Forum: World Health Organisation

Issue: Providing mental health support for victims of sexual violence

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TOPIC INTRODUCTION

"Healing doesn't mean the damage never existed. It means the damage no longer controls our lives.".[1] This quote by Akshay Dubey is a reflection of the journey faced by many survivors of sexual violence. It also describes the idea behind trauma-informed mental health services, as it emphasizes that despite the psychological wounds caused by trauma, recovery is possible, and that it does not erase the harm that victims have experienced. Instead, it allows them to regain control of their life and move forward. Although sexual violence can have profound psychological and emotional effects, healing is possible through appropriate support.

However, in order to understand why support is necessary and achieve recovery, it is important to first have a clear understanding of trauma and how it affects survivors. Trauma is any deeply distressing or disturbing experience that has a long-lasting impact on a person's behaviour and personality, and it can be expressed through different reactions.[2] No response should be considered less valid than another one, as although survivors may exhibit certain core trauma symptoms, each individual's experience of trauma varies significantly, since it is shaped by unique circumstances. The most common symptoms include intrusive memories, nightmares, and avoidance of trauma-related reminders.[3] Therefore, sexual violence affects how people live their daily life and it shapes their existence, as it leaves lasting reminders that require time and effort to go away. Additionally, sexual violence is not confined to a particular setting or population. It can take place within any community, and it affects people of all genders, ages, and backgrounds, thus making it impossible to predict who may become a victim.

However, sexual violence is an "umbrella term". It includes every type of unwanted sexual contact and all words and actions of sexual nature committed without a person's consent or with the use of coercion. Consequently, it is not confined to physical contact only. It can occur physically, verbally, and through online platforms. It can occur in various forms,sexual violence

[1] Dubey, Akshay. "90 Powerful Quotes for Sexual Assault Survivors to Inspire Healing and Strength." Snugfam.Com, 2025, https://snugfam.com/90-powerful-quotes-for-sexual-assault-survivors-to-inspire-healing-and-strength/. Accessed 12 July 2026.

[2] American Psychological Association. "Trauma." *APA Dictionary of Psychology*, 19 Apr. 2018, dictionary.apa.org/trauma. Accessed 11 July 2026.

[3] Mayo Clinic. "Post-Traumatic Stress Disorder (PTSD)." Mayo Clinic, 16 Aug. 2024, https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967. Accessed 12 July 2026.

"refers to an inclusive category of sexual acts and experiences that are imposed, coerced, or forced onto a person"[4] like rape, sexual assault, and many more. Such violence clearly impacts survivors, which reinforces the need of providing mental health support. Oftentimes, non-treatment can prolong responses like depression, dissociation, sleep disorders, that can severely affect a person's physical health, relationships, education, employment, and overall quality of life.

Still, mental health support is a continuous process, not a one-time solution. It entails many different aspects of care, like individual psychotherapy, support group, crisis helplines, online counselling, and trauma-focused therapies, to cover each survivor's individual needs.[5] In addition, victims are entitled to receiving proper care, through trauma-informed therapists trained on recognizing the psychological, emotional, and physical effects of sexual violence trauma to avoid accidental re-traumatization of patients. Furthermore, the stigma surrounding sexual violence is causing it to remain one of the most underreported crimes. The stance of society towards sexual assault is often to blame and stigmatize, often shifting responsibility to victims instead of perpetrators and perceiving certain unhealthy and dangerous dynamics as cultural norms. As a result, victims are discouraged from seeking medical care, mental health support, and legal counselling, due to fear of social exclusion, reputational harm or even retaliation from their attackers who are often not held accountable for their actions.

Lastly, this topic is highly relevant to this year's conference theme: "Rediscovering diplomacy in an era of political instability", as geopolitical and socioeconomic tensions rise and the number of humanitarian crises increases. These are the kind of circumstances that increase the risk of sexual violence and affect access to recovery resources. Therefore, we must prioritize diplomatic collaboration and globally coordinated humanitarian aid, with the aim of abolishing sexual violence around the world and strengthening the healthcare and judicial institutions to ensure that survivors receive the appropriate resources and are not exposed to further unnecessary hardships.

DEFINITION OF KEY-TERMS

Consent

Consent is defined legally as "Acceptance, agreement to an offer or proposal made by another person to perform an action with actual willingness and no pressure from anyone."[6] In other words, consent is a clear, informed agreement to engage in a particular activity given voluntarily, without manipulation or coercion, and can be withdrawn at any time. Consent is vital when addressing

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[4] Gavey, Nicola. "Sexual Violence." Encyclopedia of Critical Psychology, 2014, pp. 1742–46, https://doi.org/10.1007/978-1-4614-5583-7_605. Accessed 16 June 2026.

[5] RAINN. "Mental Health & Therapy: Support After Sexual Violence." *RAINN*, rainn.org/help-and-healing/overcoming-trauma-after-sexual-violence/mental-health-therapy-support-after-sexual-violence/. Accessed 14 June 2026.

[6] "Consent Definition and Legal Meaning." *Legal Explanations*, 2026, legal-explanations.com/definition/consent/. Accessed 11 July 2026.

sexual violence, as any sexual act that occurs without one party's explicit consent is considered a violation of that person's human rights and a case of sexual violence. Recognising this is essential in order to provide appropriate support to survivors, as there needs to be an acknowledgement of the impact of the violation they have experienced.

Mental Health and Psychological Support (MHPSS)

Mental Health and Psychological Support (MHPSS) consists of "any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions".[7] It refers to services that address both the psychological well-being of the survivor and the social factors affecting their mental health. They include counselling, support groups, and psychiatric care, tailored to each individual's needs. MHPSS is crucial when addressing the support provided to survivors of sexual violence, as it forms the foundation of appropriate mental health and psychological care needed for recovery and long-term mental well-being.

Non-state armed groups

Although there is no internationally recognised definition of non-state armed groups, the term usually refers to "a non-state party to an international or non-international armed conflict".[8] In humanitarian law, the term is used "to designate and define the combatants fighting within a State party to the conflict".[9] Non-state armed groups are essentially organized military groups that are not part of a state's official military, but they are active participants of an armed conflict within or against a state. They are particularly relevant to sexual violence, as they treat is like a tactic of war, in order to intimidate communities, force displacements, and exert control. Their involvement can lead to significant mental health problems among survivors, as humanitarian aid and medical resources may be difficult to access due to the conflict taking place.

Re-traumatization

"Re-traumatization happens when people with PTSD are exposed to people, places, events, situations, or environments that cause them to re-experience past trauma as if it were fresh or new. While normal triggers can bring back unpleasant memories, or even provoke disturbing flashbacks, retraumatizing events are especially powerful triggers that somehow recreate the intense dynamics associated with the original traumatic encounters or episodes."[10] In other words, re-traumatization occurs when a survivor experiences a situation that evokes the emotional and psychological distress associated with a previous traumatic event. Preventing re-traumatization

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[7] "Mental Health and Psychosocial Support (MHPSS)." *UNHCR*, 18 May 2020, emergency.unhcr.org/emergency-assistance/health-and-nutrition/mental-health-and-psychosocial-support-mhpss. Accessed 11 July 2026.
[8] "Non-State Armed Groups | the Practical Guide to Humanitarian Law." Guide-Humanitarian-Law.Org, 10 May 2026, https://guide-humanitarian-law.org/non-state-armed-groups. Accessed 11 August 2026.
[9] "Non-State Armed Groups | the Practical Guide to Humanitarian Law." Guide-Humanitarian-Law.Org, 10 May 2026, https://guide-humanitarian-law.org/non-state-armed-groups. Accessed 11 August 2026.
[10] Bright Quest. "PTSD Retraumatization - BrightQuest Treatment Centers." BrightQuest Treatment Centers, 2018, https://www.brightquest.com/post-traumatic-stress-disorder/retraumatization/. Accessed 12 July 2026.

is important when discussing mental health support, as it can significantly impact survivors, delaying their recovery and causing additional psychological harm.

Sexual Violence

Sexual violence is “an umbrella term that refers to an inclusive category of sexual acts and experiences that are imposed, coerced, or forced onto a person”.[11] The term is used to describe any sexual act, attempt of a sexual act, and any sexual contact or comment done without one party’s explicit consent.[12] It can also occur in physical, verbal forms, or through online platforms and affects people across all genders, ages, and backgrounds. In order to provide sufficient mental health support, it is necessary to understand the scope of sexual violence. Different forms may require different care, further emphasizing the need for accessible, diverse, and individualized mental health support.

Survivor

In the context of sexual violence, “the term survivor often refers to an individual who is going or has gone through the recovery process; additionally, this word is used when discussing the short-term and long-term effects of sexual violence”.[13] The term survivor highlights resilience, personal fight, and recovery. It is most commonly used in healthcare and support settings, as it is a way to reaffirm to the person subjected to sexual violence that they are not defined only by this experience. When providing effective mental health support and helping people recover from the psychological, emotional, and social effects of sexual violence, it is important to use survivor-centered approaches that promote dignity and empowerment throughout the healing process.

Trauma

“Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning.”[14] Specifically, trauma is the psychological and emotional response that comes from experiencing a distressing event, and it persists long after the event has passed, impacting all aspects of the victim’s life. As it is the primary consequence of sexual violence, its understanding is crucial when deciding on the type of mental health support a survivor requires and on developing recovery resources.

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[11] Gavey, Nicola. “Sexual Violence.” Encyclopedia of Critical Psychology, 2014, pp. 1742–46, https://doi.org/10.1007/978-1-4614-5583-7_605. Accessed 16 June 2026.

[12] United Nations Security Council. "Resolution 1820 (2008): Adopted by the Security Council at Its 5916th Meeting, on 19 June 2008." *United Nations Digital Library*, 19 June 2008, digitallibrary.un.org/record/629882. Accessed 16 June 2026.

[13] SAKI. Victim or Survivor: Terminology from Investigation Through Prosecution | 1. 2015, https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf. Accessed 28 July 2026.

[14] American Psychological Association. "Trauma." *APA Dictionary of Psychology*, 19 Apr. 2018, dictionary.apa.org/trauma. Accessed 11 July 2026.

Trauma-informed care (TIC)

TIC is not characterized by a specific intervention, but rather a "universal relationship-based approach"[15], which acknowledges that "health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — in order to provide effective health care services with a healing orientation."[16]TIC recognises that past traumatic experience impacts survivors' physical and mental health and emphasizes the importance of avoiding re-traumatization by prioritizing safety, trust, and empathy. It is fundamental when discussing effective mental health support, as it promotes recovery while reducing the risk of further psychological harm and respecting survivors' safety and dignity.

Victim

In the context of sexual violence, "the term victim typically refers to someone who has recently experienced a sexual assault; additionally, this word is commonly used when discussing a crime or when referencing the criminal justice system".[17] Namely, the term victim is mostly used in legal settings and policy discussions, in order to identify the person who has suffered from a criminal act of another person, in this case an unconsented sexual act. It is a way to acknowledge that a violation of an individual's rights has occurred. It is relevant, because immediate access to mental health support should also include access to legal counselling, ensuring that victims are fully informed of their rights and legal proceedings and receive coordinated care from the beginning of their recovery process.

BACKGROUND INFORMATION

Definition and Forms of Sexual Violence

Sexual violence is a term used to describe any sexual act, attempt of a sexual act, and any sexual contact or comment done without one party's explicit consent.[18] Consequently, it encompasses a wide range of actions, including sexual assault, rape, trafficking, forced marriage,

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[15] American Academy of Pediatrics. "What Is Trauma-Informed Care?" Aap.Org, 2025, https://www.aap.org/en/patient-care/national-center-for-relational-health-and-trauma-informed-care/what-is-trauma-informed-care/. Accessed 11 July 2026.

[16] Center for Health Care Strategies. "What Is Trauma-Informed Care?" Trauma-Informed Care Implementation Resource Center, 2021, https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/. Accessed 11 July 2026.

[17] SAKI. Victim or Survivor: Terminology from Investigation Through Prosecution | 1. 2015, https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf. Accessed 28 July 2026.

[18] United Nations Security Council. "Resolution 1820 (2008): Adopted by the Security Council at Its 5916th Meeting, on 19 June 2008." *United Nations Digital Library*, 19 June 2008, digitallibrary.un.org/record/629882. Accessed 16 June 2026.

and conflict-related sexual violence, where it is often used as a tactic of war.[19] In some cases the weaponization of sexual acts has been documented, such as in the conflict in the Democratic Republic of Congo where perpetrators face impunity, as proven by the over 80,000 reported cases of rape in eastern Congo between January and September 2025, an increase of 32% from the same period in 2024, according to the United Nations Population Fund (UNFPA).[20] This is not an isolated incident, but rather an example of how sexual violence is encouraged during times of instability and how it quickly it can escalate.

However, although conflicts and conflict-related incidents receive the greatest international attention, it is important to note that sexual violence can take many forms and it is not confined to war zones. It can occur anywhere, in homes, schools, work environments, public settings, and even in online spaces. It also affects everyone, as it is a phenomenon that does not account for age, ethnicity, gender, or socioeconomic background. Although women and girls may be targeted more frequently and constitute the majority of victims, men and boys are also subjected to sexual violence, proving that it is a widespread issue. Its prevalence across different societies and communities highlights the importance of de-stigmatizing it and ensuring access to mental health support and recovery services for every survivor.

Global Prevalence

Sexual violence is an international health and human rights issue, affecting one in three women globally and one in five adolescent girls.[21] In 2023, it is estimated that around 84,900 women lost their lives due to sexual violence, while millions of women experienced sexual violence before the age of 18.[22] It is reported that in most cases, women experience sexual violence by their current or previous partner, however violence outside of relationships can still occur. Unfortunately, both cases remain widely unreported due to fear of stigma, lack of confidence in legal institutions, and difficulty accessing resources. It is common among survivors to fear being blamed and judged for sharing their experiences, as victims have been socially excluded in the past. At the same time, there is a distrust towards law enforcement and judicial institutions, due to difficult prosecuting processes, low rate of convictions, and short sentences. Inadequate access to medical, psychological, and legal resources, especially in rural and conflicted-affected areas, also actively discourages survivors from seeking assistance.

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[19] United Nations Security Council. "Resolution 1820 (2008): Adopted by the Security Council at Its 5916th Meeting, on 19 June 2008." *United Nations Digital Library*, 19 June 2008, digitallibrary.un.org/record/629882. Accessed 16 June 2026.

[20] "DR Congo: Surge in Conflict-Related Sexual Violence." Human Rights Watch, 12 Jan. 2026, https://www.hrw.org/news/2026/01/12/dr-congo-surge-in-conflict-related-sexual-violence. Accessed 12 July 2026.

[21] Statista. "Gender-based Violence Worldwide." *Statista*, Jan. 2025, www.statista.com/study/188172/gender-based-violence-worldwide/. Accessed 17 June 2026.

[22] Statista. "Gender-based Violence Worldwide." *Statista*, Jan. 2025, www.statista.com/study/188172/gender-based-violence-worldwide/. Accessed 17 June 2026.

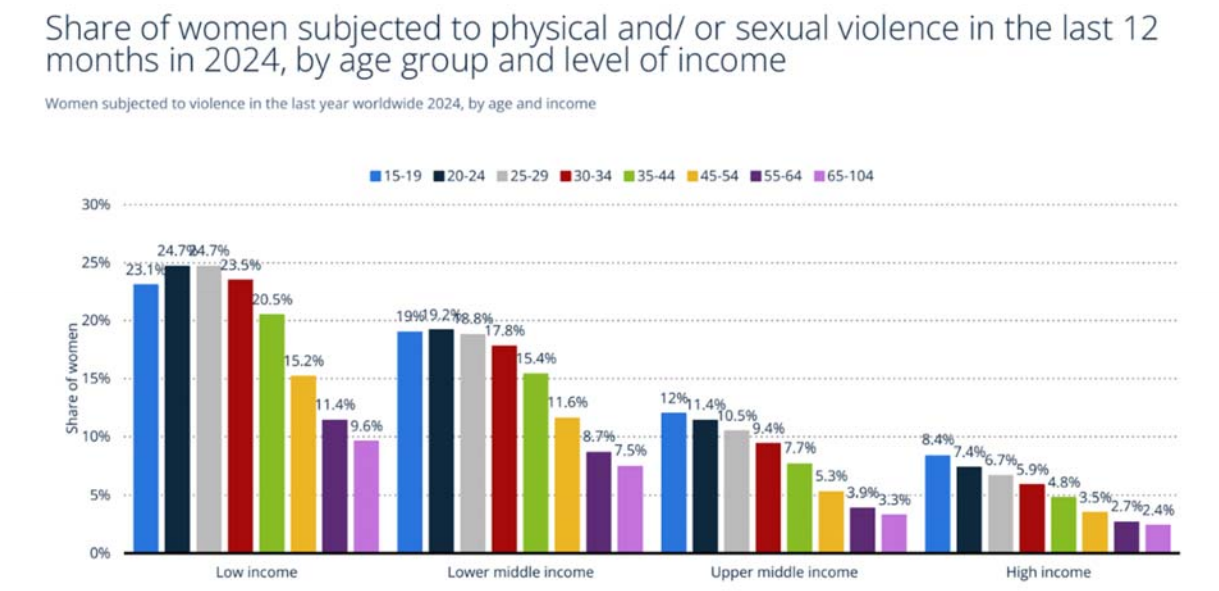

Figure 1: Graph depicting the share of women subjected to physical or sexual violence in 2024, by age group and level of income[23]

In addition, it is crucial to understand how sexual violence affects women of certain ages and incomes. According to the data collected throughout the whole 2024 year shown in the figure above, women coming from low income backgrounds have been more vulnerable to physical and sexual violence, and this is true throughout every age group. As the graph clearly depicts, it is evident that as the financial income increases, the number of cases drops significantly, however sexual violence is still present in every income category. Low income categories may be affected more, as there is often limited access to healthcare and legal mechanisms, which makes victims significantly more vulnerable. In addition, higher levels of poverty can sometimes create environments where inequality and violence are more prevalent. According to the data, young women appear to be the most affected, with reported cases peaking among those aged 15-19 and 20-29 across the different income levels. In contrast, women aged 65-104 consistently account for the lowest number of reported cases across all income levels.[24] In conclusion, it is clear that sexual violence affects women of all backgrounds and ages, however lower-income levels present a significantly larger number of cases and younger women across all income levels tend to be targeted much more than older ones.

[23]Statista. "Gender-based Violence Worldwide." *Statista*, Jan. 2025, www.statista.com/study/188172/gender-based-violence-worldwide/. Accessed 17 June 2026.

[24] Statista. "Gender-based Violence Worldwide." *Statista*, Jan. 2025, www.statista.com/study/188172/gender-based-violence-worldwide/. Accessed 17 June 2026.

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Nevertheless, it is essential to mention how the statistics presented are based on the number of reported cases. The actual number of sexual violence cases is most likely significantly higher, due to the amount of cases that go unreported. Many survivors never contact the authorities and do not document their experience, due to fear of retaliation, social stigma, or pressure to remain quiet in order to not ruin their or their family's reputation.

Contributing Factors and Underlying Causes of Sexual Violence

Armed Conflicts and Humanitarian Crises

A widely known risk factor of sexual violence is found in armed conflict zones and humanitarian crises. In these cases, sexual violence is weaponized and used as a tactic of war, aiming to terrorize civilian populations and forcefully displace them. Soldiers of non-state armed groups or military forces may use rape or other sexual violence acts to destabilize the communities under attack and force them into surrender. Additionally, the destruction of legal and healthcare institutions during conflicts means the impunity of perpetrators, allowing them to face zero consequences for their actions, despite them being recognised as war crimes under international law, and a severely limited access for victims to medical care and mental health support, further worsening the long-term consequences of sexual violence.

Gender Inequality

Another commonly known cause is gender inequality. Despite numerous attempts, including the 1993 United Nations General Assembly Resolution, which aimed to officially eliminate violence against women[25], the 1995 Beijing Declaration and Platform for Action aiming to establish gender equality[26], and the Sustainable Development Goal 5: Gender Equality which was adopted in 2015 among the 17 Sustainable Goals to be achieved by 2030[27], there has been little progress in actually achieving gender equality. The existing stereotypes based on gender, encouraged by the social and cultural norms that have shaped our societies for generations, contribute to gender-based violence and many times normalize violence against women. Societies that reinforce harmful stereotypes and unequal power dynamics between genders usually disencourage reporting and rarely hold perpetrators accountable, thus allowing for the vicious circle of gender inequality to continue.

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[25] United Nations General Assembly. "Sexual Violence." Office of the United Nations High Commissioner for Human Rights, 20 Dec. 1993, https://www.coe.int/en/web/gender-matters/sexual-violence. Accessed 12 July 2026.

[26] United Nations Women. "The Beijing Declaration and Platform for Action at 30, and Why That Matters for Gender Equality." *UN Women*, www.unwomen.org/en/articles/explainer/the-beijing-declaration-and-platform-for-action-at-30-and-why-that-matters-for-gender-equality. Accessed 16 June 2026.

[27] "Gender Equality for Health and Well-Being: Evaluative Evidence of Interlinkages with Other SDGs." *UN Women Knowledge Portal*, Apr. 2024, https://knowledge.unwomen.org/en/digital-library/publications/2022/07/gender-equality-for-health-and-well-being. Accessed 12 July 2026.

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Human Trafficking and Sexual Exploitation

Another risk factor to consider is human trafficking, as victims of this practice are more often than not subjected repeatedly to forms of sexual violence and are sexually exploited. These types of survivors are also deprived of any access to healthcare and mental health resources and usually consist of vulnerable groups such as children, women, and refugees who are promised a better future, but end up in an exploitative situation with no way to escape. However, sexual violence more often than not occurs within intimate relationships and it is not reported. Domestic violence survivors are hesitant to report the perpetrator and seek help despite ongoing physical and sexual violence and coercion, as they may be financially dependent on them, or fear retaliation.

Weak Legal Institutions

Lastly, an important factor that allows sexual violence to continue and perpetrators to face almost zero consequences are the weak legal institutions. Victims are discouraged from reporting and prosecuting the perpetrator, due to lengthy and expensive legal procedures, limited accountability and law enforcement and most importantly, low conviction rates and short sentences. The systems that are put in place to enforce justice are the same ones that allow for sexual violence to prevail, as survivors do not trust that perpetrators will be held accountable through them.

Consequences for victims

Physical trauma

Physical trauma includes any physical injuries resulting from the sexual assault and any diseases contracted due to the unwanted sexual contact. This includes wounds,scars, or injuries obtained due to the sexual violence, but also Sexually Transmitted Infections (STI's) and Sexually Transmitted Diseases (STD's), like Chlamydia, Gonorrhea, Syphilis, HIV, etc.[28] Physical trauma also refers to any unintended and unwanted pregnancies resulting from sexual violence. Forced pregnancies can cause serious reproductive health complications and lead to long-term gynecological and future reproductive health problems. These types of physical trauma are proof that sexual violence can seriously affect a person's health, even years after the initial attack. In addition, forced pregnancies create severe psychological distress for the survivor, as they are a constant reminder of the traumatic event. They can lead to feelings of fear and helplessness as, due to lack of access to appropriate resources, women may be forced to continue them. Survivors may also struggle to emotionally connect with the child after birth, as they associate it with the

[28] Centers for Disease Control and Prevention. "About Sexual Violence." Sexual Violence Prevention, CDC, 23 Jan. 2024, https://www.cdc.gov/sexual-violence/about/index.html. Accessed 11 July 2026.

traumatic experience and may view the child as a reminder, preventing them from rebuilding their life and recovering.[29]

Psychological Trauma

Most victims struggle with psychological trauma, as sexual violence is a traumatic experience that affects a person's mental wellbeing and, without proper treatment, it can leave deep psychological scars. Most common psychological traumas include Post-Traumatic Stress Disorder (PTSD),where the fear of the traumatic event starts to interfere in the person's daily life through flashbacks, depression, anxiety, suicidal ideation, self harm, panic attacks, and substance abuse, as they are coping mechanisms.[30] In addition, there are often eating and sleeping disorders, as the trauma from the event influences daily habits, and also social isolation, trust and relationship difficulties, as it is difficult for a survivor to form and maintain healthy personal relationships after a traumatic event that violated them .[31]

Socioeconomic impact

Victims often face social isolation and are blamed for the assault or even the defamation of the perpetrator, resulting in family rejection, and also loss of opportunities regarding their education or employment, as they are rejected simply due to being attacked. An example of society treating victims of sexual violence worse than perpetrators is the situation in Italy before the 1990s, where sexual violence was seen as an offense against family honor and social order, not a violation of women's bodily autonomy. Rape damaged the family's reputation and so many women were discouraged from reporting their assault, in order to protect the family's honor.[32] In some cases, victims were also forced to marry their assaulter, as a way to protect their virtue and preserve their social standing. Such practices placed responsibility on survivors for the violence they experienced and prevented perpetrators from being held accountable. Similarly, nowadays victims are targeted by their communities and stigmatized, often more than the perpetrator. In addition, the cultural silence around abuse that exists in many societies even today discourages speaking out and seeking justice. These factors, combined with high medical and mental health support costs, can drive survivors into poverty and reduce productivity or long-term opportunities.

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[29] DeStefanis, Giovanna. "Forced to Carry: The Reality of Rape-Related Pregnancies in a Post-Roe World - Feminist Majority Foundation." Feminist Majority Foundation, 5 Nov. 2024, https://feminist.org/news/forced-to-carry-the-reality-of-rape-related-pregnancies-in-a-post-roe-world/. Accessed 28 July 2026.

[30] Mayo Clinic. "Post-Traumatic Stress Disorder (PTSD)." Mayo Clinic, 16 Aug. 2024, https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967. Accessed 12 July 2026.

[31] RAINN. "Mental Health & Therapy: Support After Sexual Violence." *RAINN*, rainn.org/help-and-healing/overcoming-trauma-after-sexual-violence/mental-health-therapy-support-after-sexual-violence/. Accessed 14 June 2026.

[32] SIRAGUSA, GIORGIA. "Il Delitto Di Violenza Sessuale Nell'Italia Del Novecento: Riforme Legislative, Giurisprudenza E Coscienza Sociale." Unipd.It, 12 Dec. 2025, https://thesis.unipd.it/handle/20.500.12608/101409. Accessed 28 July 2026.

Consequently, sexual violence can carry a socioeconomic burden that may negatively affect the mental health of survivors.

Challenges on providing adequate mental health support

Shortage of Trained Mental Health and Trauma-informed care (TIC) Professionals

Although in the last few years there has been a significant improvement in delivering mental health support to victims, there are a few challenges that prevent complete accessibility. First of all, there is a shortage of trained staff, which contains nurses of trauma-informed care, counselors, and psychologists, reducing both availability and quality of the services provided, as time spent on each patient is limited. Without proper training on dealing specifically with patients subjected to sexual violence, staff can do more harm than good and even re-traumatize patients, reversing progress. Ywfzr f2sktwr ji hfwj (TIC) is essential when assisting survivors, as it creates a safe environment when other approaches fail to properly deal with trauma and result in further distress for survivors, making them less likely to seek support in the future. Furthermore, the shortage of trained professionals means that survivors often face long waiting periods and insufficient time with resources. These two factors, delayed access and inconsistent long-term care, can hinder recovery, as survivors require continuous psychological support after the traumatic event.

Limited Funding of Mental Health Services

There is also a lack of funding in this particular branch of healthcare, as the mental health sector receives a disproportionately small share of funding allocated to healthcare in most countries. According to a 2026 report, 90% of countries have not met the WHO target of allocating 2% of government health funds to mental health and only 30% of countries have a mental health plan.[33]These percentages prove that the mental health sector is consistently underfunded, and thus it cannot respond to the growing demand of services. This underinvestment in the mental health sector limits the availability of specialized programs and counseling services, as healthcare systems are unable to hire and train professionals and provide affordable, quality care for survivors. Additionally, it is often not taken as seriously as other health branches, due to stigma around mental health and vulnerability. Mental health conditions are still viewed as less important and less urgent than physical illnesses, despite the lasting impact of trauma on survivors. Thus, mental health is continuously underestimated and underfunded, which results in limited resources for survivors of sexual violence.

Barriers to Accessing Support in Rural Areas and Conflict Zones

Another constraint in providing mental health support is found in remote, rural places, where there are even more difficulties in receiving the proper care. Survivors in these communities have to face long distances, limited availability, and shortages since remote populations face

[33] "Global Mental Health Statistics: Market Data Report 2026." Worldmetrics.Org, 2026, https://worldmetrics.org/global-mental-health-statistics/. Accessed 28 July 2026.

reduced healthcare funds and shortages in specialized professionals, as mental health services are often concentrated in urban centers. These difficulties, which are amplified for individuals lacking transportation or financial resources, can discourage survivors from seeking the appropriate support, as they have limited access to resources and are usually not educated on how to respond if found in such situations and where to seek help. In addition, difficulties to reach victims can also be found in humanitarian crises and conflict zones, where armed conflicts or disasters can destroy healthcare systems and disrupt psychological support. In situations like these physical traumas and life-saving operations are prioritised, while mental health is ignored, despite the trauma of survivors. In addition, constant displacements and on-going violence can prevent victims from accessing care safely. Refugees may also struggle with receiving care due to additional barriers, like lack of documentation, language barriers, and long-term dependence on humanitarian missions meant to provide short-term relief.

Weak Legal Institutions and Social Stigma

Due to insufficient legal protections and weak institutions, many cases remain unreported, and thus survivors in need of support cannot access vital resources. The fear of retaliation and low confidence in achieving justice in sexual violence cases leaves victims vulnerable and without the support that can help them recover. Namely, low conviction rates and short sentences lead to survivors perceiving legal systems as ineffective, which results in trauma remaining untreated, as survivors may be invisible to resources and cannot access specialized assistance. Even when services exist and are accessible to the public, the stigma and cultural views around mental health itself makes survivors reluctant to seek psychological help. In many communities, sexual violence and mental health are highly stigmatized, preventing the discussion of resources and encouraging victim-blaming attitudes. Survivors, afraid of being blamed or judged for openly seeking help and perceived as weak, choose not to pursue counselling or use other resources, a decision that prevents early intervention and can worsen their psychological trauma over time.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

Canada

Throughout the years, Canada has developed into a strong advocate for survivor-centered care and gender-sensitive policies that recognize how women and girls are disproportionately affected by sexual violence. An example of this is the Feminist International Assistance Policy (FIAP), through which Canada funds international programs aiming to strengthen survivor-centered healthcare and establish accessible mental health support and legal resources for all victims of sexual and gender-based violence, particularly in humanitarian crises and conflict-affected regions.[34] Canada's global initiative has aided in shifting the focus from considering only

[34] Global Affairs Canada. "Canada's Feminist International Assistance Policy." Government of Canada, 2015, https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/policy-politique.aspx?lang=eng. Accessed 13 July 2026.

the legal implications of sexual violence to also taking into account the long-term psychological impact on survivors and providing stable, accessible resources. However, limited funding and resources remain an obstacle in securing access for every survivor, as marginalized communities face difficulties in accessing support.

Democratic Republic of Congo

The Democratic Republic of Congo is facing extremely high percentages of conflict-related sexual violence, with over 80,000 reported cases of rape from January to September 2025, as armed groups have been using it a tactic of war.[35] Due to the widespread sexual violence, there is an increasing demand for medical resources, mental health support, and rehabilitation programs, as healthcare systems have either collapsed or are working beyond capacity. The prolonged conflict has also displaced large numbers of civilians, further impeding access to healthcare and support. Additionally, the continuous presence of military groups and the insecurity in the affected regions has made it difficult for humanitarian organizations to consistently provide support and to establish long-term care. However, the country has collaborated with organizations such as the United Nations Population Fund (UNFPA), in order to make resources accessible to victims in conflict-affected regions. Nevertheless, limited infrastructure, trained professionals, and the stigma around sexual violence and mental health, prevent survivors from reporting their case and seeking appropriate help.

Germany

Germany has contributed significantly to humanitarian aid missions and programs aiming to tackle gender-based violence, especially in conflict-affected regions and refugee camps, where sexual violence is more likely to take place. Through its funding, it supports healthcare systems that are under attack and protection programs that provide survivors with emergency medical support and trauma-informed psychological support.[36] It also funds initiatives that improve the quality of care, through the training of healthcare and humanitarian workers in responding appropriately to victims of sexual violence and practicing TIC care, helping to reduce accidental re-traumatization of survivors.[37] Germany also offers substantial funds allocated to refugees in crises such as Sudan, Ukraine, and Syria, designed to offer relief and protection, including mental health support, therefore strengthening access to standard care for vulnerable populations.

United States of America (USA)

The United States of America has been a major funder of global health and humanitarian assistance in the past, especially of anti-gender based violence programs, through international

[35] "DR Congo: Surge in Conflict-Related Sexual Violence." Human Rights Watch, 12 Jan. 2026, https://www.hrw.org/news/2026/01/12/dr-congo-surge-in-conflict-related-sexual-violence. Accessed 12 July 2026.

[36] "Germany." UN Women Data Hub, 2025, https://data.unwomen.org/node/557. Accessed 12 July 2026.

[37] "Germany." UN Women Data Hub, 2025, https://data.unwomen.org/node/557. Accessed 12 July 2026.

aid and partnerships with organizations aiming to secure accessible medical care, mental health services, and protection resources to survivors of sexual violence. The country's contributions have helped healthcare systems in low-income, unstable, and conflict-affected regions to provide adequate support to survivors, through training of professionals on trauma-informed care and the expansion of resources. The U.S. has supported initiatives that expand access to emergency medical care, psychological support, and legal counselling for victims. However, changes in leadership and foreign policy strategy have impacted the continuity and reliability of these international aid programs. In recent years, there have been significant reductions in foreign aid budgets and assistance programs, leading to uncertainty in long-term sustainability for these initiatives. Since many programs and international organizations rely heavily on U.S. financial support, these reductions can impact the availability and quality of resources, particularly in conflict-affected regions and humanitarian crises.[38]

Médecins Sans Frontières (MSF)

Médecins Sans Frontières, commonly referred to as Doctors without Borders, provide emergency response and care for survivors, particularly in conflict zones, refugee camps, or humanitarian crises. The care includes both medical attention and mental health counselling. They provide post sexual assault treatment to prevent Sexually Transmitted Infections (STIs), Sexually Transmitted Diseases (STDs), and unwanted, forced, or dangerous pregnancies. MSF operates directly in crises settings and is thus truly accessible to survivors in conflicts or disasters. MSF's presence is particularly important in regions where healthcare systems have been disrupted due to conflicts and are inaccessible for many survivors. It ensures that victims receive immediate care despite the limited infrastructure. Yet, it does not constitute a long-term solution, as it is an emergency response, so stable healthcare systems and mental health facilities are required, in order for survivors to be able to access continued psychological support.[39]

United Nations Population Fund (UNFPA)

The United Nations Population Fund provides mental and physical health services for victims of gender-based violence in humanitarian crises, as it directly supports reproductive health services and survivor-centered programs. Most importantly, it establishes safe humanitarian corridors to improve survivors' access to healthcare services and psychological counselling. It also addresses long-term needs of victims, like recovery and reintegration. Its work is especially crucial in conflict-affected regions, where the destruction of infrastructure and displacement can prevent survivors from accessing essential medical and psychological care. Its decision to integrate mental health support with sexual and reproductive healthcare services has allowed it to address both the immediate and the long-term consequences of sexual violence. However,

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[38] "US: Lifesaving Programs Remain Suspended Despite Waivers." Human Rights Watch, 10 Feb. 2025, https://www.hrw.org/news/2025/02/10/us-lifesaving-programs-remain-suspended-despite-waivers. Accessed 28 July 2026.

[39] Médecins Sans Frontières(MSF). "Sexual and Gender Based Violence." *Médecins Sans Frontières(MSF)/Doctors Without Borders*, 7 May 2019, msfsouthasia.org/sexual-and-gender-based-violence-0/. Accessed 13 July 2026.

despite its efforts, the UNFPA is underfunded and has limited resources, and it faces difficulties in providing support to all survivors, especially due to underreporting.[40]

United Nations Women

UN Women has played a major role in addressing sexual and gender-based violence, as it supports prevention and survivor protection programs and policies promoting gender equality. It provides significant financial support through the UN Trust Fund to End Violence Against Women to organizations working on supporting survivors' recovery, creating shelters, and improving accessibility to counselling and legal services.[41] Through its work and focus on women and ending gender-based violence and discrimination, it has increased the attention payed to sexual violence and it has addressed how recovery requires not only medical, but also psychological care.[42] Its approach has contributed to ensuring that survivors are not prevented from seeking psychological or legal assistance due to social stigma or discrimination, as its policies and community-based programs have fostered environments where survivors can access support without fearing marginalization. Nonetheless, the UN Women initiatives are vulnerable to funding fluctuations, social stigma surrounding sexual violence and mental health, and unwillingness from countries to cooperate on establishing gender-based violence protection policies.

World Health Organisation (WHO)

The World Health Organisation is the primary international authority on health and responding to sexual violence, as it developes guidelines for responding to sexual violence, like the Clinical Guidelines for Responding to Sexual Violence.[43] Its aim is to integrate mental health counselling in healthcare and establish psychological support as a necessary treatment step. Additionally, WHO is providing training and guidelines for healthcare workers for trauma-informed care and survivor-centered approaches to ensure that survivors receive the support they need and to strengthen Member States' healthcare systems, arming them with specialized professionals.[44] However, WHO is completely dependent on the will and funding of Member States, and its ability to implement the guidelines in each region depends on the existing infrastructure.

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[40] United Nations Population Fund. "International Conference on Population and Development." *United Nations Population Fund*, 7 Apr. 2025, www.unfpa.org/icpd. Accessed 16 June 2026.

[41] UN WOMEN. "UN Trust Fund to End Violence Against Women." UN Women, https://www.unwomen.org/en/trust-funds/un-trust-fund-to-end-violence-against-women. Accessed 13 July 2026.

[42] United Nations Women. "Global Database on Violence Against Women and Girls." *UN Women Data Hub*, data.unwomen.org/global-database-on-violence-against-women. Accessed 16 June 2026.

[43] World Health Organization. "Responding to Intimate Partner Violence and Sexual Violence Against Women—Summary." *World Health Organization*, 19 Sept. 2013, www.who.int/publications/i/item/WHO-RHR-13.10. Accessed 16 June 2026.

[44] World Health Organization. "Violence Against Women." *World Health Organization*, 25 Mar. 2024, www.who.int/news-room/fact-sheets/detail/violence-against-women. Accessed 17 June 2026.

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
29th November 1985	United Nations General Assembly Resolution 40/34 was adopted as the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, aiming to recognize victims' and survivors' rights to access justice, support, assistance, and rehabilitation.[45]
20th December 1993	United Nations General Assembly Resolution 48/104 was adopted as the Declaration on the Elimination of Violence against Women, aiming to establish the first international definition of violence against women and to strengthen international efforts to prevent and respond to gender-based violence. [46]
5th to 13th September 1994	The International Conference on Population and Development (ICPD) was held in Cairo, Egypt, aiming to officially recognize the link between sexual and reproductive health, psychological state and human rights.[47]
4th to 15th September 1995	The Beijing Declaration and Platform for Action was adopted by 189 governments at the Fourth World Conference on Women in Beijing, China, aiming to advance gender equality by establishing measures to prevent

[45] United Nations. "Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power." *Office of the United Nations High Commissioner for Human Rights*, 29 Nov. 1985, www.ohchr.org/en/instruments-mechanisms/instruments/declaration-basic-principles-justice-victims-crime-and-abuse. Accessed 16 June 2026.
[46] United Nations General Assembly. "Sexual Violence." Office of the United Nations High Commissioner for Human Rights, 20 Dec. 1993, https://www.coe.int/en/web/gender-matters/sexual-violence. Accessed 12 July 2026.
[47] United Nations Population Fund. "International Conference on Population and Development." *United Nations Population Fund*, 7 Apr. 2025, www.unfpa.org/icpd. Accessed 16 June 2026.

	violence against women and by providing recovery services for survivors.[48]
17th July 1998	The Rome Statute of the International Criminal Court was adopted at the United Nations Diplomatic Conference in Rome, aiming to establish the International Criminal Court and solidify the recognition of rape and sexual violence as war crimes and crimes against humanity.[49]
19th June 2008	The United Nations Security Council Resolution 1820 was adopted, aiming to recognize sexual violence as a tactic of war and a threat to international peace and security that requires immediate international action.[50]
25th September 2015	Sustainable Development Goals 3: Health, 5: Gender Equality, and 16: Peace, Justice and Strong Institutions, were adopted as part of the 2030 Agenda for Sustainable Development, aiming to promote universal access to healthcare and recovery services, eliminate gender-based violence, and strengthen access to legal counseling and justice.[51]
23rd April 2019	The United Nations Security Council Resolution 2467 was adopted, aiming to address the growing need of survivor-centered

[48] United Nations Women. "The Beijing Declaration and Platform for Action at 30, and Why That Matters for Gender Equality." *UN Women*, www.unwomen.org/en/articles/explainer/the-beijing-declaration-and-platform-for-action-at-30-and-why-that-matters-for-gender-equality. Accessed 16 June 2026.

[49] "Rome Statute of the International Criminal Court." *International Criminal Court*, 17 July 1998, www.icc-cpi.int/sites/default/files/2024-05/Rome-Statute-eng.pdf. Accessed 16 June 2026.

[50] United Nations Security Council. "Resolution 1820 (2008): Adopted by the Security Council at Its 5916th Meeting, on 19 June 2008." *United Nations Digital Library*, 19 June 2008, digitallibrary.un.org/record/629882. Accessed 16 June 2026.

[51] "Gender Equality for Health and Well-Being: Evaluative Evidence of Interlinkages with Other SDGs." *UN Women Knowledge Portal*, Apr. 2024, https://knowledge.unwomen.org/en/digital-library/publications/2022/07/gender-equality-for-health-and-well-being. Accessed 12 July 2026.

	care and to improve access to healthcare, legal assistance, and rehabilitation.[52]
2020-2022	The Covid-19 Pandemic increased the demand for accessible mental health services for survivors of sexual violence, and it helped expand remote mental health services.[53]

RELEVANT UN RESOLUTIONS, TREATIES AND EVENTS

United Nations General Assembly Resolution 40/34

The United Nations General Assembly Resolution 40/34, also known as the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, was adopted on the 29th November 1985 by the United Nations General Assembly (UNGA) to establish survivors' rights to access justice, support, compensation, and restitution. Its aim was to establish international standards on how victims are treated and to highlight that they not only need legal assistance, but also medical and psychological care. It is widely considered as the foundation for survivor-centered care and psychological rehabilitation programs. However, since it is a non-legally binding declaration, its implementation was dependent on Member States and their will to provide the necessary support, leading to significant differences in accessible services from region to region.[54]

United Nations General Assembly Resolution 48/104

The United Nations General Assembly Resolution 48/104, also known as the Declaration on the Elimination of Violence against Women, was adopted on the 20th December 1993 by the UNGA, and its aim was to provide a clear, global definition of violence against women and sexual violence, in order to better respond to gender-based violence. In addition, through this Declaration, States' now had official responsibility to prevent such acts and prosecute perpetrators. Sexual violence gained international recognition as a human rights violation, thus urging governments to modify legislation accordingly and strengthen survivor support services.

[52] United Nations Security Council. "Resolution 2467 (2019): Adopted by the Security Council at Its 8514th Meeting, on 23 April 2019." *United Nations Digital Library*, 23 Apr. 2019, digitallibrary.un.org/record/3800938. Accessed 16 June 2026.

[53] Duden, Gesa Solveig, et al. "Global Impact of the COVID-19 Pandemic on Mental Health Services: A Systematic Review." Journal of Psychiatric Research, vol. 154, Aug. 2022, https://doi.org/10.1016/j.jpsychires.2022.08.013. Accessed 11 July 2026.

[54] United Nations. "Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power." *https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-basic-principles-justice-victims-crime-and-abuse*, 29 Nov. 1985, www.ohchr.org/en/instruments-mechanisms/instruments/declaration-basic-principles-justice-victims-crime-and-abuse. Accessed 16 June 2026.

Yet, as a non-legally binding document, the declaration influenced countries differently and progress has varied, as sexual violence continues to be a daily occurence all while many cases are still not being reported and mental health resources for survivors are limited.[55]

United Nations Security Council Resolution 1820

The United Nations Security Council Resolution 1820 was adopted on the 19th June 2008 and it recognized the use sexual violence in conflict-affected regions as a tactic of war and a threat to international peace and security. This acknowledgement, that sexual violence is used to terrorize and inflict further pain on populations and displace communities, not only criminalized this war tactic, but also promoted humanitarian action focused solely on victims/survivors of conflict-related sexual violence. It prompted stronger civilian protections and shifted attention to healthcare needs. Although it is a legally binding document, its implementation has been difficult throughout ongoing conflict, resulting in limited accountability for perpetrators and limited medical and mental health resources for survivors.[56]

United Nations Security Council Resolution 2467

The United Nations Security Council Resolution 2467 was adopted on the 23rd April 2019 to strengthen international response to conflict-related sexual violence. The Resolution addressed the importance of survivor-centered care, especially concerning mental health, that respects survivors' rights and dignity. It also addressed the need to ensure that healthcare, legal assistance, and rehabilitation are accessible to survivors and offer timely medical, psychological, and legal support, to support them through every step of the process. It emphasized the importance of clearer coordination between Member States, humanitarian organizations, and healthcare providers, so as to better support survivors. Nevertheless, even as a legally binding document, it has not been fully implemented, as healthcare resources are limited, stigma around sexual violence continues to exist, and Member States disagree on which services should be required to be provided.[57]

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[55] "Declaration on the Elimination of Violence against Women." *https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women*, 20 Dec. 1993, www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women. Accessed 16 June 2026.

[56] United Nations Security Council. "Resolution 1820 (2008) / adopted by the Security Council at its 5916th meeting, on 19 June 2008." *https://digitallibrary.un.org/record/629882?v=pdf* , 19 June 2008, digitallibrary.un.org/record/629882. Accessed 16 June 2026.

[57] United Nations Security Council. "Resolution 2467 (2019) / adopted by the Security Council at its 8514th meeting, on 23 April 2019." *https://digitallibrary.un.org/record/3800938?v=pdf* , 23 Apr. 2019, digitallibrary.un.org/record/3800938. Accessed 16 June 2026.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Beijing Declaration and Platform for Action

The Beijing Declaration and Platform for Action established measures to prevent violence against women and to provide recovery services for survivors, such as medical care, mental health counselling, rehabilitation programs, and legal protections. It also stressed the importance of integrating gender equality into policymaking and international cooperation. The Declaration succeeded in popularizing the fact that sexual violence is not solely a criminal offence or a legal matter, it is also a legitimate health and human rights concern. It recognized that to effectively respond to sexual violence, healthcare services must address survivors' long-term psychological recovery, and not focus only on providing immediate medical treatment and legal counselling. This established a framework for governments to develop and prioritize survivor-centered healthcare and mental health services, in order to respond to gender-based violence. Yet, as it was not legally binding, implementation is left at the discretion of Member States. Some have attempted or even succeeded in forming mental health support services and survivor protection mechanisms, while others continue to lack sufficient resources in this matter.

World Health Organisation Clinical Handbook and Policy Guidelines

The World Health Organisation developed the Clinical Handbook and the Clinical Guidelines for Responding to Sexual Violence to assist survivors in receiving proper care and to provide healthcare workers with clear instructions and training on how to care for victims of sexual violence.[58] They contain recommendations for mental health support and trauma care in healthcare systems, covering psychological support in both short-term and long-term recovery. They contain medical treatment, along with psychological first-aid and transition in a long-term healing plan. These guidelines have ensured that survivors receive appropriate care by developing standardized procedures. They have also constituted the basis for many UN and domestic policies, regarding the incorporation of mental health in healthcare systems and recovery plans. However, their implementation varies. The recommendations require financial resources and infrastructures, along with trained and specialized professionals, that many Less Economically Developed Countries (LEDCs) lack. Thus, they cannot fully practice these recommendations. Consequently, a large number of survivors does not receive the necessary support and faces unequal access to these resources.

One-Stop Crisis Centres (OSCC)

One-Stop Crisis Centres provide "various services under one umbrella institution to respond to both the immediate and long-term needs of victims. These services include four main elements: social welfare services, psychological services, medical and legal services, and

[58] World Health Organization. "Responding to Intimate Partner Violence and Sexual Violence Against Women—Summary." *World Health Organization*, 19 Sept. 2013, www.who.int/publications/i/item/WHO-RHR-13.10. Accessed 16 June 2026.

criminal investigation provided by law enforcement and legal services."[59] They have been established in many countries as of now, as they are highly suitable for responding and treating survivors of sexual violence. They combine medical care, psychological counselling, referrals, and legal assistance all in a single location, reducing the stress of survivors to search individually for each one of these services and make separate visits, and enhancing cooperation between medical and legal services. However, these centres are not accessible to every victim, as they are located almost exclusively in cities or within hospitals with adequate funding. Rural communities and conflict-affected regions do not have such facilities, further proving the unequal access to resources and care.

Mental Health and Psychosocial Support (MHPSS) Programmes in Humanitarian Settings

Mental Health and Psychosocial Support (MHPSS) Programmes in humanitarian settings and emergencies are being organized and funded by organizations such as the World Health Organisation, Médecins Sans Frontières, and the United Nations Population Fund, to provide survivors of sexual violence with psychological first-aid, counselling, and support groups.[60] Through these initiatives, many survivors have received emergency mental health support and immediate access to resources. Still, the demand and the need for these services exceed available resources. These programs heavily depend on funding, and are already understaffed and face shortages of trained professionals, while operating in humanitarian emergencies. These conditions, along with the social stigma and cultural silence surrounding sexual violence and mental health, prevent survivors from accessing and receiving the care they need. It is also worth noting that they are not a long-term solution, but an emergency response, and thus they cannot provide sustained psychological support.

POSSIBLE SOLUTIONS

Strengthening Trauma-informed care and Survivor-Centered Healthcare

The shortages in trained and specialized medical staff that are equipped to respond to sexual violence increase the risk of re-traumatizating survivors and reversing or slowing down their progress. Consequently, Member States can introduce trauma-informed care and survivor-centered healthcare approaches as part of mandatory training for becoming a licensed professional for not only medical staff like doctors and nurses, but also psychologists, counsellors, social workers, and emergency responders. Survivors deserve quality care in every step of the

[59] "Advancing Institutional Child Protection: The 'One-Stop Centre' Model as an Intervention Tool to Support Survivors of Violence." *World Future Council*, 2025, www.worldfuturecouncil.org/wp-content/uploads/2024/07/WFC_handbook_one-stop-centres_final.pdf. Accessed 13 July 2026.

[60] UNHCR. "Mental Health and Psychosocial Support (MHPSS)." Unhcr, 16 Jan. 2024, https://emergency.unhcr.org/emergency-assistance/health-and-nutrition/mental-health-and-psychosocial-support-mhpss. Accessed 13 July 2026.

process. Training will be based on the World Health Organisation's Handbook and can include simulations, standardized procedures, risk assessments, and proper communication with the survivor. Emphasis must also be placed on rural communities and conflict zones, so accessibility to mental health counseling and sexual assault response centers can be expanded. This can be achieved through mobile centers providing short-term support and emergency response, if permanent centers are unavailable, and training of local healthcare staff and community volunteers on the necessary care. Additionally, accessibility can be ensured through free or low-cost counseling, as survivors may not be able to afford mental health support otherwise.

Expanding Digital Mental Health Services

One of the challenges in providing mental health support is ensuring access for survivors residing in rural and remote areas, conflict-affected regions, and areas with unstable healthcare systems that face shortages of trained mental health professionals. In these cases, where in-person counselling is unavailable, governments and organizations could invest in digital mental health services. Such services will require secure platforms that ensure confidentiality and protect the victim's privacy, while offering immediate response through telephone hotlines and counselling through video calls and encrypted online services. These services could be formally established and integrated into national healthcare systems, as they could be a way to expand access to resources and offer uninterrupted care, even through conflicts. They would also be a way to tackle geographical barriers, providing accessible support to victims who would otherwise struggle to receive appropriate care.

Integrating Mental Health in Primary Healthcare Systems

Survivors of sexual violence, when seeking help, usually turn to general healthcare workers, rather than specialized mental health professionals, and thus, they do not immediately receive the appropriate care, as they may struggle with contacting and visiting multiple institutions. To address this issue, governments can integrate mental health and psychological support (MHPSS) into primary healthcare systems to reduce the need for referrals and ensure that victims receive immediate care. This could be enforced through establishing the presence of specialized services and psychological support in community healthcare centers, clinics, and hospitals. Therefore, governments can utilize existing healthcare infrastructure and integrate mental health services in existing healthcare providers, making psychological support significantly more accessible. As a result, survivors will be able to receive coordinated and continuous care, without having to navigate multiple institutions.

Promoting Education and Public Awareness

Sexual violence and mental health are surrounded by stigma, which often prevents survivors from seeking support. In many cultures, such topics are met with silence and can result in social exclusion of the victim. Psychological trauma and mental health support are viewed as weaknesses that should be dealt with in private. Therefore, to address these obstacles in

providing every survivor with the necessary support and erase the stigma, governments can integrate public campaigns to everyday activities, such as television, social media, and most importantly healthcare facilities. These campaigns can challenge existing attitudes and stereotypes, while promoting accurate, helpful information.Member States can also prioritize educating the new generations on topics such as consent, sexual violence, report mechanisms, mental health, and counseling, which will be examined in classes integrated in the school curriculum. These classes and topics will be age-appropriate and constitute an attempt to prevent violence and also ensure that younger generations can identify it and seek help for themselves or others. Both of these initiatives aim at increasing public trust in institutions and changing cultural attitudes, so that survivors are not afraid to seek assistance.

Developing Survivor-centered policies

When developing policies that address sexual violence, it would be beneficial to involve not only policy makers, but also healthcare and mental health professionals, crisis centers and even survivors, as they can provide first-hand experience and understand better what is needed in these situations. With data collection on sexual violence and the mental health needs of survivors from all aspects, policies will be more effective in allocating and utilising resources. This inclusion will contribute in tackling barriers that have prevented survivors from receiving the care they need. The policies must also be drafted according to the World Health Organisation's Guidelines, in order to ensure that healthcare procedures and mental health services are done according to the protocols put in place for the protection of survivors. In addition, survivors should have the ability to choose the type of medical, psychological, and legal support they want to receive, as it is their right to choose their recovery and healing plan. Governments should also protect and guarantee survivors' rights to confidentiality and privacy, establishing domestic standards on dealing with sensitive data pertaining to sexual violence cases that ensure the anonymity of survivors. Standardized national databases that collect data anonymously can improve resources and the accessibility of care, without the risk of exposing victims' identities, and they can also be a way to evaluate the services provided and their effectiveness.

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