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ABSTRACT

Those studying the distribution of urban services have generally concluded that services are distributed according to bureaucratic decision rules based on professional and bureaucratic norms such as need, efficiency, economy, equity, and convenience. Interest groups and elected officials may play a central role in effecting changes in bureaucratic decision rules for service delivery, as well as in the adoption of new city services and nonincremental changes in existing services. Therefore, in seeking to advance the feminist agenda on the local level, women's rights groups have worked primarily through bureaucracies, not executives or legislatures. Local women's rights groups have presented their demands in a manner consistent with professional and bureaucratic norms, and also have worked through policy networks to transform local bureaucracies. This paper examines the process by which the women's agenda for the treatment of rape victims has led to significant change within bureaucracies organized around social welfare, criminal justice, and health care. The study focuses upon a set of urban services that have well-defined constituencies and clientele groups and moves beyond a concern with service delivery to examine redesign decisions via basic changes in the professional norms surrounding these services. It utilizes a model of the policy process based on interest group theory, the concept of a policy network, and explanations of bureaucratic change. Four tables and a 39-item bibliography of references are included. (Author/JB)

# ADVANCING THE WOMEN'S AGENDA WITHIN BUREAUCRACIES; SERVICES FOR RAPE VICTIMS



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ADVANCING THE WOMEN'S AGENDA WITHIN BUREAUCRACIES:
SERVICES FOR RAPE VICTIMS

There is general agreement among urban scholars that what makes city governments "different" is their primary responsibility for the design, allocation, and delivery of services within their own jurisdictions. Urban politics is uniquely bureaucratic politics.

Those studying the distribution of urban services have generally concluded that service delivery decisions are made within municipal agencies in a closed process only rarely penetrated by top elected officials, interest groups, or other "political" actors (for example, Jones 1981; Button 1982; Mladenka 1985). Instead, services are distributed according to bureaucratic decision rules based on professional and bureaucratic norms such as need, efficiency, economy, equity, and convenience (for example, Levy, Meltsner, and Wildavsky 1974; Lineberry 1977; Jones 1980). Yet, as Rich (1982, p. 7) has written, "the most significant decisions about public services are made before any services reach 'the street' and any study that examines only the distribution of those services cities actually decide to deliver can provide only a highly limited basis for judging the equity of service distribution or understanding the politics of public services." Interest groups and elected officials may play a central role in effecting changes in bureaucratic decision rules for service delivery (Browning, Marshall, and Tabb 1984), as well as in the adoption of new city services and non-incremental changes in existing services.

Therefore, in seeking to advance the feminist agenda on the local level, women's rights groups have worked primarily through bureaucracies, not executives or legislatures. As a movement composed of highly-educated and relatively affluent members, accustomed to working within bureaucratic structures, local women's rights groups have presented their demands in a manner consistent with professional and bureaucratic norms. Local women's rights groups have also worked through policy networks to transform local bureaucracies. Their activities include: public and professional agenda-building around the issue; lobbying for legal changes at the state and national levels or the authorization of categorical grants; and the establishment of women-run alternative institutions. This paper examines the process by which the women's agenda for the treatment of rape victims has led to significant change within bureaucracies organized around social welfare, criminal justice, and health care.

This is a "new approach" from most existing studies of local interest groups and urban services in that: 1) it is centered around an understudied but very active set of interest groups on the local level; 2) it focuses upon a set of urban services that, in contrast to those usually examined in this literature, have well-defined constituencies and clientele groups; 3) it moves beyond a concern with service delivery to examine redesign decisions via basic changes in the professional norms surrounding these services; 4) it utilizes a model of the policy process based on interest group theory, the concept of a policy network, and explanations of bureaucratic change.

## Women as an Urban Interest Group

Longley's (1967) five-part typology of interest group effectiveness is adopted here. One hypothesis is that the redesign of urban services for victims of rape is directly related to women's rights groups' internal characteristics,

goals, maximization of resources, tactics, and cooperative relations with other groups and individuals (i.e. a policy network )

The role of the contemporary women's rights movement in advancing a local-based feminist agenda is particularly appropriate in that, since the 1820s, women working through voluntary associations have traditionally led the major urban reform movements (Berg 1978; Gittell and Shtob 1981). Because of an association with the home and family, community politics is where women have faced fewer cultural barriers and role conflicts (Darcy, Welch, and Clark 1987, pp. 8-9). It is here that women enjoy greatest access to the political system. National surveys have fourd that among high school graduates, women are as likely as men to indicate they have worked within a group to solve a local problem and are actually more likely to belong to such a group; among the college-educated, this pattern of female dominance is particularly pronounced (McGlen and O'Connor 1983, pp. 104-6).

Although the contemporary women's rights movement has been most visible in the national arena, local feminist groups are pervasive. There are no available counts of the total membership of local women's rights groups. However, the National Organization for Women (NOW), the largest of the national groups, had 758 local chapters in 1985. The National Women's Political Caucus (NWPC) listed 235 local chapters on its state and local caucus roster in 1986. And since the inception of the movement in the mid-1960s, feminist organizations typically have been composed of those from higher social strata. In a survey of 500 members of NOW, taken in 1974, 66% had a four-year college degree and 30% also had advanced degrees (Freeman 1975, p. 92). More recently, the NWPC surveyed its membership. Of the 1200 members who returned the questionnaire, 98% had attended college and 49% had postgraduate degrees. Median household income was $41,500 (Women's Political Times 1985). This same survey indicated a highly politicized and active membership.

Although the decision of NOW and NWPC in 1973-74 to become traditional Washington lobbying groups met with much resistance from the more activist local chapters (Costain 1988, pp. 29-30), these local groups are now oriented toward working within the system (Ferree and Hess 1985, pp. 125-7). Flammang (1984) has even suggested that local women's rights groups are currently performing traditional party functions--candidate recruitment, campaign work, interest aggregation and articulation, and bureaucratic casework-- in some nonpartisan cities.

Furthermore, the women's rights movement has not ignored urban areas, either in its social analysis or in its actions. Beginning with Betty Friedan's (1963) indictment of the female experience in suburbia, feminist scholars and activists have offered criticisms of urban spatial design and land-use planning, in addition to more focused analyses of such traditional policies and services as transportation, parks, housing, job training, public safety, child care, education, and child care. Local women's groups have responded to these grievances by creating new services and institutions (for an overview of some of these alternative services, see Gottlieb 1980; Masi 1981; Gelb and Gittell 1986).

Finally, national surveys have documented the sharp growth in public support for feminism and feminist organizations in the early 1970s and the slower but steady trends into the 1980s (Klein 1984; Poole and Zeigler 1985).

In summary, local women's rights groups exhibited many of the characteristics of an effective interest group: a well-established formal bureaucratic structure; legitimate goals and tactics; and a large and cohesive membership drawn from the higher social strata.

## A Local Women's Rights Policy Network

The concept of a "policy network" refers to a constellation of expert or interested groups and individuals, public and private, forming around a policy area. These may include interest groups; the media; subject matter experts in government, academia, private sector "think-tanks," and professional associations; top level elected and appointed government officials, and public bureaucracies. The workings of a policy system are characterized by continuous interchanges among members at every stage of the policy process, from agenda-building to implementation. From the perspective of the interest group, membership in such a policy system offers "insider" status. Ready access to local elected officials, municipal managers, and sympathetic bureaucracies can provide information on new regulations, policy shifts, and effective strategies.

By the early 1970s, local feminists were well-situated to become a part of an emerging local women's rights policy network. The number of female elected officials serving at the city and county levels is twenty times that at the state and national levels, or 15.8% of the total positions (National League of Cities 1986). Those studying local elected women have found them to be sympathetic to feminism, strong supporters of women's issues, and willing role models for other women.

Women's organizations have often gained direct representation in city government through local commissions on the status of women (CSWs). The number of such commissions doubled, 1975-80, to 150 (Stewart 1980) and by 1988, there were 202 active local commissions (U.S. Department of Labor 1988). Ideally, these commissions serve to institutionalize both the women's movement and women's participaton in policy decisions.

A final component of the local women's rights policy system is the female urban administrator. Even though women again hold only a small percentage of local administrative positions--10% in 1978--their influence exceeds their numbers (Burns 1981). Women in municipal management share many of the representative roles and policy orientations of elected women. For example, in a national survey, these managers reported service as role models, support for affirmative action, opposition to existing discrimination, and the recruitment of other women (Burns 1979).

## Local Women's Rights Groups, Professionalism, and Bureaucratic Change

Although municipal governments are often portrayed as low-change systems, more concerned with reliability and stability in the provision of services (Antunes and Mladenka 1976), in fact service practices are continuously changing. And the motivations that have been found to lead to the adoption of new and innovative practices are remarkably similar to those that underpin bureaucratic decision rules--that is, considerations of demand, efficiency, resource availability, need, amenity value, intergovernmental influence or grants, and professional norms (see Bingham 1976; Bingham et al 1981; Nelson and Yates 1978; Yin 1979).

According to Yin (1979, pp. 66-8), the crucial supports and conditions for urban bureaucratic change include the following: 1) External environment. Prior need for change perceived as prolonged or chronic; active client support; strong and sustained community support; direct funding or technical aid from the federal or state government; 2) Internal environment. Active support by a policy entrepreneur, agency administrators, and service practitioners; training programs for service personnel; associated new skills become a part of professional standards.

Central to the argument to be advanced below is that such changes must be presented to the organization and to individual practitioners in terms of visible payoffs consistent with bureaucratic and professional norms. Professional associations, in particular, can help local officials perceive problems and provide data on the effectiveness and efficiency of an innovation through conferences, special task forces, and publications (see Bingham et al 1981). As Mosher (1982, p. 113) has written, "professions are the conveyor belts between knowledge and theory on the one hand, and public purpose on the other."

In sum, the model of policy change utilized here hypothesizes that the redesign of urban services is only partially a function of conventional interest group politics whereby the ability of interest groups to control votes and campaign contributions leads directly to policy concessions. Local women's rights groups have also worked through policy networks to transform bureaucracies and their associated professions.

## Services for Victims of Rape: An Illustrative Case

During the past fiften years, U. S. police and court procedures in defining, investigating and prosecuting rape underwent major changes. Mounting evidence indicated that rape, with the lowest arrest and conviction rates (1 in 60) of all violent crimes, was not being handled effectively by the existing criminal justice system.

Police officers' training now routinely includes instruction in the nature of rape (an act of violence rather than of sex) and the rape trauma syndrome. Some departments have established special sexual offense investigative units; personnel receive special screening and training and those accepted reportedly enjoy high prestige within the department (Blair 1985, pp. 28-31, 46-7).

State laws on rape also underwent major reforms in the 1970s. The rules of evidence regarding corroboration and consent were altered, and restrictions were placed on judges' cautionary instructions to the jury. Greater protection was afforded victims as well (i.e. the confidentiality of counselors' records, questions regarding prior sexual history, _ camera testimony). As of 1987, 25 states have removed interspousal tort immunity or made spousal rape or abuse a specific but separate crime (National Women's Conference Committee 1988, p. 60).

Health care and social service bureaucracies too altered their treatment of rape victims. A number of hospitals instituted special units or protocols for the treatment of rape victims, often in consultation with women's groups and the police (who commonly use only one or a few hospitals for the examination of rape victims). "Rape evidence kits" were developed; hospital staff underwent training in forensic exams and were strongly encouraged to make court appearances; victims were given priority in treatment and referred to newly-established crisis services available within the hospital or community.

The Women's Policy Network and Agenda-building.

A causal relationship between the activities of the women's policy network and the above redesign decisions can only be imputed, not confirmed. However, support for such is strong, particularly in terms of the definition of rape as a political issue and its appearance on the government's policy agenda shortly thereafter.

Women's Rights Groups and Rape: In 1973, the National Organization for Women created a special task force on rape. Even more influencial, however, were the activities during the early 1970s of local women's rights groups: the priority status given the issue by local CSWs; the public "speak-outs" by rape victims on a formerly closeted subject; the annual "Take Back the Night" marches; and the establishment of the first rape crisis center (in Berkeley, CA, in 1969). By 1974, there were 61 such centers in 27 states; by 1979, there were over 900 community-based rape-related services, not all of them centers. And by 1987, there were thousands of programs (in every state and all major cities) providing services to sexual assault victims and/or conducting public education and prevention programs (National Women's Conference Committee 1988, p. 60).

Initially these were autonomous "alternative services" run by trained volunteers and some professionals. Typically, they provided some combination of crisis counseling (with emergency phone "hotline"), legal advocacy, medical care, and evidence-gathering services for victims, as well as prevention education in the schools, sensitivity training for police and emergency room personnel, and programs for teachers and mental health professionals. Such local groups also were active in working for legal changes on the state and national levels and on state and local governmental task forces on rape. (The National Coalition Against Sexual Assault was founded in 1978 and serves as a coordinator for the network nationally.)

And despite a relatively lengthy policy history (as measured by the conventional public issue attention cycle), rape has maintained its currency with women's groups. In a 1987 mail survey returned by nearly 700 U.S. women's groups, 67% reported some activity related to rape laws, victim services, and education, and 94% viewed that area as important for the future (National Women's Conference Committee 1988, p. 11).

Rape as a Political Issue: To gain policy agenda status, an issue, at a minimum, must 1) be the subject of widespread attention or at least awareness; 2) require action, in the view of a sizable proportion of the public; and 3) be perceived as the appropriate concern of government (Cobb, Ross, and Ross 1976). Most commonly, nongovernmental groups are involved in the agenda-setting process, either as initiators of potential agenda items or linkages between initiators and the general public.

If women's groups are properly viewed as the initiators here, then a crucial mediating role was played by the media in providing public exposure for the issue of rape. The first showing of the TV-movie "A Case of Rape" in February, 1974, vividly portrayed the court ordeal of the rape victim. The widely-reviewed history of rape, Against Our Will by Susan Brownmiller (1975), heightened community awareness of and support for changes in the treatment of rape victims. Media attention--whether from TV, popular magazines, or newspapers--generally created the climate for legal and administrative change. One measure of media attention to a topic is provided by the number of articles indexed by the Reader's Guide to Periodical Literature. Table 1 lists all articles on rape listed in the Reader's Guide, 1966-86. (1) Significantly, in 1979, the Reader's Guide added two subject headings, "rape prevention" and "rape counseling," in recognition of the new approach to the topic.

The Response of the Federal Government to the New Issue of Rape

The response of the federal government to the issue of rape, as measured by bills introduced in Congress, is an important indicator of both successful agenda-building by the women's movement and the effectiveness of linkage institutions such as the media in converting political issues into policy agenda items. (See Table 2.)

Those agenda items that go on to become policy and are implemented can play an important role in the redesign of urban services by 1) providing direct funding or technical assistance and training to the localities and 2) sponsoring basic research that ultimately changes professional and bureaucratic norms and values. (See Table 3.) The role of the National Center for the Prevention and Control of Rape (NCPCR), housed within the National Institute of Mental Health (NIMH) until 1985, was particularly influential. Although prohibited from providing funds for direct services, the NCPCR funded a range of research and demonstration projects to develop, implement, and evaluate promising models of mental health and related services for rape victims, their families, and offenders. It gave grants; disseminated information through a series of bibliographies, monographs, and final reports; developed and distributed training materials for police, hospital staff, and mental health workers; and conducted conferences. In 1985, the NCPCR was abolished and NIMH programs dealing with rape were transferred to a newly-created Family Violence and Sexual Assault Center within the Division of Violence and Anti-Social Behavior, a reorganization that was viewed as diluting the federal role in policy on rape.

During its 14-year history, the Law Enforcement Assistance Administration (LEAA), through its grants program, enabled many local governments to provide training for police and district attorneys involved in the investigation and prosecution of rape cases. Rape was the subject of several research reports funded by LEAA's National Institute for Law Enforcement and Criminal Justice. Federal money also became available to rape crisis centers through a change in 1980 in the Department of Health and Human Services regulations on Title XX,

making such centers eligible for Community Services Block Grant money. Additional funds became available in 1981 through the Preventive Health Block Grant program and, in 1984, with the passage of the Victims of Crime Assistance Act. However, states have control over allocations under the latter; thus, while 25% of the VOCA funds disbursed in 1986 went to sexual assault programs, in some states no money was given to rape crisis programs. Even so, the growth of the rape crisis movement in the U.S. generally coincided with a period of prosperity conducive to increased investment in community projects. Between 1973 and 1981, $125 million in federal grants were spent on programs focused on rape and sexual assault.

Rape, Urban Professionals, and Their National Associations

The external environment for introducing changes in the treatment of and services for rape victims into urban bureaucracies was a supportive one during the mid-1970s. Strong and sustained public attention and support was accompanied by significant federal funding of direct services, research, and training. In this section, I argue that the internal environment also was one of active support by agency managers and service practitioners, spurred by the emergence of new professional knowledge and standards.

Rape victims come in contact with a number of urban bureaucracies: the police department, the district attorney's office, the hospital emergency room, and counseling services. The professionals encountered and the peak associations for practitioners and pre-professionals, as defined here, are: the police (the International Association of Chiefs of Police and the American Society of Criminology); lawyers (the American Bar Association, the Association of American Law Schools, and the National District Attorney's Association); doctors (the American Medical Association, the American College of Obstetricians and Gynecologists, and the Association of American Medical Colleges); nurses (the American Nurses' Association and the American Association of Colleges of Nursing); hospital administrators (the American Hospital Association); and social workers (the National Association of Social Workers and the Council on Social Work Education).

Interviews were conducted, August 3-11, 1989, with staff members in the national offices of nine of these organizations. (Staff of the other associations will be interviewed at a later date.) The (taped) interviews were 30-45 minutes in length and were usually followed by examination of various association publications (e.g. proceedings, programs, resolutions, manuals of accreditation or professional standards). Together the interviews and the materials provide measures of the level of associational interest and activity around the issue of rape and the general topic of women as clients and members of the profession.

A final measure of the position of rape on the profession's agenda was provided by a search of those indexes that include the major scholarly publications in each field. As Table 4 indicates, the agenda history of rape is similar to that reflected in the Reader's Guide, except for the usual lag in the publication of scholarly research.

The Feminist Impact on the Professions. Although the interviews have not yet been transcribed, certain generalizations can be drawn from them. The messages of feminism have struck a responsive chord, particularly among practitioners in those professions dominated by women: social work (67%),

nursing (97%), and hospital workers (85%). Yet, despite these heavy numerical concentrations of women, men have traditionally occupied the top administrative positions in each profession, with the exception of nursing. For example, 70% of social work administrators are men. Soon after the emergence of the new feminist movement nationally, several of the associations representing these occupational groups began to attend to both the status of women in the profession itself and within their clientele group. Task forces, caucuses, and special committees formed around these issues and numerous articles devoted to these problems appeared in professional journals.

Although the other professions--doctors, lawyers, and police--remain male-dominated, the dramatic increase in female members of the profession (e.g. 11% of nonsupervisory police and detectives in 1986 were women versus 1.5% in 1971) and in law schools (40% in 1984) and medical schools (36% by the late 1980s) have had a similar impact.

The International Association of Chiefs of Police (IACP). Since the early 1970s, the IACP has been active in educating its members (and local police forces generally) concerning the issues of rape through its publications, conferences, and training programs. More than a dozen articles on the topic have appeared, 1971-85, in its practitioner-oriented Police Chief and in its scholarly Journal of Police Science and Administration. Several of the IACP Training Keys, with an estimated readership of 70,000 police officers, have dealt with topics such as "crisis intervention," "interviewing the rape victim," and "child sexual assault." And although no formal committee or section has been formed around women's issues or women in policing, more than 30 (positive) articles on female officers have appeared in the two journals, 1972-86.

The American Society of Criminology (not interviewed) published four articles on rape in Criminology, 1979-86.

The American Bar Association (ABA). (not interviewed) The ABA has a section on victim's rights and, in 1975, the House of Delegates adopted a resolution endorsing measures to protect the privacy of rape victims. Although the ABA Journal rarely addresses specific women's policy issues, over the past 20 years, more than 25 articles on women as clients and members of the profession or on the feminist movement have appeared.

The Association of American Law Schools (not interviewed) has a section on women in the profession.

The National District Attorney's Association (NDAA). During the 1970s, the NDAA had a standing Committee on Sexual Assault, which sponsored a 1976 conference that brought together police, crisis center workers, and district attorneys. The association is also active in the area of victim rights, particularly in terms of encouraging the establishment of victim-witness assistance services in local prosecutor's offices. The association is aware of the disproportionate number of female law school graduates now entering local prosecution work and anticipates that many of these women will be seeking election as district attorneys with the retirement of the (mostly-male) incumbents.

The American Hospital Association (AHA) (not interviewed) does not have a section on sexual assault (as it does on maternal and child health, for example) and has only twice published articles on rape in Hospitals, 1979-86. It has

given somewhat greater attention to women as hospital workers and as patients in this journal.

The American Medical Association (AMA) has rarely addressed the issue of rape in its journals (two articles in Today's Health, both published in 1975) or through sections, task forces, resolutions, or conferences. However, the status of women in the profession was the subject of twenty articles in its prestigeous JAMA, 1975-86, and Today's Health on four occasions, 1972-74, discussed the feminist patient (not always in a positive manner). The AMA established a task force on family violence in 1988 and plans a major conference on the topic this fall. And within the past two years, an AMA section on women in medicine has been organized.

The American College of Obstetricians and Gynecologists (ACOG). In contrast, ACOG has been very active in informing its members on the nature and medical treatment of rape, although rarely through its journals. (Between 1977 and 1983, only three articles on the topic appeared in Obstetrics and Gynecology.) Instead, in July, 1970, ACOG issued a Technical Bulletin entitled "Suspected Rape" and has updated it on three occasions. The last two revisions were retitled "Alleged Sexual Assault" (1978) and (simply) "Sexual Assault (1987) and both emphasize (unlike earlier versions) "sensitive evaluation," "appropriate services" for the victim, and "crisis intervention counseling" including the rape crisis center, in addition to suggesting procedures for meeting legal standards of evidence. In a statement approved by the Executive Board in May, 1975, ACOG urged that only qualified physicians should treat alleged rape victims. And in the 4th edition (1974) of the ACOG Manual of Standards for Obstetric/Gynecologic Services, a section on "rape" was introduced for the first time (expanded to a three-quarters page section on "sexual assault" in all later editions, 1982-89). In addition, ACOG, as early as 1973, had a program to encourage female M.D.s to enter this specialization. And "the great debate" at the 1975 Annual Meeting on the impact of feminism on ob-gyn care only discussed positive effects.

The Association of American Medical Schools (AAMC). The AAMC has a full-time Director of Women's Studies on its staff and has addressed the issue of women within the medical profession more than 70 times, 1971-85, in its Journal of Medical Education. Although accreditation standards only describe course content in broad terms (and thus instruction in the treatment of rape is not mentioned), a strong prohibition against sex discrimination in medical school admissions is included.

The American Nursing Association (ANA). Its Journal of Nursing has regularly addressed the subject of rape, the women's rights movement, women as patients, and the status of women in the profession. Its Washington, D.C. Legislative Office currently participates in nine women's coalitions dealing with a myriad of women's issues and, since 1970, the ANA has issued 56 resolutions or reports on women's health issues (none dealing specifically with rape).

The American Association of Colleges of Nursing is primarily involved in research into trends in nursing enrollments and degrees earned. Thus, only minimal attention is accorded women's issues in its Journal of Professional Nursing. One relevant trend, however, is the number of courses offered by nursing faculty on "women and health," either in schools of nursing or in women's studies programs elsewhere in the university. Nurses do much of the

initial counseling work with rape victims in a hospital setting and this is considered a part of the regular nursing curriculum.

The National Association of Social Workers (NASW), through its journal Social Work, has frequently covered the women's movement, the status of women in the profession, and women as clients (almost 40 related articles, 1971-86) and, less frequently, the specific issue of rape (4 articles, 1972-84). Under the leadership of its National Committee on Women's Issues, established in 1975, and its Feminist Practice Project, the NASW has sponsored three conferences (in 1980, 1983, and 1986) on Social Work Practice with Women and Feminist Practices and has published three books on these topics. In all, rape victims are recognized as a clientele with special needs. In addition, the topic of rape is almost always the subject of one or more sessions at NASW's General Assembly and, in 1977, a NASW Policy Statement on "Women's Issues" specifically mentioned victims of rape as a concern.

The Council on Social Work Education (CSWE), as an accrediting body, has required since 1977 that the social work program include "women in all categories of persons related to the program and incorporat(e) content on women's issues into the curriculum." Through its journals, the Social Work Education Reporter and the Journal of Social Work Education, the status of women in the profession is frequently considered (34 articles, 1970-84). Its Commission on the Role and Status of Women in Social Work Education (established in 1974) has a high-profile within the association and has published several bibliographies on women's issues (including rape) as well as a booklet on gender equity in the profession.

Rape and the Reinforcement and Transformation of Professional Values

The active advocacy of women's rights groups, public attention and support, available federal funding, and the entrepreneurial role of professional associations--all facilitated the adoption of new and innovative procedures and programs in the treatment of rape victims by urban bureaucracies. But had these changes been inconsistent with existing bureaucratic and professional values or failed to provide visible payoffs to practitioners, the rape reform movement would have been no more successful than were those who demanded the establishment of civilian review boards to curb police brutality back in the 1960s.

The emergence of alternative women-run institutions in the areas of welfare, health care, and criminal justice may well have threatened the public monopoly and professional autonomy. These new services took on a "nontraditional form, stressing participatory democracy, self-help, and absence of hierarchical leadership and structures (Gelb and Gittell 1986, p. 99). If public bureaucracies, staffed by professionals, were not delivering services in accord with clientele expectations, there were now different organizations, delivering services in a very different manner that might well supplant them. (For example, ACOG members were warned at their 1973 Annual Meeting that they must either meet women's needs or else condone self-care.)

In the case of services for victims of rape, these alternative institutions now have been incorporated into a system of co-production justified by traditional bureaucratic norms of effectiveness, efficiency, and responsiveness. Hospitals, public prosecutors, and police departments routinely cooperate and coordinate services with rape crisis centers. A 1978 survey of sex crimes

detectives and police administrators found that 65% of those polled viewed these centers as "very cooperative," while only 3% saw them as "not cooperative"; in cities without centers, 98.5% felt they were needed (Blair 1985, p. 33). (Women's rights groups too have developed a greater tolerance for bureaucratic procedures; no longer do crisis counselors demand to be present at police interviews.)

For those in criminal justice, the new state-mandated reforms increased the incidence of reporting and victim cooperation in investigation and prosecution, improved the quality of evidence, and raised convictions in rape cases. For those in the helping professions (health and social work), the recognition of the rape trauma syndrome as a legitimate disorder (by the American Psychological Association in 1980) defined and legitimated a new clientele group. In contrast, a review of the medical literature on rape through 1973 found no significant literature about the victim except that related to medical or legal concerns; a number of articles, however, did stress the need to understand and rehabilitate the rapist (Hilberman 1976). For nurses and social workers, traditionally oriented toward clientele advocacy, new services for rape victims were easily incorporated into the well-established crisis intervention model used for other clientele groups. For physicians, for whom evidence-gathering was not a medical norm (the one exception being those in forensic medicine), a new professional standard had to be developed. Finally, for all urban professionals coming in contact with rape victims, these new procedures and programs enhanced their public image of responsiveness to clientele needs and new ideas. (That several urban bureaucracies were the target of the rape reform movement may well have decreased bureaucratic defensiveness generally and thus facilitated change.)

## Conclusion

Even though the magnitude of change varies, each urban bureaucracy serving rape victims has been redesigned in accordance with the demands of women's rights groups. As a movement composed of members with many of the conventional resources for effective political action, feminist groups were strategically-located to participate in a policy network around their issues and present their demands in a manner consistent with professional and bureaucratic norms. In fact, local women's rights groups may be the true "insiders" in rape reform politics in that many of their members are also a part of the social service and health care professions.

## NOTES

(1) The formation of the National Organization for Women in 1966 marks the beginning of the contemporary women's movement; a closing date of 1986 not only concludes a twenty-year period but also allows for the usual lag in indexing and publication of data.

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TABLE 1

NUMBER OF ARTICLES ON RAPE INDEXED BY THE READER'S GUIDE, 1966-86

| Year | Number of Articles |
|---|---|
| 1966 | 2 |
| 1967 | 2 |
| 1968 | 4 |
| 1969 | 3 |
| 1970 | 2 |
| 1971 | 5 |
| 1972 | 4 |
| 1973 | 10 |
| 1974 | 16 |
| 1975 | 28 |
| 1976 | 7 |
| 1977 | 15 |
| 1978 | 31 |
| 1979 | 17 |
| 1980 | 14 |
| 1981 | 25 |
| 1982 | 35 |
| 1983 | 32 |
| 1984 | 82 |
| 1985 | 65 |
| 1986 | 54 |

TABLE 2
BILLS INTRODUCED IN CONGRESS DEALING WITH RAPE, 1966-86

| Year | Bill Number | Summary |
|---|---|---|
| 1973 | S.2432<br>H.R.10848,11519,11520<br>11943,12122 | To establish a National Center for the Prevention and Control of Rape and provide financial assistance for a research and demonstration program into the causes, consequences, prevention, treatment and control of rape. |
| 1974 | H.R.13077, 13323,<br>14223, 14366,14769,<br>14770,14919,16470,<br>16889,17476 | To establish a National Center for the Control and Prevention of Rape and provide financial assistance for a research and demonstration program into the causes, consequences, prevention, and treatment of rape. |
| 1975 | H.R.162,4355, 4356 | To amend the Crime Control Act of 1973 to establish a National Center for the Prevention and Control of Rape and for other purposes. |
| | H.R.667,2303 | To establish a National Center for the Prevention and Control of Rape and provide financial assistance for a research and demonstration program into the causes, consequences, prevention, treatment, and control of rape. |
| | H.R.3590,3591,4513,<br>6588 | To amend the Community Mental Health Centers Act to authorize a program for rape prevention and control. |
| 1976 | H.R.11980,12684,<br>12685,12968,13481 | To amend the Federal Rules of Evidence to permit fair and effective prosecution for rape by providing that evidence of an individual's prior sexual conduct is not admissable in any action or proceeding if such issue is whether such individual was raped or assaulted with intent to commit rape. |

Continued

TABLE 2 Continued

| Year | Bill Number | Summary |
|---|---|---|
| 1976 (cont.) | H.R.14666,15739, 15740 | To amend the Rules of Evidence to provide for the protection of the privacy of the rape victim. |
| | H.R.11603,12514, 12768,13237,13316 13317,13342,13895, 13984,14124,12099, 12433 | To revise chapter 99 of title 18 of the U.S. Code to provide for the punishment of sexual assaults in the Special jurisdiction of the U.S. |
| 1977 | H.R.2617 | To amend the Community Mental Health Centers Act to authorize a program for rape prevention and control. |
| | S.1100,H.R.408, 4726-30,6491,6696, | To amend the Federal Rules of Evidence to protect the privacy of rape victims and for other purposes. |
| | S.1422 | To exclude certain information in rape cases which relate to the victim's sexual behavior and for other purposes. |
| 1978 | S.2565 H.R.11292 | To provide for further research and services with regard to victims of rape. |
| 1979 | S.621 | To provide for further research and services with regard to victims of rape. |
| | H.R.3986 | To amend the Community Mental Health Centers Act to provide for further research and services with regard to victims of rape. |

Continued

TABLE 2 Continued

| Year | Bill Number | Summary |
|---|---|---|
| 1980 | H.R.8151 | To amend title 18 of the U.S. Code to make rape a Federal Crime if committed after travel in interstate commerce with the intent to commit rape, and to provide for the establishment within the F.B.I. a rape prevention information service. |
| | H.R.7918 | To amend title 18 of the U.S. Code to make rape a Federal crime if committed after travel in interstate commerce with the intent to commit rape. |
| 1981 | H.R.4563 | Establish a rape information center in the F.B.I., and make rape a federal crime. |
| | H.R.4633 | Redefine rape as a federal offense. |
| 1984 | H.R.4876 | A bill to amend title 18 of the federal code with respect to sexual assault. |
| 1985 | H.R.596 | To amend title 18 of the U.S. Code with respect to sexual assault. |
| 1986 | H.R.4745 | To amend title 18 of the U.S. Code with respect to sexual abuse. |

Source: CONGRESSIONAL RECORD INDEX.

TABLE 3

LAWS PASSED BY CONGRESS ON RAPE, 1966-86

Public Health Service Act Amendments and Special Health Revenue Sharing Act of 1975. Established a National Center for the Prevention and Control of Rape within the National Institute of Mental Health.

Privacy Protection for Rape Victims Act of 1978. Amended the Federal Rules of Evidence to make inadmissible the introduction of evidence of past sexual behavior of an alleged rape victim, with three exceptions: where it is constitutionally required that the evidence be admitted, where the defendant claims past sexual behavior with the alleged victim and claims consent, or where evidence of past sexual behavior with someone other than the defendant is offered by the defendant as the source of the injury.

Community Mental Health Centers Act of 1978. Amended the Community Mental Health Centers Act to authorize programs for rape prevention and control and for rape victims in community health centers.

Mental Health Systems Act of 1980. Authorized the Secretary of Health and Human Services, acting through the National Center for the Prevention and Control of Rape, to initiate a continuing study of rape, to publish summaries of research and demonstration projects, to develop and maintain an information clearinghouse, and to compile and publish training materials for use in programs to prevent and control rape. Grants will be made available for counseling rape victims and for providing mental health, social, medical, and legal services for rape victims.

Victims of Crime Assistance Act of 1984. Programs serving victims of sexual assault were given priority in the awarding of these monies.

Source: U.S. STATUTES AT LARGE; Congressional Research Service, SELECTED WOMEN'S ISSUES LEGISLATION ENACTED BETWEEN 1832-1986. (Washington, D.C.: 1987)

TABLE 4

NUMBER OF ARTICLES ON RAPE INDEXED BY SELECTED PROFESSIONAL INDEXES, 1966-86

| Year | Index to Legal Periodicals(1) | Index to Hospital Literature | Index to Nursing and Allied Health Literature | Social Science Index |
|---|---|---|---|---|
| 1966 | - | - | - | - |
| 1967 | 9 | - | - | - |
| 1968 | - | - | 1 | - |
| 1969 | - | - | 1 | - |
| 1970 | 11 | - | 0 | - |
| 1971 | -- | - | 3 | - |
| 1972 | - | - | 1 | - |
| 1973 | 18 | - | 1 | - |
| 1974 | - | - | 6 | 7 |
| 1975 | - | - | 8 | 12 |
| 1976 | 36 | - | 12 | 13 |
| 1977 | - | - | 16 | 14 |
| 1978 | - | 10 | 9 | 18 |
| 1979 | 77 | 14 | 14 | 11 |
| 1980 | 18 | 7 | 11 | 18 |
| 1981 | 17 | 3 | 14 | 14 |
| 1982 | 19 | 10 | 17 | 29 |
| 1983 | 28 | 7 | 15 | 24 |
| 1984 | 29 | 1 | 5 | 17 |
| 1985 | 27 | 6 | 3 | 36 |
| 1986 | 20 | 10 | 13 | 28 |

(1) This index covered three-year periods until 1979-80 and does not use the regular calendar year (i.e. 1980 is actually September, 1979-August, 1980, etc.)