



## **VIOLENCE AGAINST WOMEN ACT 2005**

### **SEXUAL ASSAULT SERVICES ACT**

While rape crisis centers have made tremendous progress towards assuring that sexual assault victims receive the services they need, many centers' ability to serve the needs of all victims of sexual violence has historically been hampered by a significant lack of resources. **There has never been a federal funding stream dedicated entirely to the provision of direct services for victims of sexual violence.** A shortage of state-level funding caused by budget cuts in recent years compounds the problem. Many rape crisis centers have had to reduce staff size and administrative staff are taking on direct service duties. Center staff are working longer hours. Rape crisis centers report that they have cut the frequency of counseling sessions with victims and hours of hotline operations, two of the most crucial services rape crisis centers provide. These centers lack the resources to reach many underserved populations, some of which experience sexual assault at a very high rate. Finally, many communities still have no accessible rape crisis services at all. Without a consistent and specialized funding stream for direct services, rape crisis centers face uncertain futures and will struggle to meet the emotional, medical, legal and long-term mental health needs of victims.

The proposed Sexual Assault Services Act (SASA) in the Services and Outreach title of VAWA 2005 will create a desperately needed funding stream for direct services for sexual assault victims, as well as provide resources for state sexual assault coalitions, whose assistance is invaluable to service providers nationwide. SASA would authorize the Secretary of Health and Human Services through the National Center for Injury Prevention and Control, of the Centers for Disease Control and Prevention, to award grants to assist tribes and states in their effort to provide services to adult and minor sexual assault victims and their family and household members. Grants could be used for general intervention and advocacy, including accompaniment through medical, criminal justice, and social support systems, support services, and related assistance. SASA funds also could be used to provide training and technical assistance relating to sexual assault for various organizations, including governments, law enforcement, courts, nonprofit organizations, faith-based organizations, and professionals working in legal services, social services, and health care. SASA also would authorize grants for nonprofit organizations that provide culturally-specific intervention and related assistance for victims of sexual assault. The Act would authorize \$80,000,000 for each of fiscal years 2005-2009.

#### **THE ISSUE**

- In America, 1 of 6 women and 1 of 33 men has experienced an attempted or completed rape as a child or adult.<sup>i</sup>
- Sexual violence affects people through the lifespan, from young children to the elderly.
- Victims of sexual violence experience higher rates of depression, anxiety disorders, and mental illness, addiction, eating disorders, suicidality, and self-esteem problems than non-victims. These crimes also may negatively affect the emotional well-being of their friends and family.<sup>ii</sup>
- Total costs of rape and sexual assault are estimated to be \$127 billion a year in the United States, (excluding the costs of child sexual abuse) including loss of productivity, medical and mental health care, police and fire services, social/victim services, property loss/damage, and quality of life issues.<sup>iii</sup>
- Many factors influence an individual's response to, and recovery from, sexual assault. These may include the social support network available to the victim; the response to the attack by police and other criminal justice professionals, medical personnel, and victim advocates; the response to the attack by the victim's loved ones; community attitudes and values; and the meaning attributed to the traumatic event by the sexual assault survivor.<sup>iv</sup>

## RAPE CRISIS CENTER (RCC) SERVICES

Approximately 1,315 rape crisis centers across the country help victims of rape, sexual assault, sexual abuse, and incest rebuild their lives by providing a range of vital services to victims. These centers:

- Operate 24-hour hotlines
- Provide 24-hour accompaniment to law enforcement departments, hospitals, and legal proceedings
- Offer short- and long-term individual counseling and support groups for victims and their families
- Assist victims with obtaining compensation and restitution

Rape crisis centers serve all victims of sexual violence, including women who have been raped, child sexual assault and incest survivors, adult survivors of childhood sexual abuse, male victims, persons with disabilities, and victims who experience abuse in later life. They also provide necessary aid to family members and others affected by sexual violence.

The effectiveness of such supportive interventions has been documented. Studies have found that services such as those provided by our nation's rape crisis centers can shorten the amount of time a person exhibits symptoms of rape-related posttraumatic stress disorder.<sup>v</sup> Victims who receive information and services also are more likely to participate in the criminal justice process.<sup>vi</sup>

**The programs described here are proposals under consideration for inclusion in the VAWA reauthorization bill that Members of Congress will introduce in early 2005. As the bill has not been finalized, we cannot be certain that the proposals will be included as described in this document.**

<sup>i</sup> National Violence Against Women Survey, "Prevalence, Incidence, and Consequences of Violence Against Women," November 1998.

<sup>ii</sup> Commonwealth of Massachusetts, Department of Youth Services. (1985). *Delinquent Youth and Family Violence: A Study of Abuse and Neglect in Homes of Serious Juvenile Offenders*, p. 17-18; Burnam, M.A., Stein, J. A., Golding, J. M., Seigel, J. M., Sorenson, S. B., Forsythe, A. B., & Telles, C. A. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology*, 56, 843-850; Heise, L. (1992). Violence Against Women: The missing agenda. *Women's Health: A Global Perspective*. Westview Press; Kilpatrick, D. G., Edmunds, C. N., & Seymour, A. K. (1992). *Rape in America: A report to the nation*. Arlington, VA: National Victim Center and Charleston, SC: Medical University of South Carolina; Kilpatrick, D. G., Resnick, H. S. (1993). PTSD associated with exposure to criminal victimization in clinical and community populations. In J. R. T. Davidson and E. B. Foa, Eds. *PTSD in review: Recent research and future directions*, 113-143; van der Kolk, B. A., McFarlane, A. C., and Weisaeth, L. Eds. (1996). *Traumatic Stress: The effects of overwhelming experience on mind, body, and society*. New York: The Guildford Press; Herman, J. (1997). *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. New York: Basic Books.

<sup>iii</sup> Miller, Ted; Cohen, Mark; and Wiersema, Brian. (1996). *Victim Costs and Consequences: A New Look*. Washington, DC: National Institutes of Justice, U.S. Department of Justice.

<sup>iv</sup> Koss, Mary & Harvey, Mary. (1991). *The Rape Victim: Clinical and Community Interventions*. Newbury Park, CA: Sage Library of Social Research.

<sup>v</sup> Zorza, J. Ed. (1997). Study finds rape crisis programs do work. *Sexual Assault Report*, 1 (2), 17, 30-31.

<sup>vi</sup> Zweig, Janine M.; Burt, Martha R.; Van Ness, Asheley. (2003). *The Effects on Victims of Victim Service Programs Funded by the STOP Formula Grants Program*. Washington DC: The Urban Institute.