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Barriers To Care and Gendered Retraumatization of Sexual Violence Survivors in Morocco

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Abstract

Despite growing attention to sexual violence in Morocco, survivors continue to face systemic barriers when seeking medical or psychological support. This study looks at how the healthcare system itself can become a site of re-victimization—not necessarily by intent, but through procedural violence and moral judgment that survivors often encounter. Drawing on qualitative interviews with healthcare professionals, and triangulated with governmental reports and public inquiries, this research explores how survivors are repeatedly exposed to secondary trauma in public hospitals and forensic settings in Morocco. The analysis highlights three interlinked mechanisms of exclusion: first, the absence of coordinated and trauma-informed care protocols; second, breaches in confidentiality, often accompanied by moral scrutiny of the survivor's behaviour; and third, logistical and socioeconomic barriers to access—particularly for rural and low-income women. While Law 103-13 frames violence against women as a public issue, implementation on the ground remains patchy and uneven. Mobilizing feminist theories of structural violence and epistemic injustice, the paper argues that access to healthcare should not be treated as a privilege. It is a matter of justice. And any reform, to be meaningful, must place survivors at the centre, with rights-based and contextsensitive practices built into the core of healthcare provision.

Keywords: epistemic injustice; healthcare access; institutional violence; public health; sexual violence