



# Violence against Women

## On the implementation of the Istanbul Convention in Denmark, Finland & Austria

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The **Observatory for Sociopolitical Developments in Europe** has carried out a comparative research on the implementation of the Istanbul Convention on the Protection and Support of Women Experiencing Violence in Denmark, Finland, and Austria. This abstract presents the main findings of the study. The full working paper and accompanying material such as overview lists of relevant national organisations can be found on our website.<sup>1</sup>

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<sup>1</sup> Lange, Katrin / Molter, Sarah / Wittenius, Marie (2020): **Violence against Women. On the implementation of the Istanbul Convention in Denmark, Finland and Austria.** Working Paper No. 21, Observatory for Sociopolitical Developments in Europe. Accompanying material such as overview lists of relevant national organisations can be found on our [website](#).

## Introduction

**The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)** is a treaty of international law that entered into force on 1 August 2014. The Convention contains binding regulations on the protection of women against all forms of violence. The Istanbul Convention obliges the States Parties to provide a needs-based, comprehensive, well-equipped, and financially guaranteed support system. The specialist support services as specified in Article 22 represent a central building block of this help system. In Articles 23 and 25, obligations related to shelters and support for victims of sexual violence are specified.

The findings reveal that in all three states, there is, at fundamental level, a nuanced, specialised and high-quality support system in place for women affected by various forms of violence: In implementing their obligations in line with Articles 22, 23 and 25 of the Istanbul Convention, Denmark, Finland and Austria opt for non-governmental, specialist support services. These are financed and in part also regulated by public administration at national, regional and even municipal level.

The following provides a summarised description and comparison of some **central characteristics** of the support mechanisms set out in Articles 22, 23 and 25, as they exist for women affected by violence in Denmark, Finland, and Austria:

### Specialist support services (Article 22)

*“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.”*

Victims of violence need support and protection: Firstly, women affected by violence must be protected against further violent acts. Secondly, women must receive adequate support and assistance “[...] to overcome the multiple consequences of such violence and to rebuild their lives.” (CoE 2011: 21). The Istanbul Convention distinguishes between general and specialist support services for victims of violence: General support services are intended for the general population and provide assistance through public authorities in areas such as social services, health and employment services. Specialist support services are aimed exclusively at victims of certain forms of violence (ibid.: 23f.).

The Istanbul Convention specifically lists the following **forms of violence**:

- domestic violence (Article 3b IC),
- psychological violence (Article 33 IC), stalking (Article 34 IC),
- physical violence (Article 35 IC),
- sexual violence, including rape (Article 36 IC),
- sexual harassment (Article 40 IC),

- forced marriage (Article 37 IC), female genital mutilation (Article 38 IC),
- forced abortion and forced sterilisation (Article 39 IC) and violence in the name of culture, religion, or tradition, including violence in the name of so-called “honour” (Article 42 IC).

Accessible nationwide, the specialist support services must provide support and assistance tailored precisely to meet the needs of victims. This includes the capacity to respond to each form of violence and to offer support to every group of victims, also those who are hard to reach.

The following provides a state-by-state **overview of the necessary specialist support services** for each form of violence according to the Istanbul Convention<sup>2</sup>:

<b>Specialist support services (Article 22)</b>			
<b>Form of violence</b>	<b>Denmark</b>	<b>Finland</b>	<b>Austria</b>
<b>Domestic violence</b>	2 legal counselling centres (one specialising in support for foreign women)  4 projects/courses: “Advice for life”, “Tell someone”, “Out of the shadow of violence”, “Follow-up care groups”	23 civil-society organisations from the Federation of Mother and Child Homes and Shelters  1 civil-society organisation with a focus on migrant women  33 groups belonging to the MARAC Method (multi-agency risk assessment conference)	9 violence protection centres in all federal states, some of them with external and regional offices  11 counselling centres in autonomous women’s shelters  5 specialised counselling centres in the Network of Austrian Counselling Centres for Women and Girls  2 victim-protection organisations: NEUSTART, Weisser Ring
<b>Stalking</b>	Danish Stalking Center	Varjo Center for victims of post-relationship stalking	No stand-alone, specialist support service
<b>Violence in the name of so-called honour and</b>	Counselling service provided by the Immigration Service	MONIKA, civil-society organisation	Counselling centre for migrant women: DIVAN by Caritas Styria, Graz

<sup>2</sup> It was not possible to research services available to women affected by forced abortion and forced sterilisation in any of the relevant states. Therefore, this form of violence will not be addressed. Psychological violence is not dealt with explicitly at this point, although it is seen as a particular type of violence that precursors or accompanies other forms, frequently domestic or sexual violence.

<b>forced marriage</b>	RED Center against Honour-Related Conflicts Exitcirklen counselling centre	SOPU project by Loisto settlement	Salzburg violence protection centre Counselling centre specialising in migrant women, operated by the shelter St. Pölten Association Orient Express, Vienna
<b>Genital mutilation</b>	RED Center against Honour-Related Conflicts	KokoNainen project by the Finnish League for Human Rights	African Women's Organization, Vienna FEM Süd women's health centre

**The specialist support services required under the Istanbul Convention by form of violence are now assessed comparatively for the three states:**

Of the various types of violence, **domestic violence** is covered best in the support system of all three states. In both Finland and Austria, strongly institutionalised structures of support services for victims of domestic violence are in place throughout the country. By contrast, the services in Denmark are less institutionalised and are mostly provided in cooperation with civil-society organisations.

Each country has a wide range of contact points to which women (and sometimes also men) can turn if they are affected by violence. This seems natural because the most common source of violence against women is their immediate social environment, and in particular their partner. Well-resourced violence protection centres have been established almost throughout Austria. These are legally recognised victim protection facilities that are managed by civil-society organisations and function as an interface between all actors involved. Finland also has a highly institutionalised and virtually nationwide structure of support services dealing with domestic violence in the *Federation of Mother and Child Homes and Shelters* network. By comparison, Denmark has gaps in service delivery outside of the region around the capital. The structure in Denmark differs as well: The services are mainly provided in the form of projects by means of cooperation between civil-society organisations. Private companies are also involved in this work in some cases.

In all countries, the services for victims of domestic violence are financed predominantly by the state at national level. In Denmark, this primarily takes place using a fund for disadvantaged groups that is regulated by parliament and that provides assistance in the fields of social services, health, and the labour market for a period of three years. Financing in Finland is coordinated by the Funding Centre for Social Welfare and Health Organisations, which uses profits from *Veikkaus*, a kind of state lottery, to support projects in the fields of social services and health. The violence protection centres in Austria are funded by the Federal Chancellery and the Federal Ministry of the Interior on the basis of a rolling contract. These funds are adjusted for inflation each year. Support can therefore be considered secure.

The Austrian violence protection centres work according to common standards to which all nine of them are committed. There is no comparable obligation in Denmark and Finland. In Denmark, however, civil-society organisations and cooperation projects can voluntarily apply for accreditation from the Sector Association for Free Social Advice. For Finland, research did not reveal any common standards that apply to support services for victims of domestic violence that are networked within the umbrella organisation *Federation of Mother and Child Homes and Shelters*. However, the shared web presence and the coordination of services indicate that at least preliminary agreements in this regard exist at the level of the umbrella organisation.

The strong focus of anti-violence policies on domestic violence in Denmark, Finland, and Austria comes at the expense of support services for other forms of violence against women in terms of their number, scope, and regional distribution.

Only a small number of specialist support services are aimed at other forms of violence and those are mostly only available in urban areas. In addition, the funding of services relating to stalking, violence in the name of so-called “honour” and genital mutilation are managed by the same state agency as those that deal with domestic violence. Therefore, the specialist support services may end up competing for funding in regard to different forms of violence.

In Denmark, support for victims of **stalking** is mainly provided by the Danish Stalking Center. There is also one contact point in Finland, although it deals exclusively with post-relationship stalking. The two contact points in Denmark and Finland are connected within the Nordic Network on Stalking. By contrast, Austria does not have a specialist support service for victims of stalking. Counselling and support for victims of stalking is only partially covered by the violence protection centres.

In recent years, **violence in the name of so-called “honour” and forced marriage** have received more attention, especially in Denmark and Austria. For example, a separate action plan for these issues was approved in Denmark. Besides two counselling centres for female victims, Austria also has a coordination agency that organises a nationwide response to cases of abduction based on forced marriage, including repatriation of the woman involved. The Austrian government has also provided additional funding for project-related measures. Finland has two counselling centres in Helsinki. It was difficult to research information on the services offered, and even then, the details were incomplete. In this regard, the civil-society organisations are particularly critical of the inadequate degree to which staff in Finnish authorities and many professionals are informed and trained in the issue of violence in the name of so-called “honour”.

There are only a few counselling services for victims of **genital mutilation**: Although Austria has two counselling centres for women affected by genital mutilation, they are both in Vienna. However, a project that is scheduled to run until the end of 2019 has included training for counsellors who will then provide assistance to women affected by genital mutilation in Linz and Salzburg at least. Denmark also has a counselling centre dealing with this form of violence, in addition to its focus on violence in the name of so-called “honour”. So far, the focus in Finland has mainly been on public awareness and prevention; it was not possible to determine whether

counselling for affected women is offered as well. The current Finnish action plan for the period 2018 to 2020 also prioritises the prevention of genital mutilation, with the aim of introducing the topic into educational curricula for professionals in the social and health services. While Austria has several specialised ambulatory clinics for women affected by genital mutilation, it was not possible to locate any equivalent institutions in Denmark or Finland.

Correspondingly, in none of the countries did the research reveal any cases and support services related to **forced abortion or forced sterilisation**.

Specialist support services for women affected by stalking, violence in the name of so-called “honour”, forced marriage and genital mutilation are not universally available and are much fewer in number than those for domestic violence.

Although local authorities in Denmark are required by law to provide individual counselling to women affected by violence in the name of so-called “honour”, it was not possible to find any additional details on how this provision is put into practice. The available support services are mostly grouped in just one or two larger cities in each country; rural areas do not have enough or any relevant services. It is not clear to what extent the provision of, for example, outreach counselling might mitigate the effects of inadequate service delivery. In Austria, there are concrete demands with regard to the forms of violence genital mutilation and sexual violence to set up a specialised counselling centre in each province. Online chats to share experience and obtain counselling are available in Finland as part of the projects on stalking and violence in the name of so-called “honour”. It follows, therefore, that opportunities to receive advice are available to a limited extent, even outside the major urban areas. The growing number of follow-up support groups for women leaving women’s shelters in Denmark is a good example of how new locations can be established quite quickly and easily nationwide, even though the responsibility lies in Copenhagen with the “Life without Violence” agency.

Compared to the counselling centres for domestic violence, Austria’s specialist support services for women affected by stalking, violence in the name of so-called “honour”, forced marriage or genital mutilation are poorly funded and staffed.

In many cases, funding for their work is not secured beyond the current financial year. Hence, a lot of counselling centres only have minimal human resources at their disposal. In addition, the number of counsellors fluctuates frequently based on the momentary budget situation. Volunteers therefore play an important role in service delivery alongside the professionals.

Ultimately, victims of the different forms of violence may receive unequal treatment due the discrepancies between specialist support services in terms of their number, scope, regional distribution as well as financial and human resources.

In frequent cases, these forms of violence affect groups with special needs that are already exposed to a greater risk of discrimination, for example refugee or asylum-seeking women, migrant women or now also women and girls in the second migrant generation. Compounding these deficits is the fact that these groups are already facing language and other barriers when accessing relevant services: For example, although all three countries have specialist counselling centres for migrant women affected by violence that offer their services in multiple

languages, even with interpreters where needed, most of the websites that have an English-language version in Finland and Austria are difficult to access and contain less detailed information. In Denmark, it is generally difficult to find information in English.

In Finland, specialised support services are also open to male victims of violence, while in Denmark and Austria access is restricted. However, GREVIO strongly criticises the gender-neutral approach in Finland.

Some specialist support services are also available to men as victims of violence: the services for victims of domestic violence, stalking and sexual violence in Finland are generally available to men and women. In Austria, the violence protection centres target men affected by domestic violence as well.<sup>3</sup> In contrast, only a few support services for domestic violence in Denmark are aimed at men as victims of violence; some have separate group sessions for women and men. Male victims of stalking and violence in the name of so-called “honour” receive support in Denmark as fixed components of the services. Broadly speaking, it has become evident in recent years, in Scandinavian states especially, that violence against women is viewed more as a separate phenomenon and less in regard to its gender-related characteristics. This gender-neutral approach continues to a certain extent in the shelters as well. GREVIO is highly critical of this approach due to the pronounced gender-related nature of the forms of violence covered in the Istanbul Convention.

Despite the call to expand, the specialist support services, all three states exhibit a paucity of valid data on the number of women at risk and/or affected by stalking, violence in the name of so-called “honour”, forced marriage, and genital mutilation.

It follows, therefore, that there are no needs analyses that might enable, as a first step, an assessment of the extent to which the number, scope, and activities of the specialist support services should be expanded.

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<sup>3</sup> All other specialist support services are aimed exclusively at women (and their children). Specialist support services aimed at men were not included in the research.

## Shelters (Article 23)

*“Parties shall take the necessary legislative or other measures to provide for the setting-up of appropriate, easily accessible shelters in sufficient numbers to provide safe accommodation for and to reach out proactively to victims, especially women and their children.”*

Specialised shelters for people affected by violence have the primary task of providing rapid and low-threshold protection around the clock if possible. In addition, legal and psychosocial counselling and effective cooperation with all authorities and institutions involved are needed to support victims.

The following table will provide an **overview of shelters required by the Istanbul Convention**, broken down for each country.

Shelters (Article 23)			
Aspects	Denmark	Finland	Austria
<b>Number</b>	48; of which 42 are only for women (as of 2018)	28; of which 1 is only for women (as of 2019)	30 (as of 2019)
<b>Places</b>	643; of which 451 are only for women and children	202; of which 14 are only for women and children	766 for women and children
<b>Recommendation in the Istanbul Convention: one family place per 10,000 inhabitants<sup>4</sup></b>	Fulfilled in regard to aggregate places for women and men  Not fulfilled in regard to places only for women: shortfall of 121 places	Not fulfilled: shortfall of 352 places (women and men)	Not fulfilled: shortfall of 100 places (women only)
<b>Operated by</b>	Civil-society organisations, 10 regional or local-authority bodies, one umbrella organisation (only for women’s shelters)	7 local-authority bodies, 17 civil-society organisations, pooled via the National Office for Welfare and Health	Civil-society organisations, 2 umbrella organisations and 4 independent women’s shelters

<sup>4</sup> Paragraph 135 Explanatory Report to the IC: The system of shelters should be able to accept one family per 10,000 head of population (CoE 2011: 25). It is not clear whether the standard from the Istanbul Convention includes only places exclusively for women (and their children) or also refers to those that are available to men. The recommendations in the Istanbul Convention refer to the recommendations included in the concluding report of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV 2008: 51).

<b>Funding and bases</b>	50 percent of funding comes from the government and contributions by residents; the local authority pays the rest	State-funded via the National Institute for Health and Welfare	Federal states mostly responsible for funding; different conditions for each state
<b>Distribution</b>	Predominantly in Copenhagen, which is also the location with the greatest utilisation	Distributed across all regions; utilisation rate very high in southern Finland	Mostly in cities; gaps in availability, especially in rural areas.
<b>Availability</b>	65 percent 24/7 ready for new intake	24/7 ready for new intake	24/7 ready for new intake
<b>Access</b>	<p>Women and their children, men in some cases</p> <p>No access for women without valid residency status</p> <p>Limited access for women with mobility restrictions and disabilities</p> <p>Very limited access for women with mental illnesses and addiction problems</p>	<p>Women, men and their children (1 shelter only for women)</p> <p>Barrier-free access guaranteed according to official information</p>	<p>Women and their children</p> <p>Limited access for asylum-seeking women and women without valid residency status, women with older sons, women with addiction problems, mental illnesses, learning difficulties or physical disabilities</p>
<b>Duration of stay</b>	<p>Unlimited</p> <p>Average duration of stay 2017: 2.5 to 4 months (varies according to type of violence experienced)</p>	<p>Unclear</p> <p>Average duration of stay 2018: 16 days</p>	<p>Unlimited</p> <p>Average duration of stay not known</p>

**The specialised shelters required under the Istanbul Convention are now assessed comparatively for the three states:**

Shelters are the central contact points in acute emergency situations in all three states, especially in cases of domestic violence.

There are umbrella organisations networking most shelters in Denmark, Austria, and Finland. Women can approach the shelters directly or are referred to them by counselling centres or public agencies. They can also call the national telephone hotline to find their nearest shelter.

Denmark has the highest ratio of places to inhabitants with its population of 5.8 million and 48 shelters with 643 places. Finland has 28 shelters with 202 places and a population of 5.5 million; Austria has a population of 8.9 million and provides 30 shelters with 766 places.

Finland falls short of the recommendation defined by the Istanbul Convention for one family place per 10,000 head of population and lacks 352 places to meet the requirement for 2019. In 2018, 27.3 percent of persons seeking protection nationwide had to be referred to alternative accommodation. A more precise analysis of the number of persons seeking protection and rejection rates for Finnish shelters shows, however, that the greatest need for action is in the region of south Finland, which includes Helsinki, while utilisation and rejection rates are low in other parts of the country. Likewise in Denmark, utilisation of shelters is significantly higher in Copenhagen than in the rest of the country. Nevertheless, the country as a whole exceeds the Istanbul Convention recommendation by 71 places. Austria is 100 places short, especially in rural areas. In 2018, 181 women were turned away due to a lack of available places. This indicates that there should be twice as many places. The Austrian government has already decided to create 100 more places for women affected by violence by 2022. This decision followed an evaluation of the demand for counselling and support.

All shelters in Finland and Austria are open 24/7 to accept persons in need of assistance. Only 65 percent have this capability in Denmark. Averaging between seven and ten places, the shelters in Finland and Denmark are comparatively small.

Denmark and Austria have two shelters that specialise in victims of violence in the name of so-called “honour” and/or forced marriage. There is one shelter in Finland that caters specifically to migrant women. The organisation operating this shelter is also active in the area of violence in the name of so-called “honour”, forced marriage and genital mutilation.

All shelters in Finland have been coordinated and supervised by the state since 2015. Before then, responsibility for service delivery was with the local authorities, although there was no legal obligation to do so. They are currently operated by civil-society organisations and, to a lesser extent, by local authorities. The local authorities in Denmark are legally required to provide shelters. Here as well, they are mainly run by civil-society organisations with a smaller number operated by the local authority. The federal states are responsible for providing shelters in Austria. The women’s shelters are run exclusively by civil-society organisations.

The government is responsible for funding shelters in Finland, in addition to coordination and supervision. In Denmark, roughly half of the budget for shelters comes from the state, while the local authorities pay the rest. The women also pay a small contribution, depending on their means. In Austria, the federal states are mainly responsible for funding, although they each have differing arrangements. Funding is precarious in some states as it is based on temporary contracts and is not enshrined in law. Women are sometimes required to make a contribution to costs here as well.

The shelters in Finland are supervised not only by the National Institute for Health and Welfare, but also by a regulatory and administrative agency at national level and another one at regional level. State funding is only provided if the organisations and local authorities that maintain the shelters adhere to the minimum standards and regulations. Shelters in Denmark are accredited and supervised by one of the five regulatory bodies for social affairs. The individual shelters

are required by the local authorities to make the details of their services and circumstances available to the public. Research did not reveal any equivalent supervisory authority for women's shelters in Austria.

[While shelters in Austria, in the form of women's shelters, are aimed exclusively at women and their children, they are mostly accessible to both women and men in Denmark and Finland.](#)

In Denmark, both men and women can access six of the 48 shelters. They include the two shelters that specialise in violence in the name of so-called "honour". In Finland, all shelters are accessible for both men and women, apart from one. However, women accounted for 93 percent of adults seeking protection in Finland in 2018. GREVIO's strong criticism of this gender-neutral approach was already mentioned in the conclusion on the specialist support services (refer to Chapter 5.1), as it prevents adequate consideration of the gender-based aspects of violence against women as an independent phenomenon. In contrast, none of the women's shelters in Austria are open to men. Special shelters for men were not researched.

[The children of women seeking protection can be accommodated with their mothers in almost all shelters. This is in line with the provisions of the Istanbul Convention.](#) A problematic aspect in this context is that shelters in Denmark are small on average and therefore have difficulties admitting the children. Two shelters in Denmark do not accept children. These projects prioritise housing for women with addiction problems and mental illnesses. There are access barriers for women with older sons in Austria, where only a few women's shelters offer places to male adolescents over the age of 14. Moreover, not all of the women's shelters have adequate staff resources to care for and support the children due to financial constraints.

[All shelters in Finland are officially barrier-free.](#)

Meanwhile, around a third of the shelters in Denmark are accessible for persons with restricted mobility. There is a lack of barrier-free rooms in Austria, so persons with restricted mobility can rarely be admitted to a shelter. It was not possible to obtain information on the precise number.

[There are access restrictions for asylum-seeking women and women with precarious residence status, women with disabilities and sometimes also for women with older sons.](#)

The system of shelters in Finland is open to all women, including migrant women with irregular residence statuses. In contrast, women without a residence permit are not admitted to shelters in Denmark. However, asylum-seeking women do have access. In Austria, access for asylum-seeking women and women with precarious residence status is made difficult or even refused entirely. This is caused not least by the responsibility of the national government for basic welfare provisions for asylum-seeking women, while management of the women's shelters falls within the remit of the federal states.

[There are no known measures to shorten the stay in any of the three countries.](#)

However, most people in need of protection only stay in a shelter for a period lasting from a few days to three months: In 2018, 18 percent of women stayed no longer than three days in Austria, while the corresponding figure in Finland was 27 percent. In Denmark, victims of physical violence stayed in shelters for three months on average. Women who had exclusively experienced psychological violence remained in the shelter for almost two weeks less; their average stay was 24 days longer in the case of sexual violence. The average length of stay in

Finland was 16 days in 2018. In Finland, only 2.7 percent of people stayed longer than two months; in contrast, 24 percent stayed longer than three months in Austria.

[All countries make efforts to provide support to women when they leave a shelter.](#)

Wide-ranging counselling services are legally required in Denmark and are provided by the local authorities. Some local authorities are already piloting new methods for supporting “critical transitions” with positive outcomes. Furthermore, there are follow-up support groups that facilitate the sharing of experiences and receipt of support at 12 locations. Some services dealing with domestic violence in Finland continue to support women, even after they have left the shelter. However, the follow-up care is not state-regulated in a uniform manner. In Austria, the women’s shelters provide some follow-up support for the women in the form of ambulatory counselling services, home visits, or telephone calls. Temporary homes are also provided, although it was not possible to determine their number or utilisation.

## Support for victims of sexual violence (Article 25)

*“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.”*

In regard to support for victims of sexual violence, Article 25 of the Istanbul Convention distinguishes between sexual violence referral centres that offer immediate support after an assault and rape crisis centres: The former primarily offer medical treatment and specialised forensic examinations to preserve evidence. Rape crisis centres operate in the area of long-term support, especially in the form of psychological care and legal assistance. However, the Istanbul Convention emphasises that the two types of centre do not need to be provided separately; the services can also be offered within a single centre or spread across various contact points. It is also worth noting that in addition to the specialist services researched in this paper, there are other general medical contact points such as regular hospitals that can offer acute care after sexual violence (even if they are less specialised). However, it is important to have a specialised and experienced team to support traumatised persons in their vulnerable state.

The following table provides an **overview of the crisis centres that the Istanbul Convention has deemed necessary for victims of sexual assault**, broken down for each state:

Support for victims of sexual violence (Article 25)			
Aspects	Denmark	Finland	Austria
<b>Recommendation in the Istanbul Convention: One centre per 200,000 population<sup>5</sup></b>	Not fulfilled: Short by 20 centres	Not fulfilled: Short by 24 centres	Not fulfilled: Short by 29 centres
<b>Sexual violence referral centres</b>	9 centres	2 state-run contact points	24-hour women's emergency line provided by the City of Vienna  Austria-wide victim-protection groups in

<sup>5</sup> Paragraph 142 Explanatory Report to the IC: “one such centre should be available per every 200,000 inhabitants” (CoE 2011: 26). As with the recommendations for the number of shelters, the Istanbul Convention's recommendations are based on the recommendation of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV 2008: 51). Since this is an aggregate figure for sexual violence referral centres and rape crisis centres, it is not possible to draw any nuanced conclusion on the comprehensive provision of the support system. For example, a large number of rape crisis centres might be available, but only a few forensic investigation facilities.

			hospitals (number not recorded) <sup>6</sup> 4 clinical-forensic examination centres 5 counselling centres
<b>Rape crisis centres</b>	See sexual violence referral centres	1 centre	5 counselling centres 4 violence protection centres 1 counselling centre for women with disabilities

**The support required under the Istanbul Convention for victims of sexual violence is now being assessed comparatively for the three states:**

Providing nine connected **sexual violence referral centres**, Denmark has the most comprehensive range of contact points for acute medical-forensic assistance.

The centres are located in hospitals, mostly in gynaecological departments. However, the Danish sexual violence referral centres seem less well known to the public, compared to other services that deal with violence against women. This is also connected to Denmark's focus on domestic violence, which pays insufficient attention to sexual violence as an element within domestic violence.

In Finland and Austria, there are sexual violence referral centres throughout the country. For both countries, however, concepts for the expansion of these centres already exist. There is a need to provide additional training to health and social care professionals in all three countries as well.

There are only two sexual violence referral centres in Finland, which opened in Helsinki in 2017 and Turku in 2020. Finland therefore brings up the rear, compared to the other Nordic states. The current action plan states that the centres will be expanded to include other university clinics across the country. However, the momentary implementation level is unclear. There are various contact points for emergency care following a sexual assault in Austria: The 24-hour women's emergency line of the City of Vienna and five autonomous counselling centres across Austria provide acute support to women affected by sexual violence. Furthermore, there are victim protection groups in hospitals across the country: They offer specialised care and support to victims of violence, but do not concentrate solely on sexual violence. Moreover, they are unable to perform forensic examinations, which limits the acute assistance on offer. Viewed numerically, the range of clinical-forensic contact points currently available in Austria seems insufficient. Facilities dealing with this work operate in four cities, although they have different procedures and circumstances. A concept for the nationwide expansion of clinical-forensic networks in Austria has been developed, but not yet implemented.

<sup>6</sup> Hence not included in the comparison with the IC requirements.

In Denmark, the regions are mainly responsible for funding the sexual violence referral centres. The state-run sexual violence referral centre in Helsinki, Finland, is also funded by the state. It is not clear how victim protection groups and clinical-forensic examination centres are funded in Austria. The 24-hour women's emergency line (Frauennotruf) is funded by the City of Vienna.

As one of their core tasks, the sexual violence referral centres in Denmark and Finland and the clinical-forensic examination centres in Austria provide medical treatment for victims of sexual violence.

In Austria, the victim protection groups cooperate with the hospitals to offer additional on-site medical and nursing care. The requirements for staff qualifications are enshrined in law. The sexual violence referral centres are located in hospitals in all three states, including at a number of university clinics. One of the potential benefits is that it enables rapid referrals to other departments within the hospital, which can mean less stress for the victims.

In addition to the medical treatment, emergency assistance also includes a forensic examination of the victims, including the preservation of DNA evidence if possible. As recommended by the Istanbul Convention, DNA evidence is secured and preserved in all three states, even if the victim does not initially wish to report the crime.

The evidence is kept for up to six months in Denmark and Austria. The clinical-medical examination centre in Graz is viewed as an example of good practice for state-of-the-art imaging procedures in the preservation of evidence.

Psychological counselling is another aspect of the care provided to victims of sexual violence. In Denmark and Finland, this offer can only be assessed as insufficient in comparison to Austria.

It is only offered to a limited extent in the sexual violence referral centres in Denmark, where only five sessions are available in most cases. This must be considered inadequate in regard to potential trauma and the lack of follow-up care, which is a particular problem in Denmark. Some medium-term services in Austria offer a more extensive form of psychological support. The sexual violence referral centre in Denmark and the 24-hour women's emergency line in Vienna can be reached round-the-clock and offer crisis support after an assault. Most services have limited opening hours. In Finland, even the sexual violence referral centre only offers its full range of services during the day. However, its location within the clinic enables the preservation of DNA evidence in the adjacent gynaecology department. The centres in Denmark and Finland are designed for people aged 15, 16 or older. The women's emergency line of the City of Vienna is available for women and girls aged 14 and above. One of the centres in Denmark specialises in emergency support for children. In Austria, children can use the clinical-forensic examination centres, and there are victim protection groups for adults, as well as separate ones for children.

The sexual violence referral centres are open to persons of all genders in all three states.

In 2017, 97 percent of the people seeking assistance in the Helsinki sexual violence referral centre were female. Other medium-term services, such as the ones in Austria, are only available to girls and women. There are no time restrictions on how long after a violent incident

a person may approach one of the contact points in Denmark and Austria. According to Amnesty International, persons in Finland can only be admitted to a sexual violence referral centre within one month of the assault. However, the centre in Finland tracks the health of patients for up to six months after their stay. It is not possible at this point to assess how women who do not speak the national language access the information and services. The women's emergency line run by the City of Vienna was the only service for which evidence of interpreting services was located.

In addition to the sexual violence referral centres, **rape crisis centres for supporting victims of sexual violence** may be provided. Longer-term support should consist in particular of psychological counselling, which might also include trauma therapy, as well as legal advice, support and representation by a lawyer if necessary.

[There are gaps in service delivery for the long-term support of victims of violence, especially in Denmark and Austria. Finland has three centres that offer longer-term support.](#)

The civil-society organisations that are active in the area of domestic violence point out that their focus also includes sexual violence and that they can offer advice in this area. In the case of Austria, the offers of acute emergency aid and longer-term assistance for women affected by sexual violence overlap at the women's counselling centres. The violence protection centres for domestic violence offer some support in regions in which there are no women's counselling centres for sexual violence. Austria also has a counselling centre for women with disabilities who have experienced sexual violence.

The rape crisis centres in Finland are funded by state assistance. The women's counselling centres in Austria receive funding from all levels of government. Nevertheless, their funding situation is viewed as precarious and insecure in the long term. Moreover, the conditions of assistance differ due to the federalist structure of the country. The counselling centre for women with disabilities is funded by the City of Vienna and the Federal Ministry for Health and Women.

[Both Finland and Austria exhibit clear regional gaps in the distribution of services. Especially the access to services in rural regions is a problem.](#)

A concept has already been drafted in Austria to establish more counselling centres for women affected by sexual violence. Its implementation in the federal states that had previously lacked these services will be audited over the period leading up to late November 2020. Most of the longer-term support services are not available 24/7 in all three states. Access is also more difficult for women who do not speak the national language. Austria has a separate counselling centre for women with disabilities who have experienced sexual violence. There are no records of any such service in Finland or Denmark.

[It is clear that the establishment of networks between various actors and services is crucial; not only in acute support but also in longer-term assistance for victims of sexual violence, and that this has not yet been sufficiently implemented in some areas so far.](#)

The establishment of networks between different actors and services firstly enables the optimisation of procedures for dealing with victims of sexual violence and secondly allows for

the pooling and hence the more efficient use of scarce resources. In Austria, for example, the Styrian Network against Sexual Violence brings together government authorities, professionals, institutions and other relevant stakeholders. Moreover, there are plans for a representative of a violence protection centre to be involved in the work of the victim protection groups as well. The comprehensive availability of contact points in all three countries lags behind the requirements. The organisations within the state-coordinated network FMS create an institutional structure in Finland, as they also provide counselling on sexual violence. Stronger cooperation with the three rape crisis centres and the sexual violence referral centre could improve service delivery here. The funding of some services has proved problematic in Austria. At present, planning at political level is focussed on the necessary task of expanding counselling centres for women affected by sexual violence. Nonetheless, it is also indispensable to stabilise the funding of existing services if a sustainable support structure is to be assured. Denmark excels with its institutionalised structure for acute support, but has major gaps in the provision of psychological support to victims over the longer term.

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