Remaining Radical? Organizational Predictors of Rape Crisis Centers' Social Change Initiatives1

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Rape crisis centers have undergone significant changes since their birth during the feminist movement of the 1970s. As has happened with many other radical social movements, there is growing evidence that the antirape movement has become more institutionalized. This research used a combination of quantitative and qualitative methods to examine the current structure and functions of a national random sample of 168 rape crisis centers. An organizational-level model predicting involvement in three types of social change activities was tested: (a) participation in public demonstrations to raise awareness about sexual assault; (b) political lobbying for violence against women legislation; and (c) primary prevention programs to eliminate sexual violence against women. Results of logit modeling suggested that how long a rape crisis center had been in existence moderated the relationships between organizational characteristics and involvement in community activism. Findings of this study suggest that although many of today's centers bear little resemblance to the grass-roots collectives of years past, rape crisis centers have

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The antirape movement emerged in the 1970s to raise awareness about sexual assault and provide services for rape victims (Collins & Whalen, 1989; Koss & Harvey, 1991; Matthews, 1994; O'Sullivan, 1978). Like many of the women's movement organizations at the time, the early rape crisis centers emerged through grass-roots organizing to provide service delivery and create social change (Matthews, 1994; Riger, 1994). They were intended to be a structurally innovative and woman-centered model of advocacy and service delivery. As time passed, many of the original leaders of the antirape movement left after years of struggling to meet these goals, and new women came on board who valued a more conventional and apolitical approach (Gornick, Burt, & Pittman, 1985; Matthews, 1994). Simultaneously, it was becoming increasingly difficult to provide comprehensive services on such limited budgets to the growing numbers of women who were coming forward to report rape. Many centers reluctantly turned to government funding, which often required them to create board of directors responsible for those funds. Simultaneous with these structural changes, some rape crisis centers began to move away from their radical grass-roots origins to develop into small social service agencies (Matthews, 1994).

Whereas many researchers agree that rape crisis centers have changed since the beginnings of the antirape movement (Byington, Martin, DiNitto, & Maxwell, 1991; Collins & Whalen, 1989; Gornick et al., 1985; Koss & Harvey, 1991; Martin, DiNitto, Byington, & Maxwell, 1982; Matthews, 1994; Riger, 1994), what remains unclear is the extent of these organizational changes and their effects on commitment to social change. For instance, have the early collectives become extinct? Has hierarchy coopted yet another social change movement, and in doing so, placed service delivery above social change? The goal of this study was to address these issues through a national survey of rape crisis centers. In addition to collecting current descriptive information about agencies to assess the extent to which they resemble the early centers, this research sought to gain some insight into the effects of structural reorganization. The relationships between organizational-level characteristics and centers' participation in social change initiatives were examined. We begin with an exploration of the service delivery versus social change distinction, and how to assess present-day activism given the successes of the early antirape movement. The current study is then described, focusing on the organizational variables that may influence center involvement in social change initiatives.

KEY WORDS: rape; crisis centers; social change.

been remarkably adaptive in weathering changing political climates to continue to provide comprehensive services for rape victims.
RAPE CRISIS CENTERS AS SOCIAL SERVICE PROVIDERS OR SOCIAL CHANGE AGENTS

The provision of services to survivors of sexual assault was one of the primary and most enduring goals of the antirape movement. Many of the first rape crisis centers focused attention on providing 24-hour hotlines with crisis intervention counseling as well as assistance with the legal and medical systems (Koss & Harvey, 1991; O'Sullivan, 1978; Pride, 1981). Over time as the number of staff members grew, they were able to add short-term counseling and support groups for survivors to their service base (Koss & Harvey, 1991). In addition to this direct work with victims, many centers sought to raise awareness about sexual assault in the community as a whole, and as such, began public education programs in a variety of settings for audiences of both men and women (Gornick et al., 1985; Koss & Harvey, 1991).

Many of the early rape crisis centers also looked beyond community education to explore more broad-based strategies to address sexism and the institutional biases that contribute to sexual violence against women. One such approach was to organize and participate in public demonstrations, such as the Take Back the Night March (Lederer, 1980). In contrast to the invited community education addresses, where members of the speakers bureau might carefully weigh their words to try to reach their audiences, these protests were designed to unite women to speak out uncensored against sexual violence. In addition to taking to the streets, some rape crisis centers decided to go into what they saw as the “belly of the beast” and lobby the state for legislative reform. These efforts proved quite successful as most states dramatically reformed their rape statutes in the late 1970s and early 1980s (Berger, Searles, & Newman, 1988; Fischer, 1989; Searles & Berger, 1987; Spohn & Homey, 1992). Still another broad-based approach adopted by some agencies was to focus efforts on the prevention of assault through intervention programs with children and adolescents (Rants & Bateman, 1986).

These efforts to assist women, educate the public, and prevent victimization raise the issue of where direct service ends and social change begins. Furthermore, given the successes of the antirape movement, what would social change activism look like today? One view on these issues is that the line between service delivery and social change is indeed quite blurred. Through helping individual women and raising community awareness about sexual assault, direct service creates social change. Providing direct service could be seen as a method of change as it may raise awareness, prevent future assaults, and prevent victim-blaming reactions from the community. Therefore, by definition, rape crisis centers are engaged in both direct service and social change.
Other models of social change stress the importance of community-level interventions in addition to these individual-level efforts (e.g., Kelly, 1988). At issue here is whether rape crisis centers are engaged in broader-based institutional advocacy and prevention in addition to direct service. Direct service is indeed a form of social change, but the question is whether centers are also engaged in community-level strategies, such as organizing women for public demonstrations, participating in political lobbying, and focusing on the prevention and elimination of sexual assault. Although the line between service and change is not entirely distinct, determining if centers are involved in these institutional efforts may be one approach to assessing social activism.

Yet, it is important to also consider what effects the early successes of the movement may have had on the nature of present-day activism. Participating in public demonstrations, political lobbying, and prevention programming may be one yardstick we can use to assess social activism, but it is important to consider that the metric of this yardstick may have changed. For example, the Take Back the Night March, which emerged nearly 20 years ago, was seen as an innovative strategy for addressing women’s anger and raising awareness about violence against women. Today, this march appears to be a mainstay in many communities, and whereas “participation” is still activism, the degree of its innovation may have tempered. Similarly, political lobbying by feminists has developed into a highly skilled and well-paid function, and consultants and political action committees (PACs) can be retained to do the actual lobbying work. Rape crisis centers’ participation in political lobbying may now consist of working with established and experienced lobbyists. With respect to primary prevention programming, participation may now be following a curriculum that was established years ago. These examples suggest that it may still be useful to consider involvement in these community-level projects as an index of social activism, but that the meaning of these activities may have changed and should be examined.

THE CURRENT STUDY

The existing literature suggests that rape crisis centers have transformed over the years, but it not clear what impact these changes have had on organizational commitment to social change activism. To explore these issues, two goals were addressed in the current study. First, a national random sample of rape crisis centers was recruited to learn about the current structure and functions of these agencies. It has been suggested that the nature and quality of rape crisis centers’ social change activities may
have changed over time, so a key focus in this descriptive work was to examine the context of this participation.

The second goal was to consider what factors predict centers' involvement in social change activities, such as public demonstrations, political lobbying, and primary prevention programming. Six organizational variables were considered. First, how long a rape crisis center has been in existence may influence involvement in social change activism (agency age). Centers that emerged in the peak of the antirape movement may place more institutional value on social activism than those that emerged later on in a conservative era of U.S. politics. Second, the funding of rape crisis centers may influence structure and function (funding). In the beginning of the antirape movement, many centers were suspicious of mainstream funders. But, in the interests of sustainability, many of these early centers reluctantly turned to external funding. The extent to which centers depend on external funding they may be less likely to engage in activism. Third, the structure of the centers may also impact involvement in social change initiatives (organizational structure). Hierarchical structures may focus organizational attention on creating and maintaining bureaucracies, which may direct energy away from other goals. Fourth, the competition for public funding resources prompted some rape crisis centers to seek affiliation with more established social service agencies (e.g., YWCAs) (organizational affiliation). Affiliation may have brought stability, but with it a focus on service, more institutional rules, and perhaps a conservative change agenda. Fifth, interagency collaboration may influence social activism (collaborative stance with other agencies). Centers that focus on maintaining collaborative relationships with other agencies, such as the police, may be less involved in political change activism. Finally, one previously unexplored factor is how internal decision making affects rape crisis centers' activities (decision-making process). Participation in the decision-making process may stimulate agency workers to feel more committed to a social issue and develop better methods of addressing clients' needs (Arches & Schneider, 1994; Katan & Prager, 1986; Knoke & Wood, 1981). By extension, how rape crisis centers make decisions may affect the balance between social service and social change.

In developing this organizational model, it is important to note that although many rape crisis centers emerged in the peak of the antirape movement, others continued to emerge in the 1980s (Gornick et al., 1985). The conservative political context in which these "younger" centers were founded may have produced different organizational structures and functions (see Barber, Slavin, & Barnett, 1983; Demone & Gibelman, 1984; Haynes & Mickelson, 1992; Turem & Born, 1983). In other words, the relationships between organizational factors and participation in social activism may differ depending on the age of the center. Therefore, we
hypothesized that agency age will moderate the relationships between organizational characteristics and participation in social change activities. Specifically, it was predicted that agency funding, organizational structure, organizational affiliation, collaborative stance with other agencies, and internal decision-making processes would predict involvement in social change initiatives, and that these relationships would differ by how long the agency had been in existence.

The two goals of this study suggest different methodological approaches. Describing the current structure and function of a large number of rape crisis centers implied a quantitative approach. However, describing the quality and nature of those activities suggested a qualitative approach. Moreover, existing literature indicated that rape crisis centers have undergone many changes over time. We wanted to use a methodology that would allow rape crisis center staff to describe their organizations in their own words. Yet, we also wanted to determine if organizational-level characteristics predicted social change activities. To bring these two goals together, a combination of qualitative and quantitative methods were used. The interviews conducted with center staff consisted entirely of open-ended questions to learn about their agencies. A detailed coding system was then developed to summarize this information. Additionally, this coding system yielded quantitative categorical data, which then allowed us to use logit modeling to evaluate our hypotheses.

METHOD

Participants

At the beginning of this research project, two focus groups of rape crisis center staff were convened to discuss how we should measure present-day social change activism. Two primary themes emerged from these discussions: (a) Current social change activities still focused on public demonstrations, political lobbying, and primary prevention programming, but that the nature of this activism has changed over time. Therefore, it would still be appropriate to ask centers if they participated in these activities, but it would also be essential to clarify the exact nature of this participation. (b) Open-ended questions would be preferable as many staff reported they were frustrated with “1-to-5 scale-type questions.” They emphasized that they wanted to talk about their centers in their own words, and we could then code their narratives. The research measures were revised to respond to this feedback, and then we began recruiting the final national random sample of rape crisis centers.

A two-step process was used to select the random sample of rape crisis centers. First, a national directory of services for sexual assault victims iden-
tified 759 agencies that provide community-based services to rape victims: 390 rape crisis centers, and 369 combined rape crisis–domestic violence programs (Webster, 1989). A power analysis indicated that at least 165 agencies would be needed to have power = .80 (α = .05) assuming a medium effect size (Cohen, 1960). In the second step, the directors from 168 randomly selected agencies were asked to participate in a 30 to 45-minute phone interview about their agency (response rate = 95%).

The information collected in this study reflects the structure and functions of rape crisis centers through the mid-1990s (data collected February–December, 1995). To locate this study within its sociopolitical context, it is important to note several concurrent national events and statistics: (a) At the time of this study, epidemiological data suggested that approximately one in four women in the United States had been sexually assaulted as adults (Kilpatrick, Saunders, Veronen, Best, & Judith, 1987; Koss, Gidycz, & Wisniewski, 1987; Sorensen, Stein, Siegel, Golding, & Burnam, 1987), (b) At the time of this study, there were 759 rape crisis centers in the United States, which is one rape crisis center per 125,305 women ages 18–64 (1990 Census), (c) Between 5 to 20% of all rape victims turn to rape crisis centers for assistance following a rape (George, Winfield, & Blazer, 1992; Goldin, Siegel, Sorenson, Burnam, 1989; Ullman, 1996). Although these utilization rates appear low, they are consistent with other community-based resources (e.g., 20% for police; 20% for medical doctor). The low utilization rates could be due to the small number of rape crisis centers relative to the number of women who have experienced sexual victimization, (d) The Violence Against Women Act of 1994 had been passed at the time these data were collected. This law has been cited as one of the most significant pieces of federal legislation designed to increase services and research on violence against women. At the time of this study (1995), none of the 168 centers studied had yet received any assistance or funds from that legislation. Taken together, these contextual factors suggest that this study examined how rape crisis centers are operating in the face of enormous need and limited financial support.

The sample of rape crisis centers in this study included at least one center from all 50 states, and was relatively evenly distributed across geographic regions: 19% Northeast, 24% South, 29% Midwest, and 27% West. The directors of these rape crisis centers were asked to describe the population setting in which they worked: 20% described their service area as “very rural,” 30% as “somewhat rural,” 18% as “urban, small,” 22% as “urban, medium,” and 10% as “urban, large.” Although there was consid-

3It is important to note that some rape crisis centers are combined with domestic violence shelters. These dual centers may or may not be affiliated with larger social service agencies (e.g., YWCAs).
erable variability in this sample of rape crisis centers and the communities they serve, there were no statistically significant differences in the centers' social change activities due to geographic region of the country, or urban versus rural setting.

**Procedure**

The interviews were conducted over the phone with a mean duration of 44 minutes ($SD = 15.21$ minutes, range 10 minutes–1.25 hours). The questions in the phone interview were open-ended, so a content analysis was performed. For each open-ended question, a research assistant examined the narratives and made a list of possible codings and their definitions. Two other assistants then reviewed the narratives and this initial coding manual to see if the participants' answers could be accurately coded by such themes. The themes were dichotomously coded yes (mentioned in the answer) or no (not mentioned in the answer). Four raters then used this manual to code the directors' narratives.

**Measures**

*Descriptive Information About the Centers*

The directors were asked to list the services their centers offer victims as well as their community education programs. Information about the organizations' characteristics and social change activities was also collected (see below).

*Predictor Variables in the Models*

First, the directors were asked how long their organizations have been in existence (Agency Age). For some of the oldest centers, there was a brief period when they were providing assistance to victims, but were not an established organization. In all cases, age was coded from the time they began assisting survivors.

Second, the directors were asked to list the sources and amounts of their funding. Agency Budget formed a positively skewed distribution. Therefore, for the analyses, a median split was used to categorize this variable into those agencies below a budget of $140,500, and those agencies at/above a budget of $140,500.

*A detailed description of the procedures used for coding, assessing test–retest reliability, interrater reliability, and validity may be obtained from the first author.*
Third, Organizational Structure was coded based on the directors' responses to the question: "How would you characterize your organization's structure?" The directors labeled their centers as either "hierarchical" (i.e., they followed a chain of command and power) or "collective/modified collective" (i.e., they practiced shared or rotating governing).

Fourth, Organizational Affiliation was coded based on the centers' listed affiliation in the national directory of services for sexual assault victims (Webster, 1989). Rape crisis centers that were listed as programs within larger social service agencies, such as YWCAs or community mental health centers, were coded as affiliated agencies (all others coded as free-standing).

Fifth, Collaborative Stance with Other Agencies was coded based on the directors' answers to the question: "Do you see your organization's role as more to collaborate and cooperate with other agencies in your community, or to try to influence and change them?" The answers were coded as "collaborate" if the directors stated that collaboration was the primary goal, or if they said both were important, but more emphasis was placed on collaboration, or if they said both were equally important. Answers were coded as "change" if they stated that changing organizations was their goal, or if they stated that both were important, but more emphasis was placed on change.

Finally, Decision Making Process was coded based on who was involved in making decisions regarding the programs and policies for the rape crisis centers. If decision making was done only by paid staff, executive director, and/or board of directors, the center was coded as engaging in traditional decision making. By contrast, some centers involved volunteer staff and/or clients in policy and program decisions, which was coded as participatory decision making.

Dependent Variables in the Models

Three dependent variables were considered in this study, and all were dichotomously coded for the analyses. The directors were asked if their centers participated in public demonstrations to raise awareness about sexual violence against women. Some of these activities included participation in and/or sponsorship of: the Take Back the Night March; the Clothesline Project (a silent demonstration where T-shirts are strung on clotheslines in

Several different coding systems were tried before the final dichotomous system was adopted. For example, we tried to create a continuous scale of involvement in public demonstrations by summing the number of demonstrations in which the centers participated. Yet, this distribution was quite skewed suggesting that centers participated in one public demonstration per year or none at all. A similar distribution was obtained for the other dependent variables, which led us to adopt the dichotomous codes.
public settings that have messages written on them by survivors of violence);
vigils to remember victims of violence (e.g., candlelight vigils held in memory of Nicole Brown Simpson as well as for less famous local cases of sexual assault and violence against women); rallies held at the opening of the state legislature; rallies held during Sexual Assault Awareness Month. If a center participated in or sponsored any of these types of activities, they were coded as “participates in public demonstrations.” Activities such as community education presentations to schools, universities, community groups, and businesses were not coded as participation in public demonstrations. This outcome variable, therefore, focused on the centers’ involvement in public demonstrations separate from their established community education programs.

The second dependent variable was whether the centers engaged in political lobbying efforts at the local, state, or federal level. It is important to note that all of the rape crisis centers studied in this research are non-profit organizations (501 (c) 3), and as a result, are not allowed to directly participate in state and federal lobbying. What differentiates centers, therefore, is whether they choose to join or sponsor other groups that are allowed to lobby the government. A center was coded as participating in political lobbying if it was involved in at least one of the following activities: sponsorship of PACs who lobbied state officials on their behalf; participation in their state coalition’s political lobbying committee (who in turn lobbied state or federal officials); meeting with local and state officials (e.g., state representatives and senators, mayor’s office staff) to discuss pending legislation on violence against women; and sponsoring town meetings with state representatives and senators to discuss pending legislation. Thus, this outcome variable focused on whether the centers were actively following and indirectly influencing changes in violence against women legislation.

The final dependent variable considered was whether the centers offered primary prevention programming in their communities. The term prevention has many meanings, and some community organizations do not make distinctions between risk reduction programs (i.e., secondary prevention programs), which they classify as prevention, and risk elimination programs (i.e., primary prevention programs). In this study, the focus was on whether the centers had “true” primary prevention programs, which focused on risk elimination. Programs that addressed topics such as good touch/bad touch, risks of violence in dating relationships, or the relationship between alcohol and sexual assaults were not coded as participating in primary prevention programs. Instead, a center was coded as participating in this form of social activism if they offered programs that addressed issues such as: gender roles; gender inequality; sexism, racism, classism, and heterosexism; or dominance and methods of maintaining power and control.
This outcome variable, therefore, assessed the centers' participation in programs that addressed the root causes of violence against women, and did not assess whether the centers offered risk reduction programs.

RESULTS

Where Are They Now? Characteristics of Rape Crisis Centers in the 1990s

The first goal of this study was to describe the current structure and functions of rape crisis centers. To provide some historical context, the directors were asked how long their organizations had been in existence. Agency age formed a negatively skewed distribution: mean = 16 years, median = 17 years, mode = 20 years. These data suggested that these centers may have followed different developmental pathways. A median split was used to separate the centers founded in the beginnings of the antirape movement (1978 and earlier) from those established later on, during a more conservative period in U.S. politics (1979 and later).

The oldest center in this sample was established in 1962, but most were founded in the 8-year period between 1971 and 1978 (n = 87, 52% of the sample), with peak years in 1974 when 18 centers were founded, 1975 when 22 were established, and 1978 when 18 were created. From 1979, the founding of additional centers followed a more gradual pace: 10 in 1979, 12 in 1980, 5 in 1981, 5 in 1982, 12 in 1983, then tapering off to 1994 with 0–5 centers established per year. Yet, it is important to note that many of the “younger” agencies were at least 10 years old. Relative to many social service agencies and social movement programs, these rape crisis centers are well-established organizations, and this median split should be viewed as distinguishing between “old” and “older” centers.

These age differences suggested that it may be informative to examine the current structure and function of these centers across the entire sample and by cohort grouping. Table I summarizes the centers' services to victims, community education programs, other social change activities, and organizational characteristics for the overall sample and for each age grouping (median split described above). Univariate tests of significance (t-test or chi square, as appropriate) were also computed to contrast these two cohort groupings of centers on these descriptive variables. (Although it is often desirable to combine multiple chi-square analyses into a single log-linear model, the number of variables considered here relative to the sample size prohibited such analysis.)

The rape crisis centers in this sample offered many services to victims of sexual assault, regardless of when the agency was established. All centers
<table>
<thead>
<tr>
<th>Victim services offered (%)</th>
<th>Overall sample of centers (N = 168)</th>
<th>1978 or earlier (at/above median)</th>
<th>After 1978 (below median)</th>
<th>Test of significance</th>
</tr>
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<tbody>
<tr>
<td>Hot line</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>ns</td>
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<td>Medical advocacy</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>ns</td>
</tr>
<tr>
<td>Police advocacy</td>
<td>96</td>
<td>96</td>
<td>98</td>
<td>ns</td>
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<tr>
<td>Other Legal advocacy</td>
<td>98</td>
<td>98</td>
<td>99</td>
<td>ns</td>
</tr>
<tr>
<td>Crisis counseling</td>
<td>98</td>
<td>94</td>
<td>99</td>
<td>ns</td>
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<td>Short-term counseling</td>
<td>95</td>
<td>94</td>
<td>95</td>
<td>ns</td>
</tr>
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<td>Long-term counseling</td>
<td>49</td>
<td>48</td>
<td>49</td>
<td>ns</td>
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<tr>
<td>Support groups</td>
<td>58</td>
<td>63</td>
<td>52</td>
<td>ns</td>
</tr>
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<td>Rape avoidance programs for women</td>
<td>83</td>
<td>88</td>
<td>79</td>
<td>ns</td>
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<td>Self-defense programs for women</td>
<td>38</td>
<td>43</td>
<td>33</td>
<td>ns</td>
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<tr>
<td>Community education offered (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community education in high schools</td>
<td>96</td>
<td>100</td>
<td>92</td>
<td>$\chi^2 (1, N = 168) = 7.01, p &lt; .01$</td>
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<td>Community education in colleges</td>
<td>91</td>
<td>97</td>
<td>85</td>
<td>$\chi^2 (1, N = 168) = 7.19, p &lt; .01$</td>
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<td>Community education with men's groups</td>
<td>78</td>
<td>81</td>
<td>75</td>
<td>ns</td>
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<td>Community education with civic groups</td>
<td>99</td>
<td>100</td>
<td>99</td>
<td>ns</td>
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<td>Community education with other agencies</td>
<td>97</td>
<td>98</td>
<td>96</td>
<td>ns</td>
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<tr>
<td>Other social change activities (%)</td>
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<td></td>
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<td></td>
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<tr>
<td>Public demonstrations</td>
<td>74</td>
<td>81</td>
<td>66</td>
<td>$\chi^2 (1, N = 168) = 4.92, p &lt; .05$</td>
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<td>Public lobbying</td>
<td>70</td>
<td>70</td>
<td>71</td>
<td>ns</td>
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<tr>
<td>Primary prevention programming</td>
<td>45</td>
<td>49</td>
<td>32</td>
<td>$\chi^2 (1, N = 168) = 8.91, p &lt; .05$</td>
</tr>
<tr>
<td>Budget ($)</td>
<td>195,333</td>
<td>241,261</td>
<td>145,731</td>
<td>( t(154) = -3.27, \ p &lt; .001 )</td>
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<tr>
<td>Staffing (Mean no.)</td>
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<tr>
<td>Paid staff</td>
<td>7.0</td>
<td>8.53</td>
<td>5.59</td>
<td>( t(154) = -3.55, \ p &lt; .001 )</td>
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<td>Volunteer Staff</td>
<td>39.11</td>
<td>48.19</td>
<td>29.27</td>
<td>( t(154) = -3.27, \ p &lt; .001 )</td>
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<tr>
<td>Organizational structure (%)</td>
<td></td>
<td></td>
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<tr>
<td>Hierarchical</td>
<td>63</td>
<td>55</td>
<td>66</td>
<td>( \chi^2 (1, \ N = 168) = 9.01, \ p &lt; .01 )</td>
</tr>
<tr>
<td>Collective/modified collective</td>
<td>37</td>
<td>42</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Organizational affiliation (%)</td>
<td></td>
<td></td>
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<tr>
<td>Free-standing</td>
<td>64</td>
<td>70</td>
<td>57</td>
<td>( \chi^2 (1, \ N = 168) = 5.98, \ p &lt; .05 )</td>
</tr>
<tr>
<td>Affiliated</td>
<td>36</td>
<td>30</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Collaboration stance (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative</td>
<td>62</td>
<td>53</td>
<td>68</td>
<td>( \chi^2 (1, \ N = 168) = 5.02, \ p &lt; .05 )</td>
</tr>
<tr>
<td>Change</td>
<td>38</td>
<td>47</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Decision-making process (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Traditional decision making</td>
<td>58</td>
<td>55</td>
<td>62</td>
<td>( \chi^2 (1, \ N = 168) = 7.13, \ p &lt; .01 )</td>
</tr>
<tr>
<td>Participatory decision making</td>
<td>42</td>
<td>49</td>
<td>36</td>
<td></td>
</tr>
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</table>
had a rape hot line, and almost all of them (95% or more) offered medical, police, and court advocacy. Many also provided immediate crisis intervention counseling and individual short-term counseling. Nearly half of the centers also offered individual long-term counseling. In addition to one-to-one therapy, over half of the centers provided counseling assistance in groups settings. With respect to risk reduction programs for women, over three quarters of the centers offered rape avoidance education workshops and over one-third provided self-defense training.

These agencies also offered community education programs across a variety of settings. Over three quarters of the centers conducted workshops for high schools, colleges, men’s groups, community civic groups, and other social services agencies. Yet, education programs in high schools and colleges were more commonly offered by the agencies in the older age cohort, those founded in the peak of the antirape movement. But, it is important to note that although these significant differences were found, the overall percentages suggest that community education was a common activity for all centers.

Although these two cohorts were quite similar with respect to direct services for victims and community education programming, they did differ in the likelihood with which they were involved in other social change activities. Almost three quarters of the overall sample participated in public demonstrations, such as the Take Back the Night March, the Clothesline Project, or victim rallies. Yet, it appears that this type of social change effort was more common in the older agencies, those founded prior to 1979.

It is also important to consider from a more qualitative perspective what is meant by participation in public demonstrations. The quantitative data suggest that the older centers were more likely to participate, but what exactly were they participating in? At one time, demonstrations, such as the Take Back the Night March, were viewed as radical acts of social change (Lederer, 1980). For instance, several of the long-standing directors of the older rape crisis centers described marches of years past where their rape crisis centers were the “hot seat” of planning. Virtually all of the staff were involved in recruiting women for the march, identifying new “red light districts” for the parade route, and creating fliers and signs. Many of them also remembered various staff members being arrested for acts of civil disobedience. When asked how participation compared to today, many of the directors noted five key differences. Public demonstrations of today (a) are less labor intensive to plan and execute because previous experiences have paved the way; (b) are often experienced by rape crisis center staff as less radical than those of years past, but may continue to be perceived by members of the community as important, radical demonstrations; (c) are less likely to involve personal risk for rape crisis center staff (e.g., arrests for
civil disobedience); (d) are not necessarily attended by all rape crisis center staff (i.e., some staff choose not to participate whereas in years past nearly all did); and (e) are often single once-a-year events (e.g., Take Back the Night was once one of several marches centers would plan, but was now their sole public demonstration). Excerpts from the interviews with the directors emphasized these themes:

We've been around for so long that doing any public demonstration—Take Back the Night, victim rallies, whatever—is less labor intensive—and we know what to expect. It doesn't mean we don't care anymore, it's just that the novelty has worn off for us. But that's a real important distinction—radical to us, or radical to others? We've got to remember that for other people it may be their first Take Back the Night . . . This may be radical to them—it's not just how we feel—the demonstrators—it's also about how we're perceived.

There's less risk involved now in demonstrations. Like now, we get a parade permit, which we wouldn't've have even dreamed of long ago—we'd risk the disturbing the peace charge . . . Like it or not, the circumstances of our lives and the political climate of our communities have changed—and the cost of radicalness may be too high . . . Maybe it's our age, maybe we've been coopted, but many of us are less willing to really put ourselves on the line for a truly radical demonstration. Maybe it's because we've been on the front-line for so long—or maybe just too long.

The directors of the younger centers did not have this historical perspective, but described the marches they participated in as quite similar. Several suggested that funding requirements of both older and younger centers may explain the current nature of public demonstrations. For example:

We haven't been around as long, so we've never done the "storming the streets" things other centers have done—but I think we've been made to be more similar in recent years. We all seek outside funding—and those funding requirements have shaped us (the younger centers) from the beginning, and I suspect they may be the root cause of the changes in the older centers.

These qualitative data suggest that the nature of participation in public demonstrations is quite different from years past. These data raise several possible explanations for these changes: agency aging, complacency, or funding requirements could all be contributing factors. Yet, whatever the reason for these changes, it does appear that public demonstrations are now less labor intensive and involve less personal and professional risk for rape crisis centers and their staff.

Political lobbying was also a common social change strategy (70% overall), but was not statistically different between the age cohorts. From a qualitative perspective, current participation in political lobbying often means that rape crisis centers are members of their state coalition against sexual assault, who in turn, lobby the state. Most of the directors of both the older and younger agencies reported that state-level lobbying was through their coalitions because their funding sources do not permit direct lobbying. In discussing how lobbying has changed over time, the directors
noted three main types of changes: (a) Lobbying has become more indirect (e.g., centers are members of independent groups who can directly lobby); (b) some centers have decided to supplement this indirect participation with smaller-scale lobby efforts at the local level, which are permitted by funding agencies (e.g., host a breakfast meeting with state representatives to discuss pending legislation); and (c) some directors felt that now there is less to lobby for—early successes of the movement created many necessary legislative changes. For example:

We lobby through our state coalition because that's really all we can do—our funding doesn't allow anything more... Over the years that I've been ED [executive director] here, I've seen how this has really changed. Once upon a time we didn't have funding, so we could do whatever we wanted to. But when we formally became a non-profit, that ended, and then we had to choose—no lobbying at all, or lobby indirectly through our state coalition. That's really what the choice is now. That's what you're really measuring when you ask us [the directors] about lobbying—did the center make a commitment to lobbying or not? If they did, they're doing it indirectly. I know some centers decided to maintain ties to lobbying, some decided after these restrictions to put their energies elsewhere.

The qualitative and quantitative data together suggest that the majority of the centers keep an eye on legislative changes but that their lobbying efforts are more removed due to funding restrictions. The primary decision for many centers appears to be whether they want to invest agency energy in this more distant form of lobbying or refocus attention on other issues.

Primary prevention programs for sexual assault were not as typical across all of these centers (45% overall), but were more likely to be offered by the older, grouping of agencies. Many of these programs were developed in the mid 1980s (approximately 10 years ago), and current participation is to implement the established curricula. In contrast to the other social change initiatives examined in this study (public demonstrations and political lobbying), it appears that primary prevention programs are not long-standing activities that have undergone significant changes in recent years inasmuch as they have emerged as new programs. Primary prevention programs are relatively new social change initiatives. For example, as one director stated:

Social activism for rape crisis centers had to change—it was inevitable. We had to modify things we've done in the past, like lobbying, and we needed to create new things that were consistent with times, things that could take root and grow in this different political soil... creating the prevention programs was one way to do that—they're smaller programs, less "in your face." They work with teens to address the underlying causes of rape.

The content of the programs varied considerably: games with children about body boundaries, dating relations workshops for adolescents, gender roles discussion groups. It is important to note that these programs were not focused on risk reduction, but instead examined gender inequality to
challenge the underlying beliefs about power and control that cause rape. For example:

This has got to be one of the strangest ironies I've ever seen—the schools were really reluctant to allow us to come in and talk about rape directly because in their eyes, this would get into a discussion of sex, which was a big no-no. So instead, we put together a program that focuses more on gender roles to challenge gender inequality—what we see as the real cause of rape. So we got to offer a program that we feel is true rape prevention because the school board didn't want us to talk about rape.

Very few directors described current efforts at developing new prevention programming. Most centers with these programs may, as one director stated, “alter the curriculum a bit here and there to touch on more current topics, but it’s pretty well established.” These qualitative and quantitative data together suggest that prevention programming is not a typical activity overall, but that the older centers were more likely to be implementing established programs.

Turning to the organizational characteristics of these centers, the differences between these two cohorts of rape crisis centers were more pronounced. The older rape crisis centers had larger budgets, more paid staff, and more volunteer staff. Most centers followed a hierarchical organizational structure (63%), but this structure was more typical in the younger centers, those established after 1978. Most centers were not affiliated with larger social service organizations (64%), but free-standing status was more common in the older cohort. The majority of the directors stated that collaborating with other agencies, rather than trying to influence or change them, was the approach they adopted in their communities (62%). Yet, that collaborative stance was more common in the younger centers. In making decisions regarding programs and policies, most centers did not involve less powerful members of the organization, such as volunteer staff and/or clients (58%). Although this participatory model was not common overall, it was more likely to be found in the older centers.

Organizational Predictors of Rape Crisis Centers' Involvement in Other Social Change Activities

The second goal of this study was to examine the relationships between organizational characteristics, and the centers' involvement in social change initiatives. The descriptive data suggested cohort differences in centers' involvement in social change activism. Therefore, for the model evaluation analyses, age cohort and organizational-level factors were expected to interact to predict involvement in social change initiatives (i.e., age cohort as moderator). A separate model was estimated for each dependent variable.
Given that the independent and dependent variables in the proposed models were categorical, logit modeling was used for the analyses. In evaluating logit models, three issues must be considered. First, the overall goodness of fit of the model must be evaluated with the likelihood ratio chi-square test. In contrast to traditional uses of the chi-square statistic, a nonsignificant chi-square is desired in logit modeling, indicating that there was no significant difference between the hypothesized model and the data (i.e., the data fit the model). Second, the significance of each predictor in the nonsignificant model must be evaluated. It is desirable that the hypothesized predictors are statistically significant. Finally, the proposed models hypothesize that agency age will moderate the relationship between organizational characteristics and social change activities; therefore, it is important to examine whether the two-way interactions (moderator × each independent variable) explain significant variance beyond what was already accounted for by the main effects. The appendix describes the procedures used to test the interactions.

The test of the first proposed model evaluated whether centers' participation in public demonstrations to raise awareness about sexual assault could be predicted by the interactions between age cohort, and each of five organizational-level factors. The likelihood ratio chi square test was nonsignificant, indicating that the data fit the model: LR $\chi^2 (24, N = 168) = 29.67$, ns. Table II presents the tests of significance for each parameter in the model. In these analyses, significant main effects were found for agency age, organizational structure, organizational affiliation, and decision-making process. Older centers, those who followed a collective structure, those who were free-standing...
centers, and/or those who engaged in participatory decision making were more likely to participate in public demonstrations. But, the primary prediction of this model was that agency age would moderate the relationships between these organizational characteristics and participation in public demonstrations. The results indicated that age cohort did moderate the relationships between most organizational-level predictors and the outcome, and that these interactions accounted for significant variance beyond that explained by the main effects. The only parameter that was not significant was the interaction between age cohort and agency budget: whether centers participated in this social change activity was not related to how long the agencies had been in existence and the size of their budget. The other parameter tests revealed that centers in the older cohort (established before 1979) that followed a collective organizational structure were more likely to be involved in this form of social action. Similarly, free-standing centers from the older cohort were also more likely to participate in public demonstrations. Older centers that were oriented toward changing other social institutions, rather than collaborating with them, were more likely to engage in this form of social protest. Finally, centers in the older age cohort that engaged in participatory decision-making, through involving volunteers and/or clients in the decision making process, were more likely to be involved in public demonstrations.

The test of the second model examined the centers' participation in political lobbying: $LR \chi^2 (24, N = 168) = 32.44$, ns (see Table III). In this model, three significant main effects were supported. Centers that followed a hierarchical structure, were affiliated with larger social service agencies,
and/or adopted a collaborative stance with other community agencies were more likely to participate in political lobbying. With respect to the hypothesized moderated effects, the interaction between age cohort and budget was again nonsignificant. By contrast, the interaction between age cohort and organizational structure was again significant, but the direction of the effect was different. Centers in the younger cohort who followed a more hierarchical organizational structure were more likely to be involved in this form of social activism. Similarly, the younger centers who were affiliated with larger social service organizations were more likely to be active in political lobbying efforts. Likewise, the younger centers that viewed interactions with other community agencies as opportunities for collaboration, rather than change, were more likely to lobby. There was no relationship between age cohort and type of decision-making process.

In the final set of analyses, the relationships between age cohort, organizational characteristics, and involvement in primary prevention programming were examined. A model of two-way interactions was again supported: LR $\chi^2 (24, N = 168) = 33.69$, ns (Table IV). In this test of the model, significant main effects were obtained for all predictors. Centers with larger budgets, older centers, those with collective structures, freestanding programs, those who focused on changing other community agencies rather than collaborating with them, and/or those with participatory decision making were more likely to offer prevention programming. The tests of the interactions revealed that age moderated the relationship between all of the organizational characteristics and participation in primary prevention programming. Older centers that had higher budgets were more

### Table IV. Logit Model Predicting Involvement Primary Prevention Programming

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Parameter coefficient</th>
<th>Z value</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-2.03</td>
<td>-2.89</td>
<td>-3.60--0.19</td>
</tr>
<tr>
<td>Two-way interactions$^a$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age $\times$ Budget</td>
<td>1.74</td>
<td>2.62</td>
<td>0.11--3.50</td>
</tr>
<tr>
<td>Age $\times$ Organizational Structure</td>
<td>-1.65</td>
<td>-2.02</td>
<td>-2.70--0.28</td>
</tr>
<tr>
<td>Age $\times$ Organizational Affiliation</td>
<td>2.07</td>
<td>2.21</td>
<td>0.27--3.49</td>
</tr>
<tr>
<td>Age $\times$ Collaborative Stance</td>
<td>-1.99</td>
<td>-2.47</td>
<td>-4.07--0.19</td>
</tr>
<tr>
<td>Age $\times$ Decision-Making Process</td>
<td>-1.79</td>
<td>-2.27</td>
<td>-3.69--0.23</td>
</tr>
<tr>
<td>Main effects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-1.89</td>
<td>2.14</td>
<td>0.34--4.00</td>
</tr>
<tr>
<td>Budget</td>
<td>1.99</td>
<td>2.32</td>
<td>0.19--3.59</td>
</tr>
<tr>
<td>Organizational structure</td>
<td>-1.78</td>
<td>-2.19</td>
<td>-4.09--0.32</td>
</tr>
<tr>
<td>Organizational affiliation</td>
<td>1.76</td>
<td>2.17</td>
<td>0.45--3.54</td>
</tr>
<tr>
<td>Collaborative stance</td>
<td>-1.99</td>
<td>-2.67</td>
<td>-4.29--0.89</td>
</tr>
<tr>
<td>Decision-making process</td>
<td>-0.67</td>
<td>-1.11</td>
<td>-2.23--1.27</td>
</tr>
</tbody>
</table>

$^a$Moderator $\times$ Independent Variable.

$^b p < .05$.

$^c p < .01$. 
likely to be involved in prevention efforts. In addition, the older centers that followed a collective structure, and those that were free-standing organizations were also more likely to direct agency attention to the prevention of sexual assault. Centers in the older cohort that viewed interactions with other community agencies as opportunities for social change were more involved in prevention efforts as well. Finally, older centers that used a participatory model of decision making were also more likely to engage in prevention programming.

DISCUSSION

Previous research has suggested that rape crisis centers have undergone significant organizational transformations since their beginnings during the feminist movement of the 1970s (Collins & Whalen, 1989; Gornick et al., 1985; Koss & Harvey, 1991; Matthews, 1994; O'Sullivan, 1978; Pride, 1981). There has been growing concern among feminist scholars and activists that perhaps another radical women’s movement has been coopted (e.g., Collins & Whalen, 1989; Matthews, 1994). Whereas many of the centers in this study bear little resemblance to the women’s collectives of years past, the commitment to providing comprehensive services for victims spanned all agencies. Many of these centers also participated in a variety of social change initiatives, such as public demonstrations, political lobbying, and primary prevention programming. Yet, our findings also indicate that these social change activities may not have the same radical bent to them as they did years ago. The successes of the early rape crisis centers may have given today’s centers several models to follow, so that less organizational energy must now be spent forging new ground. In addition, it appears that some rape crisis centers may have felt that “de-radicalizing” was the key to weathering changing political climates.

The results of this study suggest that to understand the current structure and functions of rape crisis centers, we must also understand their historical development. A cohort effect emerged across multiple analyses that differentiated centers formed in the peak of the antirape movement (in 1978 or earlier) from those founded in a more conservative era in U.S. politics (1979 or later). The older centers had larger budgets and more staff, but were also more likely to be freestanding collectives. Their communication style with other social service agencies in their communities was more likely to emphasize social change. Their internal communication was also more likely to stress participatory decision making as all members of the organization, from the board of directors to the volunteers and clients, were involved. The younger centers had comparatively smaller budgets and staffing levels, and were more likely to be hierarchical organizations.
affiliated with larger social service agencies. They also were more likely to value collaboration with other community groups but made internal decisions without the participation of the less powerful members of their agency. These findings suggest that rape crisis centers are not monolithic entities—they vary considerably as a function of when they were founded. Overall, the centers in this sample appear to resemble small, hierarchical social service agencies, but when we look further into the data, we see a wider range of structures and functions.

A primary aim of this research was to examine the extent to which several organizational characteristics affected participation in social change initiatives. The centers in this study appear to have developed along two different pathways as one cohort emerged in a time that valued political activism, whereas the other cohort formed in spite of political inertia (see Barber, et al., 1983; Demone & Gibelman, 1984; Haynes & Mickelson, 1992; Turem & Born, 1983). Therefore, we predicted that the age of these agencies would be an important factor to consider in understanding their involvement in social change initiatives. Specifically, it was expected that the relationships between organizational characteristics and participation in social change activities would be moderated by age cohort.

The quantitative results reveal patterns of prediction that are quite similar for two of three social change strategies studied: public demonstrations and prevention programming. In general, the older, free-standing, collective centers with larger budgets, that valued a change orientation when interacting with other social service agencies, and a participatory model for internal decision making were more likely to participate in these two forms of social action. From a quantitative perspective, it appears that government funding did not appear to curtail these social change efforts; in fact, it appears that larger budgets enabled some centers to expand their activities beyond direct service and community education. Several directors noted that they could now finally “afford prevention.” Similarly, hierarchy did not appear to quell involvement in political activism as the majority of the centers were hierarchical, and yet these activities continue. But the few remaining older collectives were significantly more likely to be involved in these two social change initiatives. This suggests that hierarchy may not necessarily suppress activism, but that social change may be facilitated in older organizations with collective structures.

Whereas it appears that many centers follow hierarchical structures, the shift to affiliating with larger social service agencies was not as common in this sample. Free-standing status may be another factor that encourages older centers to be involved in public demonstrations and primary prevention programming. The communication style both within the organization and between the rape crisis center and other community agencies also af-
fected participation. The older centers that wanted to change other social service agencies, and those that involved less powerful members of their organization in the decision-making process were more likely to participate in public demonstrations and primary prevention programming.

By contrast, the younger centers, that followed hierarchical structures, were affiliated with larger service agencies, and valued collaboration over change were more likely to be involved in political lobbying. These results are the opposite of those found for predicting public demonstrations and prevention programming, suggesting that political lobbying may represent a different type of social activism. Funding levels did not influence the likelihood of participating in lobbying efforts, nor did the centers' internal decision making processes. Hierarchical structures, affiliation with larger agencies, and a collaborative organizational stance may not necessarily curtail social change efforts, but instead, may suggest different strategies to some centers. The top-down approach of political lobbying may be more consistent with their organizations' philosophies than the grass-roots tactics common in public demonstrations and prevention programming.

The quantitative data suggest that these centers were quite politically active, yet it is important to remember what exactly this "participation" involved. The qualitative data indicate that the nature of these activities may have lost their radical bent over time. For example, several directors noted that it now takes less organizational energy to participate in these activities, and that it is less risky, personally and professionally, for rape crisis center staff to engage in these forms of activism. The results of this study do not provide definitive answers as to why these activities may have lost their "radicalness," but can confirm that this qualitative shift has occurred. It has been suggested here that the changing political climate in the United States over the past decade has forced centers to adapt to more conservative funding and service policies. As one director stated, "Funding has its costs, too." Thus, the quantitative results suggest that funding and hierarchy did not necessarily curtail participation in social change initiatives, but the qualitative data indicate that these factors may have changed the nature of this activism. As another director stated, "We're still doing it [activism]—we haven't lost that—it just doesn't look like it used to. We just have to be careful not to adapt so much that we don't do these things anymore." It is, however, important to note that there could be other community-level variables affecting centers' social change activities other than political climate. In particular, future research should examine how rape crisis centers' relationships with other community agencies affect their participation in social change initiatives.

Two methodological limitations temper the conclusions we can draw from these data. First, all the data were collected from the directors of the

Rape Crisis Centers
rape crisis centers, and it is possible other staff at different levels of the organization may have different perceptions of these issues. For example, staff members involved in direct advocacy services may provide a different perspective on the role of collaboration with other agencies and how it impacts the work of rape crisis centers. Future research should consider involving staff members from multiple levels within the agencies to provide a fuller picture of the organizations’ activities.

Second, the data in this research were cross-sectional, but the study of the development of rape crisis centers and the antirape movement requires both retrospective and prospective longitudinal designs as well. For example, some of the directors interviewed in this project mentioned that their centers had collected their organizational histories, detailing every major transition of the agency. Analysis of these records could be informative. Moreover, it is not too late for any center to start detailing their organizational history. Young (1995) developed a protocol called “Don’t Throw it Away” that can be used by women’s organizations and researchers to document and preserve organizational history. This line of retrospective work, in addition to evaluating prospective organizational changes, can help fill in the details of how organizational-level phenomena affect service programming.

This research sought to describe rape crisis centers in the 1990s, and explain what factors promote or inhibit involvement in social change activities. These results suggest that rape crisis centers have not become monolithic social service agencies. Some have become more mainstream, others always were more traditional, but still others remain free-standing collectives. Rape crisis organizations appear to have learned how to adapt to the changing political climates since the 1970s to continue to provide services for victims. Yet, it is important to remember that there have been significant political shifts since the beginning of the antirape movement, and the nature of social activism may have changed qualitatively. It appears as though rape crisis centers have had to be quite adaptive to remain politically active.

APPENDIX

Tests of Interactions in Logit Models

To test the predictive power of the interactions, it is necessary to compare two logit models: one model that contains the interaction term under consideration with another model that has this interaction term removed (Demaris, 1991, 1992). The key question in this comparison is whether these two models—one with the interaction and one without—are different. If the logit model with the interaction term is nonsignificant, but the logit model without the interaction is significant, this indicates that the model
fit is now significantly worse because the interaction was removed (i.e., the interaction is necessary to the prediction of the dependent variable). If an interaction is found to be essential to the prediction of the dependent variable, its predictive power is beyond that which was already accounted for by the main effects. To test the interactions in each model, we followed Hosmer and Lemeshow's (1989) suggestion to create a cleaner parsimonious baseline model, which included the interaction of interest. Therefore, all nonsignificant terms from the original models were dropped to create the revised baseline models.

For the model predicting involvement in public demonstration, the simplified baseline model contained nine variables (three nonsignificant terms from the original model were dropped): LR $\chi^2 (18, N = 168) = 26.07$, ns. When the interaction term Age $\times$ Organizational Structure was removed, the resulting model was significant: LR $\chi^2 (16, N = 168) = 26.45$, $p < .05$. When the interaction Age $\times$ Organizational Affiliation was removed, the resulting model was significant: LR $\chi^2 (16, N = 168) = 26.99$, $p < .05$. When the interaction Age $\times$ Collaborative Stance was removed, the resulting model was significant: LR $\chi^2 (16, N = 168) = 27.12$, $p < .05$. When the interaction Age $\times$ Decision Making Process was removed, the resulting model was significant: LR $\chi^2 (16, N = 168) = 27.35$, $p < .05$.

For the model predicting involvement in political lobbying, the simplified baseline model contained seven variables (four nonsignificant terms from the original model were dropped): LR $\chi^2 (14, N = 168) = 20.96$, ns. When the interaction Age $\times$ Organizational Structure was removed, the resulting model was significant: LR $\chi^2 (12, N = 168) = 22.03$, $p < .05$. When the interaction Age $\times$ Organizational Affiliation was removed, the resulting model was significant: LR $\chi^2 (12, N = 168) = 21.11$, $p < .05$. When the interaction Age $\times$ Collaborative Stance was removed, the resulting model was significant: LR $\chi^2 (12, N = 168) = 21.23$, $p < .05$.

For the model predicting involvement in primary prevention programs, all terms in the original model were significant, so no reduced baseline model was needed: LR $\chi^2 (24, N = 168) = 33.69$, ns. When the interaction Age $\times$ Budget was removed, the resulting model was significant: LR $\chi^2 (22, N = 168) = 33.99$, $p < .05$ When the interaction Age $\times$ Organizational Structure was removed, the resulting model was significant: LR $\chi^2 (22, N = 168) = 34.17$, $p < .05$. When the interaction Age $\times$ Organizational Affiliation was removed, the resulting model was significant: LR $\chi^2 (22, N = 168) = 34.06$, $p < .05$. When the interaction Age by Collaborative Stance was removed, the resulting model was significant: LR $\chi^2 (22, N = 168) = 34.39$, $p < .05$. When the interaction Age $\times$ Decision-Making Process was removed, the resulting model was significant: LR $\chi^2 (22, N = 168) = 34.20$, $p < .05$. 
It should also be noted that a series of comparison models were tested that compared each interaction term to a baseline model containing only main effects. The results described above compared two models, one with the interaction of interest, one without the interaction of interest, but with the main effects and other interactions. These additional analyses yielded the same conclusions.

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