Sweden’s response to the letter from the Special Rapporteur on physical and mental health

See below response from Sweden to the questions 1.1-1.7, 4, 5, 6, 8 and 9.

1.1 Gender based violence against women

The statistics below is based on the Swedish Crime Survey (SCS) which is an annual survey on, inter alia victimization of certain crimes in the Swedish population (persons aged 16 – 84 years old). The number of victimized individuals is estimations based on the percentage who stated that they were subjected to the specific crime. Please note that this is not equivalent to the number of reported crimes. Please also note that SCS-data does not specify if the crime was gender-based or not. The data presented below covers crimes that, according to the definitions in the questionnaire may be gender-based.

**Victimization according to the SCS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** |
| *Assault, percentage* | 2,3 | 2,5 | 2,8 | 2,7 | 2,2 |
| *Assault, individuals (est.)* | 97 000 | 107 000 | 119 000 | 113 000 | 95 000 |
| *Threat, percentage* | 7,6 | 8,0 | 8,9 | 8,9 | 8,1 |
| *Threat, individuals (est.)* | 315 000 | 339 000 | 374 000 | 375 000 | 345 000 |
| *Sexual offences\*, percentage* | 8,0 | 10,7 | 9,9 | 9,4 | 7,7 |
| *Sexual offences\*, individuals (est.)* | 331 000 | 450 000 | 420 000 | 397 000 | 328 000 |
| *Online harassment, percentage* | 2,0 | 2,1 | 2,3 | 2,4 | 2,4 |
| *Online harassment, individuals (est.)* | 82 000 | 90 000 | 98 000 | 102 000 | 102 000 |
| *Harassment, percentage* | N.A. | N.A. | N.A. | 7,6 | 6,9 |

\*Including, for example, offensive, sexual comments in speech or writing, forced sexual acts or rape. Incidents could have happened at home, at school, at work, on the internet or in another location.

When women are subjected to assault, the perpetrator is typically a friend/acquaintance or present/former partner (30 resp. 29 percent). As for threats, the perpetrator is typically unknown to the victim (37 %). As for sexual offences, the perpetrator is typically unknown (52 %) followed by a friend/acquaintance (27 %). When it comes to harassment, 32 % are unknown, 29 % a friend or acquaintance, and 22 % a past or present partner.

**Confirmed cases of lethal violence**

Number of confirmed cases of lethal violence against women and girls (reported cases of lethal violence where lethal violence is highly likely to be the cause of death). 18 years or older, under the age of 18, total, by former/present intimate partner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Women (18 years or older)** | **Girls (under the age of 18 years)** | **Total (women and girls)** | **By former/present intimate partner** |
| *2016* | N.A. | N.A. | 29 | 18 |
| *2017* | N.A. | N.A. | 27 | 10 |
| *2018* | 29 | 4 | 33 | 22 |
| *2019* | 23 | 2 | 25 | 16 |
| *2020* | 23 | 2 | 25 | 13 |

1.2 Gender based violence and other forms of violence against children

The statistics below represents respondents aged 16 – 19 in the Swedish Crime Survey. Estimation of number of individuals is not available.

**Victimization according to the SCS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** |
| *Assault, percentage* | 8,0 | 8,4 | 9,2 | 10,2 | 8,3 |
| *Threat, percentage* | 12,0 | 11,6 | 14,0 | 15,0 | 13,5 |
| *Sexual offences\*, percentage* | 14,7 | 19,7 | 18,0 | 16,0 | 15,0 |
| *Online harassment, percentage* | 5,8 | 5,8 | 6,4 | 6,9 | 6,7 |
| *Harassment, percentage* | N.A. | N.A. | N.A. | 12,0 | 10,8 |
| *Robbery, percentage* | 1,5 | 2,1 | 2,7 | 3,3 | 3,0 |

1.3 Gender based violence against LGBTI etc.

Available statistics consists of self-reported exposure to hate crime where the motive is sexual orientation or transgender identity or expression. Hate crime can target not only individuals, but also associations, institutions, or representatives.

The data from the SCS includes the percentage of persons who, as victims, have stated a hate crime motive for an assault, threatening behaviour, sexual crime, robbery, harassment, or online harassment. Among those persons in the 2019 SCS stating that they had been exposed to one of the aforementioned crimes, a total of 6 percent stated sexual orientation as hate crime motive (4,7 % of women, 7 % of men). 1,0 % of men and 1,1 % of women stated transgender identity or expression as motive.

1.4 Violence against persons with disabilities, including GBV.

Swedish crime statistics do not include data on persons with disabilities.

1.5 Gender based violence against men

**Victimization according to the SCS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** |
| *Assault, percentage* | 4,0 | 4,1 | 4,4 | 4,6 | 3,5 |
| *Assault, individuals (est.)* | 148 000 | 153 000 | 166 000 | 178 000 | 135 000 |
| *Threat, percentage* | 8,1 | 8,6 | 9,4 | 9,5 | 8,8 |
| *Threat, individuals (est.)* | 300 000 | 320 000 | 354 000 | 368 000 | 343 000 |
| *Sexual offences\*, percentage* | 1,0 | 1,6 | 1,6 | 1,4 | 1,2 |
| *Sexual offences\*, individuals (est.)* | 39 000 | 58 000 | 62 000 | 54 000 | 47 000 |
| *Online harassment, percentage* | 1,9 | 2,1 | 2,8 | 2,8 | 2,6 |
| *Online harassment, individuals (est.)* | 70 000 | 80 000 | 106 000 | 107 000 | 103 000 |
| *Harassment, percentage* | N.A. | N.A. | N.A. | 5,2 | 5,0 |

When men are subjected to assault, the perpetrator is typically unknown to the victim (55 %). For threat, the percentage of unknown perpetrators is even higher: 69 %. Unknown perpetrators are also most common for harassment (41%), followed by a friend/acquaintance (34 %).

**Confirmed cases of lethal violence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Men (18 years or older)** | **Boys (under the age of 18 years)** | **Total (men and boys)** | **By former/present intimate partner** |
| *2016* | N.A. | N.A. | 75 | N.A. |
| *2017* | N.A. | N.A. | 86 | 1 |
| *2018* | 71 | 4 | 75 | 4 |
| *2019* | 84 | 2 | 86 | 2 |
| *2020* | 88 | 10 | 98 | 4 |

1.6 Conflict gender-based violence

Swedish crime statistics do not include data on gender-based violence in conflicts.

1.7 The impact of COVID

The fact that the pandemic entails limited opportunities for socializing outside of the home may lead to a reduction in crimes that often occur through physical interaction with an unknown perpetrator, such as robbery and assault. The results of the most recent SCS shows that the self-reported exposure to crime against individuals has decreased in the past year (2020) in most of the types of crime included in the SCS and those crimes included in the data presented above. This indicates that the changed lifestyle patterns that the pandemic has brought about have had an impact on the results.

To gain a greater understanding of the pandemic's effects on crime, a separate module with questions related to the pandemic was included the annual Swedish Crime Survey conducted in 2021. Questions related to crimes in the homes have been included. The results will be published in 2022.

## 4. Please also share information on the impact of criminalization of sex work, same sex relations, transgender persons, abortion, drug abuse, harmful practices in obstetric care, female genital mutilation on the violence experienced by the affected individuals and their enjoyment of the right to health.

All residents in Sweden have the right to publicly funded healthcare, including those who have been exposed to violence etc. The county councils are responsible for planning, organizing and financing healthcare.

**5. Please share information on the health and other type of responses provided by the State and/or other actors in your country/ies or regions in focus to survivors of each/some of the aforementioned forms of violence. Please assess what works well and not so well, and whether COVID-19 impacted the response and how.**

The Government's overall goal is that everyone who has been subjected to sexual violence, regardless of character and regardless of whether the victim is a child or an adult, should have access to good care based on the best available knowledge. Sweden is a pioneer in the work to prevent and combat all forms of violence. This includes streng­thening the ability to support those who have been exposed to violence.

The county councils in Sweden are responsible for healthcare, including healthcare for those who have been exposed to violence. The healthcare is publicly funded through tax funds. However, the Government has seen a need for national initiatives to meet the challenges that exist in this part of healthcare. The Government has entered into an agreement with The Swedish Association of Local Authorities and Regions (SALAR), an organisation which represents the Swedish regions and municipalities, on women's health and maternity care, which contains investments in healthcare for people who have been subjected to sexual violence. The initiative aims to stimulate a strengthen­ed long-term sustainable competence as well as equal care throughout the country for people who have been exposed to sexual violence, including a clear and cohesive chain of care.

Since 2016, the government funds allocated to the area of mental health has more than doubled, from 1 billion SEK in 2016 to 2,2 billion SEK in 2021. For 2021 1,7 billion SEK is allocated through an agreement in the area of mental health with SALAR.

The purpose of the agreements is to improve the Swedish regions and municipalities work in the area of mental health in accordance with the national mental health plan. The agreement includes efforts to strengthen promotion and prevention, including suicide prevention and to increase the accessibility and quality in mental health care and social care. All efforts are based on a gender equality perspective. A target initiative in the latter agreement is to strengthen and develop the psychiatric trauma care, for example for individuals that has been subjected to sexual violence. During 2021 50 million SEK has been allocated to the regions for this purpose.

The Government has furthermore commissioned the Swedish Public Health Agency and the National Board of Health and Welfare, in close collaboration with 24 other authorities, to submit a proposal for a new strategy in the area of mental health and suicide prevention. The aim of the strategy is to secure a good an equal mental health status in the whole population by increasing promoting and preventing measures in all sectors and in all levels of society. The mission will be reported in September 2023.

**6. Please specify the budget allocated in your country/ies in focus, to health related response to survivors of all/some forms of violence mentioned above. Please indicate the percentage of the national budget devoted to this; the percentage of the international aid provided or received for this. Please explain the impact of Covid 19 to the funding of responses to all/some forms of violence in your State/institution.**

The county councils in Sweden are responsible for offering healthcare to all resident in the regions. The healthcare is publicly financed through tax funds.

**8. Please share examples of good practices and examples of comprehensive health responses to survivors of violence and indicate efficient multi-sectorial efforts at the community, national, regional and international levels by State or non-State actors.**

The health care that is provided for victims of sexual violence is a primary responsibility for the regions. It is thus up to the regions to decide how care should be organized in order to meet the needs of the patient group. Special specialist clinics for victims of sexual violence is one way of organizing care.

In 6 regions out of 21 there are established specialised clinics for victims of sexual violence. Two more regions have started an examination of the possibilities to start special clinics for the patient group in the future. With the support of the funds from the agreement between the Government and SALAR in the area of women's health and maternity care 16 regions plan to implement initiatives in 2021 that aim to strengthen care for people who have been subjected to sexual violence. Among these initiatives are efforts to understand the needs as well as inventories or surveys of what the care process looks like, but also to start special clinics.

**9. Please describe State and other actors initiatives and measures to prevent these forms of violence, specific budget allocated to prevention, and good practices in this regard.**

According to the Patient Safety Act, all healthcare providers must plan, lead and control health and medical care activities, including care for victims of violence, to ensure that the requirement for good care according to the Health and Medical Care Act is maintained.

The healthcare staff must carry out their work in accordance with science and proven experience. A patient must be given expert and caring healthcare that meets these requirements. The care must, as far as possible, be designed and implemented in consultation with the patient. The patient must be shown care and respect.

The healthcare provider must take the necessary measures to prevent all forms of healthcare injuries. Furthermore, incidents, that have caused or could have caused an injury, must be investigated. The purpose of the investigation should be to clarify the course of events as far as possible and decide on measures to prevent similar events from happening again. Patients and their relatives must be given the opportunity to participate in patient safety work.

If the patient reports a complaint, the care provider must respond to the complaint as soon as possible in an appropriate manner and with regard to the nature of the complaint and the individual's ability to assimilate information, According the Act on Support for Complaints against Health Care. The patient must be given an explanation of what has happened and, if applicable, a description of what measures the care provider intends to take so that the incident does not occur again. The Patient Board can help the patient to present complaints and to have their complaints answered by the care provider.

The Swedish Health and Care Inspectorate is tasked with supervising the health and medical care system and its staff to ensure that the population receives care that is safe, of good quality and conducted in accordance with laws and other regulations.

If the Swedish Health and Care Inspectorate becomes aware that health care personnel do not fulfill their obligations under the Patient Safety Act or any other regulation that applies to health and medical care activities, the Inspectorate should take measures to ensure that the obligations are fulfilled.

If there are reasons for a decision on probation, revocation of other authority to practice a profession in health care or restriction of prescribing rights according the inspectorate shall report this to the Health Care Liability Committee, which in turn may decide on such probationary period or revoked identification.

If health and medical care personnel are reasonably suspected of having committed a crime in the exercise of their profession for which imprisonment is prescribed, the Swedish Health and Care Inspectorate should, make a report for prosecution.