

# Rape Crisis Services, Partnerships, & Resources at Office of Family Violence Prevention and Services (OFVPS), HHS



National Alliance to  
End Sexual Violence

**FY26 Request:** Provide \$100 million to OFVPS for sexual assault services provided by rape crisis centers, building community partnerships between sexual assault programs and behavioral health systems, and national sexual assault resource centers.

## FUNDING IS NECESSARY

According to 2015 data from the National Intimate Partner and Sexual Violence Survey:

- 1 in 5 women have been the victim of rape or attempted rape.
- 43.6% of women have experienced some type of contact sexual violence.

While significant investments have been made to improve the criminal justice response to victims, similar efforts are needed to build partnerships between sexual assault programs and health and human services agencies at the local, state, and national level.

Victims accessing community health, mental health, substance use treatment, and housing need connections to healing services and providers need training in responding to those victims.

Funding is needed to continue rape crisis services and for a new demonstration project to provide discretionary grants to a geographically diverse group of community based sexual assault programs, culturally specific, and tribal programs. The project will enhance partnerships and healthcare systems advocacy for adult victims of childhood sexual abuse and sexual assault victims, increase program capacity at HHS, and provide robust technical assistance support.

This funding will ensure that victims have access to trauma-informed, survivor-centered care by strengthening collaboration between sexual assault programs and healthcare providers. By integrating advocacy services into healthcare settings, this initiative will improve early intervention, increase access to specialized support, and enhance the overall response to victims' unique needs.

## SEXUAL ASSAULT & HEALTH ARE INEXTRICABLY LINKED

The short- and long-term effects of sexual violence can undermine a person's physical and mental health.

- Based on an analysis of studies from 1980-2008, victims of sexual violence have a significantly higher prevalence of anxiety, depression, eating disorders, post-traumatic stress disorder, and suicide attempts.
- According to the 2005 Behavioral Risk Factor Surveillance System, victims of sexual violence are more likely to suffer from asthma and joint conditions. Studies have also found an increased risk of cervical cancer and sexually transmitted diseases.
- Among both women and men, previous non-consensual sex was associated with health conditions such as high cholesterol, stroke and heart disease while sexually victimized women were more likely to report having had a heart attack or heart disease than non-victims.
- A study of Kansas adults found a significantly higher prevalence of health risk behaviors (heavy drinking, binge drinking and current smoking) among women who had experienced sexual assault.

HAVE ADDITIONAL QUESTIONS?  
Contact Terri Poore, Policy Director at [terri@endsexualviolence.org](mailto:terri@endsexualviolence.org)

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## THE COST OF SEXUAL VIOLENCE IS HIGH

According to a 2017 analysis, the estimated lifetime cost of rape was \$122,461 per victim, or a population economic burden of nearly \$3.1 trillion (2014 U.S. dollars) over victims' lifetimes.

## PROGRAMS NEED RESOURCES

The nation's 1,000 sexual assault programs often lack the resources to meet victims' most basic needs. Struggling programs may not be able to fully assist a victim during a time when other community resources are also underfunded.

National attention to the problem of sexual assault, increased outreach and awareness by RCCs, and improved access to services with the reduction in COVID restrictions, has meant more victims have come forward seeking recovery services.

According to a 2024 survey by NAESV:

- 58% of programs saw an increased demand for services.
- 20% of rape crisis centers had a waiting list for trauma-informed therapy; 16% have a waiting list for support groups.
- 43% of programs experienced a reduction in staffing.
- 61% of programs lack a full time mental health counselor or therapist on staff.

## TRAINING & TECHNICAL ASSISTANCE IS CRITICAL

In 2023, OFVPS made a historic commitment addressing sexual assault by creating two sexual assault capacity building centers at NAESV and Respect Together. OFVPS also continued funding for several culturally specific sexual assault centers. NAESV is proud to collaborate with the other capacity building centers supporting sexual assault coalitions, FVPSA Administrators, tribal nations, and local sexual assault programs through listening sessions, webinars, consultation, and more. \$5 million in funding is necessary to continue this essential work.

### Our Technical Assistance Partners

Minnesota Indian Women's Sexual Assault Coalition (MIWSAC)  
Mujeres Latinas en Acción  
National Organization of Asians & Pacific Islanders Ending Sexual Violence (NAPIESV)  
National Organization of Sisters of Color Ending Sexual Assault (SCESA)  
National Sexual Violence Resource Center (NSVRC), a division of Respect Together  
Ujima, The National Center on Domestic Violence in the Black Community

### Sources

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Peterson, C., DeGue, S., Florence, C., & Lokey, C. N. Lifetime economic burden of rape among U.S. adults. *American Journal of Preventive Medicine*, 52, 691-701 (2017).

Watson-Johnson, L., Townsend, J., Basile, K., Richardson, L. Cancer screening and history of sexual violence victimization among U.S. adults. *Journal of Women's Health* (2012).

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