Sexual Assault Services Program

Funding authorized: $40 million
FY 2014 Appropriation: $27 million
FY 2015 Request: $35 million

“To help get over the trauma of the assault, I immediately turned to a rape crisis center for support . . . the support and services I received . . . gave me my life back!” Gabrielle Union, actress and survivor

Sexual Assault Victims Deserve Recovery Services.

The Sexual Assault Services Program (SASP), administered by the Office on Violence Against Women in the U.S. Department of Justice, was authorized in 2005 through the Violence Against Women Act as the first federal funding stream dedicated to the provision of direct services to victims of sexual violence.

Across the country, SASP funds support the critical services victims needs most.

SASP funds support services in every state. Formula grants are awarded to states, territories and tribes to support efforts to provide services to adult and minor sexual assault victims and their families. Grants can be used for general intervention and advocacy, especially accompaniment through medical and criminal justice systems.

SASP funds support underserved communities. Grants to culturally specific organizations help support intervention and related assistance for underserved victims and communities of color.

SASP funds ensure quality services. Through support of coalitions which provide training and technical assistance, SASP helps ensure that victims receive high quality services and improved responses from the criminal justice system.

Research shows these services increase prosecution and help victims recover.

Advocates help the criminal justice system respond better. Research shows that when victims receive advocate-assisted services following assaults, they receive more helpful information, referrals and services and experience less secondary trauma or revictimization by medical and legal systems. Rape survivors supported by advocates were 59% more likely to have police reports taken than survivors without advocates, whose reports were only taken 41% of the time.

Advocates help victims heal. When advocates are present in the legal and medical proceedings following rape, victims fare better in both the short- and long-term recovery, experiencing less psychological distress, physical health struggles, sexual risk-taking behaviors, self-blame, guilt, and depression.
“SASP allowed us to finally open a comprehensive service rape crisis center in Dallas.” Jana Barker, Executive Director, Dallas Area Rape Crisis Center

The Need is great.

According to 2010 data from the National Intimate Partner and Sexual Violence Survey (CDC, December 2011):

- Nearly 1 in 5 women have been the victim of rape or attempted rape.
- Nearly 1 in 2 women have experienced some form of sexual violence.
- 1.3 million women were raped in the United States in the last 12 months.
- 1 in 5 men have experienced a form of sexual violence other than rape in their lifetime.

Victims of sexual assault suffer. They are more likely to struggle professionally, academically and from depression, post-traumatic stress disorder, substance abuse, and to contemplate suicide.

Current funding levels are inadequate. At FY 2013 levels, the entire state of Maryland receives less than $300,000 in SASP formula grant funds and Virginia receives only $325,000.

Rape crisis centers struggle. The nation’s 1,315 sexual assault programs often lack the resources to meet victims’ most basic needs and federal, state and local funding cuts have hit them hard. According to a 2013 survey by NAESV:

- Almost 75% of rape crisis centers lost funding in the past year through a combination of local, state and federal cuts and over half of programs experienced a reduction in staffing.
- Over 1/3 of rape crisis centers have a waiting list for services with victims waiting most often for counseling services and support groups.
- Waiting lists were reported as high as 53 survivors with waiting times, in some cases, exceeding 2 months.

Rape crisis centers have been sharing their stories about the impact of funding cuts, and they are heartbreaking:

In California: “We have had to cut positions and programs, such as outreach to over 8 schools.”

In Minnesota: “Through attrition, we have reduced staff by almost 1/2. This has resulted in waiting time for clients, decreased time for advocates to spend with clients, and decreased time for us to train and mentor volunteer advocates who might help in providing direct services.”

In New Jersey: “We had to lay off our therapist who specializes in teens and young adults at our sexual assault center. This means, for the coming 12 months, I have no one to see victims from the most vulnerable 15-24 age range.”

In North Carolina: “We will have 40-50 clients not served through long-term counseling. We do not have a waiting list because people have just stopped making referrals, knowing that our capacity for providing individual and family counseling is greatly reduced.”

In Pennsylvania: “We are no longer able to provide outreach to outlying areas in our rural community.”

In Washington: “We cut over 32 hours of advocacy per week.”

HAVE ADDITIONAL QUESTIONS?

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