



Factsheet: Healing

Does your country's system make healing possible?

Engage with your government to strengthen services that help children and adolescents heal after sexual violence.

Researched and developed by

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Using the Out of the Shadows Index scores to advocate

Healing pillar

About this fact sheet

This fact sheet is one of the 2026 Out of the Shadows Index ('the Index') advocacy tools. It explains what the Healing pillar measures, what the scores mean, and how to use the findings in your advocacy. It is designed for civil society organizations (CSOs), survivor advocates, youth advocates, and anyone engaging with policymakers or the government on services for children and adolescents who have experienced sexual violence.

What healing looks like when systems work

A child who has experienced sexual violence is received by a trained health professional in a calm, private setting. A medical examination follows clear guidelines and preserves evidence. Free mental health and child protection support begins within days, not months, because multidisciplinary services are well coordinated. The family is connected to legal aid and informed of their right to compensation. The child or adolescent is not asked to carry the process alone.

This is a vision of what strong healing systems can make possible. The Out of the Shadows Index Healing pillar measures whether countries have built the services to deliver high-quality care to children and adolescents who have experienced violence.

What the healing pillar covers

The Healing pillar assesses whether a country provides the care and support that children and adolescents need after experiencing sexual violence. Its five indicators cover key laws, policies, programs, and services that we should have in place. Read more below to find out what each indicator measures, and how each plays a role in healing.

Indicator	What it measures	Why it matters	Score range
3.1 Medical care	Whether crisis centers or hospitals provide free examinations, testing, and treatment after sexual violence.	A child who reports violence should be able to access a medical exam without cost or delay.	0-4
3.2 Integrated victim and survivor services	Whether governments provide and fund coordinated services for victims and survivors of sexual violence such as for health, psychosocial, legal, and justice support, and the degree to which these services are delivered through integrated or one-stop models.	A child who reports violence should be able to access services without navigating complex systems or repeating disclosures across different offices.	0-4
3.3 Health guidelines	Whether national clinical guidelines exist for responding to childhood sexual violence, including evidence preservation.	Without guidelines, health workers may not know how to respond, and forensic evidence may be lost.	0-2
3.4 Legal aid	Whether victims and survivors are entitled to government-funded legal aid under the law.	Children and families should not need to pay for a lawyer to access justice.	0-1
3.5 Compensation	Whether judicial or administrative mechanisms exist for victims and survivors to obtain compensation.	Compensation acknowledges harm and supports recovery — it should be a right, not a privilege.	0-2

How to interpret each score

A higher score means more protective systems are in place. A lower score signals that there are gaps which leave children and adolescents without adequate care after experiencing violence.

3.1 Access to medical care (0–4)

0	Access to free medical care is severely limited. Services may exist only in major cities, lack evidence collection, or provide only basic testing.
1	Some free services exist but are very limited in reach or inconsistent in quality. Victims and survivors in rural areas may still face barriers.
2	Limited or partial free medical services are available in some areas and include some core components but important gaps remain. The service package is incomplete or inconsistently delivered, geographic coverage is uneven, and/or victims and survivors may be charged for certain examinations, tests or treatments.
3	Substantial access to core services but not universal. Comprehensive medical services are largely available and free at the point of use; these include medical examinations, forensic evidence collection and other related care. However, notable access gaps persist, such as in rural areas, service availability or timeliness, or indirect costs may remain.
4	Government-funded, free and comprehensive medical services are available nationwide. Victims and survivors can access clinical examinations, forensic evidence collection, sexually transmitted infection (STI) testing and treatment, post-exposure prophylaxis (PEP), emergency contraception, injury care, and follow-up services without significant barriers or out-of-pocket costs.

3.2 Integrated victim and survivor services (0–4)

0	Very limited integration. Some agencies work together, but mainly through referrals. No one-stop service model exists.
1	A small number of one-stop centres exist, but they are not yet part of the national system and may depend on donor or non-governmental (NGO) funding.
2	Limited examples of integrated multi-disciplinary service delivery (eg, one-stop or Barnahus-type centers where multiple services are provided in a coordinated setting). These are few in number, not institutionalized, and may be donor- or NGO-driven.
3	An integrated service model exists with government leadership, providing coordinated support across multiple locations. This includes the provision of multiple services through one-stop settings in various locations, though coverage may not be nationwide.
4	Government-funded integrated services are established nationwide, with psychosocial, legal, child protection, and justice support available through coordinated one-stop or equivalent models across all regions.

3.3 Health sector guidelines (0–2)

0	No national clinical guidelines exist for identifying and responding to sexual violence against children or information not publicly available. Health workers lack official guidance on examination, documentation, or forensic evidence preservation.
1	National guidelines exist for clinical and forensic evaluation of children who have experienced sexual violence, but they do not include guidance on preserving evidence.
2	Comprehensive national guidelines exist, including guidance on clinical response, forensic evaluation, and evidence preservation.

3.4 Legal aid (0–1)

0	No right to free legal aid exists, or no information is publicly available.
1	Victims and survivors have a right to receive government-funded legal aid/assistance.

3.5 Financial compensation (0–2)

0	No compensation mechanism exists, or no information is publicly available.
1	Victims and survivors have a right to access state-funded compensation.

How to use this fact sheet in your advocacy

In a meeting with government representatives

Share the country's Healing score and use it to anchor your 'ask'. For example: **"Your country scored [X] on health sector guidelines. This means there are no guidelines for health care professionals on child-friendly and trauma-informed clinical examination of children who experience sexual violence, nor standards in place for how to collect forensic evidence."**

In a campaign or public statement

Lead with a human-centered framing: **"Right now, a child who reports sexual violence in [country] may wait months for mental health support — or never receive it at all due to a lack of integrated service delivery. The Out of the Shadows Index shows that healing services are falling short. We're calling on [government] to act."**

At a budget advocacy moment

Pair the Healing score with a costed proposal: **"Investing [amount] in [specific service] would address [specific gap identified by the Index]. Here is the evidence and here is the 'ask'."**

How healing connects to other pillars

The Healing pillar does not work in isolation. A child's journey through the system depends on multiple pillars working together:

- **Governance and accountability:** Are healing services funded? Is there a national action plan that includes response support for victims and survivors?
- **Prevention:** Are health workers trained to identify and respond to childhood sexual violence before it escalates? Is there a helpline children can call?
- **Justice:** Do child-friendly court procedures exist so that accessing justice does not re-traumatize victims?

Advocacy tip

If you find a gap in the Healing pillar, check the related indicators in other pillars. A weak score on integrated victim and survivor services (3.2) may connect to weak budgetary commitment (1.4) or absence of pre-service training for health workers (2.4). Building a cross-pillar 'ask' strengthens your advocacy.

Humanizing healing

This vignette spans the entire Healing pillar and allows you to humanize what good healing means for the lives of children and adolescents. Use it when you want to tell the full story of what happens when the systems fail and what it looks like when they work, in a way that does not require any personal disclosure.

WHAT IT IS

A 12-year-old discloses sexual violence to a teacher. The teacher contacts the family, who take the child to the nearest hospital. There is no protocol for what happens next. The doctor on duty has no training in forensic examination and no clinical guidelines to follow. No evidence is collected. The family is told to come back another day for sexually transmitted infection testing, but no appointment is made. No one mentions counselling. No one explains the child's legal rights.

Three months later, the nightmares have not stopped. The family asks about mental health support and is referred to a private clinic they cannot afford. The nearest free service is in another city. The child stops attending school. A neighbor suggests they try to press charges, but the family has no lawyer and no idea how to begin. No one follows up.

WHAT COULD BE

A 12-year-old discloses sexual violence to a teacher. The teacher follows a clear referral protocol. At the hospital, a trained health worker receives the child in a private room, follows national clinical guidelines, conducts a medical examination with forensic evidence collection, and provides testing and treatment in a single visit. Through the integrated service delivery model a referral is made to a free, community-based counselor who specializes in supporting children. A social worker explains the family's legal options and connects them to a legal aid service. The child's family or caregivers do not pay for any of this.

Three months later, the counselor is still checking in. The child or adolescent is back in school. A lawyer is representing the child's interests at no cost. A compensation mechanism exists if the family needs further support. The system, through the integrated service delivery model, stayed with the child — it did not leave the family to navigate alone.

Bridge to action

This is the gap the Index helps us close. Each step in this journey maps to a scored Healing indicator: medical care (3.1), integrated victim and survivor services (3.2), health sector guidelines (3.3), legal aid (3.4), and compensation (3.5). [Country] scores [X] across these indicators. We are asking [Ministry] to [specific action] by [year] — so that no child or adolescent's recovery depends on what their family can afford or where they happen to live.

Where to go next

This fact sheet gives you the evidence. The other toolkit components help you turn evidence into action:

Document	What it gives you
Budget template	Practical guidance on turning the Index Healing findings into budget ‘asks’, with costing entry points and sample language.
Meeting guide	A ready-to-use meeting script, intervention format, accountability questions, and follow-up prompts for government engagements.
Email templates	Pre-drafted outreach, follow-up, and escalation emails for policymaker engagement, with customizable placeholders.