Out of the Shadows

Brief: Health ministers

Can every child and adolescent receive the care they need after sexual violence?

Strengthen your health systems to deliver quality care for children and adolescents affected by sexual violence.

Researched and developed by

ECONOMIST ENTERPRISE

Together for girls

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Brief for Health Ministers

The health sector's role in ending sexual violence against children and adolescents

Make bold ministerial commitments to end sexual violence against children and adolescents

Use the Out of the Shadows Index ('The Index') findings to understand how your country can help children and adolescents heal from violence. Commit to:

(1) **Publish clinical guidelines**, including preservation of forensic evidence, for the evaluation of children and adolescents who experience sexual violence.
(2) **Mandate training** on sexual violence against children and adolescents for primary care physicians.
(3) **Increase access to medical care** and **integrated multi-disciplinary services** for children and adolescents who experience sexual violence.
(4) **Ensure a child helpline exists and functions 24 hours a day / 7 days a week.**

Your commitment at the World Health Assembly (WHA) 2026 and beyond

The health system can be the first point of healing for children and adolescents who have experienced sexual violence. Explore the Out of the Shadows Index and use your country's score to understand how you are doing and how you can improve. Commit to a set of concrete, funded actions at WHA 2026.

Sexual violence against children is a public health crisis

Every child has a right to grow up safe. One in five girls and one in seven boys experience sexual violence.[1] **Sexual violence against children and adolescents (SVAC) meets every threshold of a public health emergency**: it is extremely common, causes severe and lasting health consequences, and is preventable. It places direct and sustained burden on health systems – through injury, sexually transmitted infections, early pregnancy, mental health conditions, substance misuse, and chronic diseases.[2]

The World Health Organization (WHO) recognizes it as one of the leading preventable risk factors contributing to the global burden of disease. Yet it remains one of the least-funded and least-integrated issues in national health strategies.

58 of 60

countries have no mandatory training on childhood sexual violence for primary care physicians

Index Indicator 2.4

47 out of 100

is the average country score for **integrated victim and survivor services** meaning most countries are failing to coordinate health, psychosocial, child protection, legal, and justice support

Index indicator 3.2

40% of countries

have **no guidelines** on how to clinically evaluate children or preserve forensic evidence following sexual violence

Index indicator 3.3

1 UNICEF. "Child Protection: Violence – Sexual Violence." Data.UNICEF.org. Accessed January 27, 2026. https://data.unicef.org/topic/child-protection/violence/sexual-violence

2 GBD 2023 Intimate Partner Violence and Sexual Violence against Children Collaborators, "Disease Burden Attributable to Intimate Partner Violence against Females and Sexual Violence against Children in 204 Countries and Territories, 1990–2023: A Systematic Analysis for the Global Burden of Disease Study 2023," The Lancet 407, no. 10523 (2026): 31–52

Health Ministers are uniquely positioned to act

As stewards of your country's health system, you already oversee the infrastructure needed to prevent sexual violence, identify it early, and support healing and recovery: **clinics, hospitals, training pipelines, maternal and child health programs, mental health services, and health data systems.**

The World Health Assembly has twice affirmed the health system's role in responding to violence against children (WHA in 2016[3]; WHA74 in 2021[4]), and the World Health Organization (WHO) INSPIRE[5] framework of seven strategies to end violence against children identifies health sector interventions among its proven strategies.

We know effective, cost-efficent ways to end sexual violence against children and adolescents – and to deliver on these WHO mandates. We need your political leadership to: enact protective legislation and plans, invest in prevention and response, and support children, families, and communities to heal.

3 WHA69.5 (2016): WHO Global Plan of Action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

4 WHA74.17 (2021): Ending violence against children through health systems strengthening and multisectoral approaches. Adopted by Member States at the 74th World Health Assembly.

5 WHO. (2016). INSPIRE: Seven strategies for ending violence against children.

A young survivor's experience

HOW IT IS

A 12-year-old is brought to a clinic by a caregiver for recurring stomach pain and trouble sleeping. The provider treats the symptoms but has not been trained to recognize behavioral indicators of sexual violence — and in 58 of 60 countries, no such training is required.

No screening questions asked. No private conversation with the child takes place. The prescription is written. The child leaves. The violence continues.

HOW IT COULD BE

A trained provider recognizes that unexplained somatic complaints and sleep disturbance in a child warrant a private, age-appropriate conversation. In a confidential space, the child is gently asked about their safety at home. A disclosure follows.

The provider activates a referral pathway — medical examination, psychosocial support, and a child protection report — within the same visit. What began as a routine appointment becomes a moment of identification and response.

What the Out of the Shadows Index tracks: Health indicators at a glance

2.4 Training for Health Providers

Does national legislation require pre-service or recurring training on sexual violence against children (SVAC) for general practitioners?

In the Index, 58 of 60 countries score 0 out of 100. Colombia and Kazakhstan are the only exceptions.

- **Mandate training on SVAC for health professionals.** National legislation should require health workers to receive training to recognize and respond to signs and symptoms of SVAC. No new infrastructure is required to integrate SVAC modules into existing curricula.

3.1 Access to medical care

Does the country provide government-funded medical services for victims and survivors of sexual violence, including timely and free medical examinations, forensic evidence collection, and related testing and treatment (e.g., sexually transmitted infection (STI) care, post-exposure prophylaxis (PEP), emergency contraception, and injury care)?

No country scored 100 out of 100. High-income average: 52.5. El Salvador received a score of 75 out of 100, while the U.S. scored 50 out of 100.

- **Guarantee free, quality medical care for every child who has experienced sexual violence, in every region.** Guarantee free, quality medical care for every child who has experienced sexual violence, in every region.

  No country has achieved this. Crisis centers and hospitals providing free examination, testing, and treatment following sexual violence should be available across the country — not only in capital cities or well-funded districts.

3.2 Integrated victim and survivor services

Does the country provide government-funded multi-disciplinary or integrated services for victims and survivors of sexual violence (e.g., psychosocial support, legal assistance, child protection, and justice services) through a coordinated delivery model, including integrated one-stop or Barnahus-type services?

No country scored 100 out of 100. The global average score: 47.1. Three countries scored a 0.

- **Invest in integrated services for children who experience sexual violence:** Integrated service delivery such as one-stop service models which integrate health, psychosocial, and justice services reduce barriers to service access, reduce the risk of retraumatization, and facilitate healing and justice.

3.3 Guidelines for the health sector

Has the government issued national clinical and forensic guidelines for children who may have experienced sexual violence?

In the Index, 24 countries (40%) have no guidelines. Every Latin American country scored 100.

- **Adopt national clinical and forensic guidelines:** Without them, evidence is lost, care is inconsistent, and survivors are re-traumatized as they move through the health system. Guidelines ensure that health providers in every facility follow the same evidence-based protocols for clinical examination, forensic evidence preservation, and referrals.

2.5 Availability of a helpline

Does the country have a nationwide, toll-free, 24 hours a day / 7 days a week helpline accessible to all children?

Fifteen countries have no functional child helpline.

- **Ensure every child can reach a trained responder, at any time.** A toll-free, 24/7 helpline with voice, messaging, and referral services may be the first — and sometimes the only — pathway a child has to disclose violence and access support.

About the Out of the Shadows Index

The Out of the Shadows Index is the global benchmark of governments' efforts to prevent and respond to sexual violence against children and adolescents across four pillars: Governance and Accountability, Prevention, Healing, and Justice.

The Index is researched and developed by Economist Enterprise, with advocacy and engagement efforts led by Together for Girls.

The 2026 Index assesses 60 countries across 6 regions, which together are home to 83% of the world's children.

The World Health Organization (WHO) recognizes it as one of the leading preventable risk factors contributing to the global burden of disease. Yet it remains one of the least-funded and least-integrated issues in national health strategies.

Countries assessed:

Albania, Algeria, Angola, Argentina, Australia, Bangladesh, Brazil, Burkina Faso, Cambodia, Cameroon, Canada, China, Colombia, Côte d'Ivoire, Democratic Republic of Congo, Egypt, El Salvador, Ethiopia, France, Germany, Ghana, Guatemala, India, Indonesia, Italy, Jamaica, Japan, Kazakhstan, Kenya, Madagascar, Malaysia, Mexico, Mongolia, Morocco, Mozambique, Nepal, Niger, Nigeria, Pakistan, Peru, Philippines, Romania, Russia, Rwanda, Saudi Arabia, Serbia, South Africa, South Korea, Sri Lanka, Sweden, Tanzania, Thailand, Turkey, Uganda, United Arab Emirates, United Kingdom, United States, Uzbekistan, Venezuela, Vietnam

For the full advocacy toolkit and country-specific data: outoftheshadows.global/