

Council of Europe Convention on preventing and combating  
violence against women and domestic violence

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# The Swedish government's implementation of the Istanbul Convention

Shadow Report by Swedish civil society, 2022

# 1. Table of Contents

1. Table of Contents.....	2
2. Contributors to the report.....	3
3. Introduction.....	5
4. List of abbreviations .....	9
5. Presentations of contributors to the report/NGOs .....	10
6. Other organisations affiliated with the report.....	14
7. Purposes, definitions, equality and non-discrimination, general obligations .....	16
ARTICLE 4 - FUNDAMENTAL RIGHTS, EQUALITY AND NON-DISCRIMINATION.....	16
8. Integrated policies and data collection .....	18
ARTICLE 7 - COMPREHENSIVE AND COORDINATED POLICIES .....	18
ARTICLE 8 - FINANCIAL RESOURCES.....	20
ARTICLE 9 - NON-GOVERNMENTAL ORGANISATIONS AND CIVIL SOCIETY.....	22
9. Data collection and research.....	24
ARTICLE 11 - NON-GOVERNMENTAL ORGANISATIONS AND CIVIL SOCIETY.....	24
10. Prevention.....	26
ARTICLE 14 – EDUCATION.....	26
ARTICLE 15 - TRAINING OF PROFESSIONAL.....	29
11. Protection and support .....	32
ARTICLE 18 - GENERAL OBLIGATIONS.....	32
ARTICLE 20 - GENERAL SUPPORT SERVICES .....	35
ARTICLE 22 - SPECIALIST SUPPORT SERVICES.....	39
ARTICLE 25 - SUPPORT SERVICES FOR VICTIMS OF SEXUAL VIOLENCE.....	41
ARTICLE 28 - REPORTING BY PROFESSIONALS .....	43
12. Substantive law .....	44
ARTICLE 46 - AGGRAVATING CIRCUMSTANCES.....	44
13. Investigation, prosecution, procedural law and protective measures .....	45
ARTICLE 50 - IMMEDIATE RESPONSE, PREVENTION AND PROTECTION .....	45
14. Epilogue.....	46
15. References.....	47

## 2. Contributors to the report

### Initiator and main contributor to the report:

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### Other contributors to the report:

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OKSE ([www.okse.nu](http://www.okse.nu))

Treskabinoll ([www.treskabinoll.nu](http://www.treskabinoll.nu))

Föreningen Inte Din Hora ([www.intedinhora.se](http://www.intedinhora.se))

Stäng inte Asta ([www.facebook.com/groups/stang.inte.asta/](https://www.facebook.com/groups/stang.inte.asta/))

### Other organisations that are also affiliated with the report:

nxtME ([www.nxtme.se](http://www.nxtme.se))

Rise ([www.rise-sverige.se](http://www.rise-sverige.se))

Storasyster (<https://storasyster.org/>)

*“I didn’t receive trauma treatment, I had to try and take care of myself. I fought so hard. Today, 13 years later, at age 30, I am a disability pensioner due to chronic fatigue and C-PTSD, trying to survive the terrible consequences of my abuse. So many years went by before I could make my voice heard.*

*This is what became my life, a life that never was.<sup>1</sup>”*

- Patient at WONSA, 2021

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<sup>1</sup> WONSA (@wonsaworld), 2021, May 31, #jagväntarpåminvård. *Konsekvenserna av sexuella övergrepp kan leda till en vardag som bara handlar om överlevnad.* (Photograph), [https://www.instagram.com/p/CPiKJLPpzzF/?utm\\_source=ig\\_web\\_copy\\_link](https://www.instagram.com/p/CPiKJLPpzzF/?utm_source=ig_web_copy_link), Original: “Jag fick inte hjälp till behandling för trauma. jag fick försöka klara mig själv. Jag har kämpat så in i helvete. Idag 13 år senare, 30 år gammal, är jag sjukpensionär pga kronisk utmattning och C-PTS och försöker överleva med de fruktansvärda konsekvenserna. Det hade gått så många år innan jag kunde göra min röst hörd. Det är det som blev mitt liv, ett liv som aldrig blev av.”

### 3. Introduction

Sexual violence is recognized by the World Health Organisation as a “global public health problem of epidemic proportions, requiring urgent action”<sup>2</sup> due to its high prevalence and severe health consequences. In 2003, WHO stated that “Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time... The clearest evidence is associated with sexual violence ... Despite this, victims of sexual violence across the globe have been left behind when it comes to the fulfillment of their human rights. In most countries, there is a gap between the healthcare needs of victims<sup>3</sup> of sexual violence and the existing level of health services provided”<sup>4</sup>. By ratifying the Istanbul Convention, Sweden is obliged to take action to ensure access to good quality healthcare for victims of sexual violence<sup>5</sup>.

Recent statistics show that in 2020 there were 25 000 reports of sexual crimes in Sweden and 9 580 of them were classified as rape<sup>6</sup>. However, the unreported number of sexual crimes are estimated to be approximately 80%: only 2 out of 10 adults subjected to sexual violence choose to report it. It has also been estimated that only about 1 in 10 children subjected to sexual violence results in a police report, meaning that the vast majority of sexual crimes, especially those towards children, remain unreported<sup>7</sup>.

A functioning healthcare system is vital in order to combat gender-based inequality and violence against women. However, the Swedish healthcare system has been criticised for its inability to provide specialist healthcare, especially psychological treatment, for victims of sexual violence. Sweden received extensive criticism on its compliance to the Istanbul Convention at its first review in 2019<sup>8</sup>. In 2020 a report from The Swedish Association for Local Authorities and Regions (SKR) confirmed the gap between healthcare needs and healthcare access for victims of

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<sup>2</sup> World Health Organisation, *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*, Geneva, 2013, p. 3.

<sup>3</sup> In our everyday work in contact with people who have been subjected to sexual violence we refrain from using the word “victim”. We want to highlight the strength and power within the individual and therefore use the word “survivor”. However, in this report we have chosen to use the word “victim” in order to follow the language of the convention and of GREVIO’s report.

<sup>4</sup> World Health Organisation, *Guidelines for medico-legal care for victims of sexual violence*, 2003.

<sup>5</sup> *The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence* (Istanbul Convention), August 2014, CETS No:210, ISBN 978-92-871-7990-6, 11/05/2011.

<sup>6</sup> The Swedish National Council for Crime Prevention, *Våldtäkt och sexualbrott*, <https://bra.se/statistik/statistiska-undersokningar/nationella-trygghetsundersokningen.html>, updated: 10-11-2021, obtained: 11-11-2021

<sup>7</sup> Stiftelsen Allmänna Barnahus, *Det gäller en av fem*, 2014

<sup>8</sup> Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), *Baseline Evaluation Report Sweden*, Istanbul Convention. 2019.

sexual violence<sup>9</sup>. However, no one has claimed or been assigned responsibility for this group of patients<sup>10</sup>. Today, three years after GREVIO's first Baseline Evaluation Report on Sweden, reports on sexual crimes are rising, while the need for non-emergency treatment of patients suffering from sexual trauma is completely ignored by the regional healthcare system.

The Swedish regional health authorities claim that specialist clinics like WONSA are not needed, while patients suffer from severe negative health consequences, including death (suicide) waiting for care in WONSA's constantly growing patient queue. SKR has been allocated resources from the government to implement a coherent healthcare supply chain for victims of sexual violence. WONSA has tried to reach out to SKR to offer our help and knowledge to facilitate the implementation of a coherent healthcare supply chain, without success. To this date, there are no visible signs of a coherent healthcare supply chain for patients of sexual violence<sup>11</sup>.

The purpose of this report is to give our view of the current situation for victims of sexual violence in Sweden. It is our hope that this report can be used to facilitate good quality healthcare access for victims of sexual violence as well as to ensure government accountability to adhere to human rights standards. NGOs and civil society continue to put pressure on the government in the hope that measures will be taken and resources provided in order to ensure victim's rights to adequate healthcare aimed at treating the wounds from sexual violence. This report will, in addition to its focus on healthcare and treatment for victims of sexual violence, also address the issues surrounding sexual exploitation regarding adults and children. All articles of the convention will not be covered in this report, as we focus on the articles most relevant to our area of expertise. We also want to acknowledge that many articles relevant to our experiences and knowledge acquired from our work is not addressed by the Swedish government: neither in their comments made to GREVIO's Baseline report<sup>12</sup>, nor in the recently published report card<sup>13</sup>.

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<sup>9</sup> Sveriges kommuner och regioner (SKR), *Vården vid sexuellt våld; nuläge och vägar framåt*, Stockholm, 2020, ISBN: 978-91-7585-876-0

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> The Swedish Ministry of Health and Social Affairs, *Comments submitted by Sweden on GREVIO's final report on the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Baseline Report)*, GREVIO/Inf(2019)2, Received: 17 January 2019, Published: 21 January 2019

<sup>13</sup> Council of Europe (2021) *Committee of the Parties Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) - Reporting form on the implementation of the recommendations addressed to state parties*, Strasbourg, IC-CP (2020)12 rev.

We dedicate this report to all victims of sexual violence that are still waiting to receive the support and care they need, deserve and have the right to. The following testimonies (as well as the citation on page 4) are quoted directly from victims of sexual violence regarding their experience of the healthcare system when seeking help. We have included them in order to let their voices be heard.

*"I didn't get any help, I was told to just stop with prostitution. I explained that I might need a little more help than that, but was told that since I put myself in this position, I needed to get out of it by myself. I was 14, speaking to child and adolescent psychiatry (BUP).<sup>14</sup>"*

- Citation from the Child 10 report "No one heard the cries for help" ("Ingen hörde ropen på hjälp").

*"I met over 30 people working in public psychiatric care but never received any help specifically for my sexual trauma. I have been diagnosed with 10 different psychiatric diagnoses within 4 years, and was admitted to psychiatric inpatient care 6 times. They think that sexual abuse is a by-product, not the main problem.<sup>15</sup>"*

- Patient at WONSA 2021

*"When I asked the healthcare providers for help while I was in prostitution, I got placed in line for a support contact within public psychiatric care. I was promised that I would hear back from them and that they would check-up on me regularly. It took five months before I heard back from anybody at all, and a year later, I haven't received any treatment and have no idea if and when I will.<sup>16</sup>"*

- Citation from the Child 10 report "No one heard the cries for help" ("Ingen hörde ropen på hjälp").

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<sup>14</sup>Child10, Ellencentret & Inte din hora, *Ingen hörde ropen på hjälp*. Stockholm, 2020 p.12-13. Original: "Fick ingen direkt hjälp utan fick mer rådet att sluta med det då det inte var bra, förklarade att jag kanske behövde lite mer hjälp än så men fick då till svar: har du satt dig i den sitsen får du ta dig ur den själv, var 14 och det stöd jag sökte var på BUP."

<sup>15</sup> WONSA (@wonsaworld), 2021, May 27, #jagväntarpåminvård. *Ingen ska behöva kunna eller arbeta med allt, men att inte veta huruvida man ska identifiera skador efter sexuella övergrepp, blir till slut inte patientsäkert eller värdigt för patienten ifråga.*, (Photograph), [https://www.instagram.com/p/CPYAmcbppBb/?utm\\_source=ig\\_web\\_copy\\_link](https://www.instagram.com/p/CPYAmcbppBb/?utm_source=ig_web_copy_link), Original: "Jag har träffat mer än 30 personer inom psykiatrin men har fortfarande inte fått hjälp specifikt för att jag blev utsatt för sexuella övergrepp. Jag har fått runt 10 diagnoser av psykiatrin på 4 års tid, och inlagd 6 gånger på psykiatrisk slutenvård. Psykiatrin tycker att sexuella övergreppen är en bisak, inte huvudproblemet."

<sup>16</sup> Ibid, p.16. Original: "När jag bad vården om hjälp medan jag befann mig i prostitution fick jag ställa mig i kön till en samtalskontakt på psykiatrin, det tog fem månader innan någon hörde av sig trots att de lovat att de skulle höra av sig och kolla läget regelbundet. Efteråt har jag fått ställa mig i kön till traumabehandling men ett år senare har det fortfarande inte hänt något."

## 4. List of abbreviations

ACE = Adverse Childhood Experience<sup>17</sup>

CSA = Child Sexual Abuse

CSE = Commercial Sexual Exploitation

C-PTSD = Complex Post Traumatic Stress Disorder

OKSE = The Swedish Ombudsman against commercial sexual exploitation of children

PTSD = Post Traumatic Stress Disorder

SKR = The Swedish Association for Local Authorities and Regions

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<sup>17</sup> Felitti, V.D., Robert F. Anda, The Adverse Childhood Experiences Study.

## 5. Presentations of contributors to the report/NGOs

### Initiator and main contributor to the report: WONSA

WONSA (World Of No Sexual Abuse) is a foundation specialising in non-emergency health care for victims of sexual violence. Through treatment, research, and knowledge transfer, WONSA is working to make specialist care for victims of sexual violence available in Sweden, and in the long run, worldwide. The clinic is the only one of its kind in Sweden, admitting patients from 12 years and up, regardless of gender or when the abuse took place. The WONSA clinic received a generous grant from the National Board of Health and Welfare for 2022, however we have no long-term funding, and the need for non-emergency treatment of victims of sexual violence is still not recognized by the regional healthcare system in Sweden.

The clinic currently has nearly 1 500 patients from all over Sweden waiting to receive treatment and the queue is growing, with 7-9 new referrals each week, most of them self-referrals. At this rate the queue will continue to grow by almost 500 new patients per year. The patients that have waited the longest have been in our queue since 2016. 82% of patients admitted to the clinic have sought treatment within the public healthcare system prior to admission to the clinic, but have either not been properly treated or were dismissed and referred to the WONSA clinic due to the severity of their condition, WONSA being the only specialist clinic for non-emergency health care for victims of sexual violence. Almost 90% of patients admitted to the clinic still score for PTSD at admission to the clinic regardless of contact or treatment within the public health care system before seeking help at the WONSA clinic<sup>18</sup>. Despite this the clinic continues to operate without permanent funding and stands without funding from January 2023.

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<sup>18</sup> Rajan, Gita, "Sexual Violence - Epidemiology, Treatment and access to Healthcare", Thesis for doctoral degree, Karolinska Institutet, Stockholm, Sweden, 2021

## **Child10 - It is our duty to end child trafficking**

Child10 is a foundation working to increase knowledge about human trafficking and other forms of commercial sexual exploitation (CSE) of children in all public sectors in society: how to prevent and protect children, how to take action against those who abuse children, and how to identify and support victims. We build networks of organisations who complement each other to foster stronger national and international co-ordination and collaboration in this field, identifying synergies across nations and borders and facilitating joint advocacy to create durable solutions. We seek to ensure a child rights-based approach to policy development and legislation, working with grassroots organisations and supporting them to have their voices heard in decision making processes related to child trafficking and child protection.

## **The Swedish Ombudsman against Commercial Sexual Exploitation of Children**

The Ombudsman against commercial sexual exploitation of children (OKSE) seeks to ensure the rights of children who are victims of commercial sexual exploitation (CSE) by reviewing Sweden's work against CSE of children, reporting on the needs of the target group, and collecting and co-ordinating civil society's efforts. The Ombudsman is a joint initiative of three Swedish CSOs: Child10, Ellencentret and Novahuset.

In the Istanbul convention, violence against women includes “all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological, or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”<sup>19</sup>. We therefore believe it is important to include CSE in this report, since it is gender-based violence that is likely to result in harm and suffering. In Sweden to date, CSE is not seen as a part of men’s violence against women and girls in most sectors of society, including national guidelines and attitudes in the healthcare system. This leads to victims not receiving the support and care they are entitled to<sup>20</sup>, which is why we believe it is important to add this perspective to the report.

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<sup>19</sup> *Istanbul Convention*, CETS No:210, art. 3(a)

<sup>20</sup> Child10, Ellencentret & Inte din hora, *Exploaterad men inte våldsutsatt*, Stockholm, 2021

We also believe it is important to include children's perspective in the report due to the increase of children, especially girls, in CSE<sup>21</sup>. It is important that measures to protect, identify and provide care to young female victims of CSE exist, to counteract exploitation and minimise the consequences of vulnerability.

### **Inte Din Hora (Not Your Whore)**

Inte Din Hora is an organisation funded in 2018 by and for women and non-binary people who have been exploited in commercial sexual exploitation (CSE). Inte Din Hora's mission is to work towards a society where no individual is exploited in CSE.

Our non-profit organisation emerged as a petition initiated by a group of young people with experience of prostitution during the #metoo-movement. Within only a few weeks, dozens of testimonies describing the experiences of violence among prostitutes emerged, and 141 individuals with experience of prostitution developed political demands that were published in an article in one of Sweden's largest newspapers.

Today, Inte Din Hora is a survivor-led network supporting individuals who have been, or currently are being, exploited in CSE. To support their members and others in their target group, the network hosts and organises member gatherings and events in different parts of Sweden, giving members the opportunity to share experiences, discuss political issues and gain access to support. Beyond this, the organisation focuses on being heard by decision makers and politicians in order to change the justice system and the reality that victims of prostitution have to face. Since the hashtag #intedinhora was launched, hundreds of prostituted people have been able to break the silence about the realities of prostitution and the trauma it leads to.

### **Treskabinoll Sverige (Three will be zero Sweden)**

Treskabinoll is a non-profit association focusing on promoting children's bodily integrity and rights, and preventing child sexual abuse (CSA) in Sweden. We offer programs based on evidence and best practice, aimed at safeguarding and protecting children from all forms of sexual abuse and exploitation in settings such as preschools, schools and sports. We advocate and conduct social campaigns to increase knowledge and awareness of CSA to bring about structural changes.

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<sup>21</sup> Jämställdhetsmyndigheten, *Prostitution och människohandel 2021:23*, Göteborg, 2021

### Stäng Inte Asta (Do not close Asta)

Stäng inte Asta is a citizens' initiative that fights for the right to adequate treatment for people who have been subjected to sexual violence, violence in partner relationships and honour-related violence. The main focus is on the Västerbotten Region and to work for adequate treatment for the group of patients who previously received treatment at the Asta clinic. The Asta clinic was started in 1996 and was its own clinic in specialist psychiatry in the Västerbotten Region. The clinic was located in Umeå, but received patients from the rest of the country via self-referrals. Treatment was offered and developed specifically for the target group, with a focus on the violence and / or abuse and the consequences it had for the victim. The clinic consisted of a multidisciplinary team and was located outside the hospital to create security in treatment.

The initiative “Stäng inte Asta” was started in April 2020 when it became known that a major reorganisation would take place in psychiatry in the Västerbotten Region, with the result that the Asta clinic and its work would be integrated into the psychiatry clinic and therefore disappear in form as well as in content. “Stäng inte Asta” wants to secure treatment in the Västerbotten Region. However, we see major problems regarding treatment throughout the country and work to ensure that there is publicly funded treatment available to everyone. We believe that a National Centre for research, education and treatment for victims of sexual abuse is needed to secure adequate treatment in the whole country.

## 6. Other organisations affiliated with the report

### **nxtME**

nxtME is a non-profit organisation giving counselling and support to victims of incest - sexual abuse by family members in childhood. We have support groups, individual counselling and volunteer support persons who accompany victims to meetings with police, healthcare or authorities. We also work to increase knowledge about incest through lectures and web training. We work to form opinion to increase awareness of incest in society.

A report from Allmänna Barnhuset shows that at least 4,2% of the population have been victims of incest by a parent, fosterparent, sibling, grandparent or another close relative<sup>22</sup>.

nxtME have had 117 new clients in 2021, 102 in 2020, and 70 in 2019: in total over 460 clients since 2012. The clients we meet have a high rating of PTSD and struggle with mental illness, shame, feelings of guilt, and self-loathing. Most of them get in contact when they are adults. Few have gotten the right help from authorities or healthcare.

### **Rise - Riksföreningen mot incest och andra sexuella övergrepp i barndomen**

(Rise - National association against incest and other child sexual abuse)

Rise is a non-profit association established in 1981. We offer peer to peer support to adults who have experienced child sexual abuse (CSA). We also have an important role in raising public awareness of child sexual abuse, its consequences, and the possibilities for healing and growth.

### **Storasyster (Big sister)**

With its 140 volunteers, Storasyster is Sweden's largest non-profit organisation for those who have been subjected to sexual violence. Storasyster is a non-profit and non-governmental feminist organisation that works to support people who have been subjected to sexual violence. Storasyster works actively against sexual violence in three focus areas: Prevention, Support and Advocacy.

We receive more than 6,000 support calls annually from people who otherwise would not have had anyone to turn to. Our support is open to everyone, 13 years or older, regardless of gender identity and who have been subjected to sexual violence. We also offer support to relatives. We offer support and help online through chat services. We also have a counselling center in Stockholm where we offer individual counselling, trauma therapy and support groups.

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<sup>22</sup> Stiftelsen Allmänna barnhuset, *Det gäller en av fem*

In addition to this we also offer accompanying services and legal advice. We provide education and try and influence public opinion with the vision of an equal society free from sexual violence. Storasyster was founded in 2012 and was run for two years entirely on a volunteer basis. Today we have ten employees at our office in Stockholm, Sweden.

## 7. Purposes, definitions, equality and non-discrimination, general obligations

### Article 4 - Fundamental rights, equality and non-discrimination

3. *The implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status.*

4. *Special measures that are necessary to prevent and protect women from gender-based violence shall not be considered discrimination under the terms of this Convention<sup>23</sup>.*

GREVIO's recommendation from the Baseline report:

**17. GREVIO urges the Swedish authorities to take measures to ensure that the provisions of the Istanbul Convention are implemented without discrimination on any of the grounds listed in Article 4, paragraph 3<sup>24</sup>.**

### WONSA

GREVIO urges Swedish authorities to take measures to protect and secure the rights of the victims of violence, without discrimination on any grounds such as gender identity. While the Swedish government recognizes that girls and women are more heavily affected by mental health problems than men and suffer from higher levels of sick leave than men, the government strategy within the field for mental health 2016-2020 does not include any strategy for improving the quality of healthcare for victims of sexual violence, and refuses to recognize sexual violence as a root cause for psychiatric diagnoses leading to sick leave. In addition, Sweden's national strategy to prevent and combat men's violence against women for the period 2017–2020 does not include any healthcare provisions for victims of sexual violence. In the national action plan to combat prostitution and trafficking, there is no mention of healthcare for victims of sexual violence. Taken together, Swedish victims of sexual violence, after being subjected to a crime which violated their fundamental rights, are left without adequate healthcare to heal their injuries.

The Swedish Association for Local Authorities and Regions (SKR) acknowledges that Swedish healthcare lacks knowledge to adequately address the needs of victims of sexual violence in general but also especially vulnerable groups within this group, such as people struggling with addiction and/or people who are subjected to commercial sexual exploitation (CSE)<sup>25</sup>. Nevertheless, SKR has not allocated any healthcare provisions for victims of sexual violence.

<sup>23</sup> *Istanbul convention*, CETS No:210

<sup>24</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>25</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*

In Sweden's reporting form, *Reporting form on the implementation of the recommendations addressed to state parties*, released in February 2022 it is stated: "The Government has also entered into an agreement with the Swedish Association of Local Authorities and Regions (SKR) concerning maternity care and women's health 2021-2022. Within the framework of this agreement the regions must ensure a well-developed chain of care for people who have been subjected to sexual violence or genital mutilation. Furthermore, the regions must work to increase the knowledge of healthcare employees in order to improve their ability to detect sexual violence and genital mutilation<sup>26</sup>."

We welcome the government's financial agreement with SKR concerning women's care and women's health 2021-2022, and hope that the civil society organisations working in the field are included in this extensive effort to improve women's health, and that the distribution and outcome is made public. However, to this date, there are no visible signs of any action taken whatsoever towards a coherent healthcare supply chain for patients of sexual violence.

### **Our demands:**

- › Long-term funding for specialised healthcare for victims of sexual violence is necessary in order to secure and spread access to the fundamental rights of this group. This is a basic step that is needed in order to work towards gender equality and non-discrimination in the healthcare system.

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<sup>26</sup> Council of Europe, *Committee of the Parties Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) - Reporting form on the implementation of the recommendations addressed to state parties*, p. 5.

## 8. Integrated policies and data collection

### Article 7 - Comprehensive and coordinated policies

*1. Parties shall take the necessary legislative and other measures to adopt and implement State-wide effective, comprehensive and co-ordinated policies encompassing all relevant measures to prevent and combat all forms of violence covered by the scope of this Convention and offer a holistic response to violence against women<sup>27</sup>.*

GREVIO's recommendation from the Baseline report:

**27. GREVIO strongly encourages the Swedish authorities to develop methods for multi- agency co-operation to ensure co-ordination and co-operation on individual cases of violence against women among all relevant actors, in particular local authorities (law enforcement agencies, social services, unemployment agencies) and the public health sector as well as the specialist support services for women victims of violence<sup>28</sup>.**

### WONSA

It is clear that the lack of co-operation between caretakers, authorities and regions fails the victims of sexual violence. For example, a lack of understanding of sexual violence as a root cause for psychiatric diagnoses leading to sick leave drastically decreases the possibility of sick leave compensation. We stress that a National Centre for research, education and treatment for victims of sexual trauma is necessary to assure a more holistic, human rights-based care for victims of sexual violence.

In addition to our statement in regard to Article 4, *Fundamental rights, equality and non-discrimination*, we would like to highlight these statements made in Sweden's reporting form. The Swedish Government states there that: "The GEA is currently working to develop and enhance the indicators to follow up the national strategy. As of 2022 the GEA is also assigned to every second year provide the Government with an in-depth analysis of the national and regional development in the area of men's violence against women<sup>29</sup>." and that "Statskontoret (The Swedish Agency for Public Management) draws the conclusion that the knowledge chain needs to be enhanced. Such a knowledge chain includes identifying needs as well as producing, disseminating, and applying knowledge in the field. Up until now, many authorities have produced and disseminated knowledge about men's violence against women. However, to ensure efficiency, the Government and the responsible authorities also need to focus on making the knowledge come into practical use at the local level<sup>30</sup>."

<sup>27</sup> *Istanbul convention*, CETS No:210

<sup>28</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>29</sup> Council of Europe, *Reporting form on the implementation of the recommendations addressed to state parties*, p.7.

<sup>30</sup> *Ibid*, p.9.

WONSA agrees with the Swedish government's claim that much of the information collected in reports and analysis are seldomly put into practical use. We welcome and look forward to seeing the government and responsible authorities fulfil their stated goals, transforming the collected knowledge into practical achievements, both on a local and national level.

## Stäng inte Asta

The Swedish government gives financial support to local regions with the purpose of supporting women who suffer from violence. However, the support is insufficient, it barely covers costs, and the local regions don't have to report back on how the funds are used<sup>31 32</sup>. What we see is that local regions often put the money into inadequate treatment/the same treatment they already have organised, without listening to the voices of the sexual violence survivors, and without evaluating the effect of the resources allocated. This is an example of how a lack of rules regarding what the support can be used for negatively affects victims of sexual violence.

## Our demands:

- › The implementation of a National Centre for research, education and treatment for victims of sexual trauma as a concrete step towards gender-equal healthcare. A national Centre can support all of the Swedish regions to implement an entire healthcare supply chain for patients of sexual trauma.
- › A clearer link between the National Centre's advice and the payment of state subsidies linked to victims of sexual violence.

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<sup>31</sup> Socialdepartementet, *Godkännande av en överenskommelse mellan staten och Sveriges Kommuner och Regioner om ökad tillgänglighet och jämlikhet i mödrhälso- och förlossningsvården samt förstärkta insatser för kvinnors hälsa 2020-2022*, S2019/05299/FS, 2019-12-19,

<https://www.regeringen.se/4afd8b/contentassets/3f3e428b4d5f43418773bc3672a11f7c/okad-tillganglighet-och-jamlikhet-i-modrahalso--och-forlossningsvarden-samt-forstarkta-insatser-for-kvinnors-halsa.pdf>, p. 15,

<sup>32</sup> Socialdepartementet, *Förstärkta insatser för kvinnors hälsa*, Public statement, 2021-01-21,

<https://www.regeringen.se/pressmeddelanden/2021/01/forstarkta-insatser-for-kvinnors-halsa/?fbclid=IwAR1zPbVHFPZGLKEHUKES5SwioZC8xuRka2wqsd7O17EP3F8tHZMvDUPsOkil>, obtained: 2022-03-06

## Article 8 - Financial resources

*Parties shall allocate appropriate financial and human resources for the adequate implementation of integrated policies, measures and programmes to prevent and combat all forms of violence covered by the scope of this Convention, including those carried out by non- governmental organisations and civil society<sup>33</sup>.*

GREVIO's recommendation from the Baseline report:

**36. GREVIO strongly encourages the Swedish authorities at all levels of government, in particular the local level, to step up measures that would assure easily accessible funding which is long term and sufficiently covers all relevant operational costs of domestic violence shelters and other women's NGOs which provide specialist services to women victims of violence. The aim should be to ensure that funding is available and accessible for all relevant services, including psychological counselling to women and children where necessary<sup>34</sup>.**

## WONSA

The recommendation made by GREVIO in 2019 strengthened the need for Sweden to allocate long-term, sufficient funding for "NGO's which provide specialist services to women victims of violence...including psychological counselling to women and children where necessary"<sup>35</sup>. It is a recommendation that Sweden is unfortunately yet to implement to a satisfying degree.

As previously stated, The WONSA clinic received a government grant for 2022, but remains unfunded from January 2023. The clinic is not part of the public healthcare system, the reason being that the local authorities responsible for ensuring healthcare for the citizens of the region do not deem specialist treatment and care for victims of sexual violence essential or necessary. The Stockholm region argues that patients can receive treatment through public psychiatric care, despite SKR's report published in 2020 stating that the public healthcare system is unable to provide adequate care for patients with experiences of sexual violence. The healthcare system is especially ill-equipped to treat patients who seek non-emergency care<sup>36</sup>. The WONSA clinic is providing exactly the kind of treatment supported and encouraged by the Convention, that patients with complex trauma/C-PTSD witness that they need.

In Sweden's reporting form published in the beginning of 2022, the Swedish Government reports on the improvements that have been made in regard to combating men's violence against women. The report states that: "The Government has in the Budget Bill for 2022 proposed that state subsidies to...organisations that work with similar support for victims of violence are to become permanent. The subsidies will be permanent at a level of 150 million SEK. The purpose of these grants is to subsidize the important work carried out by NGOs to help and support victims of

<sup>33</sup> *Istanbul convention*, CETS No:210

<sup>34</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>35</sup> *Ibid*, paragraph 36

<sup>36</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*

violence, in addition to the support and assistance given to victims by the social services. The overall purpose is to create stable and long-term conditions for the organisations to combat men's violence against women and provide support to victims<sup>37</sup>.”

However, we argue that the government forgot to include non-emergency health care services which are vital for victims of sexual violence to receive. The government has a large focus on shelters for women subjected to violence but fails to include trauma treatment for rehabilitation and re-orientation back in to society. In addition to this, the report highlights the importance of treatment for perpetrators. It is clear that victims of sexual violence and their specific needs continue to be forgotten and marginalised.

### **Treskabinoll**

The field of CSA is not government financed in Sweden. The majority of civil society organisations that provide support, service and prevention of, and/or treatment of the physical and psychological short- and long-term consequences of CSA, lack the necessary funding needed. The important work done by the civil society is financed mainly by private donations and grants from private Foundations. We estimate that half of our private donations come from victims (survivors) of CSA.

### **Our demands:**

- › Ensure permanent funding for non-governmental organisations working with specialised trauma treatment for victims of all forms of sexual violence, including CSA.
- › Ensure permanent funding for mandatory education among all relevant actors/sectors, as mentioned under article 14 and 15.
- › Ensure permanent funding for support services for victims of CSA, and for preventive work against CSA.

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<sup>37</sup>Council of Europe, *Reporting form on the implementation of the recommendations addressed to state parties*, p.11

## Article 9 - Non-governmental organisations and civil society

*Parties shall recognise, encourage and support, at all levels, the work of relevant non- governmental organisations and of civil society active in combating violence against women and establish effective co-operation with these organisations*<sup>38</sup>.

GREVIO's recommendation from the Baseline report:

**42. GREVIO encourages the Swedish authorities to ensure that public funding allocation continues to strengthen the basic principles of equality between women and men, including women experiencing complex interlocking issues**<sup>39</sup>.

### WONSA

The Swedish authorities are yet to fully implement the convention, and the state has not secured specialist healthcare for victims of sexual violence. As a result, the responsibility has fallen upon NGOs and Sweden's largest specialist clinic, WONSA, remains unfunded from 2023. The continued lack of support from the state has led to the organisation having to rely on donations in order to keep their operation running to provide victims the care they need, deserve and have the right to. Article 9 of the convention states that Sweden "shall recognize, encourage and support, at all levels, of work of relevant non-governmental organisations...active in combating violence against women and establish effective co-operation with these organisations", but Sweden is yet to fulfil their obligation.

In the recommendation made by GREVIO to Sweden in 2019 the committee "encourages the Swedish authorities to ensure that public funding allocation continues to strengthen the basic principles of equality between women and men, including women experiencing complex interlocking issues." However, as long as adequate and specialist healthcare continues to be postponed and denied to victims of sexual violence, we cannot expect to achieve equality between women and men. Women who are denied care and specialised treatment cannot participate as complete citizens in a democratic state and are denied the ability to enjoy their human rights. Until the Swedish authorities take responsibility and fully implement the convention, the responsibility of long-term funding of human rights-based healthcare for victims will continue to fall on NGOs and civil society.

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<sup>38</sup> *Istanbul convention*, CETS No:210

<sup>39</sup> GREVIO, *Baseline Evaluation Report Sweden*

## **nxtME**

We have a steady increase of victims of sexual abuse seeking help and counselling: 117 new clients in 2021, 102 in 2020, 70 in 2019. We hired a new part time counsellor in 2021 but would need a full-time counsellor but lack the funding.

We also see a continuing rise in the need to assist patients in contacting government agencies, healthcare authorities, how to fill in forms, etc. We are not able to meet this demand.

### **Our demands:**

- › Ensure long-term public funding för NGOs working to combat violence against women.
- › Establish a more effective co-operation between the government and the NGOs.
- › Establish a more effective co-operation between the regions and NGOs working with healthcare.

## 9. Data collection and research

### Article 11 - Non-governmental organisations and civil society

1. For the purpose of the implementation of this Convention, Parties shall undertake to:
- a) collect disaggregated relevant statistical data at regular intervals on cases of all forms of violence covered by the scope of this Convention;
  - b) support research in the field of all forms of violence covered by the scope of this Convention in order to study its root causes and effects, incidences and conviction rates as well as the efficacy of measures taken to implement this Convention<sup>40</sup>.

GREVIO's recommendation from the Baseline report:

58. **GREVIO strongly encourages the Swedish authorities to pursue its current efforts in ensuring the contribution of the primary healthcare sector to data recorded by the National Patient Register with a view to documenting contacts with the healthcare sector for reasons related to violence, disaggregated by sex, age and relationship of the perpetrator to the victim<sup>41</sup>.**

### WONSA

In order to provide victims of sexual violence with access to the highest attainable standard of health, it is vital that these patient groups are recognized through monitoring of prevalence. Clinicians need to be aware and educated on the associations between symptoms such as CPTSD as well as PTSD, anxiety and depression, and sexual violence. Nurses, physicians and therapists should routinely and actively ask patients about sexual violence. However, in order to do so, adequate training and education are essential to avoid drop-outs and re-victimisation among patients<sup>42</sup>. At present, there are no adequately documented statistics within the healthcare system on the prevalence of sexual violence.

The Swedish authorities need to improve documentation, and there is a need for a classification system that addresses the characteristics of these patient groups, and for it to be implemented and used within the Swedish public healthcare system. WONSA is currently developing a classification system called Sexual Abuse Classification (SAC), connected to a proposed Sexual Abuse Injury Syndrome (SAIS) which can be used by healthcare professionals to grade the cause and severity of the patient's symptoms and injuries, to allocate the appropriate care for each patient. SAC and SAIS are in the process of being scientifically validated and published.

<sup>40</sup> *Istanbul convention*, CETS No:210

<sup>41</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>42</sup> Rajan, Gita; Ljunggren, Gunnar, et al. "Healthcare consumption among adolescent girls prior to diagnoses of sexual abuse, a case-control study in the Stockholm Region", *European Child & Adolescent Psychiatry*, 2021, vol. 29, pp. 1363-1369, <https://doi.org/10.1007/s00787-019-01445-y>

In addition to this, there is a need for a paradigm shift within the field of psychiatry in Sweden. At present, psychiatry mainly focuses on identifying and treating symptoms, with no intent on identifying the root cause. In order to adequately treat victims of sexual violence, it is essential to identify the underlying cause for the symptoms and diagnoses among victims of sexual violence in order to provide the patient with interventions intended that can both cure and reduce symptoms<sup>43</sup>. A shift towards routinely asking patients for experiences of sexual violence, and aim to find the underlying cause of symptoms associated with sexual violence when presented in patients, is vital in order to record data that can identify the magnitude of the issue and to provide patients with correct treatment.

## Treskabinoll

Lack of data regarding CSA makes children with disabilities due to sexual violence invisible in reports and statistics on sexual violence in Sweden.

## Our demands:

- › Establish a National Centre for research, education and treatment for victims of sexual trauma. A National Centre can be assigned to:
- › Educate medical staff on how to approach and ask patients for experiences of sexual violence
- › To implement a classification system like SAC and SAIS to enable a structure for identifying health care needs and make rational health care resource allocation possible.
- › To develop an organisational structure within the public healthcare system so that data regarding sexual violence is 1) collected, 2) in order for patients to receive adequate treatment, and 3) to enable follow-up on treatment progress<sup>44</sup>.
- › Conduct further research concerning sexual violence, its cause and consequences (if allocated resources).

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<sup>43</sup> Rajan, Gita, "Sexual Violence - Epidemiology, Treatment and access to Healthcare"

<sup>44</sup> Rajan G, Wahlström L, et. al, Delayed healthcare access among victims of sexual abuse, understood through internal and external gatekeeping mechanisms. Nord J Psychiatry. 2021 Jul;75(5):370-377. doi: 10.1080/08039488.2020.1868573. Epub 2021 Jan 11. PMID: 33428517. <https://www.wonsa.se/media/p4zhx15g/ska-rmavbild-2021-01-12-kl-11-31-55.png>

## 10. Prevention

### Article 14 – Education

1. Parties shall take, where appropriate, the necessary steps to include teaching material on issues such as equality between women and men, non-stereotyped gender roles, mutual respect, non-violent conflict resolution in interpersonal relationships, gender-based violence against women and the right to personal integrity, adapted to the evolving capacity of learners, in formal curricula and at all levels of education.

2. Parties shall take the necessary steps to promote the principles referred to in paragraph 1 in informal educational facilities, as well as in sports, cultural and leisure facilities and the media<sup>45</sup>.

GREVIO's recommendation from the Baseline report:

87. **GREVIO encourages the Swedish authorities to review their central policy documents and materials, including school materials, to ensure that specific forms of violence against women and girls are addressed without stigmatization of and discrimination against those women and girls exposed to them<sup>46</sup>.**

### WONSA

WONSA believes that in order to achieve a world without sexual violence we need to ensure treatment and healing of already existing victims, something that is often overlooked when it comes to preventative measures. Studies have proven that exposure to sexual violence increases the risk of being sexually violated again, a process known as revictimization. Treatment is one of the most effective measures for secondary prevention (preventing sexual violence victims from being sexually violated again). Additionally, the practical experience we achieve at the clinic, combined with scientific studies at and outside the clinic, creates a unique environment for primary prevention (efforts to reduce the risk for a person to ever be subjected to sexual abuse).

The dissemination of specialist knowledge concerning the effects and injuries from sexual violence is critical for the preventative work. We see a concerning gap between the knowledge within the public healthcare system and the knowledge among NGOs specialising in these matters, where specialised NGOs carry wider and greater knowledge regarding the after effects of sexual violence.

Since 2017, WONSA has educated medical students at Karolinska Institutet and other university students about relationship violence, sexual violence and adverse childhood experiences (ACEs). Since 2021 WONSA has been educating psychology students at Stockholm's University. WONSA was granted government support in 2020 to develop national educational material for the purpose of educating and raising the competence level within the primary healthcare and Swedish psychiatric clinics in the treatment and care of victims of sexual violence. In 2021 WONSA was further granted

<sup>45</sup> Istanbul convention, CETS No:210

<sup>46</sup> GREVIO, Baseline Evaluation Report Sweden

support in order to spread this educational material, but the regional public health care providers have not prioritized utilization of this material.

### Child10 and OKSE

A major problem in the national and regional guidelines regarding men's violence against women in Sweden today is that they do not include commercial sexual exploitation (CSE). Therefore, a person exposed to CSE is not seen as a victim of violence. This affects the protection, support and care the victims of CSE have access to.

One of the problems connected to the lack of CSE in national and regional guidelines is the absence of questions to patients regarding vulnerability. In a mapping of the support and care for victims of CSE in Sweden, only one of 20 regions had guidelines for healthcare staff to ask routine questions about CSE, even in cases where questions are asked about other forms of violence<sup>47</sup>. When healthcare institutions do not ask questions about CSE they are not able to identify victims, and unidentified victims will not receive the care and support they are entitled to.

Another example we want to highlight is the National Board of Health and Welfare's educational material for professionals regarding CSE. The material includes formulations that reinforce the stigma of the victims, such as the statement:

“Children and youth who are having sex for compensation **can** be victims of crime”<sup>48</sup>.

This choice of use of words implies that there could be times when the victim (in this case the child) is responsible for the exploitation themselves.

National policy documents and policy materials, including educational materials, do not portray a victim of CSE as a victim of violence. This leads to stigmatization and discrimination of people who are exposed to CSE, as they are seen as complicit in their vulnerability and therefore do not have access to the care and the aid to which they are entitled.

### Inte Din Hora

Inte Din Hora believes that commercial sexual exploitation (CSE) needs to be incorporated into Swedish laws, national policies, and educational guidelines regarding men's violence against women. When it is not, victims of CSE are not seen or treated as victims. As a consequence of this,

<sup>47</sup> Child10, Ellencentret & Inte din hora, *Exploaterad men inte våldsutsatt*

<sup>48</sup> Socialstyrelsen, *Sex mot ersättning - Utbildningsmaterial om skydd och stöd till barn och unga*, 2015, 49

the victims cannot seek the support, healthcare and financial help that they need and should be entitled to. For example, the National Board of Health and Welfare's educational material does not incorporate CSE victims, leaving the victims without help. The National Board of Health and Welfare's educational materials should be rewritten so that our target group is included.

### **Our demands:**

- › Establish national and regional guidelines for both adults and children who are victims of CSE or incorporate the target group in existing guidelines on men's violence against women. This is especially important in routine questions regarding exposure to violence, in routines for handling collaborative diagnoses and in routines for educating professionals.
- › Update educational material regarding CSE for professionals, especially in relation to children. An example of such material that needs to be updated is the National Board of Health and Welfare's educational material regarding CSE. Also, ensure the new subject in primary schools "Sex, consent and relationships" includes education on CSE.
- › Introduce awareness raising actions and education within the government, regions and other relevant agencies, as well as the educational system, in order to further educate and develop knowledge throughout society regarding sexual violence.
- › Make education about sexual violence and its aftermath mandatory for healthcare professionals.

## Article 15 - Training of professional

1. Parties shall provide or strengthen appropriate training for the relevant professionals dealing with victims or perpetrators of all acts of violence covered by the scope of this Convention, on the prevention and detection of such violence, equality between women and men, the needs and rights of victims, as well as on how to prevent secondary victimisation.
2. Parties shall encourage that the training referred to in paragraph 1 includes training on co-ordinated multi-agency co-operation to allow for a comprehensive and appropriate handling of referrals in cases of violence covered by the scope of this Convention<sup>49</sup>.

GREVIO's recommendation from the Baseline report:

**92. GREVIO strongly encourages the Swedish authorities to introduce systematic and mandatory initial and in-service training on all forms of violence covered by the Istanbul Convention for all social service staff<sup>50</sup>.**

## WONSA

A report published in 2020 by SKR<sup>51</sup> describes the large existing gaps in the Swedish healthcare system when it comes to providing adequate healthcare for victims of sexual violence. The report states that there is a lack of knowledge and resources required for care and treatment of complex issues and trauma. It also states that patients who have been subjected to sexual violence earlier in life rarely report it themselves, and it's therefore very important for healthcare professionals to ask and identify abuse. Sweden's existing psychiatric care cannot provide the treatment that patients with experiences of sexual violence need, it is certainly not equipped to care for or meet the needs of patients in vulnerable positions, and it remains unclear as to who carries the responsibility for providing assistance and care for these groups.

GREVIO mentions in the report from 2019 that the Nation Center for Knowledge on Men's Violence Against Women (NCK) has been commissioned to design training for the public health sector, and a national action programme was designed and published in 2008<sup>52</sup>. The programme states that the majority of victims do not seek help or care in connection to violence, and that many never seek professional help. Patients who seek healthcare more than four weeks after exposure to sexual violence are today referred to specific symptom reduction interventions<sup>53</sup>. However, the report states that the psychological damage after sexual violence is long lasting and requires psychosocial treatment in order to recover<sup>54</sup>. Nevertheless, based on the 2020 report from SKR, it is

<sup>49</sup> Istanbul convention, CETS No:210

<sup>50</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>51</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*

<sup>52</sup> GREVIO, *Baseline Evaluation Report Sweden*, paragraph 97

<sup>53</sup> Rajan, Gita, "Sexual Violence - Epidemiology, Treatment and access to Healthcare".

<sup>54</sup> Nationellt centrum för kvinnofrid (NCK), "National Action Programme for the Healthcare and Medical Services' Reception and Care of Victims of Sexual Assault", 2008, p.25

obvious that the programme is not enough for the non-emergency health care sector, and that the public healthcare system continues to fall behind, failing its patients.

NCK has developed emergency healthcare guidelines for victims of sexual violence. However, there are no intervention programs or guidelines regarding non-emergency healthcare after sexual violence. Medical staff and the entire public healthcare system in Sweden remain ill-informed regarding the sensitive state of victims of sexual violence. There is an enormous lack of knowledge regarding the occurrence, injury development, assessment and treatment of patients with consequences after sexual violence.

### Child10 and OKSE

The Istanbul Convention covers most forms of men's violence against women, such as physical violence, psychological violence and sexual violence. Although commercial sexual exploitation (CSE) today usually contains elements of all of them, it is not seen as a form of men's violence against women and is therefore excluded from guidelines and education. As a consequence, professionals in Sweden are engaging with the target group without specific knowledge about identifying, supporting and providing care to them.

Today, only one in 20 regions have routines to ensure that all professionals have basic knowledge of CSE<sup>55</sup>.

To counteract this knowledge gap, mandatory training on victims of violence has been implemented in eight different educational programs for professionals who may meet people who have been or are victims of violence in their work. The programs are: *Degree of Bachelor of Science in Physiotherapy, Nursing, Dental Hygiene, and Social Work; the Degree of Master of Law; and the Degree of Master of Science in Medicine, Psychology, Dental Surgery.*

This training should include CSE, but when the University of Gothenburg evaluated the implementation of the fulfilment of the learning targets, it showed that only 20% of the programs included exploitation - the rest focused solely on domestic violence<sup>56</sup>.

This lack of training leads to a knowledge gap among professionals regarding victims of CSE, which leads to inadequate identification processes, care, and support systems for the victims. While

<sup>55</sup> Child10, Ellencentret & Inte din hora, *Exploaterad men inte våldsutsatt*

<sup>56</sup> Carlsson, Ninni, *Lärosätenas utbildningsbehov i frågor om mäns våld mot kvinnor och våld i nära relationer. Slutrapport*, Göteborgs universitet, Göteborg, 2020, p.40

the Swedish Government in their response to the GREVIO-report states that the mandatory training is implemented in the educational programs, we find that this is not done in practice.

## Inte Din Hora

The Istanbul Convention shines a light on physical violence, psychological violence and sexual violence against women and girls, but it does not incorporate commercial sexual exploitation (CSE). The repercussions of this are that victims of CSE are not being met with knowledge and validation by professionals and therefore cannot be identified, supported and provided with specific care. This is highly problematic, counterproductive and results in a knowledge gap on how to help victims of CSE.

## Our demands:

- › Establish a National Centre for research, education and treatment for victims of sexual trauma. A National Centre should be in charge of the development and implementation of evidence-based non-emergency healthcare guidelines and intervention programs for victims of sexual violence, and to design training for the public sector.
- › Ensure that the public healthcare system, medical staff and social service staff is provided with the knowledge they need to adequately and correctly detect, support and treat patients in vulnerable situations, with complex issues, trauma and complex trauma. Make it an obligation to include questions surrounding sexual violence and CSE in routine questions.
- › Ensure that medical staff, social service staff and authorities are educated in how to approach and ask about sexual violence and CSE.
- › Make educational programmes regarding the occurrence, injury development, assessment and treatment of patients with consequences after sexual violence mandatory for healthcare professionals.
- › Introduce a mandatory and more extensive course regarding sexual violence, its causes, and consequences, for medical students and other relevant educational programmes.
- › Implement routines on basic and further education on CSE for all care and support staff - which, among other things, ensures that we see victims of CSE as a victim of violence. There is also a need to update educational material regarding CSE for professionals, especially in relation to children. An example of such material that needs to be updated is the National Board of Health and Welfare's educational material regarding CSE.
- › Ensure that the learning target that currently exists regarding men's violence against women in 8 different educations for professions includes CSE, not only on paper but also in practice.

## 11. Protection and support

### Article 18 - General obligations

1. Parties shall take the necessary legislative or other measures to protect all victims from any further acts of violence.
2. Parties shall ensure that measures taken pursuant to this chapter shall:
  - aim at avoiding secondary victimization;
  - address the specific needs of vulnerable persons, including child victims, and be made available to them<sup>57</sup>.

GREVIO's recommendation from the Baseline report:

**116. GREVIO strongly encourages the Swedish authorities to continue to pursue efforts in setting up institutionalized structures for coordination and co-operation among the different governmental and non-governmental agencies and service providers to ensure adequate forms of multi-agency co-operation. In particular, GREVIO strongly encourages the inclusion of specialist women's support services run by NGOs in formal cooperation structures<sup>58</sup>.**

### WONSA

A report published by SKR<sup>59</sup> reaffirms the claim that adequate medical care can limit the risk for mental and physical health issues to develop later in life, and that patient needs for medical intervention vary and are highly individual. When victims report sexual violence to Swedish healthcare professionals they are often met with uncertain and unstructured interventions, and at times also by doubt as to the validity of their stories. The caregiver who is supposed to offer reassurance and support turns into another negative experience and makes the victim even less susceptible to the support and care they need.

As addressed under article 15, the Swedish public healthcare system is not equipped to meet the needs and treat victims of sexual violence. Patients, especially those in need of trauma treatment as a result of sexual violence, are today passed around between different institutions without anyone addressing or meeting their needs in a structured way. The report states that patients may need support from different sectors, but there is a need for better co-operation. Also, much clearer lines of responsibility are needed to ensure that victims of sexual violence receive the care they need. WONSA possess the knowledge to improve the treatment for victims of sexual violence and is ready to step in, what is needed are financial resources and an openness for co-operation from the public sector.

<sup>57</sup> *Istanbul Convention*, CETS No:210

<sup>58</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>59</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*, p.8-9

It is of grave importance that healthcare professionals are educated and informed on how to approach and provide the right treatment for victims of sexual violence as many who have been subjected to sexual violence are re-victimised without proper treatment, but also risk being re-victimised within the healthcare system. It is therefore, as mentioned in the comments made to article 15, vital that healthcare professionals are educated in how to treat and approach victims in order to prevent re-victimisation, as well as avoid secondary traumatisation caused by healthcare professionals<sup>60</sup>.

At present there is no satisfying or adequate co-operation or co-ordination with governmental agencies securing the right to treatment for victims of sexual violence. The largest specialised trauma clinic, WONSA, is not part of any formal co-operation structure, despite GREVIO's recommendation to include "specialist women's support services run by NGOs in formal co-operation structures<sup>61</sup>". GREVIO themselves give examples of existing co-operations in Sweden, such as Barnahus where different actors work together in order to obtain a better holistic treatment model where patients are given the best conditions possible for a full recovery<sup>62</sup>.

## Child10 and OKSE

When it comes to legislative measures to protect all victims from any further acts of violence, Sweden is failing to ensure the safety for victims of commercial sexual exploitation (CSE).

Routines and guidelines for the processing and assessment of measures for victims of CSE are lacking or non-existent in Sweden today, leading to victims not being identified and receiving care and support needed to exit exploitation<sup>63</sup>. When it comes to the protection of children, even in cases where they are identified, only five of 20 regions state that their care systems are filing police reports when it is discovered that a child is a victim of CSE<sup>64</sup>. Not reporting known cases of CSE of children to the police increases the risk that the child does not get the help they need to exit the exploitation and there is a great risk that it will continue.

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<sup>60</sup> Rajan, Gita; Ljunggren, Gunnar, et al. "Healthcare consumption among adolescent girls prior to diagnoses of sexual abuse, a case-control study in the Stockholm Region"

<sup>61</sup> GREVIO, *Baseline Evaluation Report Sweden*, paragraph 116.

<sup>62</sup> *Ibid*, paragraph 114.

<sup>63</sup> Child10, Ellencentret & Inte din Hora, *Exploaterad men inte våldsutsatt*, p. 20

<sup>64</sup> Child10, Ellencentret & Inte din Hora, *Exploaterad men inte våldsutsatt*, p.15

There are also reports from children that Swedish social services are not acting on information regarding a child being commercially sexually exploited<sup>65</sup>. According to current regulations the social services are only forced to investigate cases regarding suspicions of domestic violence, where CSE is not included<sup>66</sup>.

## **Inte Din Hora**

The Swedish government states that stopping men's violence against women is a priority, but commercial sexual exploitation (CSE) is not included in this definition. This means that the care that is available for victims of violence is not offered to victims of exploitation, which is highly problematic and needs to be addressed. The Swedish government must incorporate CSE as a part of men's violence against women, so that victims are able to get the help, support and care they need.

## **Our demands:**

- › Establish a National Centre for research, education and treatment for victims of sexual trauma. A National Centre can support all of the Swedish regions to implement an entire healthcare supply chain for patients of sexual trauma, including a one-stop-center where a more holistic care model can be practiced.
- › Investigate whether an obligation should be introduced for Swedish healthcare professionals to report to the police when aware of CSE, as already happens in Finland.
- › Make it mandatory for the Swedish social services to open an investigation when there are suspicions that a child is being submitted to CSE.
- › NGOs should be included as a given part of the co-operation structure between relevant agencies to better ensure rehabilitation and treatment for victims of sexual violence and CSE.

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<sup>65</sup> Child10, 2022, is yet to be published

<sup>66</sup> Socialstyrelsen, HSLF-FS 2017:8 *Ändring i föreskrifterna och allmänna råden (SOSFS 2014:4) om våld i nära relationer*, 2017

## Article 20 - General support services

1. Parties shall take the necessary legislative or other measures to ensure that victims have access to services facilitating their recovery from violence. These measures should include, when necessary, services such as legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment.

2. Parties shall take the necessary legislative or other measures to ensure that victims have access to healthcare and social services and that services are adequately resourced and professionals are trained to assist victims and refer them to the appropriate services<sup>67</sup>.

GREVIO's recommendation from the Baseline report:

**125. GREVIO urges the Swedish authorities to step up efforts to enhance and formalise co-operation structures in relation to cases of all forms of violence against women within and across local authorities, government agencies and women's specialist support services.**

**129. GREVIO strongly encourages the Swedish authorities to ensure, among local and regional authorities and social services, higher degrees of awareness and cultural sensitivity towards the specific situation of women from national minorities in Sweden who experience gender-based violence. The aim of such heightened awareness must be the provision of adequate support tailored to the cultural and traditional specificities in particular of Sami and Roma women in Sweden.**

**132. GREVIO strongly encourages the Swedish authorities to address negative attitudes and stereotypes that stand in the way of adequate protection and support to victims of all forms of violence, irrespective of their characteristics and background<sup>68</sup>.**

## WONSA

In 2016 the Swedish government published *National Strategy to Prevent and Combat Men's Violence against Women*<sup>69</sup>. This ten-year national strategy acknowledges that men's violence against women has severe consequences that are both physical and psychological, and that women are more likely to be subjected to sexual violence and relationship violence. It is described how more women than men report issues regarding anxiety, depression and mental illness. Three out of the eight goals listed in the strategy address the need for increased support and treatment for women and children who have been subjected to violence. However, sexual violence continues to be marginalized, and the strategy does not include any healthcare provisions for victims of sexual violence.

Sexual violence is a costly crime and a human rights violation, not only for the victims and their relatives but also for society as a whole. An anthology published by NCK also confirms the claim that sexual violence results in heavy societal costs, both from the healthcare sector and judicial

<sup>67</sup> Istanbul convention, CETS No:210

<sup>68</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>69</sup> Regeringen, *Makt, mål och myndighet - feministisk politik för en jämställd framtid*, [https://www.regeringen.se/4ace09/globalassets/regeringen/dokument/socialdepartementet/jamstalldhet/makt-mal-och-myndighet---feministisk-politik-for-ett-jamstallt-samhalle-skr.-2016\\_17-10.pdf](https://www.regeringen.se/4ace09/globalassets/regeringen/dokument/socialdepartementet/jamstalldhet/makt-mal-och-myndighet---feministisk-politik-for-ett-jamstallt-samhalle-skr.-2016_17-10.pdf), 2016

system, but also from loss of production due to years of illness and not receiving proper care after the violation<sup>70</sup>.

The report published by SKR<sup>71</sup> highlights that many victims of sexual violence are in an extra vulnerable position, such as living in social hardship/poverty, being LGBTQ+, POC, dealing with addiction, having various disabilities or being a victim of sexual exploitation. It is also acknowledged that the current Swedish public healthcare system is not equipped to treat, or meet the needs, of patients in vulnerable positions and that it is unclear who carries the responsibility for providing assistance and care for these groups. The lack of recognition for these groups as especially vulnerable (and thus, funding) results in victims of abuse remaining in their vulnerable position for far longer than should be the case. Due to their healthcare needs not being addressed or met, they do not have access to their fundamental human rights. For example, in the national action plan to combat prostitution and trafficking<sup>72</sup>, there is no mention of healthcare for victims of sexual violence.

## Child10 and OKSE

One of the problems we have highlighted regarding the care and support for people who are victims of commercial sexual exploitation (CSE) is that care and support are either lacking completely, or not available to the target group as they are not counted as victims of violence or due to very long waiting times. For those who receive support, the services are targeting the consequences of exploitation and do not function as long-term, holistic and sustainable services to ensure full recovery, neither do they help victims to avoid further exploitation. This means that victims do not receive the care and support they need, which in many cases leads to continuous exploitation or future re-exploitation.

SKR have carried out a survey regarding care offered in the municipalities and regions in cases of sexual violence, and a major insufficiency they found regards the treatment of a person seeking help at a later stage, some time after the abuse occurred - something that is often the case in CSE<sup>73</sup>.

<sup>70</sup> De Vylder, Stefan, "Vad kostar våldtäkter? Samhällsekonomiska kostnader för sexuellt våld", Nationellt centrum för kvinnofrid, *Antologi, sju perspektiv på våldtäkt*, Uppsala, 2010, ISBN: 1654-7195

<sup>71</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*

<sup>72</sup> Regeringen, *Handlingsplan mot prostitution och trafficking*,

[https://www.regeringen.se/4a7d0d/contentassets/24797d74f0bf447998138bc6b18aadb9/handlingsplan\\_prostitution-manniskohandel\\_aug-2018.pdf](https://www.regeringen.se/4a7d0d/contentassets/24797d74f0bf447998138bc6b18aadb9/handlingsplan_prostitution-manniskohandel_aug-2018.pdf), 2018.

<sup>73</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*, p.34

Thus, the healthcare system does not have adequate guidelines to ensure proper and sufficient support and care in these cases.

Another shortcoming is the lack of clear responsibility within the healthcare system for patients exposed to sexual violence<sup>74</sup>. This absence is confirmed in a report from 2020 by Child10, Ellencentret and Inte Din Hora where a lack of coordination between different support functions proved to be a factor in making support and care difficult to access<sup>75</sup>. This shortcoming is also noted in the response to the report from GREVIO by the Swedish Government on page 9, where they state that The Swedish Agency for Public Management (Statskontoret) concluded that the knowledge chain, including identifying needs, producing, disseminating and applying knowledge in the field, needs to be enhanced.

Not including CSE in the national guidelines on men's violence against women affects society's view of the victims. The target group testifies that they are treated as accomplices to their exploitation, as it is looked upon as a form of self-harm, rather than exposure to violence. This affects what treatment and rehabilitation they are offered, and this prejudice must change in order for the victims to receive the care and support they need and are entitled to. A clear remnant in our society is found in the description of children used for child pornography offenses where a child is described as:

“... a person whose pubertal development is not complete or who is under eighteen years of age. If the development of puberty is completed, liability shall be imposed only if it appears from the picture and the circumstances surrounding it that the person depicted is under eighteen years of age”<sup>76</sup>.

This description states an attitude that implies that the age of a child is based on their puberty development and the perpetrator's perception of said child's age. In this case the burden of proof falls largely on the victim and whether the child has been clear with their age in the communication, and not on the perpetrator. This attitude is based on the perception that mental development and maturity is connected to physical development.

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<sup>74</sup> Ibid, p.41-42

<sup>75</sup> Child10, Ellencentret och Inte din hora, *Ingen hörde ropen på hjälp*, Stockholm, 2020, p.29

<sup>76</sup> Brottsbalken, 1999, Kapitel 16, Sektion 10 a, Sektion 1

In a survey conducted by Child10, Ellencentret and Inte Din Hora in 2020, victims of CSE gave testimonies of their encounter with the support system, where it is clear that the exploitation is not seen as a crime, but rather an act of self-harm by the victim itself<sup>77</sup>.

### Our demands:

- › Establish a National Centre for research, education and treatment for victims of sexual trauma that can support the Swedish regions to implement an entire healthcare supply chain for patients of sexual trauma
- › NGOs should be included as a given part of the co-operation structure between relevant agencies to better ensure rehabilitation and treatment for victims of sexual violence and CSE.
- › Establish regional centres with specific care and knowledge about sexual violence and CSE, or incorporate the target group into existing centres with similar target groups. When incorporating the target group into existing centres, competence and resource reinforcement is required in order for the operations to meet the target group. Communication to the target group is also required to ensure that they know where care and support is available.
- › Ensure that earmarked resources are available for the development and access to trauma-focused treatment so that flexible treatment is available for those exposed to sexual violence and CSE as well as a long-term sustainable exit-program to prevent further exploitation or re-exploitation.
- › Establish collaboration structures between municipalities and regions as well as routines for collaboration on victims of sexual violence and CSE, for example in the form of integrated receptions or cross-professional networks.
- › Develop guidelines and information about who is responsible in each municipality to ensure that the right support is given to the right person at the right time and information about where the victim can find support and care.
- › Change the special definition of children in the Swedish Child Pornography Offenses Act so that all children under the age of 18 are given equal protection, regardless of pubertal development.
- › Implement routines on basic and further education on CSE for all care and support staff to ensure that they treat victims of CSE as victims of violence.
- › Ensure a higher degree of awareness, knowledge and cultural sensitivity within the medical staff, and other concerned agencies, in regard to patients' cultural background. A good example to gather knowledge from is the National Sami Competence Centre (SANKS) in Norway, where they work with treating Sami who suffer from mental health issues, violence and substance abuse<sup>78</sup>.

<sup>77</sup> Child10, Ellencentret & Inte din hora, *Ingen hörde ropen på hjälp*

<sup>78</sup> Finnmarkssykehuset, SANKS, <https://finnmarkssykehuset.no/fag-og-forskning/sanks>, obtained: 31-03-2022

## Article 22 - Specialist support services

1. Parties shall take the necessary legislative or other measures to provide or arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention.

2. Parties shall provide or arrange for specialist women's support services to all women victims of violence and their children<sup>79</sup>.

GREVIO's recommendation from the Baseline report:

**137. GREVIO strongly encourages the Swedish authorities to take measures to ensure specialist support services with a gendered approach and targeted at creating change, including longer term psychological counselling and trauma care throughout the country<sup>80</sup>.**

## WONSA

The comments made under article 25 are also in reference to article 22.

## Child10 and OKSE

Today, only one in 5 regions offer specialised care to the victims of commercial sexual exploitation (CSE)<sup>81</sup>. Besides not having specialised care, a clear majority of the routines on which the work against men's violence against women are based on do not include CSE, which means that the care that is available for victims of violence is not offered to victims of CSE.

There are today long queues for treatment as well as issues in receiving proper care for complex problems and this must be addressed to ensure that the victims receive the help that they are entitled to.

In 2021, Child10, together with the organisations Ellencentret and Inte Din Hora, published a report on the care that Sweden's regions offer to victims of CSE. In this survey, it emerged that only one in 5 regions offered specialised care to the target group<sup>82</sup>. This lack of specialised care in the majority of the regions is preventing victims of CSE from getting the care and support needed and making the support dependent on geographical location.

<sup>79</sup> *Istanbul convention*, CETS No:210

<sup>80</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>81</sup> Child10, Ellencentret & Inte din hora, *Exploaterad men inte våldsutsatt*, p.29

<sup>82</sup> *Ibid*, p.29

## Stäng inte Asta

Asta was a public funded special treatment unit for patients suffering from sexual trauma, domestic violence and/or honour-related violence situated in Umeå, Region Västerbotten. Asta was for 24 years the only public funded treatment in Sweden that specialised in repairing damage from sexual abuse. Asta started in 1996, when it was discovered that 38% of psychiatric patients had experienced sexual abuse.

A small unit outside the local hospital was organised to work specifically with repairing damage after exposure to sexual violence, and they got outstanding results<sup>83 84</sup>. The issue of violence and its consequences was at the centre for the treatment. Now Asta is not existing as the adequate treatment for sexually abused citizens so the treatment situation in Sweden has worsened instead of getting better during this period.

## Our demands:

- › Ensure that publicly-funded specialist clinics for non-emergency psychological treatment and trauma care for victims of violence and CSE are established across Sweden. A National Centre for research, education and treatment for victims of sexual trauma can support the public healthcare system to implement specialist clinics and support services across the country.
- › Establish Barnahus in all regions and ensure that all children covered by the national guidelines for Barnahus are also welcome to the operations in practice, i.e., regardless of age and relationship to the perpetrator.
- › Establish regional centres with specific treatment and knowledge about sexual violence and CSE or incorporate the patient group into existing centres with a similar patient group.

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<sup>83</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*, p.43, 59.

<sup>84</sup> Wännman, Lena (2010) *Behandlingsutvärdering av specialiserad psykiatrisk enhet – resultat från sju års behandling av personer utsatta för sexuella övergrepp*, Umeå Universitet.

## Article 25 - Support services for victims of sexual violence

*Parties shall take the necessary legislative or other measures to provide for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centres for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling for victims<sup>85</sup>.*

GREVIO's recommendation from the Baseline report:

**145. GREVIO strongly encourages the Swedish authorities to comply fully with Article 25 of the convention by ensuring sexual violence counselling services are available to all victims<sup>86</sup>.**

## WONSA

WONSA agrees with GREVIO's recommendation<sup>87</sup> that the Swedish authorities should fully comply with article 25 of the convention to truly ensure and secure the availability of counselling services for victims of sexual violence. In 2019 the Swedish government declared that they were committed to open clinics for victims of sexual violence, but none have yet opened, and the newly passed budget for 2022 does not include any interventions aimed at providing care for victims of sexual violence<sup>88</sup>.

Sweden's current public healthcare system is not able to adequately treat victims of sexual violence, especially not victims who seek non-emergency treatment. One of the six main areas in need of improvement in the SKR report from 2020<sup>89</sup> is the current lack of non-acute healthcare for victims and that many do not receive the treatment they need, despite being in the healthcare system for many years. The report states that organisations specialised in treating patients with experiences of sexual violence are better equipped at seeing to patients' needs and providing them with adequate treatment, but that currently no actor within the public system is specifically assigned responsibility for providing this kind of treatment.

All of the areas highlighted in the report are in need of rapid action in order to ensure that victims receive the treatment and care that they need and have the right to. At present, many of these patients are being passed around within the healthcare system due to a lack of specialised care, and in the end they only receive treatment for their symptoms but not the root cause<sup>90</sup>. WONSA agrees with the problems highlighted in SKR's report, as we see the harmful effect the current healthcare

<sup>85</sup> *Istanbul convention*, CETS No:210

<sup>86</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>87</sup> *Ibid*, paragraph 145

<sup>88</sup> Sveriges riksdag, *Statens budet 2022 - Rambeslut*, <https://data.riksdagen.se/fil/B3B88A53-41F1-43C1-B711-FEDFF99E1705>, 2021

<sup>89</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*

<sup>90</sup> SKR, *Vården vid sexuellt våld; nuläge och vägar framåt*

system has on patients, and the positive results which can be achieved through specialised treatment.

More resources have been allocated to support general trauma care, but initiatives to support specialised trauma care for victims of sexual violence has not been mentioned anywhere. Within psychiatric trauma care in Sweden, the use of Prolonged Exposure is standard. This method can cause a lot of suffering for victims of sexual violence, because of the complexity in these traumas, especially those who are dealing with CPTSD and/or dissociative syndromes.

In 2020 The Swedish National Council for Crime Prevention (BRÅ) reported 4,300 cases of child rape (0-17 years)<sup>91</sup>, and the number of unreported cases regarding children are believed to be around 90%<sup>92</sup>. This indicates a lot of children growing up with untreated sexual traumas every year, that they are going to need specialised care for as adults. The two public trauma clinics for children who are victims of sexual violence have room for approximately 180 children per year<sup>93 94</sup>.

We note that Article 22 and 25 are not addressed in the comments made from Sweden to GREVIO after the publications of recommendations<sup>95</sup>. It is clear that specialist support services for victims of sexual violence is an issue that is still not adequately addressed by the Swedish government.

### Our demands:

- › We believe that a National Centre for research, education and treatment for victims of sexual trauma is the fastest and most cost-efficient way to organise a patient-safe and coherent healthcare supply chain for these patients across the country.
- › Referring back to previous recommendations made throughout the report.

<sup>91</sup> The Swedish National Council for Crime Prevention, Våldtäkt och sexualbrott, <https://bra.se/statistik/statistik-utifran-brottstyper/valdtakt-och-sexualbrott.html>, 2021

<sup>92</sup> Stiftelsen Allmänna Barnhus, Det gäller en av fem

<sup>93</sup> Barn- och ungdomspsykiatri - Region Stockholm, BUP Traumaenhet, <https://www.bup.se/hitta-mottagning/bup-intensiv-oppenvard/bup-traumaenhet/>, updated: 31-03-2022, obtained: 31-03-2022

<sup>94</sup> Region Östergötland, Barn- och ungdomspsykiatriska kliniken i Linköping <https://www.regionostergotland.se/Om-regionen/Verksamheter/halso--och-sjukvard/psykiatricentrum/Barn--och-ungdomspsykiatriska-kliniken-i-Linkoping/>, updated: 30-03-2022, obtained: 31-03-2022

<sup>95</sup> The Swedish Ministry of Health and Social Affairs, *Comments submitted by Sweden on GREVIO's final report on the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Baseline Report)*, GREVIO/Inf(2019)2, Received: 17 January 2019, Published: 21 January 2019

## Article 28 - Reporting by professionals

*Parties shall take the necessary measures to ensure that the confidentiality rules imposed by internal law on certain professionals do not constitute an obstacle to the possibility, under appropriate conditions, of their reporting to the competent organisations or authorities if they have reasonable grounds to believe that a serious act of violence covered by the scope of this Convention, has been committed and further serious acts of violence are to be expected<sup>96</sup>.*

### **Child10 and OKSE**

To date, if a healthcare professional suspects or discovers that a child is a victim of commercial sexual exploitation (CSE), they are prompted to file a report of concern to the social services - and in cases of a child being subjected to a crime leading to imprisonment, also file a report to the police. According to a report made by Child10, Ellencentret and Inte Din Hora based on a survey to all Swedish regions, a majority of the regions have routines for reporting but even so, only five regions stated that a police report actually is made in cases of CSE of children - even though the crime fulfils the demands for reporting<sup>97</sup>. Not reporting these situations to the police is problematic due to risks such as continuous exploitation of the child and lack of support and protection.

### **Our demands:**

- › Investigate the possibility of including an obligation for healthcare professionals to file a police report in cases of CSE of children (as is included in routines in Finland).

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<sup>96</sup> *Istanbul Convention*, CETS No:210

<sup>97</sup> Child10, Ellencentret & Inte din hora, *Exploaterad men inte våldsutsatt*

## 12. Substantive law

### Article 46 - Aggravating circumstances

*Parties shall take the necessary legislative or other measures to ensure that the following circumstances, insofar as they do not already form part of the constituent elements of the offence, may, in conformity with the relevant provisions of internal law, be taken into consideration as aggravating circumstances in the determination of the sentence in relation to the offences established in accordance with this Convention<sup>98</sup>.*

GREVIO's recommendation from the Baseline report:

195. **GREVIO encourages the Swedish authorities to take appropriate measures to ensure that all aggravating circumstances listed in Article 46 of the Istanbul Convention are, in practice, effectively applied by the judiciary<sup>99</sup>.**

### Child10 and OKSE

One of the aggravating circumstances specified in Article 46 of the Istanbul Convention is "crimes against children". According to the Convention on the Rights of the Child, a person is a child until the age of 18. In Swedish legislation for children who are victims of commercial sexual exploitation (CSE), children between the ages of 15 to 17 are less protected than younger children. A child victim of CSE under the age of 15 is a victim of rape but a child that has turned 15 is a victim of "exploitation of children through the purchase of a sexual act" - two crimes with different penalties and different statutes of limitation.

To date, the penalty for "exploitation of children through the purchase of a sexual act" has been increased to imprisonment as the minimum penalty. However, not one of the 163 reported cases have led to imprisonment in 2020, showing that the view of the crime has not changed in the judiciary<sup>100</sup>.

### Our demands:

- › Align the classification "exploitation of children through the purchase of a sexual act" with other sexual offenses against children - regardless of age, making CSE comparable to rape. Ensure the laws are applied in sentences of perpetrators and not only in theory.

<sup>98</sup> *Istanbul convention*, CETS No:210

<sup>99</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>100</sup> The Swedish National Council for Crime Prevention, *Kvalitetsdeklaration: Personer lagförda för brott, 2021*

## 13. Investigation, prosecution, procedural law and protective measures

### Article 50 - Immediate response, prevention and protection

1. Parties shall take the necessary legislative or other measures to ensure that the responsible law enforcement agencies respond to all forms of violence covered by the scope of this Convention promptly and appropriately by offering adequate and immediate protection to victims.

2. Parties shall take the necessary legislative or other measures to ensure that the responsible law enforcement agencies engage promptly and appropriately in the prevention and protection against all forms of violence covered by the scope of this Convention, including the employment of preventive operational measures and the collection of evidence<sup>101</sup>.

GREVIO's recommendation from the Baseline report:

204. **GREVIO urges the Swedish authorities, in particular the law enforcement authorities, to reinforce their investigative capabilities significantly to reduce the backlog of domestic violence and rape cases, and to take immediate measures to ensure a prompt and appropriate response by law enforcement agencies in all cases of violence against women, as required by Article 50, paragraph 1 of the Istanbul Convention<sup>102</sup>.**

### Child10 and OKSE

In 2021, the Swedish National Audit Office published the report *Internet-related sexual abuse of children*, which showed shortcomings in the effectiveness of the police and prosecutors' work against Internet-related sexual abuse of children<sup>103</sup>. Researching the work of the police, the investigation found that the crime "exploitation of children through the purchase of a sexual act" often was unprioritized in favour of other crimes. This was explained by the active reconnaissance and close collaborations with the municipality and social services needed<sup>104</sup>.

The report also found that the investigation of these types of crimes (sexual abuse through and via digital platforms) required an extensive number of resources for a longer period of time as the material often was extensive - leading to the conclusion of the importance of appointing sufficient resources for the investigations to ensure that they are conducted in an appropriate way<sup>105</sup>.

### Our demands:

- › Add targeted resources to investigate crimes of exploitation of children through the purchase of a sexual act. According to the National Audit Office's review from 2021, this target group and type of crime is severely neglected within the police.

<sup>101</sup> *Istanbul convention*, CETS No:210

<sup>102</sup> GREVIO, *Baseline Evaluation Report Sweden*

<sup>103</sup> Riksrevisionen, *Internetrelaterade sexuella övergrepp mot barn*, Stockholm, 2021

<sup>104</sup> *Ibid*, p.5

<sup>105</sup> *Ibid*, p.29

## 14. Epilogue

To summarize, sexual violence in Sweden is not addressed anywhere as a healthcare issue: not in the National Strategy to prevent and combat men's violence against women, not in the National Action plan to combat prostitution and trafficking, nor in the government mental health strategy. Swedish victims of sexual violence, after being subjected to a violation of their fundamental rights, are left without adequate healthcare to heal their injuries. A lack of understanding of sexual violence as a root cause for psychiatric diagnoses leading to sick leave also drastically decreases the possibility of sick leave compensation.

Access to healthcare is a human right, also for victims of sexual violence, including CSE. It is a right which is violated in Sweden, every day, and every minute. It costs lives, it is wrong, and it is expensive, both for the victim and for society. All victims of sexual violence have the right to be offered a coherent healthcare supply chain, which in turn would be more cost effective for the state, and is possible to achieve through a National Centre, which is only one decision away from becoming a reality. Additionally, we call for a holistic, nationwide, co-ordinated emergency and non-emergency, long-term, specialised care aimed at providing treatment developed to treat trauma and other conditions resulting from sexual violence.

We want to emphasise that without access to adequate healthcare for victims of sexual violence (including CSE), **it is impossible to provide gender equal healthcare** - which is one of the six goals of Sweden's gender equality policy.

Due to the lack of action in this field we call for the Swedish government to assign responsibility to relevant actors so that progress can be made. We welcome that motions regarding specialist care for victims of sexual violence and a National Centre have been put forth by several politicians within the Swedish Parliament, and hope that they will be passed and implemented.

Our specialised knowledge is not being used to its full potential, and we appeal to the government to listen to us, and what we see is needed for these groups of people, who we meet every day. Our knowledge is crucial, and we hope to be invited to co-operate with the Swedish government and the local regions, to improve the care and support that victims of sexual violence both deserve and have the right to.

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