

Expanding access to justice, compensation and healing

Access to justice, healthcare and compensation are fundamental rights of survivors of sexual violence.¹ Yet those who navigate these systems—either as children or adult survivors of child sexual abuse and exploitation (CSAE)—may face complex and drawn-out legal processes, administrative barriers and substantial health-related costs. Such challenges can leave survivors waiting long periods for a resolution or may even deter them from engaging with key systems altogether. Breaking down these barriers is essential not only to hold perpetrators accountable, but also to ensure survivors' access to justice and support their recovery and healing.

Why this matters

Avenues for accessible care and redress play a critical role in supporting survivors and helping them rebuild their lives after experiencing trauma. Research shows that systems that help promote survivor agency, empowerment and participation can support the healing process—whereas processes that restrict control or limit decision-making can reinforce feelings of helplessness and delay healing.^{1,2,3}

Support survivors' access to justice and compensation by:

- Eliminating the criminal and civil statute of limitations for all CSAE crimes
- Ensuring survivors do not face costs for immediate and long-term health needs
- Reforming the state's eligibility requirements for crime victim compensation to ensure children and survivors of sexual crimes are not excluded or penalized due to age, reporting delays or other barriers

¹ Compensation refers to a monetary reward intended to redress the harm caused by a crime, typically provided by a state-managed fund for victims of crime or ordered from the perpetrator or negligent institution through a court of law.

Mapping the policy landscape

Justice on a deadline

Survivors of CSAE may need years—or even decades—before they are ready to disclose what happened to them. As children, they may lack the words or understanding to describe the abuse, feel conflicted due to a close relationship with the perpetrator or be afraid of what could happen if they tell.⁴ Yet these delays can be at odds with a legal system that imposes strict deadlines—called statutes of limitations (SOLs)—for filing criminal charges or civil lawsuits. This means that after a certain period of time passes, survivors’ opportunity to seek justice essentially “expires.”

Since the early 2000s, many U.S. states have enacted reforms to extend or eliminate SOLs for child sexual abuse, though gaps remain. For instance, 23 states have eliminated the criminal SOL for at least the most serious child sexual abuse felonies; however, only seven of these states have eliminated it for *all* felony and misdemeanor child sexual abuse offenses. On the civil side, 19 states currently allow survivors of any age to file lawsuits for at least some claims. In contrast, 31 states and the District of Columbia (D.C.) still impose age-based limitations, with 17 states requiring survivors to bring a claim by age 34 or younger. While these timeframes might seem generous, they fall substantially short given some estimates that the average age at which survivors of child sexual abuse first tell anyone about their abuse is 52.⁵



Professor Marci A. Hamilton, Founder and Chief Visionary Officer at CHILD USA, explains that statute of limitation reform serves three major societal purposes:

- 1. It identifies unknown child predators.** Legal action—criminal or civil—helps reveal patterns of abuse and expose previously unknown abusers.
- 2. It passes the burden of the abuse.** Responsibility and costs move from survivors and their families to the perpetrators or institutions, helping relieve guilt and ensure accountability.
- 3. It educates the public.** Greater awareness of the dynamics of abuse and the reasons survivors delay disclosures leads to better prevention, improved legal outcomes and stronger support systems.

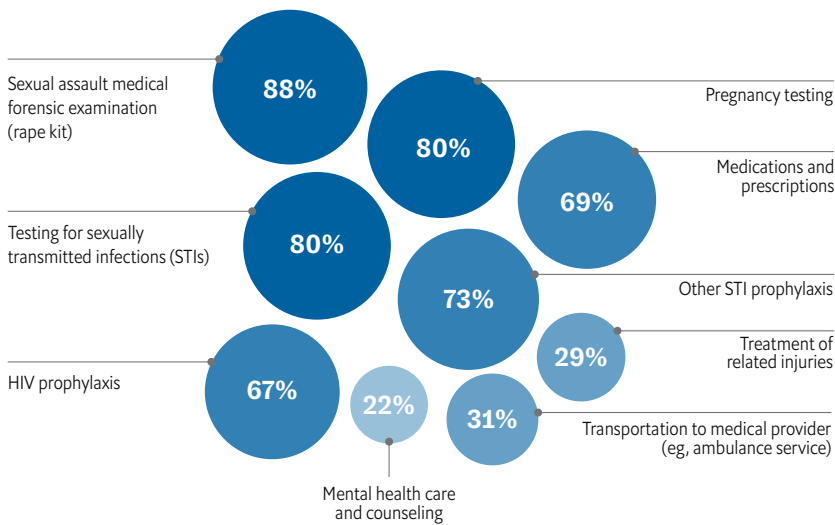
The price of healing

Survivors of CSAE often have a wide range of short- and long-term health needs, which could place a financial burden on survivors and their families if not adequately covered by public programs or insurance. Yet, the extent to which these costs are covered by states varies considerably. While a large majority of states (44) and D.C. prohibit hospitals and medical providers from billing sexual assault survivors for a rape kit, the coverage of other related medical treatments—either provided as part of this examination or separately—is much less consistent.ⁱⁱ Each state has its own laws and policies outlining the specific services that survivors must not be billed for (Figure 1).

Commonly covered services include testing for STIs and pregnancy, while costs less frequently covered include transportation to an exam provider, treatment of related injuries and mental health care.⁶

This piecemeal system can create confusion among facilities, providers, insurers and survivors about who is responsible for covering costs, both across states and even within the same state.⁷ As a result, survivors may be charged for expenses stemming from their abuse. One study reviewed data from over 112,000 emergency visits in 2019—more than a third of which involved children—and found that about one-in-six survivors were stuck with some out-of-pocket costs.⁸ *Where* survivors go or are referred for help can also make a difference: those seen at a children’s advocacy center (CAC) might have access to a range of free services, while those seen at a hospital in the same state may incur charges.

Figure 1: Uneven coverage: which survivor medical costs are covered? ⁱⁱⁱ
States with laws or policies explicitly stating that survivors must not be billed for medical service (%)



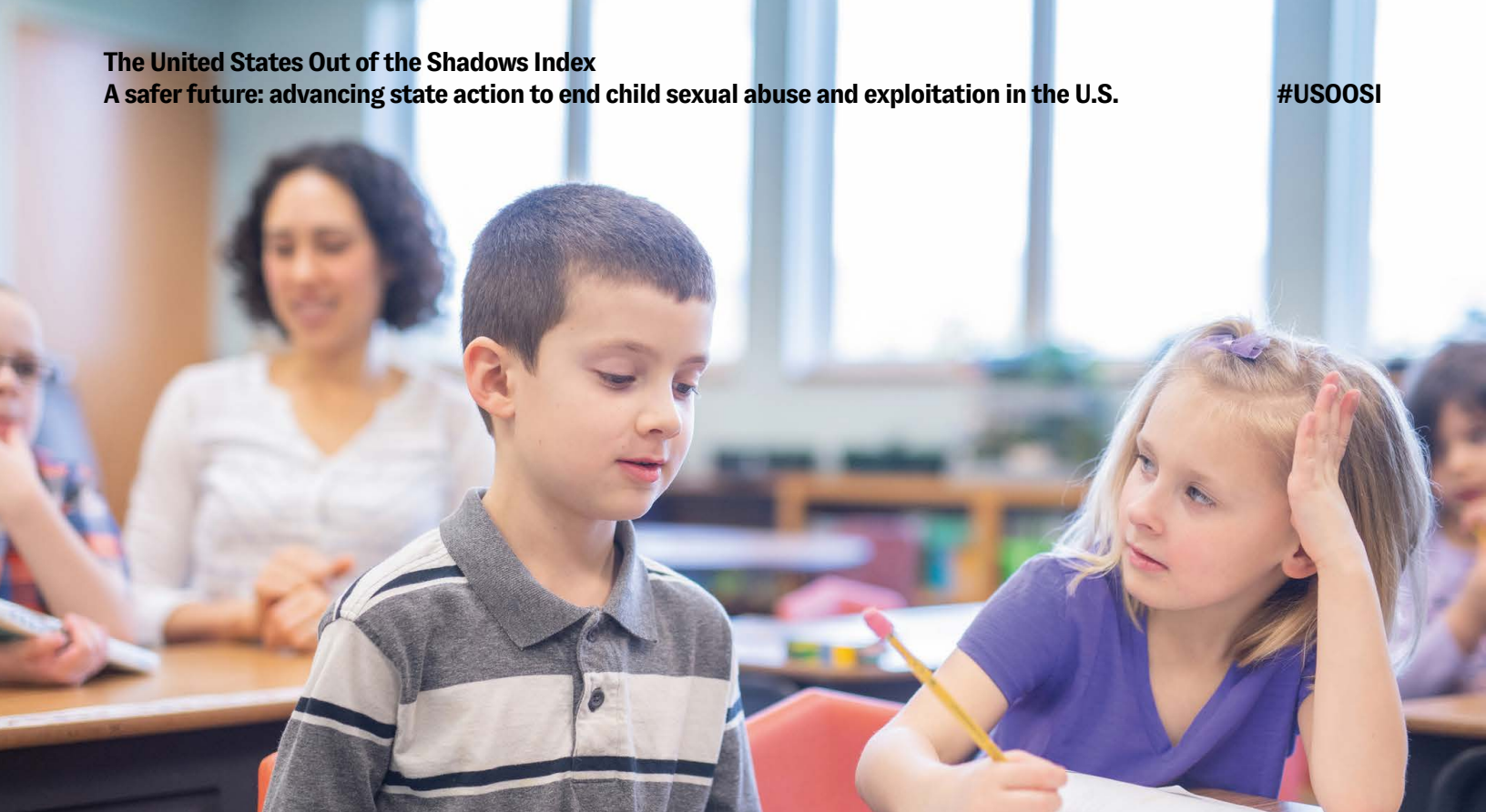
Source: United States Government Accountability Office

How states did it: good practices in ensuring survivors never get a bill

The Illinois Sexual Assault Survivors Emergency Treatment Act (410 ILCS 70/1) prohibits hospitals, pediatric healthcare facilities, healthcare providers and related services from billing sexual assault survivors for emergency room medical treatment and some follow-up care related to a sexual assault. This includes exams, evidence collection and treatment for STIs, HIV or pregnancy risk. Follow-up care includes related services provided within 180 days of the initial visit.⁹

ⁱⁱ States are required to cover the cost of rape kits to qualify for federal grants under the Violence Against Women Act (VAWA), which fund efforts to address violence against women and support victim services. Beyond the forensic exam, the Department of Justice specifies that “the inclusion of additional procedures (eg, testing for sexually transmitted diseases) may be determined by the state in accordance with its current laws, policies and practices.”

ⁱⁱⁱ The numbers reflect requirements via state law or policy and include related medical treatments and services considered to be part of a sexual assault forensic exams or outside the scope of the exam.



No justice without redress

Every state and D.C. has a compensation program that can help victims of crime and their families pay for related expenses. The rules to qualify for these programs, however, often fail to account for the experiences or concerns of CSAE survivors. Applicants for compensation often have short deadlines to apply—sometimes within a year or two of the crime—and are usually required to report the crime to police to be eligible. And, unfortunately, even when an application for compensation is successful, survivors may face long delays between applying and receiving compensation (Figure 2).

Recognizing the need for reforms, some states have introduced exceptions to their compensation program’s eligibility criteria for victims of sexual

violence or child victims. The laws in a majority of states (35) and D.C. provide an extended timeframe by law for minors or sexual assault victims to file a compensation application. Yet, in 12 of these states, this exception hinges on vague criteria or showing “good cause” to the board reviewing the applications, a term which is often left undefined. Meanwhile, just over half of states (27) and D.C. have laws establishing one or more ways for survivors to overcome the requirement to report the crime to law enforcement. These alternatives may include, for example, evidence that the abuse was reported to child protective services, a counselor or sexual assault advocate. Still, nearly half of states (23) have yet to establish an alternative to making a police report.

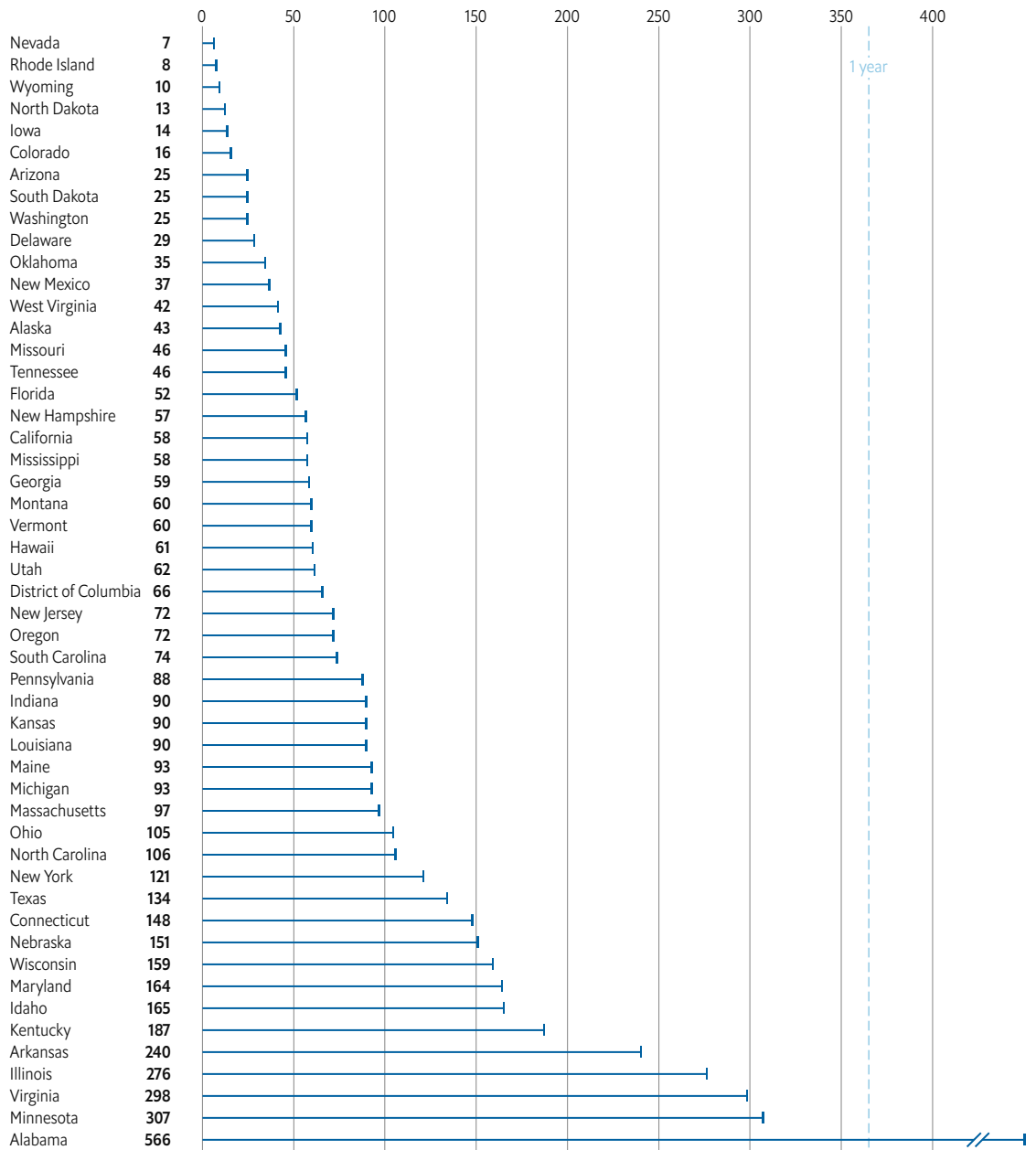
How states did it: good practices in expanding access to compensation

In cases involving sexual assault, domestic violence and human trafficking, Connecticut allows victim compensation to be granted without evidence of a formal police report—so long as the incident has been disclosed to a recognized professional including healthcare providers, mental health professionals, law enforcement, school personnel, child welfare staff or certified victim advocates.¹⁰



Figure 2: The clock on compensation

The average length of time to process an application for claim eligibility for compensation (days)



Data: Office for Victims of Crime (2023)

References

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- 5 Data on statutes of limitation, which is integrated into the index, was sourced from CHILD USA
- 6 Data on coverage of service costs, which is integrated into the index, was sourced from the United States Government Accountability Office.
- 7 Nevada Coalition to End Domestic and Sexual Violence (NCEDSV). 2019. *Sexual Assault Response in Nevada: Analysis Report 2018*. <https://www.ncedsv.org/wp-content/uploads/2019/11/NCEDSV-SANE-Report.pdf>
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- 9 Illinois General Assembly. 2024. *Sexual Assault Survivors Emergency Treatment Act (410 ILCS 70)*. Illinois Compiled Statutes. <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1531&ChapterID=35>.
- 10 CT Gen. Stat. § 54-209

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