

# Sexual Assault Services Program (SASP)



National Alliance to  
End Sexual Violence

FY25 Appropriation:	\$78.5 million
FY26 Appropriation:	\$79.5 million
FY27 President's Budget:	TBD
Authorized at:	\$100 million
<b>FY27 Request:</b>	<b>\$100 million</b>

*A survivor reached out to us through our 24/7 crisis and support line. They had experienced a sexual assault the night before. We were able to explain their options, and they decided to seek emergency medical treatment. We were able to provide transportation, medical accompaniment, and two days later also provided accompaniment and transportation to the police department so that the survivor could report the crime.*

—Oregon Rape Crisis Center (RCC)

## SEXUAL ASSAULT VICTIMS DESERVE RECOVERY SERVICES

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

*It sometimes feels like sexual assault services are being left behind, and the system is crumbling. At the same time, we get increases and referrals for new services each year and have great outcomes for the survivors that we serve. Our staff is at a breaking point and cannot continue to manage the influx of demand at the current funding level.*

—Pennsylvania RCC

Rape Crisis Centers (RCCs) are struggling. The nation's 1,000 sexual assault programs often lack the resources to meet victims' most basic needs. A combination of an increase in demand for services and cuts to funding have stretched programs to maximum capacity. According to a 2025 survey by NAESV:

- **More than 46%** of RCCs report an overall decrease in funding for sexual assault services over the past year.
- **60%** of RCCs report an increase in demand for sexual assault services over the past year.
- **Nearly 1/3** of programs report a waiting list for mental health counseling/therapy services.
- **Nearly half** of RCCs report having no mental health counseling or therapy providers on staff to support survivors of sexual assault.

## THE NEED IS GREAT

According to a 2025 report from the National Intimate Partner and Sexual Violence Survey: Nearly half of women (45.1%) and more than 1 in 6 men in the United States experienced some form of contact sexual violence in their lifetimes. Victims of sexual assault are more likely to struggle professionally, academically, and are more likely to experience depression, PTSD, substance abuse, and to contemplate suicide.

RCCs report the top unmet needs of survivors include **housing, cash assistance, basic needs** (such as food or clothing), and **mental health care**. On average, programs report needing an additional 2 full-time positions to meet the current demand for sexual assault services.

*Many SA victims went without a forensic medical exam and advocacy services because they didn't want to have to drive into the nearest city 45 minutes away to spend hours going through the process. At the time we didn't have a local SANE to perform the exams for almost a full year.*

—Alaska RCC

*With additional resources, we could expand telehealth technology, outreach, and group services to ensure survivors in remote areas receive the full continuum of trauma-informed support they deserve.*

—Illinois RCC

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## SASP FUNDS SUPPORT THE CRITICAL SERVICES VICTIMS NEED MOST

**SASP funding supports services across the nation** through a funding formula. Grants to states, territories and tribes support efforts to provide services to adult and minor sexual assault victims and their families. This funding can be used for critically important intervention and advocacy services, especially accompaniment through medical and criminal justice systems.

**SASP funding ensures 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 justice and medical systems.

*[We] helped a recently retraumatized survivor find a therapist who specialized in sexual assault and trauma. In addition to finding a counselor who could help them process their trauma, the advocate collaborated with the client on reaching other goals...The client has expressed gratitude for the support and encouragement the sexual assault advocacy program provided throughout the journey.*

—Michigan RCC

*Staff are terrified of funding cuts, and increased economic and social stress has created an increase in harmful human interactions in the world.*

—Kansas RCC

## ADVOCATES MAKE A DIFFERENCE

**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 re-victimization by medical and legal systems.

Rape victims supported by advocates were **59% more likely to have police reports taken** than victims without advocates, whose reports were only taken 41% of the time.

*With help from the sv center staff, I was able to get a vocational trade and I have a full time job. I'm raising my kids on my own and my oldest daughter is in college. The sv staff keep me grounded and supported. I'm thankful they are here!*

—Arizona RCC

**Advocates help victims heal.** When advocates are present in the legal and medical proceedings following rape, victims fare better in both short and long-term recovery, experiencing less:

- psychological distress
- physical health struggles
- sexual risk-taking behaviors
- self-blame
- guilt
- depression

Source: Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? *Violence Against Women*, 12, 30-45

**Congress can be an essential part of the solution by increasing appropriations for the Sexual Assault Services Program to \$100 million.**

HAVE ADDITIONAL QUESTIONS?  
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