

Editorial

Sexual and Gender-based Violence: Need for an Integrated and Holistic Healthcare Response & Curriculum

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Introduction

Sexual and gender-based violence (SGBV) has been recognized as a violation of human rights and a significant pervasive public health crisis with legal, social, cultural, economic and psychological dimensions. It transcends across age, race, ethnicity, religion, and geography, especially when seen in the context of its extensive psychological, physical, sexual and reproductive-health related sequelae.¹ World Health Organization statistics reveals that globally nearly one in three women experience physical or sexual violence in their lifetime, with risks increasing in fragile and low-resource settings.² Furthermore, men particularly boys in humanitarian settings and otherwise also experience SGBV.³ South Asian estimates suggest that GBV rates are 35% higher than the global average especially among women.⁴

49.2% of the world's population is the female gender, translating loosely into half of its potential. Gender equality is a fundamental human right. Sustainable Development Goal 5 aims to achieve gender equality which empowers women and girls.⁵ This is critical to promote health, education and general well-being of girls and boys. Violence affects women and children disproportionately, more so if marginalized. SDG-5 has 9 key targets and 14 indicators focused on eliminating violence in all its forms (including trafficking & sexual exploitation), discrimination, harmful practices (early child/forced marriages, female genital cutting/ mutilation) and gender gaps in leadership and economic

resources. SDG-5 seeks to ensure universal access to sexual and reproductive health and rights.⁶ A comprehensive and holistic healthcare response to violence is central to achieving this goal.

The health outcomes of SGBV are extensive, enduring and complex. Survivors of SGBV face not only acute health risks (physical injuries, pregnancy, chronic ailments and pain) but also consequent long-term invisible impacts on mental health (depression, anxiety, fear, post-traumatic stress disorder, poor self-esteem). Suicide, homicide, HIV/AIDS and vulnerability to other Sexually transmitted infections (STIs) are among more severe and fatal health outcomes of SGBV alongside impact on survivors' livelihoods and social inclusion.^{3,7} Furthermore, SGBV exposure in children directly or indirectly is closely linked to adverse childhood experiences, shaping long-term health trajectories and perpetuating cycles of violence.

Pakistan has shown a consistent decline in the World Economic Forum's Global Gender Gap Report 2025, hitting rock bottom-148/148-the lowest-ranked nation in gender parity. This signifies the existence of deep-rooted challenges faced by women in terms of access to healthcare, economic participation and political inclusion. Pakistan is signatory to numerous international agreements and commitments which call for the protection of women and other socially excluded groups against violence and for achievement of optimal health.^{8,9} Despite these commitments and even after over two decades of legislation, the conviction rates in GBV remain alarmingly low, with over 70% of the cases going unreported adding to the dark figure of such crimes. Our national conviction rate hovers around 5% with certain categories falling to a dismal 0.5%. Questionable police investigation process and weak prosecution plays a



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huge role in low conviction rates; further compounded by improper handling of victims/survivors by the health-care providers resulting in poor documentation of the medical condition and questionable evidence collection, in addition to secondary traumatization which often leads to cases-lost due to systemic bottlenecks and financial scarcity, as they simply give up rather than pursue a far-fetched semblance of justice.⁹

The health system probably has a greater opportunity to aid survivors of violence more than any other institution, but it frequently prioritizes medicolegal documentation and physical treatment while neglecting psychological and social dimensions, reflecting a biomedical model that is ill-equipped to address the complexity of SGBV. The path to healing for SGBV survivors is more than just a medical checklist, requiring a comprehensive response that bridges the gaps between physical, sexual, psychological and social care, ultimately leading to reintegration into society as a wholesome individual. A multi-sectoral response is required to offer comprehensive support to victims of violence.^{10,11}

Current healthcare responses to SGBV in Pakistan, like other South Asian countries, are often reactive rather than proactive and based on medicolegal documentation. At policy level, SGBV is not addressed as a needs-based system in health policy development. Data collection and management on SGBV cases, essential to inform policy development, is either fragmented or lacking.⁸ Healthcare providers receive limited or negligible formal pre-service and in-service training on addressing social determinants of SGBV, and in trauma-informed care, safeguarding, and prevention. While medical education in Pakistan generally focuses on knee-jerk “medicolegal examination” of SGBV survivors offering treatment of injuries, sometimes addressing emergency contraception and rarely reproductive health, yet the challenges these survivors face in navigating the healthcare system such as shame, stigma, fatigue, trauma and secondary victimization are never addressed. Medicolegal processes often overshadow therapeutic care with most healthcare professionals avoiding getting involved in or limiting themselves to treating physical injuries. Lack of standardized protocols, inadequate training of healthcare providers to inquire sensitively about violence, stigma and almost absolute absence of integrated referral mechanisms in place to enable provision of psychosocial and legal assistance to victims, results in fragmented care.⁸

Capacity building is a vital component of any response to SGBV in the healthcare sector and needs to be carried out at multiple levels. With over a quarter of century of experience in handling SGBV women and child survi-

vors, the authors understand it to be imperative that the medical, dental and nursing students embrace a truly holistic, well-integrated, survivor-centered approach to the complex trauma of SGBV. Our future healthcare professionals need to be equipped with a comprehensive curriculum that prioritizes holistic response with dignity over mere injury treatment and medicolegal formalities. Such a curriculum shall also contribute towards achieving the SDG-16 which focuses on providing justice for all with development of accountable institutions.⁵ One of its key targets is protection of rights which emphasizes ending abuse, exploitation and trafficking of children and reducing all forms of violence. Undergraduate education on dealing with survivors to identify, provide appropriate care and offer referral to additional internal and external services (for health issues, social care and legal support) is highly required for all medical, dental and nursing students. Continuous professional development after graduation on relevant SGBV survivor care related practices and policies along with improved collaboration with all relevant stakeholders is to be considered for developing a robust and sustainable response mechanism in the long run. Such an endeavor shall mark a critical turning point in our commitment to providing survivors of sexual & gender-based violence with multi-disciplinary and integrated trauma-informed healthcare they deserve.

It is pertinent to point out here that the curriculum being proposed and developed is not limited to the forensic/ medicolegal aspect of SGBV, rather is led by the concerned medical, dental and nursing specialties and subspecialties on an exclusive survivor-needs-based approach.

As the healthcare system is often the first point of contact for many of the SGBV survivors, ensuring a victim-centric and trauma-informed holistic approach will not only empower them but also aid in rehabilitation, eventually building trust and improving reporting of a case at the entry point into the Criminal Justice System.

References

1. Wong KS, Cho MC, Yam CJ, Ngan OM. From courtroom to care: Teaching holistic care for survivors of sexual assault. *Med Educ.* 2025;59(11):1235-1236. doi: 10.1111/medu.15718
2. UN Women. Facts and Figures: Ending Violence Against Women. 2023. Accessed March 3rd 2026. <https://www.unwomen.org/en/articles/facts-and-figures/facts-and-figures-ending-violence-against-women>.

3. Kumari SS, Kihara A-B, Sohail R, Majid H, Gemzell-Danielsson K, Benagiano G. Preventing gender-based violence: A global imperative. *Int J Gynecol Obstet.* 2025;169:1133-1139. doi:10.1002/ijgo.70086
4. Raiser M. Standing up to Fight Gender-Based Violence in South Asia. 2022. World Bank Blogs. Accessed September 6, 2024. Available from: <https://blogs.worldbank.org/en/endpovertyinsouthasia/standing-fight-gender-based-violence-south-asia>
5. United Nations, The Sustainable Goals. Accessed on 24th March 2026. Available from: <https://sdgs.un.org/goals>
6. Monaco S. SDG 5. Achieve Gender Equality and Empower All Women and Girls. In *Identity, Territories, and Sustainability: Challenges and Opportunities for Achieving the UN Sustainable Development Goals* 2024 Jul 12 (pp. 51-62). Emerald Publishing Limited.
7. Healthcare response to Gender based violence. An assessment of Asia Pacific region. Accessed on March 23 2026. Available from: <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Assessment.pdf>
8. Gender based Violence in Pakistan. Response in the Perspective of Health Sector Devolution. Accessed on March 23rd 2026. Available from: <https://iris.who.int/server/api/core/bitstreams/ab401530-4db0-45b6-abff-02f067e53681/content>
9. Azeem HM, Thaheem MS, Kasuri MR. Exploring Factors Contributing to the Low Conviction Ratio of Rape Cases in Punjab, Pakistan. *Annals of Social Sciences and Perspective (ASSAP)*. 2023, 21;4(2):341-53. <https://doi.org/10.52700/assap.v4i2.309>
10. World Health Organization, Violence against Women: A Priority Health Issue, WHO Briefing Kit on Violence and Health. 1998
11. Chandrapal S. Gender-Based Violence as a Public Health Issue: Legal Responses and Health System Challenges. *J Gender Justice, Sexuality, and Health.* 2026 7;1(1):20-9.