- 97.9 percent had fax machines (46 of 47)

54.2 percent had staff who attended the “Training of Trainers” sponsored by the Safety Net Project of the NNEDV (26 of 48).

In terms of organizational technology use policies:

- 60.9 percent had policies on Internet and email use (28 of 46)
- 34.8 percent had no related policies (16 of 46)
- 28.3 percent had policies on data collection (13 of 46)
- 19.6 percent had policies on online service provision (8 of 46)
- 17.4 percent had policies on solicited emails (8 of 46)

Over half of coalitions (58.8 percent) indicated they had toll free number (30 of 51). Most coalitions (94.1 percent) indicated they had or were developing a website (48 of 51).²³

²¹ Alabama, Arizona, Colorado Connecticut, Florida, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, Utah, Vermont, Washington, D.C., Washington, Wisconsin, West Virginia, and Wyoming.

²² Arizona, Minnesota, and West Virginia, which had some degree of privileged communications, did not answer this question.

²³ Guam, Hawaii, and Idaho indicated they did not have website.

8. Support to Sexual Assault Programs/Training

Written Materials for Local Programs

95.8 percent of coalitions indicated they offered local programs a variety of materials (46 of 48). Types of materials reported included:

- Over 200 brochures (12 percent in more than one language, predominantly English/Spanish)
- 54 publications (type unspecified)
- 33 fact sheets
- 30 manuals
- 24 newsletters
- 21 booklets (some in English/Spanish)
- 20 posters (some in English/Spanish)
- 13 variations of cards (wallet, palm, cell phone cards, pocket, and post)
- 7 reports
- 2 kits
- 5 packets
- 3 websites
- 2 materials of the local rape crisis program (for coalitions which are also local programs)
- 2 magnets with inscriptions
- Bookmarks
- Maps with service information
- Mirrors with inscriptions
- Bracelets with inscriptions
- Emery boards with inscriptions
- CDs
- Radio and TV PSAs

For more detailed data on materials, see Appendix 2 under Materials Offered to Local Programs.

9. Prevention

Prevention Initiatives

72.3 percent of coalitions had a prevention initiative (34 of 47). 61.7 percent did not have staff whose positions were dedicated entirely to prevention work (29). The 18 coalitions with staff positions dedicated entirely to prevention work reported being involved in the following types of prevention projects in the 18 months preceding completion of the survey:

- Coordinating awareness and prevention campaigns (25)
- Participating in collaborative groups that address sexual violence prevention (17)
- Doing school/education presentations (17)
- Holding conferences and trainings (9)
- Planning to do prevention projects (8)
- Providing technical assistance to local programs (6)
- Funding local programs to do an array of prevention work in the community (3)
- Doing or supporting research (2)
- Supporting a coalition positions to do prevention work (1)

Also, 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.

For more information on prevention initiatives, see Appendix 2 under Types of Prevention Projects.

10. Resources

Library

85.1 percent of coalitions indicated they had libraries (40 of 47). Of the 40 coalitions that have libraries, 85 percent are willing to share their library catalogues (34).

Resources to Share with Other Coalitions

20 coalitions specified written materials they would like to share, while eight indicated they would be willing to share any of their written materials.

For more information on materials recommended, see Appendix 2 under Resources Coalitions Would Most Like to Share with Other Coalitions.

Materials Available in Languages Other than English

19 of 26 responding coalitions indicated they had materials in Spanish. Two had materials in Vietnamese, one in Russian, one in Portuguese, one in French, one in Polish, and one in Korean.

In 1999, the National Sexual Violence Resource Center and the Resource Sharing Project each gathered information from coalitions regarding their funding sources, training requirements, certification of sexual assault advocates, program standards, and privilege communications statutes. The 2005-6 survey built upon the 1999 survey, with the intent of allowing for a comparison of data and obtaining more comprehensive information. In creating the survey, RSP solicited input from coalitions regarding what they most wanted to know more about related to coalition organizational structure. The resulting 94-question online survey was designed using a computer software program.

In August 2005, RSP sent an e-mail requesting state and territorial sexual assault coalitions to complete the survey. The e-mail provided a link to access the online survey. In October 2005, a second e-mail was sent to coalitions who had not responded to the initial request to complete the survey. Efforts continued in the spring of 2006 to increase the accuracy and comprehensiveness of data collected. Coalitions that had not completed the survey, both in its entirety or partially, were contacted and asked to provide missing data.

51 of the 55 state/territory coalitions completed the survey in its entirety or partially. 47 surveys were complete or almost complete. Surveys from four coalitions were significantly incomplete, with no more than 32 questions out of 94 answered.²⁴ Four coalitions did not complete surveys.²⁵

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

- Most but not all coalitions completed the survey.
- Some coalitions indicated they did not have access to information to complete entire survey, particular data related to local program services.
- Some questions appeared to be misunderstood or viewed as repetitive. There may have been reluctance to provide information for some questions (e.g., staff annual salaries).
- Some questions did not produce comparable data (e.g., estimate of survivors served by programs in each state/territory).
- The survey length may have contributed to a reluctance to fill it out completely (e.g., many respondents provided only minimal input for the last sections of the survey).
- There were instances where answers provided were incomplete, duplicative, or contradictory to other answers in the survey. However, no surveys were eliminated from the data set. Raw data was edited if more accurate or comprehensive information was obtained.
- Because of the open-ended nature of many questions, there was a need for some interpretation of data when compiling data. There is the possibility for erroneous interpretation. Also, many calculations were done by hand, leaving room for error.

It is important to note that in several states/territories, local rape crisis centers serve as coalitions (Washington, DC, Rhode Island, Delaware, and Guam). There are no other local rape crisis centers in these states/territories. Also, a number of other coalitions have a minimal number of local sexual assault programs in their jurisdictions (Arizona, Nevada, and Utah). These factors often led to these coalitions responding very differently to questions than the majority of coalitions. Frequently, they indicate that questions do not apply to them.

²⁴ Guam, Montana, Puerto Rico, and South Carolina.

²⁵ American Samoa, California, Missouri, and Virgin Islands.

- Coalition Membership
- Board Governance
- Funding Sources
- Staffing, Salaries and Benefits
- Training, Advocate Certification, and Program Accreditation
- Information Technology

Members

- 94.1% of coalitions had member rape crisis centers (48 of 51).
- 76.5% of coalitions also had members other than rape crisis centers (39 of 51).
- Some coalitions (11) distinguished members with voting privileges from nonvoting members.

Membership options beyond rape crisis centers (39 of 51 coalitions):

# OF COALITIONS	TYPE OF MEMBERSHIP
17	Affiliate/supporting/allied organizations/individual (voting status not indicated)
5	Voting affiliate/supporting/allied members (organization and individual)
6	Nonvoting affiliate organizations/individuals (6)
11 ²⁶	Individuals
13	Dual and multi-issue coalition programs
2	Corporations
5	Students
3	Survivors
2	Advocates
1	Nonprofit organizations
1	Government agencies

Dues

- 87.5% of coalitions (42 of 48) indicated they assessed dues on member rape crisis centers. Other member dues range from \$5 to \$5,000. Seven of 50 coalitions had no member dues.

TYPE OF MEMBERSHIP	RANGE AND AVERAGE FOR ANNUAL MEMBER DUES
Rape crisis center (42)	Fixed (20): Range \$0-2,000, Average due \$308 Dues depends on agency budget (22): Range \$25-800
Organization (11)	Range \$25–\$5,000
Ally organization (6)	Range \$50–\$125
Individual (23)	Range \$20–\$350 (\$350 for lifetime)
Corporation (7)	Range \$100–\$1,000
Advocate (3)	Range \$5–\$25
Survivor (2)	Range \$5–\$15
Student (8)	Range \$15–\$25
Senior (2)	Range \$15–\$20
Sustaining program or individual (1)	Range \$20
Family (1)	Range \$50
SART (1)	Range \$100
SANE (1)	Range \$75

²⁶ Some of the dues categorized in this section may actually be rape crisis center dues, but it is not clear from answers.

Benefits of Membership for Rape Crisis Centers

- Technical assistance, on and off site (32 coalitions)
- Access to materials and resources (30)
- Training/conference notices and free and reduced registration fees (26)
- Publications developed with member needs in mind (newsletters, membership mailings, reports journals) (25)
- Training and education (21)
- Voice for sexual assault victim advocacy in state, systems advocacy for programs at state/national level (20)
- Legislative updates and alerts (15)
- Facilitated interaction with coalition and other anti-violence programs (11)
- Voting privileges as coalition member or board member (9)
- Sexual assault month awareness materials and activities, other awareness campaigns (9)
- Coalition conferences, membership meetings and annual retreats (7)
- Access to federal and state funding (7)
- Coalition website/electronic mailing list (6)
- Participation in membership meetings and working groups of the coalition (5)

- Invitation to/notification of special events, discounts on events (5)
- Victim legal services, legal assistance, and pro-bono attorneys (3)
- Agency standards of service and standardized training manual for advocates (2)
- Access to the resources of coalition (2)
- Discounts on products coalition sells
- Membership card with ID (1)
- Data collection and evaluation (1)

Benefits of Membership for Supporting Organizations

- Training/conference notices and reduced registration fees (5)
- Newsletters (5)
- Coalition publications (3)
- Limited access to training/materials (3)
- Legislative updates (2)
- Information packets with basic information on sexual assault (1)
- Library borrowing privileges (1)
- Discounts on products coalition sells (1)
- Invitation to special events (1)
- Satisfaction of supporting work (1)

Changes in Membership Structures since 1999

- Since 1999, 36.7% of coalitions had changed membership structures (18 of 49 coalitions). The majority reported expanding to include more community members (in some cases, giving some voting privileges). Two merged with domestic violence coalitions. One reported a decrease in the number of member rape crisis centers. One updated member by-laws to clarify requirements, including compliance with program standards.

Focus—Single or Dual/Multi-Issue

- 64.7 percent are solely dedicated to sexual assault issues (33 of 51),²⁷ while 35.3 percent are dual or multi-issue (18).²⁸

²⁷ Wisconsin, New Jersey, Nevada, Connecticut, Texas, Maryland, North Carolina, Minnesota, Kentucky, Indiana, Maine, West Virginia, Hawaii, Rhode Island, Illinois, Florida, Pennsylvania, Georgia, Washington, D.C., Utah, Louisiana, New York, Mississippi, Arizona, Arkansas, Iowa, New Mexico, Delaware, Ohio, Guam, Colorado, Alabama, and Washington.

²⁸ Alaska, North Dakota, Oregon, Nebraska, Michigan, New Hampshire, South Carolina, Idaho, Tennessee, Montana, Oklahoma, Puerto Rico, South Dakota, Massachusetts, Vermont, Kansas, and Wyoming.

Structure of Boards of Directors

- 45.8% of coalitions reporting having board structures that are membership based (22 of 48).
- 31.3% were a mix of membership and community based (15).
- 18.8% were community based or transitioning to community based (9).
- 4.2% did not have a board (2).

Descriptions of Board Structure (of 46 the reported having boards)

- 24 coalitions reported having board seats for a mix of rape crisis centers and community organizations and individuals.
- Eight reported board structures consisting of representatives from member rape crisis centers, with one vote for each seat. One board consisted of two representatives from each member rape crisis center in the state.
- Four had board seats only for individuals from the community.

Changes to Board Structure since 1999

- 37.5% of coalition board structures have changed since 1999 (18 of 48)
- The most common change involved increasing representation from the community on coalition boards (10). 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). In one coalition, members recently voted in their first board of directors.

Board Size

- Of the 48 responding coalitions, 39.6% had 10 to 14 directors (19), 22.9% had greater than 20 directors (11), 20.8 percent had 15 to 19 directors (10), 10.4 percent had 5 to 9 directors (5), and 6.5 percent had 0 to 4 directors (3).

Representation of Local Programs on Board

- 87.5% of coalition boards have representation from local sexual assault programs (42 of 48).
- In 16 (of 45),²⁹ members from local programs comprise of 75 to 100 percent of the board. In 11, they comprise of 0 to 25 percent. In 10, they comprise of 25 to 50 percent. And in 7, they comprise of 50 to 75 percent.

Representation of Diverse Populations on Board

- 37.5% had a board requirement for representation from diverse populations (18 of 48).
- In 28 coalitions,³⁰ 0 to 25% of the board was from diverse populations. In 15, 25 to 50% was from diverse populations. And in three, 50 to 75% was from diverse populations.

²⁹ One of the 45 answered “yes” to representation of local program on board, but did not provide a percentage, while four answered “no” but gave percentages.

³⁰ 10 coalitions that did not have a requirement provided percentages of diverse population representation on their board.

This chart provides an overview of funding sources for coalitions, as reported in the 1999 RSP coalition survey and the 2005-2006 survey.

	Number of Coalitions Reporting Funding in 1999 Survey (55 respondents)	Number of Coalitions Reporting Funding in 2005–2006 Survey (49 respondents)
VAWA – Coalition Set Aside	98% (54)	98% (48)
VAWA – STOP Violence Against Women Grants	38% (21)	67.3% (33)
VAWA – LAV	–	24.5% (12)
VAWA – Other	–	20.4% (10)
CDC – PHHSBG – sex offense set-aside	–	30.6% (15)
CDC – Rape Prevention and Education (RPE) Grant	60% (33)	69.4% (34)
STATE – Line Item	–	30.6% (15)
STATE – Other	–	32.7% (16)
VICTIMS OF CRIME ACT (VOCA)	27% (15)	35.6% (16)
MEMBER DUES	–	81.6% (40)
PRIVATE or FOUNDATION GRANTS	–	57.1% (28)
Other	–	57.1% (28)

Federal Funding Sources

- In 1999, 93% of coalitions reported receiving federal funding in addition to the Violence Against Women Act (VAWA)-Coalition Set Aside (51 of 55).
- The 2005–2006 survey provides more detailed information on federal funding beyond the Coalition Set Aside: 67.3% had VAWA STOP Grants (33), 24.5% had VAWA-LAV funds (12), 20.4% had other VAWA grants (10), 30.6% received Center for Disease Control and Prevention (CDC)—PHHSBG grants (15), 60% had CDC-RPE grants (34), and 35.6% had VOCA grants (16). Of the coalitions that received other VAWA funding, the following were documented:
 - Rural Grants (8)
 - Disabilities Grants (4)
 - Grants to Encourage Arrest Policies and Enforcement of Protection Orders
 - Transitional Housing Assistance Grant
 - Technical Assistance Program Grant
 - Family Justice Center Initiative Grant
- 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.

State Funding Sources

- In 1999, 48% of coalitions indicated they received state and local government assistance (27 of 55). Of coalitions that received state funds, 41% were funded through a state budget line item.
- The 2005–2006 survey provides more detailed information on state funding: 30.6% of coalitions were funded through a state budget line item (15) and 32.7% received other state funding (16). Sources of other state funding included, but were not limited to:
 - Victim Assistance Offices (6);
 - Departments of Health (2);
 - Violence Against Women Office;
 - Department of Criminal Justice Services;
 - Department of Children, Youth and Families;
 - Commission on the Status of Women;
 - Office of Policy and Management;
 - Department of Corrections;
 - The general state fund;
 - A state fund for community awareness of DV/SA issues; and
 - Pass through administrative funds.
- Another state/local government source of funding included assessments on sex offense fines (4).

Non-Governmental Funding Sources

- In 1999, 87% of coalitions reported they received funding that was not generated through a federal or state source (46 of 54). 85% of coalitions which received nongovernmental funding assessed membership dues (40 of 47).
- In 2005–2006, 81.6% of coalitions reported receiving funding through membership dues (40). 57.1% received private or foundation grants (28). 57.1% received other funds not generated through a governmental source. Sources for these other funds included, but were not limited to:
 - Fundraising activities, donations, and contributions (8)
 - United Way and similar agencies (2)
 - Publication and product sales (2)
 - Marriage license fees
 - Consulting and nongovernmental subcontracting fees
 - Honorariums
 - Conference income
 - Newsletter advertising
 - Tax check offs
 - Hurricane Katrina funds

Pass Through Funding

Approximately 50% of coalitions (25 of 50) pass through funding to local rape crisis centers. Funding passed included, but was not limited to:

Federal

- VAWA STOP Grants (5)
- VAWA Rural Grants (4)
- VAWA Faith Pilot Program Grant
- VAWA SAFE Havens: Supervised Visitation and Safe Exchange Grants (2)
- CDC RPE (13)
- CDC PHHSBG (6)
- CDC Delta (5)
- VOCA grants (3)
- OJP grants to coalitions for center directors to receive national training scholarships
- TANF State Family Violence Option Implementation Project (OARS)
- DHHS Family Violence Prevention/ Services Act
- HHS Child Access and Visitation grants
- Drug Free Schools and Communities Grant

State

- State sexual assault medical bill fund
- State line item (3)
- State other (2)
- State general funds
- State sexual assault funds
- State domestic violence funds
- State Homelessness funds
- One-time appropriation for rape crisis programs
- Mental health related funds
- Sex offender fees
- Funding to a State university a SANE State coordinator position
- Funding of an evaluation position for the state Department of Health and Environment, Sexual Assault Prevention Funding Program

FTE Staff

- 48 responding coalitions had an average of 8.5 FTE staff with a range of 0 to 27.5 FTEs.
- 56.3% of coalitions had between 2 and 10 FTE staff (27), 14.6% had less than 2 (7), 22.9% had between 11 and 19 (11), and 6.3% had greater than 20 (3).
- The majority of coalitions (29) do not have staff that work off-site. However, of the 18 that indicated they did, there was an average of 0.86 staff off-site with a range of 0 to 9.2.

Staff Positions Found at Coalitions (of 46)

- 95.7 % had a Executive Director (44)
- 47.8 % had a Finance Director (22)
- 47.8 % had a Ed./Training Director (22)
- 41.3 % had a Outreach Coordinator (19)
- 39.1 % had a Staff Attorney (18)
- 39.1 % had a Training Specialist (17)
- 34.8 % had a Resource Coordinator (16)
- 28.3 % had a Public Policy Director (13)
- 28.3 % had a Program Director (13)
- 26.1 % had a Program Assistant (12)
- 26.1 % had a Associate Director (12)
- 26.1 % had a Executive Assistant (12)
- 26.1 % had a Secretary (12)
- 19.6 % had a Legal Specialist (9)
- 17.4 % had a Conference Coordinator (8)
- 15.2 % had a Operators Director (7)
- 15.2 % had a Public Policy Specialist (7)
- 2.2 % had a Human Resource Director (1)

In addition to the above positions, coalitions indicated they staff in the following categories:

- Coordination of direct services (6)
- Communications/media (5)
- Accounting (4.6 FTEs)
- Information technology (4)
- Managers/analysts (4)
- Contract/grants management (3)
- Children/Youth Services (3)
- Therapy (3)
- Prevention (3)
- Membership coordinator (2.25)
- SANE/SART coordinator (2)
- Office manager (1)
- Bookkeeper (1)
- Nonprofit legal/management assistance (1)
- Organizational services director (1)
- Training/events coordinator (1)
- Protective order coordinator(1)
- Empowerment evaluation coordinator (1)
- Economic justice coordinator (1)
- Creating Assess project coordinator (1)
- Sexual violence specialist (1)
- Domestic violence specialist (1)
- Publications (.8)
- PREA specialist (.6)
- Liaison: immigrant/refugee community (.6)

What are annual salaries for positions?

POSITION <i>(or comparable) and number of coalitions (of 46)</i>	ANNUAL SALARY ^{11, 12, 13} <i>Range and Mean</i>
Executive Director (44)	Range: \$40,000–\$95,066 Mean: \$54,447 (43 positions)
Associate Director (12)	Range: \$40,000–\$80,000 Mean: \$52,355 (10.6 positions)
Operations Director (7)	Range: \$15,000 (.5)–\$57,000 Mean: \$42,896 (5.5 positions)
Program Director (13)	Range: \$13,333–\$67,584 Mean: \$41,229 (28 positions)
Finance Director (22)	Range: \$20,000 (.5)–\$56,000 Mean: \$37,590 (16.5 positions)
Education/Training Director (22)	Range: \$30,000–\$54,881 Mean: \$40,682 (21.5 positions)
Public Policy Director (13)	Range: \$36,000–\$61,433 Mean: \$47,880 (10.75 positions)
Human Resource Director (1)	Range: \$40,000 Mean: \$40,000 (1 positions)
Staff Attorney (18)	Range: \$34,000–\$60,000 Mean: \$48,454 (25.5 positions)
Legal Specialist (9)	Range: \$15,600–\$38,000 Mean: \$36,106 (8 positions)
Outreach Coordinator (19)	Range: \$25,000–\$73,000 Mean: \$36,682 (22 positions)
Public Policy Specialist (7)	Range: \$30,250–\$37,500 Mean: \$ 34,791 (6 positions)
Training Specialist (17)	Range: \$22,000–\$41,000 Mean: \$34,523 (21.75 positions)
Conference Coordinator (8)	Range: \$3,000–\$37,000 Mean: \$32,018 (6.2 positions)
Resource Coordinator (16)	Range: \$32,000–\$60,000 Mean: \$39,504 (24 positions)
Executive Assistant (12)	Range: \$24,000–\$42,650 Mean: \$32,401 (11 positions)
Secretary (12)	Range: \$13,000–\$30,000 Mean: \$21,027 (16.1 positions)
Program Assistant (12)	Range: \$6,240–\$34,000 Mean: \$24,971 (19.75 positions)

¹¹ If a range was provided for a salary, a mean was calculated for analysis purposes.

¹² In a few cases where a salary for a <1FTE position was provided, it was not clear whether the salary was prorated or if it represented a salary for 1 FTE. However, the figures provided were not adjusted for the above analysis.

¹³ Note some answering “yes” to having a position provided no salary data.

In addition to the positions on the previous page, coalitions indicated they had staff positions in the following categories and with the salaries listed here and on the next page:

ADDITIONAL POSITIONS	ANNUAL SALARY
Accountant Accounting Assistant	\$32,000–\$33,000 \$24,000
Office Manager	\$30,000–\$38,000
Bookkeeper	\$35,000–\$40,000
Organizational Services Director	\$40,000–\$50,000
Info Technology Coordinator Office & Tech Manager Information Technology Coordinator Digital Media Coordinator	\$56,844 \$32,000–\$42,500 \$45,000 \$45,000
Communications Director Media Coordinator Communications Coordinator	\$42,000 \$24,000 \$31,500
Communications Writer Senior Communications Specialist	\$32,000 \$30,000
Publications Specialist	\$24,000
Services Coordinator Senior Victim Advocate Victim Advocate/Probation Units Victim Advocate/Sex Off Team	\$32,000–\$38,000 \$39,000 \$32,000 \$39,000
Protective Orders Coordinator	\$35,000
Prevention Service Director Prevention Education Coordinator	\$40,000–\$50,000 \$32,000–\$36,500
Empowerment Evaluation Coordinator	\$35,000
Economic Justice Coordinator	?
Creating Access Project Coordinator	?
Managers/Analysts	\$39,000–\$52,000

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ADDITIONAL POSITIONS – con't.	ANNUAL SALARY – con't.
Coordinators Program Manager Program Coordinator	\$36,000–\$45,000 \$28,000–\$42,500 \$28,000–\$42,000
PREA Specialist	\$36,000
Immigrant/Refugee Community Liaison	\$22,214
Membership Coordinator	\$9,100–\$38,000
Support Staff Financial Assistant	\$18,000–\$24,000 \$25,000
SA Specialist/DV Specialist	\$36,000–\$37,000
SANE Program Coordinator SANE Coordinator SANE/SART Outreach Coordinator	\$60,000 \$76,000 \$40,000
Therapist	\$34,320–\$43,000
Training/Events Coordinator	\$30,000–\$38,000
Contract Liaison Grants and Contracts Administrator Grants Monitor	\$42,106 \$48,000 \$40,000
Nonprofit Legal and Management Assistance	\$53,055–\$69,810

- All coalitions that responded to this question (46) provided **health** benefits, with 63% offering full coverage for individual employees.
- 87% provided **dental** benefits (40), with 70.3% offering full coverage for individual employees (24).
- 54.3% provided **life** insurance (25), with 64% offering full coverage for individual employees (16).
- 37% provided **short-term disability** insurance (17), with 47.1% offering full coverage for individual employees (9).
- 41.3% provided **long-term disability** insurance (19), with 57.9% offering full coverage for individual employees (11).
- 66% of coalitions offer **retirement benefits** with an employer contribution (31 of 47). 15% offer these benefits with no employer contribution (7). Of that offer retirement benefits with an employer contribution, 26 contribute a percentage of the employees' annual salary, ranging from 3% to 11.25% and averaging at 4.3%. Two contribute a dollar amount (\$1,000).
- In terms of **paid time off benefits**, three of 46 coalitions offered a package (ranging from 20 days to 45 days off) that was inclusive of some or all benefits (vacation, sick, personal, other, and holidays). However, most coalitions broke down paid time off benefits into the above categories:
 - 89.1% of coalitions offered paid vacation (41), ranging from 10 to 36 days off. Eight offered a set number of days off (averaging 16.89 days off), while 23 offered a range of days off, some depending on time accumulated with the agency (17) and/or position (1).
 - 87% of coalitions offered paid sick time off (40), ranging from 5 to 54 days off and averaging at 12.75 days off (for 37 coalitions).
 - 59% of coalitions offered paid personal time off (27), ranging from 1 to 12 days annually and averaging at 3.12 days (for 25 coalitions).
 - 37% of coalitions offered paid time off for other reasons (14), ranging from 1 to 5 days annually and averaging at 2.93 days. Reasons for "other" time off included bereavement leave (9), birthdays, floating holidays, and flex time.
 - 97.8% of coalitions offered paid holidays (45 of 46), ranging from 6 to 16 days off and averaging at 10.80 days off.

Required Training at the State Level for Sexual Assault Advocates

- In the 1999 survey, 65% of coalitions had training requirements for sexual assault advocates at the state level (35 of 54). 19 coalitions required 40 or more hours of training, 9 required 30 to 40 hours, and six required between 20 to 30 hours (1 didn't indicate hours).
- In the 2005–2006 survey, 78.3% of coalitions reported these training requirements (36 of 46). The majority (75.7%) required 30 or more hours (28).
- 65.9% of coalitions (27 of 41) reported required topics for training under these broad categories:
 - Center Information
 - What is Advocacy?
 - Policies and Procedures for Sexual Assault Advocates
 - Systems Advocacy
 - Overview of Violence Against Women
 - Sexual Assault/Abuse
 - Social Change
 - Impact of Sexual Victimization
 - Medical Issues
 - Legal Issues
 - Mental Health Issues
 - Cultural Competency and Oppression Issues
 - Special/Diverse Populations

- Skill-Building
- Domestic/Family Violence
- Offenders
- Restorative Justice

*For more information on training topics, see **handout** Required Training Topics.*

- 14 coalitions reported additional educational/experiential requirements for advocates at the state level, including being at least 18 years of age, having a high school diploma or GED, completing an application and consenting to a background check with law enforcement and a child abuse registry, shadowing experienced advocates (2), courtroom observation; a SANE program visit, independent study, and role play. Other related requirements reported included:
 - 80 hours of training for advocates of joint domestic violence/sexual assault programs
 - Training in cultural competency and anti-oppression issues
 - An additional 20 hours of initial training for counselors
 - Recommended attendance at a 32 hour training provided by the coalition on all aspects of sexual assault advocacy
 - Recommended certification of advocates based on completion of training
 - Additional training requirements mandated by funding agencies or local programs (4)

- 55.6% of coalitions also reported requirements for ongoing training (25 of 45).
 - 12 required a certain number of training hours annually, ranging from 4 hours to 20 hours.
 - Four required a certain number of in-services annually, ranging from to one monthly to one every six months.
 - Three indicated specific annual continuing education requirements for paid staff, ranging from 4 hours to hours equivalent to half their work week.
 - For two coalitions, counselors were required to have annual continuing education.

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Certification Processes for Advocates

- In the 1999 survey, seven coalitions indicated that their states certified sexual assault advocates.
- In the 2005–2006 survey, 7 coalitions reported they or another entity in their state certify advocates.
 - In two, certification is obtained by completing the required training and continuing education. Two coalitions offered voluntary certifications to advocates they train, but indicated that certification requirements were being developed.
 - Three indicated that certification was through another state entity. One coalition indicated that advocate certification was through another state entity and if the advocate moves on to another center, certification not transferable.
- 3 coalitions indicated they were considering developing a certification process for advocates.

Accreditation Processes or Set of Program Standards for Local Programs

- 66% of coalitions indicated there was an accreditation process or set of program standards for local sexual assault programs (31 of 47). 17 coalitions (of 29) indicated that they established standards/an accreditation process for member sexual assault programs. Eight coalitions reported that standards/rules for programs come from their funders. Two coalitions were in the process of developing program standards. For more detailed information, see the handout *Descriptions of Certification Process or Program Standards for Sexual Assault Programs*.
- 29.8% of coalitions indicated their funding is dependent upon certification or program standards for sexual assault programs (14 of 47).

Staff Positions Dedicated to...

- 34% of coalitions have staff position dedicated to organizational communications (16 of 47).
- 61.7% have a staff position whose responsibility is communicating with the media (29).

Media Contacts per Month

- Among the 43 responding coalitions, there was a range of 0 to 46.6 media contacts per month with an average of 5.59. 90.7% had less than 10 contacts per month (39).

Use of Technology (of 46 Coalitions)

- 23.9% of coalitions rated their use of technology as “5, frequently use advanced technologies” (11).
- 39.1% rated their use of technology as “4” (18). 28.3% rated their use of technology as “3, average use of technology” (13).
- 6.5% rated their use of technology as “2” (3).
- 2.2% rated their use of technology as “1, use of technology is infrequent or low-tech” (1).

Additional Information Related to Availability and Use of Technology

- 97.9% of coalitions indicated each staff member had their own **computer** (46 of 47)
- 97.9% used **PCs** as opposed to Apple Machines (46 of 47)
- In terms of type of **internet connection**: 85.1% had DSL/Cable Modem (40), 14.9% had Wireless (7), 8.5% had Ethernet (4), and 4.3% had Dial Up (2 of 47)
- 60.4% had their own **servers** (29 of 48)
- 57.4% had **cell phones** (27 of 47)
- 91.5% had adequate **software** (43 of 47)
- 97.9% had **fax machines** (46 of 47)
- 54.2% had staff who attended the “Training of Trainers” sponsored by the Safety Net Project of the NNEDV (26 of 48)
- In terms of organizational technology use policies (of 46):
 - 17.4% had policies on solicited emails (8)
 - 60.9% had policies on Internet and email use (28)
 - 28.3% had policies on data collection (13)
 - 19.6% had policies on online service provision (8)
 - 34.8% had no related policies (16)
- Over half of coalitions (58.8%) indicated they had toll free number (30 of 51). Most coalitions (94.1%) indicated they had or were developing a website (48).

- Required Training Topics
- Description: Certification Process/Program Standards for Programs
- Description of Training Provided to Law/Medical Professionals
- Materials Offered to Local Programs
- Types of Prevention Projects
- Resources Coalitions Would Most Like to Share

27 coalitions reported information about required training topics under these broad categories:

Center Information

- History of Center (6 listings)
- Philosophy of Center (2)
- Center Information/Organizational Structure (2)
- General Policies and Procedures

What is Advocacy?

- Empowerment Theory (3)
- Definition
- Outreach
- Attitudes and Behaviors
- Providing Options, Support and Service Options for Victims (2)
- Values Clarification (Anti-Oppression/Diversity) (7)
- Roles (6)
- Enabling/Supporting
- Balancing Advocacy and Public Relations
- Advocate Safety
- State/Community Systems, Resources for Victims (3)
- Reparations/Compensation

Policies and Procedures for Advocates (3)

- Case Management (2)
- Ethics (4)
- Confidentiality (9)
- Boundaries, Burnout, Other Personal/Professional Issues, Self Care, Self Defense (5)
- Conflict of Interest
- Informed Consent
- Documentation of Contact
- Information/Referrals (6)
- Use of cordless/cellular phones, Caller ID blocking

Systems Advocacy, Basics of (4)

- Relationships with Agencies (2)
- Advanced Advocacy and Coalition-Building, Collaborative Relationship Building, Community Network System (5)

Overview of Violence Against Women (2)

Sexual Assault/Abuse (4)

- Types and implications of Sexual Violence (2)
- Acquaintance versus Stranger Assault
- Definitions/Continuum of Sexual Violence (4)
- Myths and Facts (5)
- Statistics

Social Change

- History of Sexual Violence and the Anti-Rape Movement(8)
- Societal Views of Women
- Culture and rape
- Feminist Theory
- Underlying Conditions Contributing to Sexual Violence as Accepted Norm
- Abuse of Power and Control (2)
- Gender Role Stereotyping
- Oppression (2)
- Prevention/Risk Reduction (2)
- Changing Attitudes
- Teaching Your Children

Impact of Sexual Victimization

- Dynamics of Victimization, Dynamics of Sexual Assault, Overview of Victimology (7)
- Reaction to Rape, Rape and Recovery, Emotional Stages of Sexual Assault (4)
- Grief and Coping Skills (2)
- Rape Trauma Syndrome/PTSD, Crisis Trauma Syndrome (8)

Medical Issues (12)

- Advocacy in Health Care Settings
- Hospital Protocols (5)
- Medical Site Orientation
- STDs, including AIDS
- Examination
- Evidence Collection Kit Components (2)
- Pregnancy
- Medical considerations (4)
- Forensic considerations (2)
- Follow up report
- Documentation

Legal Issues (6)

- State sex crimes statutes (6)
- Overview of Criminal Justice System (6)
- Legal Advocacy, Advocate's Legal Duties (5)
- State reporting requirements (2)
- Child Protection
- Role of Law Enforcement
- Police Interview/Questions (3)
- Differences in Criminal and Civil Proceedings
- Jurisdiction
- Immigration
- Indian Reservations
- Civil and Criminal Court Orders (2)
- False Reporting (2)
- Evidence Collection (Crime Scene)
- Police Investigation (3)
- Victim Witness Assistance
- Subpoena of Advocate
- Victim's Rights, Information to Victims (6)
- Victim's Compensation, Reparation (5)
- Case Report Writing
- Courtroom Preparation (2)

Mental Health Issues (2)

- Myths and Realities in Relation to Violence
- Long versus Short Term Therapy
- Therapy versus Support Group
- Counseling for different populations (adolescent, child, adult survivors of child sexual abuse)
- Dual Issues
- Feelings of Survivors
- Depression
- Self Abuse
- Suicide (5)
- Persistent and Chronic Mental Illness
- Chemical Dependency

Cultural Competency and Oppression Issues (5)

- Imbalance of Power
- Racism, Sexism, Heterosexism, Ableism, Classism, Anti-Semitism, Ageism

Special/Diverse Populations (12)

- Effects on Family/Friends, Secondary Victims (2)
- Same Sex Assault
- Male Victims, Gender (6)
- Incest (4)
- Adults Molested as Children (2)
- Lesbians, Gay Men, Bisexual, Transgendered (6)
- Martial Rape (2)
- Date Rape
- Elderly (3)
- Child Sexual Violence Victims, Indicators of, Services for (8)
- Adolescents, Services to (2)
- Adult Victims
- Gang Rape (2)
- Immigrants and Non-English Speakers (2)
- Hate Crimes
- Cult and Ritualistic Abuse (2)
- Rural Issues
- College Campuses
- Sexual Harassment (5)
- Sexual Exploitation
- Prostitution/Pornography (2)
- Stalking (2)

- Ethnicity/Race (2)

- Religious/Spirituality
- Addictions (2)
- Multi-Cultural Issues: Local Populations
- Persons w/Disabilities (physical, mental, emotional) (5)

Skill-Building (2)

- Counseling and Techniques (5)
 - Therapy versus Support
 - Cross-Cultural Counseling
- Crisis Theory and Intervention (14)
- Telephone Crisis Intervention, Crisis Line (3)
 - Beginning/Ending Call Sessions
- Communications/Listening Skills (9)
 - Empathy
 - Non-Judgmental Responses
 - Open-ended Questions
- Problem Solving (3)
 - Goal Setting (2)
 - Safety Planning
 - Decision-Making
- Role Playing (2)
- Challenging Callers
- Frequent Callers
- Caring Confrontation

Domestic and Family Violence (3)

- Policies and Procedures for Domestic Violence Victim Advocates
- Related State Laws
- Cycle Theory of Battering
- Cycle of Violence
- Why Victims Stay or Return to Abusive Relationships
- Co-Occurrence of Domestic Violence/ Child Abuse
- Lethality
- Homicide
- Death Notification

Offenders (2)
Restorative Justice (1)

29 of 31 coalitions indicating they had a certification process/standards for programs answered this question.

- 17 coalitions indicated that they had established standards for member sexual assault programs (AL, AR, CT, FL, GA, HI, IA, IN, KS, LA, ME, NE, NH, NM, PA, WI, and WV).
 - 1 coalition indicated that program standards included advocate training, utilization of and collaboration with local investigators, crime lab scientists, prosecutors, domestic violence programs and schools; accessibility to people with disabilities and people using English as a 2nd language, if at all possible; accessibility to all ages, gender, sexual preferences and races/ethnicities, must have paid coordinator, must attend coalition meetings and trainings (NM)
 - 1 coalition indicated that it had program standards, but no way to evaluate or enforce them (AR)
 - 1 coalition indicated that it had Standards of Service, Ethics, and Training for Sexual Assault Crisis Centers, which are minimum standards the centers to follow. In the process of developing an accreditation program, which would be best practices rather than minimum standards. (LA)
- 1 coalition indicated that its program standards included: Religious Non-Affiliation Standard, Sexual Assault Counselor Training Standard, HIV/AIDS Standard, Code of Professional Responsibility, Minimum Required Services Standards, which include (1) Must be available to all clients: a. 24-hour hotline; accompaniment to medical facilities, police investigations, and court proceedings; crisis intervention; individual advocacy; information and referral (2) Required services provided to community: education presentations; training; public relations; systems advocacy (PA)
- 1 coalition indicated that standards have been established by the coalition which describes the core services required to operate a rape crisis program, as well as different programs offered by the centers (GE)
- 1 coalition indicated that its program standards cover supervision, clinical, operational policies and procedures (HI)
- 1 coalition indicated that its program standards cover standards, evidence of compliance and monitoring (NH)
- 1 coalition indicated that its program standards cover crisis hotline, advocacy, I & R, counseling, support groups, community education, and volunteer services and include components on confidentiality, training requirements, protocols, etc (WV)
- 1 coalition indicated that its quality assurance standards cover shared philosophy, goals, and definitions of the following:
 - crisis intervention services – mental health/Level II services – volunteer recruitment and training – community education services – school-based education services including contact with schools, presentations to students and service documentation – support groups including group facilitator training – confidentiality – coalition expectations – organization expectations including personnel and program maintenance. (ME)
- 1 coalition indicated that its program standards were established by the coalition and state criminal justice institute (IN)
- 1 coalition indicated that its program standards and peer review process includes 3 sections: administrative/management; direct services; and community education (NE)
- 1 coalition indicated that its standards cover certification of advocates and member center compliance with coalition's member agency criteria and standards of operation (CT)

- 1 coalition indicated that in order to be a recognized SA service provider by the coalition, a program must meet core standards and be approved by coalition board. Approved agencies are more likely to receive funding from some state agencies. Standards include: a non-profit program primarily designed to serve all sexual assault victims and the significant people in their lives; addresses sexual assault in their agency an/or program mission statement; willing to encourage staff/volunteers with time to be active in the coalition through meetings, trainings, committees, and/or the board of directors; assures a 24-Hour Crisis Line; provides follow-up services; provides advocacy (legal, medical); provides supportive services; offers support groups; provides peer support; provides community education and prevention education; provides information & referral; and has safe & accessible services (WI)
 - 1 coalition has standards that its member programs must complete every two years. (AL)
 - There are established standards for member rape crisis programs. (IA)
 - 2 coalitions described their accreditation process. 1 coalition indicated it accredited programs on a three year accreditation cycle. The first two year the board of directors, the accreditation committee does a desk review of the program and the third year the program has a site visit. The accreditation standards were developed by the board and the accreditation committee (KS). Another coalition just finished provisionally certifying programs and are providing TA for programs to become fully certified, that is, meeting all service and governance standards within the next two years (FL)
 - 2 coalitions are developing program standards (VA, OR)
 - Newly merged dual coalition is in the process of combining both the former sexual assault and domestic violence standards for certification (VA)
 - 1 coalition is developing program standards (OR)
 - 9 coalitions indicated that standards/rules for programs come from funders (WA, MI, KY, MN, TX, NY, OK, IL)
 - 1 coalition indicated that community sexual assault programs must meet accreditation standards as defined by the contractor (WA)
 - 1 coalition indicated that there are quality assurance standards for agencies funded through state (MI)
 - 1 coalition indicated that standards are written into legislation; centers are held to the standards through funding contracts that the coalition administers (KY)
 - 1 coalition indicated that standards were informed by the coalition, but come from funders (MN)
 - 1 coalition indicated that there are minimal requirements for funding such as 24 hour hotline, hospital accompaniment services, crisis intervention (TX)
 - 1 coalition indicated that program standards were established by the state Department of Health, includes parameters for crisis counseling, hotline, medical and court accompaniment, community education, training of allied professionals and maintenance of confidentiality certification for staff and volunteer advocates (NY)
 - 1 coalition indicated that state standards mainly address facilities management rather than qualitative consideration of services provided. Administered by state administrator of sexual assault and domestic violence services out of the Attorney General's Office (OK)
 - 1 coalition indicated that there were mandatory program standards to be eligible for coalition membership and funding (IL)
 - 2 coalitions seemed to describe training requirements for advocates (ID, DE)
 - Basic, intermediate and advanced training (ID)
 - Role play evaluation done during the final stages of training (DE)
- Note that 1 coalition indicated that the term "certification" is used with people while "accreditation" for programs or entities (LA)*

Training to Law Professionals

- Annual conference with legal tracks, criminal justice tracks (4)
- Sexual assault investigation training at the Law Enforcement Academy (7)
- 2 coalition has a full-time consultant to do law enforcement training
- Mandatory trainings for law enforcement veterans
- 8-hour on-site training for first responders and investigators taught by a team that includes a crime lab scientist, a social worker and a retired police lieutenant.
- Partnership with law enforcement associations to co-sponsor trainings (2)
- Ongoing training for all police departments in the state.
- Training for university and campus police.
- Law enforcement trainings on Sexual Assault 101, role of advocates, law enforcement in response, and what a SANE program is.
- 40-hour specialized school on domestic and sexual violence for law enforcement.
- Training through the city Police Department (co-trained once a week with law enforcement trainer, interactive role playing law enforcement working with advocates, got to all officers in area).
- Statewide rural law enforcement training (including border area, native and very rural) in addition to an annual conference specific to law enforcement (planned and presented with law enforcement experts)
- Statewide law enforcement training on response to sexual assault when funding is available.
- Regional trainings to law enforcement and corrections (6 licensed law enforcement instructors)
- Annual statewide training for law enforcement on drug-facilitated sexual assault, as well as regional trainings on this topic.
- Annual conference with law enforcement tracks.
- Law enforcement training is focused on the development of Sexual Assault Interagency Councils. Several LE agencies received STOP funds to set up SAICs; FCASV receives STOP funds to provide TA.
- Training for law enforcement and prosecution on characteristics and profiles of sex offenders.
- Training for law enforcement and prosecution professionals provided per request. (4)
- Course at Law School.
- Prosecutors conferences planned with statewide prosecutors and national experts as speakers.
- Consent defense trainings
- New laws training
- Partnership with state supreme court on two judicial trainings
- Training for judges provided per request (4). (Several indicated hard to access judges for training)
- Training for judges, law enforcement, and prosecutors on ways to improve access to criminal justice system for women with disabilities. (2)
- Legal Trainings on Interviewing Techniques: Victims & Perpetrators; Community Based services for Victims of Sexual Violence; Pretext Phone Calls; Drug Facilitated Sexual Assault Evidence Collection and DNA; Internet Crimes; Gathering Forensic Evidence; Police Response to Crimes of Sexual Violence; Rape Trauma Syndrome; Crime Victims Compensation; Understanding Sexual offenders.
- Legal trainings focus sex crime statutes, confidentiality, evidence collection, victim centered response.
- Annual sex crimes conference for judges, prosecutors and law enforcement.
- Training for prosecutors and judges on various topics

Training to Medical Professionals

- Training on evidence collection protocols for adults/children, medical standards of care for victims. (4)
 - Partnership w/state forensic nursing association, state medical associations to provide trainings (2)
- SANE/SAFE training/information (17)
 - FT SANE training consultants
 - Regional around state (2)
 - New SANE training
 - Genital Skills Lab
 - Evidentiary exam for drug facilitated sexual assault
 - Advanced SANE conference
 - Web-based training for SAFEs
 - Pediatric SANE Training
 - Annual conference with 2-day SANE track.
 - SANE training done by county for medical personnel in hospitals.
- Medical trainings on SANEs, SAFEs, SART, emergency contraception; drug-facilitated sexual assault; and sexual abuse of elderly.
- Training on screening patients for sexual violence (4)
- Participation in training of medical professionals facilitated by state Department of Public Health
- Training for medical staff provided per request. (8)

Training to Multidisciplinary Audience (including law and medical professionals)

- Training for law enforcement, medical professionals and advocates on Intimate Partner Violence and Sexual Assault in the LGBT Community and Key Elements of an Effective Response to Sexual Violence.
- 2-day training, Trial by Jury, in which one day involved four training tracks—for advocates, law enforcement officers, medical personnel and prosecutors. The second day consisted of a mock trial that gave training participants an opportunity to witness the roles carried out by each of these entities in a criminal court and offered them an opportunity to ask questions about court processes.
- Training for members of the SART unit (law enforcement officer, SANE, advocate, Probation and Parole, therapist and prosecutor).
- Annual regional trainings on statutory changes and best practices updates.
- Participation in semi-annual training on sexual assault offered by the state.
- SART training presented by multidisciplinary training team (6)
- Multi-disciplinary training team consisting of an advocate, an officer, and a prosecutor which is funded through STOP money that travels the state providing training.
- Variety of trainings on basic forensic evidence collection, sexual assault response team models, community collaboration, needs of special populations.

- Coalitions Annual Conference Legal Track Training Series include topics such as Sexual Assault Advocates as Expert Witnesses; Sexual Assault Prosecution, An Overview; Employment Rights for Sexual Assault Victims; Legal Advocacy on College Campuses; Tribal Law & Sexual Assault; Family Law & Sexual Assault.
- Trainings on Court Rules, Case Law & Victim's Rights, Civil Legal Advocacy: Beyond the Criminal Justice System, Legal Advocacy Core Training, Education Rights for Sexual Assault Victims (teleconference) Title IX and Sexual Assault: School Threat Symposium Human Trafficking & Slavery
- Trainings on immigration/human trafficking issues and working with the Lesbian, Gay, Bisexual and Transgender community. Have a grant to put together a Victim Assistance Academy which will include these professionals.
- Trainings on victims/offender issues and cultural sensitivity.

3 coalitions indicated that the training provided varies depending on request.

3 coalitions indicated that majority/all/most training in state provided by local programs.

Brochures

(25 are available in Spanish, 1 in Hindi, several in 3 languages)

- Services
 - General coalition (6)
 - Local program services (5) 2 in English/Spanish (E/S)
 - Agency projects (3)
 - After sexual assault: a guide to advocacy services
 - SANE services
 - SANE/SART
 - Training
 - First responders
 - College orientation
 - Civil legal assistance (2)
- General sexual violence (5)
- Sexual violence continuum
- Was it Rape?
- It's OK to feel
- Rape recovery
- Sexual assault-anyone can be a victim
- Supporting victims of sexual violence, E/S
- How to help a victim (3)
- Guide for friends and survivors (2)
- Break the silence, E/S
- Legal rights and assistance, 1 E/S/Hindi (2)
- Sexual assault and the criminal justice process, one specifically for teens/their parents on this topic (2)
- Sexual assault and spirituality
- Specific types of sexual assault
 - Dating violence
 - Without consent (2)
 - Date rape
 - Acquaintance rape (2)
 - E/S Even among friends
 - Stalking (4)
 - Human trafficking
 - Online sexual exploitation
 - Incest (2)
 - Marital rape (3)
 - Child sexual abuse, 1 in E/S, 1 in 3 languages (6)
 - For children
 - Sexual harassment, sexual harassment at school, 1 in E/S (3)
 - If he/she is raped for parents whose children have been molested
 - Drug facilitated (2)
- Specific Populations
 - Teenagers
 - Guide for parents of teens
 - Sexual abuse and the Church: What do I need to know (for parents)
 - E/S Adult victims of childhood abuse, 1 in E/S, 1 in 3 languages (2)
 - For inmates
 - Lesbians and sexual assault (2)
 - Sexual assault and physical or developmental disabilities (3)
 - Male survivors, 1 in E/S (6)
 - Lesbian sexual abuse
 - Elder sexual assault, 1 in E/S (4)
 - You are at risk: what every senior needs to know about elder sexual assault
 - Preparing and prosecuting elder sexual assault cases
 - And Still I Rise...Black Women Confronting Rape
 - Monsoon
 - United Asian Women of Iowa
 - Women of Color Advisory Network
 - On a variety of special populations
 - Not where I live: for parents on family safety and sex offenders in the community

• Prevention

- Confronting sexual assault (2)
- Rape prevention
- Are you willing to do time for it?
- Men's engagement, men responding to sexual violence
- Strategies on avoiding sexual assault, risk reduction (3)
- Parents teaching children safety rules to reduce risk
- What's Going On: personal safety tips for teens
- Internet safety, Surfing the Net: A guide for parents to reduce the risk of online sexual exploitation (4)
- General PREA

Newsletters

Reports

- Predatory drugs
- Monthly activities/mailings (2)
- Outcome strategies for sexual assault: a practical guide
- Vision for prevention: key issues and statewide recommendations for the primary prevention of violence against women in Michigan
- The response to sexual assault: removing barriers to services and justice
- Statewide lists of Rape Crisis Centers and DV shelters

Booklets

- Guide for professionals dealing with sexual assault cases (2)
- A handbook of criminal, civil and administrative laws
- Statistics
- Guide for staff working with the media (2)
- Reporting sexual assault: a guide for journalists
- Legal options for survivors, a voice afforded to crime victims (2)
- E/S Law enforcement guides to handling sexual and domestic violence, stalking and strangulation, Sexual Assault Reference Handbook for Law Enforcement (3)
- Accessibility—medical agencies and law enforcement
- A handbook on recovering from sexual assault, handbook for survivors (4) one in E/S
- Child sexual abuse
- Megan's Law: guide for parents about sex offenders, sexual assault, safety tips and local services

Manuals

- Resource manual on sexual assault
- Supporting survivors (2)
- Sexual assault, trauma and spiritual healing
- To live without fear and violence: sexual assault and domestic violence against older individuals

• Facts and stats

- Coalition advocacy manual for sexual assault awareness month
- Statewide protocol
- Best practices in sexual violence prevention education
- Prevention curriculum for middle school students in addition to different training modules
- Basic curriculum for advocates (4)
- Crisis line training manual
- Sexual assault legal advocacy
- Advocate guide to cultural competency
- Trainer Notes: Advocacy Through Education
- Handbooks for law enforcement (5)
- Criminal procedure reference
- Child Sexual Abuse: A Guide for Children's Attorneys and Other Court Professionals
- Developing an Effective Campus Response To Violence Against Women: A Campus Resource Manual
- Widening the circle
- Building stronger survivor services through collaboration

Kits

- Evidence Collection Kits for SANEs
- SAVE kits (medical screening for sexual assault)

Fact/information sheets

- Statistics/data on date rape drugs and other fact sheets (4)
- Date rape, middle school harassment, high school harassment (3)
- Teen dating violence
- Sexual assault: the mental health impact
- Working with special populations
- Touch and my body
- Web-based fact sheets, series of (2)
 - Advocate privilege, evidentiary exam payment, mandated reporting, drug facilitated sa, minor consent for services statute of limitations for criminal sexual conduct, sexual harassment, vulnerable adult mandatory reporting, community notification, predatory offender registration, record keeping, civil damages for sexual violence (11)
 - Advocacy checklists: initial contact, evidentiary exam, reporting to law enforcement, no report to law enforcement, case charged, trial, conviction, acquittal, post conviction (9)

Packets

- Hospital packet for victims
- Funding packet (describes problem of sexual violence and the need for services)
- Real men respect campaign media packet
- Sexual assault awareness month packets for local programs (2)

Other publications: didn't specify format

- General coalition
- SANE resource guide
- Identifying legal issues for victims of sexual assault
- Guide to civil action
- What to do if you have been raped (2)
- Support a family member or friend, 1 in E/S (2)
- Journey to Safety: Assembling the Pieces, I Y'upik, Spanish, English
- Acquaintance rape, Acquaintance rape and teens, 1 in E/S (3)
- Date rape (3) (one for counselors, one for public)
- Child sexual abuse (2)
- A parent's guide to child sexual abuse, Understanding the Legal System When Your Child Has Been Sexually Abused (2)
- Court Mediation in Child Cases Involving Violence
- Drug facilitated rape (2)

- Stalking (3)
- E/S Sexual harassment, 1 in E/S, 1 in E/S/Portuguese/French (3)
- Emotional abuse
- Incest, Sexual abuse within families (2)
- Rape in marriage (3)
- E/S on special populations (LGBTQ, marital rape, child sexual assault, men, teens, elderly) one in E/S
- What Teenagers Should Know About Sex Offenses
- Male survivors (2)
- Sexual Abuse of People with Disabilities (2)
- Same sex sexual violence
- Sexual assault and the older women substance abuser (for the user), substance abuse (for counselors) (2)
- Elder victims
- Strategies to help avoid sexual assault
- Personal safety tips for teens
- Preventing date rape
- Stepping with Safety
- For sexual assault awareness month
- Sexual Assault: The Importance of Medical Treatment
- Women are Sacred

Material of the local rape crisis program

(for coalitions which are also local programs)

Bookmarks

Victim rights and services available

Cards

Wallet cards, palm cards, cell phone cards, victim assistance cards, Safe change cards for young adults, prevention campaign postcards, men can stop rape postcards (9)

Stagger folds and pocket guides

- Accessible Justice: Preparing sexual assault victims with developmental disabilities for the Criminal Court Process
- Creating a balance: Promoting health relationships and preventing sexual assault of people with cognitive disabilities
- Reduce the risk of sexual assault
- Sexual assault and sexuality issues for people with Alzheimer's Disease or related Dementias
- Transcending Silence: A series and speaking out and taking action in our communities

Magnets

Tell me about it

Maps

With services

Mirrors

I believe her

Bracelets

Deciding to end sexual violence

Emery boards

Posters

Some in E/S

- Geared for sexual assault awareness month (2)
- Community awareness
- Series for prevention campaign
- Mutual consent
- Alcohol related sexual assault
- Crisis Intervention Training
- Men can stop rape for college males, real men respect (boy/girl version, boy in E/S) (3)
- Anyone can be a victim (E/S)
- You didn't choose to get raped/you can choose to get help
- No is never wrong (boy and girl version) (2)

CD

For Speak Up Speak Out campaign

Radio and TV PSAs

Websites

- Legislative tracking lists and listserve

Awareness and prevention campaigns

- Rural community prevention (combo of teacher, response professionals, parent and student classes), in concert with rural prevention specialist who shadows our expert
- Coordination of days dedicated to speaking out against sexual violence (regular SAAM events, Denim Day, Take Back the Night and Stop Violence Against Women Day)
- Letters to editor, op-eds, and magazine articles to raise public awareness.
- Sexual Assault campaigns/presentations with Colleges/Universities
- Men in prevention project
- Youth Public Awareness Campaigns
- Public Awareness Campaign aimed at teens
- Creation of teen website on sexual assault
- Youth leadership program dedicated exclusively to prevention
- HERO Project: Sexual Abuse Prevention, a Community Model
- A drug-facilitated awareness campaign with cocktail napkins and posters and two generic posters, one on alcohol as a risk factor and the other on consent
- Media campaign focusing on debunking rape myths
- Poster and brochure campaigns
- Billboard campaign
- Date rape PSA's for TV
- Personal safety advertisements

- Primary prevention social norms campaign, Why Not Ask?

Schools/Education presentations

- Male responsibility classes with our state run delinquency centers
- Lots of work in schools—bystander intervention social norms theory stuff
- College campus prevention efforts in general
- Primary prevention presentations with men/male athletes on college campuses
- College Campus trainings Men involved in the movement issues
- The Men's Group: A Curriculum for Helping Men who are committed to Understanding and Ending Sexual Violence
- SAAM School-based education
- Community Education presented by Peer Educator Groups
- Prevention Education Evaluation Project Inside the Classroom
- Curriculum development (Sexual Assault Prevention Curriculum, Creation of Education standards, curriculum for adolescents/elementary on prevention)
- Working to standardize prevention education curricula and outcome measures and provide training
- Support for local educators

Involvement in collaborative groups that address sexual violence prevention

- Lead agency for the Interpersonal Violence Prevention Collaborative for our state.
- Participation in the state Sexual Violence Prevention Task Force, including the Joyful Sexuality sexual violence prevention workgroup.
- Collaboration with the domestic violence coalition and coordinating council
- Collaborate informally with the State Health department regarding the RPE project
- The Director of Membership and Education co-chairs the Prevention and Education Committee of the Governor's Commission Against Sexual and Domestic Violence. Hired an Empower evaluator, planning a major prevention themed conference in early 2007
- Re-kindled relationships with RPEP funded agencies and the state Department of Health.
- Local program prevention specialists funded through coalition participate on statewide intercollegiate council which helps develop prevention programs on the state's 19 residential college campuses
- Collaboration with At Risk Youth Coalition on Sexual Assault Prevention
- One of 11 teams selected nationally to participate in the first PREVENT Institute
- Director of education/research sits on prevention education committee of the Governor's Advisory Council Against sexual violence
- Increased focus on prevention education committee and collaboration with DV coalition, state department of public information and school districts

Conferences and Trainings

- Prevention Summit/conference/symposium
- Scholarships to RPE educators to attend prevention education summit
- Speakers and tracks at annual coalition conference
- Hosts a training for Member Programs on working with men to prevent violence against women (training provided by Men Can Stop Rape).
- Through our Training Institute we also include workshops on prevention.
- Cosmetologists/Barbers training
- Coalition staff has received extensive prevention training
- Training for local centers

Planning

- Involved in statewide sexual violence prevention strategic planning process.
- Developing a prevention initiative, through state Dept. of Health, RPE funds.
- Working on changing the statewide framework for sexual violence prevention with our state health department
- Development of prevention strategies within new ecological model from Prevention Institute
- Convened a Sexual Violence Prevention Advisory Committee to provide input for the development of a statewide sexual violence prevention action plan
- Defined an overall plan and action steps to address primary prevention of adolescent perpetration of sexual violence. This was followed by six months of working closely with a long-distance PREVENT “coach” to implement the plan, which included conducting a literature review, focus groups, and key informant interviews.
- Planning committee made up of statewide partners to develop a statewide prevention plan

TA to local programs

- Support the promotion of prevention activities throughout network of Sexual Assault Crisis Centers.
- Oversee RPE dollars and prevention/education work at the community level.
- Community Development resource tools
- Shift focus of community education efforts from risk-reduction activities targeting potential victims to primary prevention strategies aimed at preventing individuals from perpetrating sexual violence

Research

- Social norms research with youth, focus groups, pre and post tests
- Evidence based prevention project with member program education coordinators

Resources (either developed by the coalition or recommended items) that coalitions (28) indicated they would most like to share with other coalitions:

AR: Would be willing to share anything.

AZ: Reshape. CDC communications CD-ROM and Google Alerts.

CT: Confidentiality Manuals (both “The Foundation of Healing” and “Advocating for Victim/Survivors While Protecting Their Privacy”).

CO: Any

DE: First Responders Booklet for Law Enforcement

FL: LE Training on Responding to Elder Sexual Violence – training curriculum and materials; Advocacy Core Training – self-study guide and train-the-trainer manual; SAVE Kits – screening for sexual assault in health care settings

GE: Perhaps our training manual for SANE and law enforcement agencies. Our newsletter and brochures are all developed in our office and sent out for printing. We have emery boards with our name and number along with the RAINN hotline number on it that we are proud of.

HI: The strategic planning report, Shaping Tomorrow: The Future of Sexual Violence Programs in Hawaii

IA: Training power points on civil legal assistance, PREA, Spanish-language access, issues for advocates who also interpret, board restructuring, on-line counseling, etc. Women of Color Directory. Board manual with bylaws and job description

ID: Any

IL: Any

IN: Dedication to advocacy booklet Recovery handbooks brochures posters psa's advocacy standards manual

LA: Feasibility study for a restorative justice program for sexual assault in Louisiana * Training on working with the news media

KY: We will share anything...other coalitions have been extremely generous to us. See materials listed available to local programs.

MA: Education materials (listed on website), public policy strategies, training institute and conference

MD: Brochure entitled: And Still I Rise...Black Women Confronting Rape Booklet entitled: Understanding the Legal System When Your Child Has Been Sexually Abused Booklet: Child Sexual Abuse: A Guide for Children's Attorneys and Other Court Professionals

MN: We have shared a variety of materials. There are many we would share, from legislative organizing materials to our media campaign

NE: Teen curriculum: Reaching and Teaching Teens to stop Violence Website: Stepupspokeout.org about teens and violence Sexual assault handbooks for survivors-- English and Spanish Only publication we charge for is the teen curriculum.

NV: Any

NH: SA Awareness Campaign

NM: Anything on disk, law enforcement guide, law enforcement training manual, accessibility guides

PA: Elder Sexual Assault Curriculum; Healing Through Group Writing; Girl Power; Three Kinds of Touches Curriculum; MASV Toolkit, HERO Project

SD: If she is raped if he is raped public parts/private parts

TX: Award-winning Public Awareness Campaign/materials, Manual for SA Advocates working with Diverse Populations

VT: Red Flag Campaign, wallet cards for survivors, predatory drug posters for bars and restaurants, Joyful Sexuality curriculum, State Sexual Violence Prevention Plan

WA: Booklet: Your Board of Directors: The Basics Newsletter: Managers' Viewpoint (written for directors of community sexual assault programs)

Publication: Connections (semi annual publication for community sexual assault programs)

Publication: Community Development Initiatives Community Development Initiative—The tool resulting from the Homeless Youth Community Development Initiative was completed and disseminated to all community sexual assault programs the last week of March 2005. This tool combines community development theory with first person narrative from the facilitator of the initiative. This publication provides a template for the implementation of the community development framework within a population that has been difficult to reach. Additionally, it provides some insight, through surveys and needs assessment, into the impact of sexual violence on youth who are homeless. Community Development Initiative 2—The tool resulting from the Stonewall IQ Community Development Initiative was completed and disseminated to all community sexual assault programs the last week of June 2005. This tool combines community development theory with first person narrative from the facilitator of the initiative. This publication provides a template for the implementation of the community development framework within a population that has been difficult to reach. Additionally, it provides some insight, through surveys and needs assessment, into the impact of sexual violence on gay men in a rural community.

Publication: Research and Advocacy Digest (trimester publication written for advocates and therapists)

Publication: One size implications (Rape crisis center publication)

Newsletter: Partners in Social Change (quarterly publication) June 2004. The articles in this issue were derived from the topics (self-defense, sex positivism and men's roles) included in the prevention track of AC 2004. The articles are not synopses of the workshops but instead complementary information September 2004. This was a fall/back to school issue. Articles topics including, an overview of a community development focused on working with homeless youth as well as strategies appropriate for college campuses and youth with cognitive disabilities January 2005. The topic is Media perceptions and our perceptions of media April 2005. The topic is ten years of prevention in Washington State. This issue provides an overview of the structure, organizations and history surrounding the implementation of prevention as a core service and the adoption of a community development/social change framework as the foundation for prevention activities in Washington State. June 2005. The topic is Public Display's of Activism. This issue was focused on re-framing and embracing the term PDA as Public Displays of Activism. It contains articles exploring traditional, as well as non traditional, Public Displays of Activism. The goal is to inspire a recommitment to the activist spirit foundational to the anti-rape movement. It, also, includes a submission from Organizational Research Services on evaluation.

Publication: "KNOW YOUR RIGHTS", Information for Survivors of Sexual Violence. Available in: Spanish, Russian and Vietnamese.

Newsletter: Employment Rights for Sexual Assault Victims

Publication: brochures called Privacy Information for Survivors of Sexual Assault and Housing Protections for Sexual Assault Survivors is frequently requested by advocates and survivors and has been a helpful educational resource on Washington's new housing law. We are also producing a series of brochures intended for people with developmental disabilities to educate them about sexual abuse and their rights w/in institutional settings and as vulnerable adults.

Publication: Developing Attorney Referrals & Pro Bono Legal Resources in Your Community Publication: A Survivor's Guide to Filing a Civil Law Suit Publication: Beyond the Criminal Justice System: Transforming Our Nation's Response to Rape - A Practical Guide to Representing Sexual Assault Victim

WV: We are willing to share all of our resources for free (except our curriculum, which is expensive to reproduce). We have had numerous requests nationally for our protocol and our handbook on sexual assault. We also have a newly developed sex crimes kit tracking application (SAKiTA) which is technology that we're willing to share for free.

WI: Always send out what we what to share.