Supporting the 9 in 10 Who Did Not Report in Childhood

Adult Survivors of Child Sexual Abuse & Incest are a Nationally Underserved Population of Crime Victims Leading to Public Health Crisis

March 2016
Contents

Executive Summary
Introduction
Purpose of this Report
Background and Statement of Need
Gaps in Language and Services
  Primary Victim Service Providers
    Polyvictimization & Complex Trauma
    “Adults Molested as Children”
    Services for Parents of Child Victims Who are Adult Survivors
    The Additional Problem of Stigma
  Medical Healthcare Providers
    CSA is Massive Women’s Health Issue
    CSA is a Significant Men’s Health Issue
    CSA is a Significant Health Issue for All People –
      Additional “Underserved Populations”
  Behavioral/Mental Health Care & Private Counseling Challenges
    SANE/SART Teams and Opportunity for Adult Survivors
    Challenges / Opportunities with Reporting for Adult Survivors
    Victim Compensation & Economic Impact
    Lack of Data and Research
    WINGS’ Mission
    WINGS’Impact
Conclusion
References
Executive Summary

When not appropriately identified and treated in childhood, the trauma that accompanies having experienced the crime of child sexual abuse (CSA) creates lifelong challenges to victims'/survivors’ overall health, well-being and relationship-capacity, as well as their productivity and ability to fully thrive in all areas of their lives.

WINGS Foundation Inc. (WINGS), located in Denver, Colorado, has been successfully serving adult survivors of CSA and incest (Adult Survivors) for 33 years. WINGS contends that Adult Survivors are a dramatically underserved population of crime victims whose public health needs are largely overlooked and unaddressed.

WINGS’ 2014 client demographics underscore these issues, especially as compared to national averages.

Of the 320 people (15% male and 85% female) who received services from WINGS through group support:

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These results are mirrored in the Adverse Childhood Experiences Study (ACE Study), a joint research project between Kaiser Permanente and the Centers for Disease Control and Prevention, which identifies CSA as a primary risk factor in the development of a number of lifelong physical and mental health problems, including substance abuse, drug addiction, obesity, depression and even early death.⁸

Alarmingly, those who are closest to this issue—survivors, their loved ones, and the professionals upon whom they rely for care—are often not equipped with the trauma-informed training and resources necessary to successfully identify and treat unresolved CSA trauma or effectively respond to the crime of CSA. The cultural and professional silence surrounding the public health pandemic of CSA has left behind the vast majority of Adult Survivors, who never got the chance to speak about or overcome that crime and trauma.

Current estimates indicate that 1 in 4 girls and 1 in 6 boys experience some type of sexual abuse before the age of 18¹, and alarmingly, only 1 in 10 report their abuse in childhood². This report is focused on the 9 in 10, or 90 percent, who did not report in childhood.
Executive Summary

WINGS’ efforts to provide appropriate information, education, and support service to Adult Survivors has shown marked improvements to their health and quality of life. Our 2014 support group member evaluations showed that:

- 94% reported a better understanding of trauma and how it affects them
- 58% reported fewer suicidal thoughts
- 87% reported fewer episodes of self-harm
- 94% reported fewer episodes of problem drinking or substance abuse
- 94% reported increased ability to function in daily life
- 94% believe they are a better parent (which could lead to improved health outcomes for their children, though this needs further study)
- 99% reported feeling safer
- 97% reported increased ability to set boundaries, which can reduce the likelihood of future interpersonal violence

WINGS maintains that all Adult Survivors have a right to know how their health is impacted by unresolved CSA trauma and to receive specialized services to empower their healing process. Yet, there are nearly 1 million survivors in the state of Colorado (510,106 women and 329,090 men) and more than 60 million survivors nationally who are not connected to the information and specialized services they need and deserve.

This under-recognized and under-examined public health crisis incurs significant costs to survivors (an estimated $210,012—$241,600 per person), to their families, workplaces, and communities across Colorado and the country. In Colorado alone, the long-term cost of untreated CSA trauma is an estimated $176 billion dollars.

As Adult Survivors are an underserved population of crime victims, immediate assessment and action is needed to effectively support them in all regions of Colorado and nationwide.

WINGS is planning a statewide needs assessment in Colorado, that will assess the following areas:

- Scope of services offered to Adult Survivors at primary provider locations: (sexual assault/rape crisis centers, domestic violence shelters, healthcare and behavioral health settings), including the ways that services are marketed; whether they include long-term counseling and group support options; evidence of impact and appropriate tracking of data; and appropriate training for professionals
- Scope of services available through existing SANE/SART programs with possible creation of a victim-centered sexual assault response effort for Adult Survivors; and
- Review of victim compensation options and limitations for Adult Survivors

WINGS calls on service providers and public policy leaders to work together to appropriately meet the needs and rights of this underserved population of crime victims, whose individual and collective path to healing and justice comprise one of the most pressing public health and justice concerns and opportunities of the 21st century.
Introduction

Childhood sexual abuse (CSA) remains among the most underreported and least-discussed crimes in Colorado and the nation, and affects the physical and mental health of millions of individuals in our communities.

With revelations about the problem of CSA and incest reaching a critical mass in recent years (Jerry Sandusky in 2011; Stephen Collins in 2014; Josh Duggar in 2015, to name but a few), WINGS Foundation Inc. (WINGS) recognizes a resurgence of attention to the broad issue of CSA and notes that our culture is experiencing a critical teachable moment about the full implications of this public health crisis—and opportunities for addressing it.

WINGS contends that, in addition to vital prevention and intervention services for children and families, our culture must also focus on the needs and rights of the vast majority of victims of CSA who have not had access to information and services to help address unresolved CSA trauma in their lives—Adult Survivors.

Purpose of this Report

The purpose of this report is to examine possible gaps in services for meeting the needs and rights of Adult Survivors, so that we might collaboratively and innovatively design services that inform and empower optimum health, wellness and productivity outcomes in every area of their lives.

This report is offered to all leaders in the fields of public health, healthcare, mental/behavioral health, victims services and related fields, as well as state legislators, policy makers and all interested parties. Most importantly, this report is offered to Adult Survivors and their loved ones, on whose behalf this research and advocacy is being done. It will take the collective action of all of these parties to bring about the cultural change necessary to meet this pressing need.
Background and Statement of Need

Current estimates indicate that 1 in 4 girls and 1 in 6 boys experience some type of sexual abuse before the age of 18, and alarmingly, only 1 in 10 report their abuse in childhood. In addition to underscoring a vital need for prevention and intervention services for child victims and their families, this alarming statistic also reveals a glaring gap in focus and services for those already affected by this crime: Adult Survivors. (As a comparison, 1 in 8 women are affected by breast cancer, an issue that obviously receives far more community support.)

This underserved population comprises the vast majority of CSA victims—the 9 in 10, or 90 percent—who did not report in childhood. These victims became adults who never had access to specialized services designed to help them heal.

Because of the cultural and even professional silence on the realities of CSA, most of these Adult Survivors do not know they are victims of crime; do not know they have rights to services; and can not access services in culturally competent, inclusive, affordable and easy ways in all regions of all states. Current estimates indicate between 42 and 60 million survivors nationally have been dramatically affected by CSA trauma.

The devastating ramifications this lack of access to care has on adult survivors’ lives is extensive. Symptoms of unresolved CSA trauma include: experiences of shame, flashbacks, nightmares, severe anxiety, depression, alcohol and other drug use, eating disorders, obesity, feelings of humiliation and unworthiness, and profound terror, as well as increased risk for re-victimization of interpersonal violence in adolescent and adult years (sexual assault and domestic violence).

The American Medical Association estimates that one in five adult survivors of childhood sexual abuse suffers from severe, lifelong psychological problems.

These estimates are reflected in WINGS’ 2014 client demographics, as compared to national averages. Of the 320 people (15% male and 85% female) who received services from WINGS through group support:

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The Adverse Childhood Experience (ACE) Study, a collaboration between Kaiser Permanente and the Centers for Disease Control and Prevention, has now proven that CSA is a “root trauma” and significant risk factor leading to substance abuse, addiction, many physical ailments, and even early death. Intra-familial abuse, or incest, has been named “the single biggest commonality between drug and alcohol addiction, mental illness, teenage and adult prostitution, criminal activity, and eating disorders.”

As these facts illustrate, even though CSA and incest are still considered taboo subjects in our society, they are actually among the most prevalent traumas that all gendered people will experience in their lifetime, leading to severe health challenges.

The wide-spread stigma, denial and silencing that accompany child sexual abuse have resulted in a very troubling dynamic within the world of healthcare. Additional considerations may also need to be examined within the fields of sexual assault and domestic violence services, as well.
Currently, there are many real barriers and gaps in services that block adult survivors’ ability to access the care they need to address their CSA trauma throughout the state of Colorado and across the nation.

I.I PRIMARY VICTIM SERVICE PROVIDERS

Over the last thirty years, grassroots efforts to identify and address the immediate needs of victims of domestic violence (DV), rape, and adult sexual assault (SA) have been created and expanded in many regions across all states. Against incredible resource limitations, professionals in these fields have achieved marked progress for victims of these crimes, as well as campus sexual assault, increasing awareness in mainstream conversations, driving public policy initiatives and enhancing front-line support for victims/survivors and the providers upon whom they rely for care.

Additionally, over the last 30 years, Children’s Advocacy Centers (CACs) have similarly been created and expanded to address the immediate crisis needs for child victims of CSA in many regions of all states. 26

Yet, while Adult Survivors of CSA may come into contact with all of these types of service providers, there are potential challenges facing this population that may or may not be clear to all providers. One example is vocabulary.

The terms “domestic violence,” “rape crisis,” “sexual assault,” and “child advocacy” may have little personal meaning for Adult Survivors of childhood sexual abuse, which is a unique experience of abuse that requires its own descriptors and specialized treatment response. If Adult Survivors are seeking services based on vocabulary alone, they may see no gateway to support for their specific needs.

Beyond vocabulary, providers may or may not be offering the types of specialized services that Adult Survivors require to understand and heal from CSA trauma, which is a distinct set of issues from those facing survivors of adult sexual assault/rape. It is unclear whether or how these distinctions are being adequately accounted for in the treatment response for Adult Survivors at all existing provider locations.

In fact, the National Sexual Assault Coalition Resource Sharing Project featured a recent publication that stated, “The vast majority of rape crisis centers and dual/multi-service agencies offer crisis intervention services. Many centers, though not all, offer short-term counseling. Long-term therapy services, in general, and services for adult survivors of child sexual abuse specifically, are less common, especially in rural areas.” 27

While the same publication offered outstanding examples of the types of holistic treatment being offered for Adult Survivors at some provider locations, to effectively honor the needs and rights of this underserved population, stronger processes, protocols and systems should be in place state- and nation-wide to ensure that every Adult Survivor has access to these types of specialized services in culturally-competent, inclusive ways.

I.II. POLYVICTIMIZATION AND COMPLEX TRAUMA

WINGS’ 2014 client demographics show:

• 29% of clients had multiple experiences of CSA by the same perpetrator
• 32% had multiple experiences of CSA by multiple perpetrators
• 25% also experienced sexual assault as adults

Moreover, many WINGS clients report having experienced other forms of abuse in childhood (physical, emotional abuse or neglect). All of these factors indicate that a significant percentage of Adult Survivors have suffered polyvictimization. Thus, when Adult Survivors present to any sexual assault, domestic violence, healthcare or behavioral health setting, it is vital that professionals understand how to effectively provide care, or referrals for care, for victims with complex trauma.

Specifically, it is essential that these providers have appropriate training and resources to support adults wishing to address their “root” trauma of CSA (when it is appropriate, given their current crisis needs). Survivors have a right to know how this early trauma may be impacting the cycle of violence they are still experiencing and be given direct access to resources to heal.
In recent decades, providers in the victim’s services field have sometimes offered services for “adults molested as children.” WINGS advocates that this phrase be re-examined, as it does not adequately account for the experiences of all adult survivors of CSA and incest. While many adult survivors of CSA were molested, and that experience is incredibly damaging, many survivors were raped and sexually assaulted as children. The phrase “molested as children” only represents a portion of Adult Survivors of CSA and incest. Moreover, the word “molested” may carry a connotation that “lessens” the severity of the abuse experienced—for both providers and survivors. It may be a contributing reason why service providers have not widely adopted specialized protocols to meet the needs and rights of Adult Survivors (see Primary Service Providers). For a full set of definition of terms used throughout this paper, please visit WINGS’ website: www.wingsfound.org/EverySurvivor.

It is not uncommon that when a child discloses sexual abuse upon being referred to a CAC, one or more parents may disclose they also experienced CSA in childhood. Yet while many CACs may offer support to non-offending caregivers about ways to support their child who is a victim of sexual violence, it is unclear whether CACs are providing adequate support or referrals for parents who are adult survivors of CSA to address and heal their own unresolved CSA trauma.

Providing comprehensive, specialized services designed to heal CSA-trauma for all victims, regardless of age, could bring exponentially positive results to adult survivors, child victims, their families, and communities.

Because of stigma surrounding CSA, 90 to 95 percent of victims never report their crime to law enforcement and many have difficulty locating help or asking for help once they do find resources.28
Whereas our culture has achieved remarkable strides in bringing language to previously taboo subjects like breast cancer, domestic violence and even rape, the topic of child sexual abuse, specifically as it pertains to adults having experienced this crime—remains largely unspeakable to survivors and to mainstream culture. As a result, many adults who have experienced this crime are afraid to talk about it and wrongly assume they are alone in their experience.

Additionally, without proper education and information about CSA readily available to them, most Adult Survivors do not know that they are victims of crime. They may not think of turning to a “victim service” provider (like a DV/SA or CAC program) because they have not yet learned the criminal aspects of what they experienced. Instead, many first show up in medical or behavioral health care settings or to private counselors.

II. MEDICAL HEALTHCARE PROVIDERS

While not everyone who reports a history of CSA develops health problems, many live with a variety of chronic physical, behavioral, and psychological problems that bring them into frequent contact with health care practitioners. Because health care practitioners do not routinely inquire about CSA, its long-term effects are under recognized, its related health problems are misdiagnosed, and it is often not met with a sensitive, integrated treatment response in the healthcare setting. This lack of inquiry results in adult survivors not receiving the specialized services they need.

II.1 CSA IS MASSIVE WOMEN’S HEALTH ISSUE

The impact of CSA on women’s health warrants specific attention. Girls are more likely than boys to be sexually abused by a family member; they are also less likely to report the abuse and more likely to be encased in family loyalty, secrecy and denial (referred to as “entrapment” and “forced silence”) preventing them from accessing healing services, for fear of what may happen to the offending family member.

These specific familial and cultural conditions surrounding CSA and incest for girls leaves them particularly vulnerable both to experience abuse and to be denied appropriate healing well into adulthood.

Moreover, an experience of CSA in childhood has direct implications for an adolescent girl or woman to be re-victimized through intimate partner violence (IPV) and adult sexual assault (SA), resulting in unplanned pregnancies, increased exposure to sexually transmitted diseases, cervical cancer, domestic violence (DV), and even post-partum depression. Therefore, it is particularly vital that girls and women understand the ways their lives and reproductive health may be negatively impacted by CSA. It is also important that their healthcare providers, including OBGYN and primary care physicians, as well as behavioral health providers, understand this connection as well.

The problem becomes even clearer when we compare CSA to an issue like breast cancer, which affects 1 in 8 females. Unresolved CSA trauma affects 1 in 4.
II.II CSA IS A SIGNIFICANT MEN’S HEALTH ISSUE

While men are impacted by CSA in ways similar to women, they may experience challenges and face barriers in seeking help that are specific to their gender.\textsuperscript{37}

The statistics on the number of boys who experience CSA (1 in 6) are only slightly lower than that of girls (1 in 4).\textsuperscript{38} In both cases, due to the challenges associated with disclosing CSA, many leaders in the field believe the statistics could be much higher.

Because of the restrictive stereotypes surrounding masculinity in our culture, men often face extensive challenges in recognizing the impact of CSA trauma on their lives and seeking help.

For example, our cultural attitudes about being male dictate that men are expected to be strong and in control, sexually dominant, and unemotional. As boys may have experienced CSA trauma at the hands of trusted men in their lives (though statistics show that boys and girls are abused by women, as well), they may grow up with deep feelings of shame and unworthiness, causing them to feel “unmanly” and/or to have questions about their sexuality, which is also stigmatized in our culture.\textsuperscript{39}

Providing supportive resources to address male survivors’ needs is therefore a prime concern within the broader realm of CSA intervention.

II.III CSA IS A SIGNIFICANT HEALTH ISSUE FOR ALL PEOPLE—ADDITIONAL “UNDERSERVED POPULATIONS”

While WINGS recognizes all Adult Survivors as an underserved population of crime victims, we acknowledge that there are additional populations under this umbrella who face added marginalization creating even greater barriers to accessing care.

These populations include: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (LGBTQI) survivors, survivors of color, survivors with disabilities, non-English speaking survivors, male survivors and elderly survivors, among other groups. WINGS recognizes that providing access to services for survivors from these multiple social locations is vital to achieving optimum health outcomes for all, and that research is needed in all of these areas.

III. BEHAVIORAL/MENTAL HEALTH CARE & PRIVATE COUNSELING CHALLENGES

Many survivors face challenges in their adult lives that bring them into contact with behavioral/mental health providers and/or private therapists or counselors. However, access to qualified, affordable counseling services designed to heal CSA trauma for adults is extremely limited.\textsuperscript{40}

Due to the fact that CSA occurs during a developmentally delicate time in a person’s childhood, the amount of time it typically takes to heal from this trauma, as an adult, is extensive—often, requiring long-term counseling and on-going group support. The multiple current symptoms that Adult Survivors face because of their unresolved trauma often lead many survivors to face economic hardships in their daily lives. Many un-insured survivors simply cannot afford to pay for these long-term services.

When Adult Survivors are able to access mental health services through health insurance programs, they are often only eligible for a limited number of sessions from a restricted list of providers. Due to these limitations, the survivor may have to access services and pay for them personally, or with little financial assistance (See below, Victims Compensation & Economic Impact). For insured and un-insured survivors, this could mean foregoing vital mental health services in favor of more immediate and basic needs.
Moreover, when Adult Survivors seek counseling support, there is no guarantee that the provider to whom they turn for help will be qualified to identify and appropriately address their unresolved CSA trauma needs. Not all mental health professionals are trained in trauma-informed methods that adequately prepare them to understand the way CSA impacts adult clients and ways to facilitate healing.

**There is no accreditation for providing treatment to Adult Survivors and, if counselors are not trained to identify the possibility of this trauma or provide an appropriate response or referral for Adult Survivors, these practitioners can cause more harm than good.**

For all of these reasons, a lack of trauma-informed training for clinical and medical professionals, specifically on the topic of treating unresolved CSA trauma in the lives of adults, presents a dangerous situation for Adult Survivors.

**SANE/SART Teams and Opportunity for Adult Survivors**

It should also be noted that Sexual Assault Nurse Examiner (SANE) and Sexual Assault Response Team (SART) programs have been developed over the last several decades to help coordinate patient care and victim advocacy for victims of adult sexual assault/rape in the healthcare setting. These efforts have helped facilitate forensic evidence collection (SANE) and coordinate the criminal justice response immediately following the sexual assault and through investigation (SART). Yet, these teams have also helped support the overall healing process for victims, by creating community based multidisciplinary teams that are examining victims’ needs and rights. For example, recent efforts have been made to ensure that victims/survivors of rape or adult sexual assault have a right to choose whether or not they wish to make a formal report about their assault, while still being able to access appropriate counseling and victim services.

However, similar protocols have not been developed to inform Adult Survivors of similar rights, as victims of sexual assault. Certainly, because so much time has gone by since an Adult Survivor was sexually abused, there is no traditional form of "forensic evidence" to be collected. And since most states have statutes of limitations that prevent adult survivors from pursuing criminal or civil action against the person who sexually abused them, there is typically no coordination of criminal justice proceedings to be made for Adult Survivors.

However, as SANE and SART initiatives have typically been a place where healthcare and victims service professionals work together to support victims of sexual violence, the unique barriers that healthcare and victims service professionals work together to support victims of sexual violence, the unique barriers that Adult Survivors face contribute to the reality that they often get left out of this vital conversation.

It may be that an additional sexual assault response team should be created, called ASCSAI (Adult Survivors of Child Sexual Abuse and Incest), consisting of providers and advocates who could help ensure a coordinated, informed response for Adult Survivors.

**Challenges with Reporting for Adult Survivors of CSA and/or Incest**

As stated above, currently, statutes of limitations vary from state to state that dictate whether or not an Adult Survivor can pursue civil or criminal action against the person who sexually abused them. In many states, the statute of limitations is not adequate to account for the time that often goes by before most Adult Survivors are able to acknowledge, understand, and find the courage to disclose their abuse. In this way, they are often robbed of the chance to formally pursue effective justice or restitution.

However, there may be more opportunities afforded to Adult Survivors, in terms of being able to report their crime, that may be unclear, and therefore unavailable to many Adult Survivors, because of the trends that accompany their abuse dynamic. An estimated 30-40% of CSA happens within family systems, which is called intra-familial abuse, or incest. It is incredibly difficult for Adult Survivors of incest to consider making a report about a family member for a variety of reasons, including fear about what may happen to the family member, fear of retaliation, and/or victim-blaming and/or threats by the family member who abused them and/or other family members who do not want the abuse exposed. Added pressure by family members on survivors not to speak is a significant barrier to their reaching out for help.

To help address these often intense fears by Adult Survivors, protocols should be in place to appropriately inform them of their same rights as other sexual assault victims, allowing them to choose whether or not to make a report about the crime they experienced in childhood, while still having access to specialized services as an adult, designed to meet their healing needs.

At the same time, Adult Survivors should have appropriate information about the potential benefits (and limitations) of making a formal report, in terms of possibly being eligible for crime victim compensation funds (see below).

If Adult Survivors are more widely educated on reporting options, it is vital that education also be in place for local law enforcement, in order to be able to take these reports in a trauma-informed way, and to provide appropriate referrals for treatment services and for potential crime victim compensation eligibility (again, see below).

**Victim Compensation & Economic Impact**

In each state, crime victim compensation (CVC) resources may be available for individuals who have been "physically or emotionally injured as the result of a crime." Losses eligible for reimbursement "may include medical and mental health expenses and lost wages," among others.

Because “it is estimated that CSA is the second most expensive victim crime in the United States, next to murder,” it would seem that Adult Survivors would have ample opportunities to benefit from CVC funds. In addition to the significant physical, emotional, spiritual and mental health challenges brought to the lives of adult survivors because of the crime of CSA, one study estimates that Adult Survivors will experience between $210,012 and $241,600
in lost earnings and other related costs over their lifetimes as a result of their abuse.45 Yet, most CVC limits range from $10,000 to $25,000.46 Thus, the compensation Adult Survivors may be eligible to receive is woefully inadequate when compared to the cost of the CSA trauma they have suffered.

Perhaps more importantly, just as statute of limitations laws vary from state to state, CVC administration and requirements vary from state to state, as well. Many CVC eligibility requirements list very short time limits from when the crime occurred, to when a claim can be made. In Colorado, for example, that time limit is one year, and the crime had to occur after July 1, 1982.47 While the CVC application in Colorado states, “The Victim Compensation Board MAY waive some of these requirements for good cause or in the interest of justice,” Colorado is a local control state in which each VALE board decides CVC eligibility. This means 1) Adult Survivors in different counties may receive different responses, and 2) it is clear that CVC requirements were made without the consideration of the unique challenges that Adult Survivors routinely face. If accommodations are widely considered for this population, language in CVC applications should be made explicit for this population of crime victims, so they can understand what may be possible for them.

At a bare minimum, better screening for the occurrence of CSA in a victim’s life, better understanding of CVC access and stronger referrals for specialized services for Adult Survivors, earlier in their lives, could help ensure that these crime victims receive the most effective mental health, medical and victim services, and that those services could be paid for, greatly lessening the financial burden that adult survivors regularly face. The ultimate economic impact to Adult Survivors’ lives and to our collective community through improved and better coordinated care would be remarkable—in the state of Colorado, alone, approximately $176 billion.48

(This number is drawn by using the most conservative estimate listed above of $210,012 in lifetime costs per Adult Survivor for the 510,106 women (25%) and 329,090 men (16%) in Colorado, age 18 and over, who likely suffer from unresolved CSA trauma. While it is certainly difficult to measure this cost absolutely, WINGS’ experience in working with Adult Survivors indicates that many face economic consequences from their abuse that far exceeds this estimate.49)

**Lack of Data and Research**

Because of the multiple challenges outlined above, there is a lack of data being collected, tracked and studied, making it impossible to explore the true prevalence of unresolved CSA trauma in the lives of adult citizens.

In the field of victims services, for example, service providers have typically only been able to record one presenting crime for which an adult is seeking services—typically recent sexual assault/rape or domestic violence. Yet, victims of SA/DV often have a history of polyvictimization, beginning with CSA;45 however, that initial crime has not been able to be officially recorded. Thus, victims service providers have not been able to effectively measure what percentage of existing DV and SA experiences may actually be re-victimizations from the “root” crime and trauma of CSA.

The ACE Study points to the need for and value of an integrated screening and treatment response in all provider settings, along with the collection of vital data that could illuminate the true prevalence of this public health pandemic, as well as the impact of evidence-based modalities to successfully identify and treat it. WINGS has begun this latter research on a small, but consistent scale in Colorado. Based on our outcome measures, WINGS advocates that effectively identifying and treating CSA trauma in survivors’ lives fosters significant and positive outcomes to their health and well-being (See WINGS’ Impact).
**WINGS’ Mission**

WINGS was founded in 1982 by and for Adult Survivors and has a long history of successfully serving this population in Colorado. WINGS’ mission is to break the cycle and heal the wounds of child sexual abuse by providing education, advocacy and support to adult survivors, loved ones, providers, and communities.

Specifically, WINGS offers referrals to qualified therapists, training and education, and therapist-facilitated support groups in a number of confidential locations to Adult Survivors (age 18 and older) and their loved ones, in both English and Spanish.

Our *Survivors’ & Loved Ones’ Guide to Healing* handbook is a comprehensive resource used in our support groups to facilitate group members’ processes of learning and healing. The most powerful aspect of our program is the dialogue and exchange that occurs among and between group members in their weekly WINGS Support Group.

WINGS also offers local and national referrals, workshops, speaking presentations and trauma-informed training to survivors, loved ones, service providers and the general community.

WINGS’ many services, including our support groups, are designed to help Adult Survivors heal from trauma, lessen feelings of isolation and shame, break cycles of abuse in their own families and communities, and to live healthy, happy, violence-free lives.
WINGS Impact

WINGS’ program outcomes show measured progress for Adult Survivors on several trauma indicators: 50

- 94% reported a better understanding of trauma and how it affects them
- 58% reported fewer suicidal thoughts
- 87% reported fewer episodes of self-harm
- 94% reported fewer episodes of problem drinking or substance abuse
- 94% reported increased ability to function in daily life
- 94% believe they are a better parent (which could lead to improved health outcomes for their children, though this needs further study)
- 99% reported feeling safer
- 97% reported increased ability to set boundaries, which can reduce the likelihood of future interpersonal violence

The impact of WINGS on a more personal basis is demonstrated in the words of survivors:

“This group is essential to my mental health and well-being. Before the group, I thought I was alone.”

“I've made more progress with the right counselor and my WINGS support group in the last 10 months, than I did the entire previous 2 years with a counselor who did not understand issues related to childhood sexual abuse.”

“I finally got enough courage to go to my first counseling appointment. And I shared my sexual abuse history with the counselor. He said, "I can't help you, but you need to call the WINGS Foundation." Through WINGS, I found a counselor trained in CSA recovery and got into a WINGS support group. It made all the difference in the world to my healing.”

“It took SO much courage to make that first phone call and to attend that first group. But over time, my WINGS group became the safest place I have ever known.”
Conclusion

Child sexual abuse is an issue that directly affects 1 in 5 people from all races, backgrounds, ethnicities, religions and socio-economic statuses. Because Adult Survivors have typically been an underserved population of crime victims, the need and opportunity to provide comprehensive, culturally-competent and victim-centered services to heal from CSA trauma are immediate and pressing in all regions of Colorado and nationwide.

WINGS plans a statewide needs assessment of the following areas, on behalf of Adult Survivors:

• Services being offered to Adult Survivors at the primary provider locations they frequent (sexual assault/rape crisis centers, domestic violence shelters, healthcare and behavioral health providers), including:
  - Marketing of services (e.g., vocabulary used, as well as cultural competence and inclusion of services); trauma informed screening and data tracking of this crime; individual counseling and group support options; curriculum used and evidence of impact; and training for professionals
• Sexual assault response teams to determine if Adult Survivors’ needs are being considered or represented in a victim-centered way;
• The victim compensation program and process to determine if adaptations can be made to empower and support Adult Survivors in the area of restitution

WINGS anticipates and advocates for further development of programs, policies and procedures to ensure Adult Survivors’ rights in the following areas are upheld: health, human, social, criminal and economic justice.

WINGS calls on service providers and public policy leaders to work together to appropriately meet the needs and rights of this underserved population of crime victims, whose individual and collective path to healing and justice comprise one of the most pressing public health and justice concerns and opportunities of the 21st century.

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