



Equitable and Knowledge-Based Healthcare for Sexual Violence Survivors

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Healthcare for sexual violence [any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object (WHO, <https://apps.who.int/violence-info/sexual-violence/>)] is a public health priority because it impacts a significant segment of society and contributes to preventable health issues, from trauma and infections to chronic conditions (1, 2). Integrating sexual violence services into public health systems ensures equitable access to care, reduces overall healthcare costs, and addresses this issue as a fundamental human rights and social justice concern. Many countries have established specialized centers for survivors of sexual violence, though the scope and quality of services vary considerably. In OECD countries, there are well-developed systems such as rape crisis centers and sexual assault referral centers that provide medical, forensic, and psychological support. Nordic countries like Sweden, Norway, and Denmark have or plan to integrate sexual violence care into their universal healthcare systems with specialized units. Countries such as South Africa, Kenya, India, and Mexico are developing programs to establish gender-based violence recovery centers in public hospitals or within public health institutions.

Middle Eastern countries' approaches to healthcare for sexual violence survivors differ substantially due to disparities in availability and accessibility. Countries in the Middle East lack government-funded programs specifically for the healthcare of sexual violence

survivors. Healthcare services for this target group are often provided through NGOs rather than integrated public health systems. The availability of these services in Middle Eastern countries is influenced by levels of policy-level dedication to addressing gender-based violence as a public health issue. In Iran, there is a lack of official statistics on sexual violence, and reliable data proves challenging to acquire. This can be due to policy-level frameworks and legal barriers. The few studies conducted in this field show that the prevalence of sexual violence during pregnancy in Iran is 11% more than the world (3), and the most common cause of posttraumatic stress disorder (PTSD) among women in Iran is sexual assault (4). Another study suggests the prevalence of PTSD in the rape victims of Kohgiluyeh and Boyerahmad province is as high as 91.2% (5). A study conducted in Rasht shows that 66.3% of participants reported experiencing sexual violence by their spouses (6). In 2018, 17.6% of women aged 15 - 49 years participated in a study reported that they had been subject to physical and/or sexual violence by a current or former intimate partner in the previous 12 months (7). In Iran, the knowledge of child sexual abuse is limited, and there is no tool for measuring it (8).

Healthcare for sexual violence survivors in Iran is inadequate. The neglect of the legal healthcare system to address the needs and expectations of survivors leads to not seeking care through the health system and instead seeking illegal solutions (9). There are no sexual assault referral centers or specialist clinics for adults or children. Survivors have to seek care through forensic medicine centers or general emergency rooms, where staff may lack training in trauma-sensitive care. Some

hospitals provide basic exams, but treatment is often tied to police reports, discouraging confidentiality. Psychological counseling is rarely offered; it may be sought within private counseling/therapy services.

The first step for improving the Iranian healthcare system for sexual violence survivors is to change the healthcare-related laws regarding female genital mutilation (FGM) and marriage under the age of 18 and consent law (10). As declared by the United Nations, recognizing the right of a woman or girl to make autonomous decisions about her own body and reproductive functions is at the core of her basic rights to equality, privacy, and bodily integrity. The second step is to use diagnostic codes. The codes help healthcare providers document cases adequately to ensure standardized treatment and facilitate research. Following WHO guidelines for medico-legal care for sexual violence victims is another crucial step for improving the Iranian healthcare system for sexual violence survivors. A currently published report in this field (11) shows a cohesive and clear pathway of care for both adults and children may contribute to ensuring access to critical interventions and providing coordinated support. The pathway addresses the growing need for patient-centered, evidence-based, and cost-effective care. By standardizing care processes, it will be ensured that all patients receive the interventions based on best practices and clinical guidelines. Designing the pathways of care (both for children and adults and both in emergency and non-emergency cases) is another step for improving the Iranian healthcare system for sexual violence survivors.

Iran is divided into five regions and 31 provinces. The healthcare system should be able to offer equitable care in sexual assault referral centers or specialist clinics across the country. It should also be able to reach the most vulnerable groups, such as transgender people and female sex workers. Producing clinical practice guidelines and training initiatives (e.g., brochures or web-seminars) for healthcare providers and even school teachers is crucial because these professionals are often the first points of contact for survivors. They require knowledge on the recognition of sexual abuse, proper response, and referral procedures to ensure effective intervention. Training these professionals creates a safety net in communities and may improve reporting and intervention rates. It is particularly important that guidelines inform about online sexual violence against children (9).

National support for healthcare professionals in matters concerning sexual violence is crucial. The main reasons for the need for national support are for it to

function as a knowledge hub: to produce, compile, and disseminate knowledge; conduct research and methodological development, with links to clinical activities; strengthen the conditions for equitable access to care and person-centered care; offer consultation and expert support for professionals; cooperate activities and interventions between regions and provinces; and develop knowledge on initiatives to prevent sexual violence (9). In a country like Iran, with different regions and many deprived areas, there is a need for establishing a national support center. This center can be responsible for coordinating, implementing, monitoring, and evaluating healthcare for sexual violence survivors. It will strengthen conditions for more equitable, knowledge-based, and individualized healthcare of sexual violence victims in all regions of Iran.

Footnotes

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