Out of the Shadows

Finance advocacy: Healing

Can a child heal without the services to support them?

Engage with your government on financing services that help children and adolescents recover from sexual violence.

Researched and developed by

ECONOMIST ENTERPRISE

Together for girls

brave movement

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What this tool covers

This document helps you turn Index findings into an investment case and concrete budget 'ask'. It walks you through what governments need to budget to improve scores for different indicators, how to time your 'ask' to the budget cycle, how to estimate a credible figure, and how to argue for the investment.

1 in 3 countries

does not provide free legal aid to victims and survivors of childhood sexual violence

Index indicator 3.2

47 out of 100

is the global average for **integrated victim and survivor services**, coordination of health, psychosocial, child protection, legal, and justice support

Index indicator 3.2

40% of countries

have **no guidelines** on the clinical evaluation of children or preservation of forensic evidence following sexual violence

Index indicator 3.3

How to use this tool

Start with the section that matches where you are:

- **Building your case?** Start with Why finance advocacy matters and Making the investment case.
- **Preparing for a meeting or submission?** Go to From indicators to budget lines for ready-made ‘asks’, then use Your submission paragraph to draft your written request.
- **Not sure about timing?** Check When to make budget ‘asks’ to find the right moment in the budget cycle.
- **Need a number?** Go to How to put a number on your ‘ask’ for five practical costing approaches.

Use this alongside the Fact Sheet for background, the Meeting Guide when presenting your ask, and the Email Templates to follow up in writing.

Why finance advocacy matters

Laws and policies without budgets are promises without plans. The Out of the Shadows Index Healing pillar’s five indicators measure whether governments have put the systems in place for children and adolescents who have experienced sexual violence to access to quality medical care and other integrated services, including psychosocial, legal, and justice support, legal aid, and compensation.

Even when these frameworks exist, they only work if they are funded. Every law, policy, program, and service depends on sustained, dedicated financing. Too often, however, government offices struggle to allocate budget for new initiatives. This financing gap is one of the biggest barriers to progress — and your advocacy can help close it.

Prioritize safeguarding

Review the Brave Movement's tools for **Safe advocacy**, **Safe advocacy events**, and **Trauma-informed meeting tips** to ensure you are ready and you are fully supporting any survivor advocates accompanying you on our journey.

Consult our full **Risk-assessment toolkit** and consider implementing recommended mitigation strategies.

From indicators to budget lines

Each Healing indicator covers key laws, policies, programs, and services that governments should have in place to offer high-quality care to children and adolescents affected by sexual violence.

Use this guide to strengthen your advocacy requests. The tables below can help you to create targeted 'asks' to decision-makers within the right Ministry (for example: Health, Social Welfare, or Justice), at the right moment. You do not need to address all areas at once — identify where your country scored the lowest and start there.

Indicator	What it measures	Budget-line-to target	Template language
3.1 Access to medical care	Whether crisis centers and hospitals provide free examinations, testing, and treatment of children who experience sexual violence.	Ministry of Health: specialized services, forensic medical units, one-stop centers, fee waivers for sexual violence against children-related care.	"Allocate [amount] to establish/maintain [number] child-friendly medical examination centers with trained staff and free services for children who experience sexual violence."

Indicator	What it measures	Budget-line-to target	Template language
3.2 Integrated victim and survivor services	Whether the country provides and funds coordinated, multi-disciplinary services for victims and survivors of sexual violence, and the degree to which these services are delivered through integrated or one-stop models.	Ministry of Health / Social Welfare: integrated one-stop service centres, coordination protocols across health, psychosocial, child protection, and justice services, staffing and training for multi-disciplinary teams, referral pathway development.	"Increase funding for coordinated, multi-disciplinary services for child victims and survivors of sexual violence, including the establishment of integrated one-stop service models that bring together health, psychosocial, child protection, and justice services in a single setting."
3.3 Health sector guidelines	Whether the government has issued national clinical guidelines for responding to sexual violence against children, including evidence preservation.	Ministry of Health: guideline development, health worker training, distribution and implementation of clinical protocols.	"Fund the development, dissemination, and training on national clinical guidelines for responding to sexual violence against children across all primary and secondary health facilities."
3.4 Legal aid	Whether crime victims and survivors are entitled to government-funded legal aid under the law.	Ministry of Justice / Legal Aid Board: legal representation, court accompaniment, child-friendly legal proceedings.	"Ensure budget allocation for legal aid services that are accessible to children who experience sexual violence, including court accompaniment and child-friendly proceedings."
3.5 Compensation	Whether judicial or administrative mechanisms exist for victims and survivors of childhood sexual violence to obtain compensation.	Ministry of Justice / Social Welfare: victim compensation funds, administrative reparations schemes.	"Establish or adequately fund a compensation mechanism for children who have experienced sexual violence, with accessible application processes and timely disbursement."

When to make budget asks

Finance advocacy is most effective when timed to your government's fiscal cycle. This means focusing on key moments during the year when governments invite input on the budget or are actively making funding decisions. The table below outlines these key moments and what to do at each stage.

Budget cycle stage	What happens	Your action
Pre-budget consultations	The government invites input from stakeholders on spending priorities. Often happens 3–6 months before the budget is presented to parliament for deliberation.	Submit a written brief using the budget language above. Request a meeting with Ministry of Health and/or Finance officials. Use your **Meeting toolkit.**
Budget formulation	Ministries prepare their budget proposals. This is when line items (specific types of expenditures or initiatives) are decided.	Work with allied Parliamentarians or ministry contacts to ensure Healing-related budget lines are included in the draft. Provide the specific costing language from the table above.
Parliamentary review	Parliament debates and approves the budget. Committees may hold hearings.	Request to present at committee hearings. Coordinate with coalition partners to amplify the 'ask'.
Budget execution and monitoring	Funds are (or are not) released and spent as allocated.	Track whether allocated funds are actually disbursed. Use Index data as a benchmark. If funds are not flowing, raise this in follow-up meetings and public statements.
Audit and evaluation	Government reports on spending. Audit bodies review.	Request access to spending reports. Compare actual spending to commitments. Use findings in your next budget cycle advocacy.

How to put a number on your ask

A costed request is harder to ignore. While you do not need to develop a perfect figure, a well-reasoned estimate with a source is always stronger than a vague 'ask'. Here are five ways to arrive at a credible number for healing services.

1. **Benchmark against a peer country.** Use the Index to identify a comparable country that scores higher on your target Healing indicator. Research what it invests in health worker training on responding to sexual violence against children (indicator 2.4) and whether it has established national clinical guidelines (indicator 3.3). These are the foundational investments that make every other Healing indicator work. Frame it as: **"If [peer country] requires mandatory training for health professionals and has published national clinical guidelines, [your country] should invest in the same foundations — the cost is modest and the downstream savings are significant."**

2. **Build up from cost components.** Break your ask into building blocks a Finance or Health Ministry would recognize. Even a rough component-based estimate signals seriousness.

Indicator	Examples of components to estimate
3.1 Access to medical care	Child-friendly examination centers; forensic medical units and equipment; trained staff recruitment and retention; fee waiver administration; medical supplies.
3.2 Integrated victim and survivor services	Establishment of clear referral mechanisms and coordination pathways; training for providers on trauma-informed service provision; the possible establishment of One-Stop-type services in a health facility.
3.3 Health sector guidelines	Clinical guideline development and expert consultation; printing and distribution to facilities; health worker training rollout; compliance monitoring.

Indicator	Examples of components to estimate
3.4 Legal aid	Legal aid lawyers and paralegals for children; court accompaniment services; child-friendly courtroom adaptations; translation and accessibility provisions.
3.5 Compensation	Victim compensation fund capitalisation; administrative processing staff; outreach to inform victims and survivors and families of their rights; disbursement monitoring.

3. **Use published costings and reference tools:**
   - The World Health Organization (WHO) INSPIRE technical package includes implementation guidance with indicative cost ranges for response and support services.
   - WHO clinical guidelines on responding to children and adolescents who have been sexually abused provide a benchmark for minimum service standards and staffing.
   - Some countries have published costed National Action Plans that include healing service budgets — search **"costed National Action Plan violence against children/adolescents"** + **"[your region]."**

4. **Ask the government for a figure:** Ask the Ministry of Health or Justice: **"What would it cost to provide free medical care to children who experience sexual violence in every district?"** This shifts the burden of costing to the actor with access to health system data, creates a paper trail, and — if the ministry cannot answer, especially if they have made a commitment — becomes its own advocacy point: the government has not costed its own promise.

5. **Use a percentage or benchmark framing:** When exact figures are unavailable, proportional asks still give specificity: **“Allocate at least [X]% of the health budget to training health professionals to identify and respond to sexual violence against children"** or **"[X]% of the health budget to develop, disseminate, and implement national clinical guidelines for the clinical and forensic evaluation of children who experience sexual violence"** or **"[X]% to establish coordinated referral pathways between health, psychosocial, and justice services for child victims and survivors."**

REMEMBER:

Governments use rough estimates at the early stages of budget formulation. Your role is to ensure the ‘ask’ is **specific enough to be actionable** and **grounded enough to be taken seriously.**

Making the investment case

Policymakers respond to different types of arguments. You do not need to use all three — pick the one that will land best in the room, and find the data that makes it real for your context.

WHICH ARGUMENT FOR WHICH AUDIENCE?

- **Finance ministries, treasury, budget committees, donors →** Lead with the Economic Argument
- **Parliamentarians, human rights bodies, regional mechanisms →** Lead with the Rights Argument
- **Health ministries and delegations, public health agencies →** Lead with the Public Health Argument
- **Mixed audiences →** Combine two: “This is both a legal obligation and a smart investment.”

Below each argument we show examples of real data from different regions. Your job: find the equivalent for your country. National data is always more persuasive than global averages.

ECONOMIC ARGUMENT

The core message: Violence against children is one of the most expensive problems governments are not budgeting for. Every [currency] spent on healing services reduces the far greater costs of untreated trauma across health, justice, welfare, and education systems.

Examples of real data — find the equivalent for your context:

- **Global:** The United Nations Children's Fund (UNICEF) estimated that the cost of violence against children could be as high as 8% of global gross domestic product (GDP).[1]
- **Africa:** In South Africa, violence against children costs an estimated $15.8 billion annually — nearly 5% of GDP. Sexual violence alone accounts for $2.1 billion.[2]
- **Asia-pacific:** In the East Asia and Pacific region, violence against children costs approximately 2% of regional GDP.[3]
- **Official Development Assistance (ODA) gap:** In 2020, only 0.78% of global ODA went to ending violence against children — just $0.64 per child, the lowest since 2015.[4]

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1 Paola Pereznieto et al., The Costs and Economic Impact of Violence against Children (London: Overseas Development Institute and ChildFund Alliance, 2014).

2 Celia Hsiao et al., "Violence against Children in South Africa: The Cost of Inaction to Society and the Economy," BMJ Global Health 3, no. 1 (2018): e000573

3 Xiangming Fang et al., "The Burden of Child Maltreatment in the East Asia and Pacific Region," Child Abuse & Neglect 42 (2015): 146–162

4 World Vision International et al., Counting Pennies 3: Assessment of Official Development Assistance to End Violence against Children (2022), 5–6

FIND YOUR OWN DATA

- Has your country conducted a national survey on violence against children? Check VACS data dashboard | Together for Girls for Violence Against Children and Youth Survey data.
- Has a national or regional costing study been done? Search for "economic cost violence against children" + "[your country]."
- What does your government currently spend on child protection? Compare to crisis response spending.
- If no national data exists, that is itself a powerful advocacy point: "We cannot budget for what we do not measure."

RIGHTS AND OBLIGATIONS ARGUMENT

The core message: You have likely already committed to providing health services for children who experience sexual violence under international conventions and agreements (see below). Budgets are how those commitments become real. A ratification without a budget line is a promise without a plan.

Obligations your government has likely signed up to:

- **Committee on the Rights of the Child (CRC) article 39:** States must promote physical and psychological recovery of child victims of exploitation or abuse. 196 countries have ratified.
- **CRC article 19:** Governments must establish effective procedures for identification, reporting, referral, investigation, treatment, and follow-up.

- **General comment no. 13:** "Without the necessary human and financial resources, rights remain aspirational." Budget allocation is explicitly required.
- **Sustainable Development Goals (SDG) 16.2:** End all forms of violence against children. WHO INSPIRE strategies provide the evidence-based framework.

Regional instruments — find the ones your country has signed:

- **Africa:** African Charter on the Rights and Welfare of the Child (ACRWC) Articles 16 & 27; Southern African Development Community (SADC) Protocol on Gender and Development; East African Community (EAC) Child Policy.
- **Asia-Pacific:** Association of Southeast Asian Nations (ASEAN) Declaration on Ending Violence Against Children (EVAC); South Asian Association for Regional Cooperation (SAARC) Convention on Child Welfare; South Asia Initiative to End Violence Against Children (SAIEVAC) commitments.
- **Americas:** Belém do Pará Convention; Organization of American States (OAS) Resolution on the Rights of the Child.
- **Europe:** Lanzarote Convention on Protection of Children against Sexual Exploitation and Abuse.

FIND YOUR OWN DATA

- When did your country ratify the CRC? What did the Committee recommend on recovery services in the most recent Periodic Report?
- Which regional instruments has your government signed? These are powerful for peer-comparison advocacy.
- Has your country made pledges at the Global Ministerial Conference on Ending Violence Against Children, signed resolutions at the World Health Assembly, or other international fora? Pledges without budgets are a strong accountability lever.

PUBLIC HEALTH ARGUMENT

The core message: Sexual violence is a driver of chronic disease, mental illness, and premature death. The health sector is often the first point of contact for victims and survivors — and by offering integrated medical services and mental health support, alongside referrals to legal and justice services, we can do our part to support the healing process.

Examples of real data — find the equivalent for your context:

- **Global prevalence:** Approximately 1 in 5 women and 1 in 7 men report being sexually abused before 18 (UNICEF)[5]. A 2025 analysis across 80 countries found 6.1% of children reported forced sexual intercourse, with rates higher among girls and in lower-income countries.[6]

5 UNICEF. FAST FACTS: Violence against children widespread, affecting millions globally (2024, November 4)], [Press release].

6 Alessandro Piolanti et al. "Global Prevalence of Sexual Violence Against Children: A Systematic Review and Meta-Analysis" JAMA Pediatrics 179, no. 3 (2025): 264–72

- **Burden of disease:** WHO classifies child sexual abuse as one of 24 risk factors contributing to the global burden of disease. Research across multiple regions shows a graded relationship: as adverse childhood experiences increase, so does the risk of heart disease, cancer, diabetes, depression, substance misuse, and suicide.[7]
- **Long-term impact:** A Lancet Public Health meta-analysis found that individuals with 4+ adverse childhood experiences face 2–3x the risk of cancer and heart disease, and 7x the risk of interpersonal and self-directed violence.[8]

FIND YOUR OWN DATA

- Does your country have VACS data? Check VACS data dashboard | Together for Girls for national prevalence figures.
- What does your DHS (Demographic and Health Survey) or Multiple Indicator Cluster Surveys (MICS) data say about childhood violence and health outcomes?
- Does your Ministry of Health have data on mental health service availability for children? Low availability is itself the argument.
- If no data exists, use the Index score: "[Country] scores [X] on the availability of integrated service delivery for children who experience sexual violence. This tells us the system is not working."

7 Derong Lin et al., "Global, regional and national burden of childhood sexual abuse and bullying in adolescents and young adults" Frontiers in Psychiatry 16 (2025): 1679479

8 Hughes, Karen, et al.,"The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis" The Lancet Public Health 2, no. 8 (2017)

Your budget submission paragraph

Fill in the blanks below to create a paragraph you can include in a written submission, letter, or policy brief.

The Out of the Shadows Index shows that **[country]** scores **[score]** out of [max] on the Healing pillar, which measures the availability and quality of medical care, integrated victim and survivor services (e.g., health, psychosocial, legal, justice), clinical guidelines, legal aid, and compensation for children who experience sexual violence.

The key gap identified is **[describe the lowest-scoring indicator and what it means in practice]**. To address this, we request that the **[upcoming budget / supplementary estimates / sector plan]** include a dedicated allocation of **[amount or description]** for **[specific budget line from the table above]**.

This investment would bring **[country]** in line with **[peer country or regional average / international standard / CRC obligations]** and demonstrate a concrete commitment to ending childhood sexual violence.

Where to go next

This budget tool helps you translate your country's scores into specific, costed funding requests your government can act on. The other toolkit components help you turn evidence into action:

Component	What it does
Meeting guide	10-minute meeting script, 2-minute intervention, accountability. questions.
Email templates	Ready-to-adapt outreach and follow-up emails.
Fact Sheet	Background on what the Healing pillar measures and how scores are calculated. It can prepare you to use this budget tool.