



National Alliance to
End Sexual Violence

Rape Prevention & Education Program (RPE)

Funding authorized: \$50 million
FY 19 Appropriation: \$49.4 million
FY 20 Appropriations Request: \$75 million
In VAWA reauthorization legislation: Increase authorization to \$150 million

RPE formula grants, administered by the CDC Injury Center, provide essential funding to states and territories to support rape prevention and education programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities.

Those who have been victimized by sexual violence are more likely to be re-victimized AND those who have perpetrated are more likely to reoffend, pointing to the increased need to stop the violence before it ever happens.

If our children are to face a future free from sexual violence, RPE must be fully funded.

The RPE program prepares everyday people to become heroes, getting involved in the fight against sexual violence and creating safer communities by:

- Engaging boys and men as partners;
- Supporting multidisciplinary research collaborations;
- Fostering cross-cultural approaches to prevention; and
- Promoting healthy, non-violent social norms, attitudes, beliefs, policies, and practices.

"Before these classes, I didn't really understand what consent was." A student to a prevention educator in Oklahoma.

We know RPE is working.

A 2016 study conducted in 26 Kentucky high schools over 5 years and published in *American Journal of Preventive Medicine* found that an RPE-funded bystander intervention program decreased not only sexual violence perpetration but also other forms of interpersonal violence and victimization.

"The idea that, due to the effectiveness of Green Dot, ... there will be many fewer young people suffering the pain and devastation of sexual violence: This is priceless." Eileen Recktenwald, Kentucky Association of Sexual Assault Programs

Across the country, states and communities are engaged in cutting-edge prevention projects. A 2018 survey respondent told us:

"We met with staff at a local high school to set up a one-time presentation and walked out agreeing to run several groups!"

Alaska's Talk Now Talk Often campaign is a statewide effort developed in collaboration with Alaskan parents, using conversation cards, to help increase conversations with teens about the importance of having healthy relationships.

Connecticut's Women & Families Center developed a multi-session curriculum addressing issues of violence and injury targeting middle school.

Kansas is looking closely at the links between sexual violence and chronic disease to prevent both.

Maryland's Gate Keepers for Kids program provides training to youth-serving organizations to safeguard against child sexual abuse.

Missouri is implementing "**Green Dot**" bystander education statewide to reduce the rates of sexual violence victimization and perpetration.

North Carolina was able to ensure sustainability of its consent-based curriculum by partnering with the school system to implement their sexual violence prevention curriculum in **every** 8th grade class.

Oklahoma is working with domestic violence and sexual violence service agencies, public and private schools, colleges and other community-based organizations **to prevent sexual violence**.

Why increase funding for RPE?

The societal costs of sexual violence are incredibly high including medical & mental health care, law enforcement response, & lost productivity. 2017 research sets the lifetime economic burden of rape at \$122 thousand per victim and reveals a strong link between sexual violence and chronic disease.

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

- Nearly 1 in 5 women have been the victim of rape or attempted rape.
- Most female victims of completed rape (79.6%) experienced their first rape before the age of 25; 42.2% experienced their first completed rape before the age of 18 years.
- More than one-quarter of male victims of completed rape (27.8%) experienced their first rape when they were 10 years of age or younger.

The #MeToo movement; national focus on campus, military, and faith community sexual assault; and high-profile cases of sexual violence in the media have led to increased interest in comprehensive community responses to sexual violence but have also increased the demand for prevention programs beyond providers' capacity.

A 2018 survey by the NAESV revealed that almost 40% of programs had a waiting list of a month or more for prevention programming. According to one respondent:

"The #MeToo movement, the Cosby trial, the Catholic Church grand jury report and the Kavanaugh hearings are all things that program participants have told us have prompted them to call."

A Massachusetts program reported: *"With Title IX in the news, requests for prevention education have increased...We are saying no to many requests for education because of capacity issues. We are unable to build and sustain relationships with other underserved communities because of a lack of capacity."*

A Nebraska program reported: *"I am hugely dismayed at the lack of funding for prevention...It's noble to provide direct services to victims of sexual violence, but if we don't provide prevention monies, then we are just a band-aid. It's terribly frustrating."*

NAESV additionally recommends the following report language to ensure adequate funding for states:

At least 80% of the funds appropriated for the Rape Prevention & Education Program must go to states for the purpose of local and state rape prevention activities.

Currently, states and territories receive approximately 72% of RPE funds.

HAVE ADDITIONAL QUESTIONS?
Contact Terri Poore, Policy Director at terri@endsexualviolence.org