Rape Prevention & Education Program (RPE)

Ask: Increase authorization for RPE 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.

In the past few years, demand for programs funded by RPE have skyrocketed, the evidence base has progressed significantly, the current appropriation is very nearly the authorized level, and further investment in the program is desperately needed.

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

A 2017 survey by NAESV revealed that almost 40% of programs had a waiting list of a month or more for prevention programming.

According to a 2018 survey by the National Sexual Violence Resource Center, the average percent of coverage of RPE-funded programs was 39% of the state. Nearly half of the states responding reported RPE funding coverage in their state at 20% or less with rural areas especially lacking in access to prevention.

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

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 Program
Across the country, states and communities are engaged in cutting-edge prevention projects:

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 youth.

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 public 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.

Washington is implementing innovative skill building projects that amplify the voices of historically marginalized communities.

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 $122,000 per victim and also 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.

A Missouri program reported: “The demand for our services has increased about 18% both in 2014 and in 2015. Increased awareness and increased need (crime) are most likely contributors to this trend. There are limited resources available for prevention education. In addition, new government requirements/laws, such as with Title IX and PREA, have contributed to referrals to our organization. Our organization always works to increase support from local resources, but funding is extremely competitive and limited.”

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.”

Funding History: In the 2013 reauthorization of Violence Against Women Act, Congress cut authorization for RPE from $80 to $50 million. In FY 17, the program was funded at $44.4 million, a $5 million increase from FY 16. In FY 18, the Senate funded RPE at $49.4 million.

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