



**TESTIMONY OF MARY LOU LEARY
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**On the Sexual Assault Services Program
United States Department of Justice**

**Submitted to the
Senate Committee on Appropriations
Subcommittee on Commerce, Justice, Science, and Related Agencies
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The National Center for Victims of Crime submits this testimony to urge members of the subcommittee to fully fund the Sexual Assault Services Program (SASP) as part of the Department of Justice appropriations legislation. The Sexual Assault Services Program, created by the Violence Against Women Act of 2005 (VAWA 2005) and authorized at \$50 million, will provide crucial funding for our nation's rape crisis centers and other organizations serving victims of sexual assault, which are currently seriously underfunded and understaffed. This shortage of funds has left many victims of sexual violence—women and men, girls and boys—with no place to turn for help. Funding the Sexual Assault Service Program will ensure that all victims will receive the counseling and support they need to recover from the trauma of sexual violence.

The incidence of sexual assault in America remains unconscionably high. Every two-and-a-half minutes a person is sexually assaulted in our country.¹ Sexual violence is a crime that affects people of all backgrounds and ages—children and adults, males and females. Approximately 1 in 6 women and 1 in 33 men in America have experienced an attempted or completed rape as a child or adult.² Nearly five percent of college women are sexually assaulted during any given calendar year.³

Sexual assault exacts a heavy cost on individuals, families, and communities. Victims of sexual violence experience higher rates of depression, anxiety disorders, mental illness, addiction, eating disorders, and self-esteem problems than non-victims. Sexual assault victims are also at increased risk for committing suicide or abusing substances. The emotional well-being of the victims' friends and family are also negatively impacted.⁴

Workplaces and communities are also affected when victims suffer. Sexual assault victims face loss of economic productivity through unemployment, underemployment, and absence from work. According to the Centers for Disease Control, 21 percent of victims who have been raped by an intimate partner report losing time from work as a result of their victimization.⁵

The National Center, the leading national resource and advocacy organization for victims of crime, understands well the state of services for victims of sexual violence. Our Helpline staff speaks to sexual assault victims every day, and works to connect them to local services. We also hear from rape crisis centers and state sexual assault coalitions across the country who have told us that they are desperately struggling to meet the needs of victims. Many of our members are also system-based service providers, such as victim-witness coordinators in prosecutors' offices and police departments. These agencies rely on rape crisis center staff to support victims through the medical and criminal justice system. They, too, can testify to the impact the shortage of funds has on the ability of rape crisis centers to provide services for every victim that needs them.

The services available for victims

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 therapy and support groups for victims and their families;
- perform legal advocacy; and
- 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.

Rape crisis centers often play a vital role in a victim's recovery after the crime. Studies have found that services such as those provided by rape crisis centers can shorten the amount of time a person exhibits symptoms of rape-related posttraumatic stress disorder.⁶ Victims who have the support of an advocate in the emergency room post-assault are more likely to file a police report and less likely to be treated negatively by law enforcement. Victims also reported less distress after contact with the legal system when they had worked with a victim advocate.⁷

Significant gaps in sexual assault services

While sexual assault programs have made tremendous progress toward assuring that victims of sexual assault receive the services they need, a 2004 survey of the field conducted by the National Center and our colleagues revealed significant gaps in the national response to victims of sexual assault. Our survey found overwhelmingly that sexual assault programs are desperately short of funds to meet the needs of rape victims. Rape crisis centers are suffering in many states where governments facing tight budgets have been forced to cut support to local rape crisis centers. A lack of federal support compounds the problem.

Victim service professionals we interviewed told us about waiting lists for counseling in Illinois, Massachusetts, Pennsylvania, Wisconsin, and other states. At one Utah rape crisis center, victims can be on a waiting list for long-term counseling for 10-12 weeks. One program in Louisiana told us that the waiting period for counseling for a “level one” victim—a recent rape victim who is suicidal—is five working days.

In some places, victims are being placed in group counseling to provide them with some form of support while they are waiting for individual counseling. 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.

Rape crisis centers are struggling to meet the needs of child victims and their families. An Ohio rape crisis center reported that they provide an advocate to work with families of child victims of sexual violence at the local Child Advocacy Center (CAC). Currently, the rape crisis center can only afford to share her with the CAC 20 hours a week. This means that 10 to 15 families a week will not get any time with the victim advocate. While some needs may be met by the medical and investigative staff, these families are not able to get counseling or advocacy from a person dedicated to their emotional and mental well-being. The rape crisis center director states that the CAC is “begging us for more time but the money is just not there.”

Sexual assault service providers in rural areas across the country are also struggling to serve multiple counties with very little staff. Many states report that rural areas often have no services at all. For example, West Virginia has 9 rape crisis centers that have to cover all 55 counties in the state. Texas has 254 counties: fifty of those counties have no rape crisis services at all. Victims must travel long distances to meet with a counselor or get other assistance. In many places, victims simply cannot make the trip, so they suffer alone. Programs in rural areas need increased funding to help bring victims to programs, send advocates to victims, develop satellite offices in rural areas, or make other innovations to improve access to services.

Rape crisis centers also reported that while their communities include many underserved populations—including racial and ethnic minorities and victims with disabilities—they have no funds to extend their outreach or develop specialized services. In many places, service providers stated that although there are large ethnic and racial populations within their communities, few victims from those populations are accessing services. More funding is required to help programs meet such needs for targeted services.

Funding the Sexual Assault Service Program in FY 07 must be a congressional priority

The Sexual Assault Services Program (SASP) was enacted as part of VAWA 2005, the reauthorization of the Violence Against Women Act, signed into law on January 6, 2005. SASP created a much-needed funding stream for direct services for sexual assault victims. The Act will provide funding for states, territories, and tribes to support their efforts to provide services to adult and minor sexual assault victims and their family and household members. The funds can be used for general intervention, counseling, and advocacy, including accompaniment through medical, criminal justice, and social support systems; support services; and related assistance.

State, territorial, and tribal sexual assault coalitions are also eligible for SASP funding under a specific set-aside. State coalitions provide critical support for rape crisis centers, allowing rape crisis centers to focus on providing direct services to victims. Coalitions develop statewide policies and procedures for all their member rape crisis centers. Coalition staff develop and disseminate public awareness and prevention materials for statewide distribution. SASP funds can also be used by coalitions to provide training to various organizations, including governments, law enforcement, courts, nonprofit organizations, faith-based organizations, and professionals working in legal services, social services, and health care.

SASP would also address the gap in services to racial and ethnic minorities. Through a funding set-aside, SASP would ensure that culturally-specific community-based organizations are able to craft services for victims that are relevant to their cultural needs. Partnerships with existing organizations will allow for the most effective use of funds.

When Congress authorized the Sexual Assault Services Program, it made a commitment to ensure that supportive counseling and services would be available for victims of sexual assault across the country. By enacting SASP, Congress acknowledged that sexual assault crisis centers and other organizations cannot meet the needs of sexual assault victims without additional resources. The National Center strongly urges the subcommittee to fully fund the SASP so our nation's rape crisis centers can help all victims rebuild their lives after sexual assault.

¹ Bureau of Justice Statistics. (2005). *Criminal Victimization in the United States, 2004: Statistical Tables. Table 1*. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.

² National Violence Against Women Survey, "Prevalence, Incidence, and Consequences of Violence Against Women," November 1998.

³ Fisher et al. (2000). *The Sexual Victimization of College Women*. Washington, DC: National Institute of Justice/Bureau of Justice Statistics, U.S. Department of Justice.

⁴ Seymour, Anne, Kilpatrick, Dean, & Edmunds, Christine. (1992). *Rape In America: A Report to the Nation*. Arlington, VA: National Center for Victims of Crime.

⁵ National Center for Injury Prevention and Control. (2003) *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta, GA. Centers for Disease Control and Prevention.

⁶ Zorza, J. Ed. (1997). Study finds rape crisis programs do work. Sexual Assault Report, 1 (2), 17, 30-31.

⁷ Campbell, R.C. (2006). *Rape Survivor's Experience with the Legal and Medical Systems*. Violence Against Women. Vol. 12, No. 1, 31-45.