

Universal Periodic Review of Norway

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Sexual Rights Initiative

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SEXUAL RIGHTS INITIATIVE

Key Words: rape, sexual violence, sexual health, sexual rights, reproductive health, reproductive rights, sexuality, gender equality, gender stereotypes, sexuality education.

Executive Summary

1. This report is jointly submitted by Sex og Politikk¹ and the Sexual Rights Initiative² (SRI). This report focuses on rape in the context of sexual and reproductive health and rights. Rape (and other forms of sexual violence) is an issue of both sexual rights and an issue of women's rights and gender equality. The Norwegian government has implemented some measures to combat rape, but is still short on implementing several crucial measures, in particular in regards to challenging prevalent rape myths and prejudices and addressing the high number of rapes, low number of rapes reported to the police, and high number of acquittals in rape cases.

Background

1. In 2008 the commission appointed by the Government to investigate rape estimated that between 8 000 and 16 000 persons a year were victims of rape or attempted rape in Norway. Women and girls are at significantly higher risk of experiencing rape and other forms of sexual violence compared to men and boys. The commission further estimated that 90 % of the cases are never reported to the police³. Where cases are reported, a high number, at least 80 %, are dropped before reaching court⁴. The level of acquittals in rape cases are high, and the sentences tend to be lenient, as has been criticised by the Committee on the Elimination of Discrimination against Women.⁵ The criticism of lenient sentencing was put forward two years after the 2010 review of sentence provisions for sexual offences, when the Parliament subsequently enacted a 30% average increase for the existing minimum sentences for sexual offences. The implementation included raising the minimum sentence for rape from 2 to 3 years.
2. Rape is a societal issue, a public health problem and constitutes a human rights violation. Acts of sexual violence contradict several Human Rights agreements ratified by Norway, including The European Convention on Human Rights, The International Covenant on Civil and Political Rights and The Convention on the Elimination of All Forms of Discrimination against Women.
3. Two main issues regarding the legal definition of rape are prevalent. Firstly, the General Penal Code includes the requirement of the use of threat or force. This definition has been criticised by Amnesty International and by The Committee on the Elimination of Discrimination against Women. Amnesty International has concluded that the use of violence or threats of violence define the "seriousness" of rape in Norway⁶. The Committee

¹ Sex og Politikk - the Norwegian association for sexual and reproductive health and rights, is a non-governmental organisation working to promote and provide information about sexual and reproductive health and rights (SRHR), both in Norway and internationally.

² The Sexual Rights Initiative (SRI) is a coalition of organizations that advocates for the advancement of human rights in relation to gender and sexuality within international law and policy. The SRI focuses its efforts particularly on the work of the United Nations Human Rights Council, including its resolutions and debates as well as the work of the Universal Periodic Review mechanism and the system of Special Procedures. The SRI combines feminist and queer analyses with a social justice perspective and a focus on the human rights of all marginalized communities and of young people. It seeks to bring a global perspective to the Human Rights Council, and collaborates in its work with local and national organizations and networks of sexual and reproductive rights advocates, particularly from the Global South and Eastern Europe. The SRI partners are: Action Canada for Population and Development, Akahatá - Equipo de Trabajo en Sexualidades y Generos, Coalition of African Lesbians, Creating Resources for Empowerment in Action (India), Egyptian Initiative for Personal Rights, and Federation for Women and Family Planning (Poland).

³ Fra ord til handling – bekjempelse av voldtekt krever handling, NOU 200:4

⁴ Fra ord til handling – bekjempelse av voldtekt krever handling, NOU 200:4

⁵ "Concluding observations of the Committee on the Elimination of Discrimination against Women», CEDAW/C/NOR/CO/8, 2012

⁶ Amnesty International, *Case Closed: Rape and Human Rights in the Nordic Countries : Summary Report*, March 2010, ACT 77/001/2010, available at: <http://www.refworld.org/docid/4c7f607f2.html>

on the Elimination of Discrimination against Women has recommended adopting a legal definition of rape in the Penal Code so as to place the lack of consent at its centre⁷. Secondly, misperceptions of what constitutes rape are widespread amongst young people. The General Penal Codes definition of rape includes “engaging in sexual activity with somebody who is unconscious or for any other reason incapable of resisting the act”. However, a survey conducted by Reform, Norwegian resource centre for men, found that 10 per cent of the young men (age 18-23) asked did not consider having sex with a sleeping girl rape⁸.

National surveys

4. There are few national surveys on rape and other forms of sexual violence based on responses from the general public. The most recent and representative survey was carried out by the University of Bergen in 2012. The results show that incidences of unwanted sexual intercourse are highly prevalent in Norway; 16.3 % of women and 1.6 % of men reported having experienced unwanted intercourse after the age of 16 years or older. Further, there was a relatively high prevalence of sexual abuse before the age of 16 years; this was reported by 11.4 % of women and by 0.9 % of men⁹. The prevalence of both unwanted sexual behaviour and unwanted sexual acts was also frequently reported.
5. The Norwegian Centre for Violence and Traumatic Stress Studies is currently working on a national study on domestic violence, including rape. This is a much needed project of great importance. However, more information is needed. Systematic knowledge is currently limited, both in scale and for qualitative-based knowledge, on the topic. Systematic knowledge is crucial for developing and maintaining high quality measures on prevention, help and assistance services, reporting and prosecution. Large-scale, representative surveys (using the same methods) must be completed regularly and over time to ensure that the history and potential changes are documented.
6. Amnesty International Norway and Dixi Resource Centre for survivors of rape have conducted studies on attitudes towards rape. The results revealed that a high number of people believe that women are (partly) to blame for being raped under certain circumstances. Such believed circumstances include being under the influence of alcohol, wearing “revealing” clothing, or walking outdoors alone during night time¹⁰. Gender stereotyping, as well as myths and prejudices about ‘deserving’ and ‘undeserving’ victims, the ‘likely’ and the ‘unlikely’ perpetrator, and an assumption that a high number of rape accusations are false are widespread, as demonstrated by such studies. This discourse undoubtedly influences the number of reported rapes, the outcome of reported cases, the manner in which rape cases are presented in the media, and the number of people availing of available help and services, as well as several other factors. The prevailing negative gender stereotypes, which perpetuate this discourse can be challenged by knowledge and information, e.g. via public awareness campaigns and sexuality education. An awareness raising campaign is currently being developed by the National Norwegian Crime Prevention Council (KRAD). The campaign is one of many measures mentioned in a recent plan of action to combat rape.

⁷ CEDAW/C/NOR/CO/8

⁸ Forebyggende tiltak rettet mot gutters og yngre menns kjærestevold, Reform, 2012 <http://www.reform.no/images/stories/Kjarestevoldrapport.pdf>

⁹ Tidsskrift for Norsk Psykologforening, Vol 49, nummer 10, 2012, p. 950-957, http://www.psykologtidsskriftet.no/?seks_id=274742&a=2

¹⁰ "Undersøkelse om voldtekt" Amnesty International Norge/Ipsos MMI, 2013; Rapport fra spørreundersøkelse om voldtekt, DIXI/Norsk Gallup, 2012, Rapport om voldtekt, Dixi and TNS Gallup, 2012 <http://www.dixi.no/rapport-fra-sporreundersokelse-om-voldtekt-2/>

7. The government recently launched a plan of action for equality¹¹ and a plan of action for rape¹². This is positive, and both documents include a number of good measures. However, there are no formal obligations to follow up on the recommended measures, nor specifically assigned funds to ensure completion of the actions. Many of the measures listed in the 2012 plan of action against rape are based on a 2008 report by a government appointed committee on rape. This committee was established as one of the actions taken by the Norwegian government in response to repeated criticism from the CEDAW committee on the Norwegian government's efforts to prevent and penalise rape. Some recommendations from this report are still not acted upon five years on. These include, but are not limited to, the recommendation to implement sexual violence as a subject in sexuality education for students in upper secondary school, the recommendation to implement courses on the effects of rape for all judges, and the recommendation to safeguard required psychiatric services to all survivors of rape for one year, free of charge.

Vulnerable groups

8. Some groups are particularly vulnerable to experiencing rape. Women affected by prostitution and trafficking, and women with addictions are high-risk groups¹³. National and international studies show that when compared to the general public, people with disabilities are more likely to experience sexual violence. Studies further show that such violations against people with disabilities often continue over time, and are of more serious character¹⁴. Aspects such as low income and unemployment have also been found to be indicators of higher prevalence of rape¹⁵. Studies have also shown a high occurrence of rape amongst young people, indicating that young age is also a risk factor. Such findings give support to the arguments stressing the importance of sexuality education and awareness raising campaigns in preventing rape.
9. Further, rape could be a component in forced marriage and "honour" violence. There are no annual statistics on the number of individuals subjected to these forms of human rights violations in Norway and therefore more information and knowledge is needed in this area. However, organisations working in the area, including The Directorate of Integration and Diversity (IMDi), report an increase in the number of people making contact and using their services for help and information regarding forced marriage and "honour" violence. Several plans of action on forced marriage have been published over the last few years. Little or no mention of rape and sexual violence is included in these. Focus on people subjected to forced marriage and honour violence should be included in the Governments work and strategies, both on forced marriage and honour violence, and on sexual violence and rape.

Men and LGBTQ¹⁶

10. The number of men reporting rape is low. According to the sexual assault treatment unit in Oslo, around five percent of the patients are men¹⁷. The annual reports show that this number has been stable for years. It is assumed that rape is grossly underreported, for

¹¹ «Likestilling 2014 -regjeringens handlingsplan for likestilling mellom kjønnene», Barne-, likestillings- og inkluderingsdepartementet, 2011

¹² «Handlingsplan mot voldtekt 2012-2014», Justis- og Beredskapsdepartementet, 2012

¹³ «Voldtekt i den globale byen 2011: Anmeldelser og medieoppslag» Sætre og Grytdal 2012

¹⁴ Olsvik, Vigdis Mathisen (2010): Overgrep mot kvinner med nedsatt funksjonsevne - en kunnskapsoversikt. Oslo: Nasjonalt kunnskapssenter om vold og traumatisk stress. Nettpublikasjon/Online publication

¹⁵ «Den skjulte volden? En undersøkelse av Oslobefolkningens utsatthet for trusler, vold og seksuelle overgrep», Pape og Stefansen, 2004

¹⁶ Lesbian, Gay, Bisexual, Transgender, Queer and Intersex

¹⁷ http://www.legevakten.oslo.kommune.no/getfile.php/Helseetaten%20%28HEL%29/Internett%20%28HEL%29/Dokumenter/Tall%20fra%20Overgrepsmottaket%202011_%20Helseetaten_kval.pdf

men as for women. Contributing factors to the low reporting from men could be due to the understanding of rape victims as “female” and rape perpetrators as “male”, and other gendered stereotypes¹⁸.

11. Information on prevalence of LGBTQI experiences of sexual violence is limited. More information could throw light on whether or not LGBTQI is a high risk group, and potential effect stereotypical gender roles and perceptions might have for LGBTQI survivors of rape. It is of high importance that adequate knowledge, and understanding of, LGBTQI victims of rape is ensured so as to provide satisfactory help and services to *all* persons having experienced rape, regardless of gender.

Assault clinics and help services

12. The 2013 UN Commission on the Status of Women and the 2005 UN Commission on Human Rights resolution on the elimination of violence against women both state the rights of survivors of violence to access services and information¹⁹. The commissions stress the importance of providing comprehensible and accessible healthcare services and programmes, including knowledgeable and trained healthcare providers. This is crucial both to recognise and identify people having experienced sexual violence and to minimise physical and physiological consequences.
13. Sexual assault clinics are operative in all Norwegian counties. Some clinics are linked to the public hospitals; others are connected to the emergency room services. The clinics are not statutory²⁰. Statutory clinics could regulate the provision of comprehensive and equal services, rather than risk patients unequal access to services that ranges in quality and type, depending on the clinic attended. As per today, the lack of statutory clinics results in patients accessing varied services and information, depending where in the country they reside. Services are thus not necessarily available or distributed fairly. Coordination and continuity of individual clinics is also very varied, and there are different practices for safeguarding the transitions between the various agencies that a survivor relates to. Communication and smooth transitions between relevant agencies is critical. People are more likely to fall outside the support system where the transitions are poor²¹. Statutory sexual assault centres will carry national standards for responsibilities and services offered, a stable and predictable budgetary framework and more comparable services, regardless of which clinic you attend.
14. The government recently made a proposal to close down the existing clinics to reorganise the existing structure of the sexual assault clinics. The suggestion included a move from the primary care structure (emergency rooms) to the specialist care structure. The proposal also included a parting of the services for victims of domestic violence and the services for victims of rape and sexual violence. Consequently, the high number of people subjected to domestic violence, including rape and other forms of sexual violence, would not be eligible to use the services and benefit from the competency of the sexual assault clinics. The proposal has been met with solid opposition from health care workers and organisations working with survivors of rape.

¹⁸ «Fra de stummes leir. Menns beretninger om seksuelle overgrep fra kvinner og menn», Svendby, 2011

https://www.duo.uio.no/bitstream/handle/10852/16185/Fra_de_stummes_leir_Rannveig_Svendby.pdf?sequence=2

¹⁹ CSW E/CN.6/2013/L.5 and CHR Res. 2005/41

²⁰ There are no formal or legally binding national guidelines and standards for the organisational and financial framework regarding sexual assault clinics in Norway.

²¹ “Det beste må ikke bli det godes fiende!”, Eide, 2012, <http://nordlandsforskning.no/publikasjoner/rapporter/1564-overgrepsmottak>

15. A number of the sexual assault clinics cannot afford to pay for both a nurse and a doctor on standby duty, despite this being a significant factor in being able to receive patients in a quick and efficient manner.²² As a result, some patients choose not to wait until available staff members arrive. When patients do choose to wait, the possibility of securing DNA, which is crucial for a potential investigation, is rapidly decreasing during the wait.
16. The clinics put substantial time, resources and effort into effecting responsibilities related to forensic medicine. Sufficient training and pay must be available to ensure high quality results of these tasks. It is further of outmost importance that all such results are subsequently collected by the police if the case is reported. As per today, this is not always the case. According to a study focusing on the sexual assault clinic in Oslo, the police collected biological evidence in 50 % of the reported cases, and documentation on damages in 84 % of the reported cases.²³
17. Several sexual assault clinics do not have the capacity to offer follow-up counselling services to people attending the clinic. Some clinics offer 6-8 follow-up meetings with a care worker, while others do not have the financial resources or organisational framework to facilitate such services. Affordable and accessible counselling is inaccessible to many, both in terms of crisis counselling and long term counselling.

Training programmes for people working with survivors of rape

18. Individuals studying to work in, or currently working in, professions in which they are likely to encounter victims (or perpetrators) do not currently receive relevant and updated training on rape and sexual abuse²⁴. The Committee on rape stated in the 2008 report that "increased expertise is a necessary condition for all implicated groups to engage in effective prevention at all levels". Relevant training, both for people working with high-risk groups and with victims or perpetrators (doctors, school nurses, social workers, care workers) is crucial, both for preventing rape and sexual abuse, and for assisting and informing about help and services available. Lack of knowledge and training could be a contributing factor to the low numbers of reported rapes, and the high prevalence of shame, isolation and self-blame amongst survivors of rape.
19. The number of reported rape cases in Norway is low, whilst the number of both dismissed cases and acquittals are high. This is due to several reasons, including lack of or insufficient evidence, unknown or unidentified perpetrator, or that the incident does not comply with the legal definition of rape²⁵. Additionally, prejudices about gender stereotypes and perceptions of "correct" sexual behaviour and moral has been found to be prevalent among jury members²⁶. Training of professional judges and lay judges (making up the juries) must therefore be provided to challenge the high levels of acquittals. This was recently recommended by the Committee on the Elimination of Discrimination against Women²⁷. Such training programmes should include information about the consequences of a rape to the victim, rape myths and gender stereotypes present in the public discourse

²² "Det beste må ikke bli det godes fiende!", Eide, 2012, <http://nordlandsforskning.no/publikasjoner/rapporter/1564-overgrepsmottak>

²³ "Politikk for likestilling», Skjeie, 2012, page 280

²⁴ Saur, R. (2007). Vold i nære relasjoner. Forslag til felles opplæringstiltak for ansatte i relevante hjelpetjenester. Oslo: Nasjonalt kunnskapssenter om vold og traumatisk stress(NKVTS)., Sogn, H. (2007). Undervisning om vold ved universiteter og høyskoler. Oslo: Nasjonalt

kunnskapssenter om vold og traumatisk stress.(Notat 2/2007),); Øverlien, C., & Sogn, H. (2007). Kunnskap gir mot til å se og trygghet til å handle. Oslo: Nasjonalt kunnskapssenter om vold og traumatisk stress.(Rapport 3/2007)

²⁵ «Voldtekt i den globale byen 2011: Anmeldelser og medieoppslag» Sætre og Grytdal 2012

²⁶ «En undersøkelse av kvaliteten på påtalevedtak i voldtektssaker som har endt med frifinnelse m.v.» Soknes et al., Riksadvokatens utredningsgrupper – rapport nr. 1/2007

²⁷ CEDAW/C/NOR/CO/8

on rape, prejudices about “deserving” and “undeserving” victims, and “likely” and “unlikely” perpetrators.

Perpetrators

20. The existing knowledge about persons who have committed rape is very limited. A comprehensive status report on knowledge on rape and perpetrators has been published by The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)²⁸. The concluding remarks include notes on the limitations of existing knowledge and information, as well as stressing the lack of focus on primary prevention strategies. The conclusion further includes a note on the need for specific focus on perpetrators of “non-violent” rapists, to expand the perception of “types” or “likely” perpetrators. More information on perpetrators could contribute to extended and better help services for perpetrators, and potentially contribute to a decrease the number of rapes. More data on perpetrators could also contribute to high quality awareness raising and information campaigns directed at potential rapists. The report further stresses the importance of focusing on the perpetrators rather than the victims in the efforts to prevent rape, and on making particular efforts towards teenagers and young adults. The recommendations regarding reaching the young population include training programmes on rape and sexual violence for people working with this age group.

Sexuality education

21. Many people experiencing rape and other forms of sexual violence are teenagers and young adults²⁹. Sexuality education is of great importance to enhance young people’s sexual health and wellbeing, and work to dispel negative gender stereotypes, and forms of gender-based discrimination, stigma and violence. Successful sexuality education should include accurate information, opportunities to explore values, attitudes and norms, enhance the acquisition of interpersonal and relationship skills as well as respect, acceptance, tolerance and empathy³⁰. Sexuality education materials should help young people develop autonomy to be able to make free and informed choices about their sexual lives, and to provide the pupils with knowledge regarding their sexual rights. Comprehensive sexuality education can also help challenge negative gender norms and stereotypes.

22. The Norwegian school curricula for primary school and lower secondary school (age 6-16 years) includes a small selection of competency objectives in which themes related to sexuality are embedded. As a result of a recent review of the objectives, some of these are now clearer and less ambiguous. This is a step forward, but not sufficient to guarantee comprehensive sexuality education for all pupils. The current objectives for upper secondary school (age 16-18 years) include no explicit mention of sexuality, gender-based violence or negative gender stereotypes.

23. Sexuality education is not obligatory in Norway, and is consequently dependent on the school a pupil attends. This is a violation of general comment 4 of the UN Committee on the Rights of the Child, stating that “it is the obligation of States parties to ensure that all adolescent girls and boys, both in and out of school, are provided with, and not denied, accurate and appropriate information on how to protect their health and development and

²⁸ «Menn som har begått voldtekt – en kunnskapsstatus» Kruse, Strandmoen, Skjørten, 2013

<http://www.nkvts.no/biblioteket/Publikasjoner/Menn-som-har-begaatt-voldtekt.pdf>

²⁹ Tidsskrift for Norsk Psykologforening, Vol 49, nummer 10, 2012, side 950-957

³⁰ “Education: An evidence informed approach to effective sex, relationships and HIV/STI education”, UNESCO, 2009

practice healthy behaviours.”³¹ This should include the information on “safe and respectful social and sexual behaviours.” Introducing obligatory sexuality education including set goals and topics, as well as appropriate measures for follow-up on the provision, would contribute to equal and comprehensive sexuality education for all pupils attending compulsory school.

Follow-up on recommendations from the 1st cycle of the Universal Periodic Review (UPR)

24. Recommendation n°23 from the 2009 UPR reads: “Strengthen its preventative measures in the areas of rape and domestic violence, looking more deeply into the statistical data to better understand the causes, developing effective policies and targeted prevention campaigns, education and awareness-raising among young people and adopting measures that are geared to changing the models and patterns that result in stereotyping of women.”³² As explained in the sections above, the recommendation has been partially implemented, including through new competency objectives in education, government action plans both for gender equality and for rape, and an initiated awareness raising campaign on rape (this is still in progress).

Recommendations

Comprehensive Sexuality Education & Awareness Raising

25. Ensure obligatory sexuality education in primary and secondary school, including the special education system (Ministry of Education and Research).
26. Include training and courses on sexuality and strategies for eliminating negative gender stereotypes, and gender-based stigma, discrimination and violence in study programmes for teachers and school nurses (Ministry of Education and Research).
27. Include specific curriculum on challenging stereotypes and prejudices on rape, in particular the discourse categorising ‘deserving’ and ‘undeserving’ victims, and ‘likely’ and ‘unlikely’ perpetrators (Ministry of Education and Research).
28. Increase people’s awareness of what legally constitutes rape (The Ministry of Children, Equality and Social Inclusion; Ministry of Health and Care Services; Ministry of Justice and Public Security).
29. Distribute information about rape, gender stereotypes, myths and prejudices related to rape, and information about relevant rights and what help is available to the general public. Such information should be accessible to young people, adults and professionals working with high-risk groups or who are in direct contact with victims of sexual abuse (Ministry of Education and Research; Ministry of Health and Care Services; Ministry of Children, Equality and Social Inclusion).

Data collection

30. Complete national surveys on rape and other forms of sexual violence on a regular basis, to enhance knowledge and thus facilitate the development of effective policies, education and campaigns. (Ministry of Children, Equality and Social Inclusion; Ministry of Health and Care Services).
31. Identify plans and strategies on how to collect more information and knowledge about people who have committed rape, and follow up on these (Ministry of Justice and Public Security).
32. Ensure that the police collect and make use of all forensic information and materials from the sexual assault clinics if the case is reported (Ministry of Justice and Public Security).

³¹CRC/GC/2003/4 [http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/504f2a64b22940d4c1256e1c0042dd4a/\\$FILE/G0342724.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/504f2a64b22940d4c1256e1c0042dd4a/$FILE/G0342724.pdf), page 7

³² <http://www.upr-info.org/followup/assessments/session19/norway/MIA-Norway.pdf>

33. Ensure national plans of action on forced marriage include reference to and information pertaining to rape and sexual violence. (Ministry of Health and Care Services; Ministry of Children, Equality and Social Inclusion; Ministry of Justice and Public Security).
34. Increase knowledge and information about men (and people identifying as LGBTQI) who have experienced rape, and ensure that the knowledge about and services for men is addressed (without detriment to the needs of women) (The Ministry of Children, Equality and Social Inclusion; Ministry of Health and Care Services).

Capacity building

35. Make relevant training on consequences of rape, gender stereotypes and rape myths available and obligatory for police officers, jury members, judges and other people involved in the legal proceedings of a rape case (Ministry of Education and Research).
36. Provide high quality and updated relevant training on rape and sexual violence for people in professions/study programmes in which they are likely to encounter victims of rape. This includes nurses, doctors, school nurses, care workers, social workers, therapists and other relevant professions and study programmes (Ministry of Education and Research; Ministry of Health and Care Services).
37. Ensure that professionals working with people in high-risk groups have adequate knowledge and skills, including strategies on how to follow-up on reports or suspicion of incidence, to signal sexual abuse, and to support and treat victims of sexual abuse in non-discriminatory manner (Ministry of Education and Research; Ministry of Health and Care Services).

Financial resources

38. Ensure a post in the national budget making preventive work possible (Cross-departmental).
39. Ensure follow-up mechanisms and specifically-assigned financial resources are in place to ensure efficient implementation of the plan of action for equality³³ and the plan of action for rape³⁴ (Cross-departmental).

Service provision

40. Ensure that institutions for people in high-risk groups have an adequate policy with regard to rape and other forms of sexual violence, and that this policy is implemented (Ministry of Health and Care Services).
41. Ensure all clinics are statutory sexual assault clinics as to ensure equal services and stable, predictable economic and organisational framework for clinics throughout the country (Ministry of Justice and Public Security; Ministry of Health and Care Services; Ministry of Local Government and Regional Development).
42. Ensure primary care structure remains intact, preventing the parting of services for victims of domestic violence and the services for victims of rape and sexual violence (Ministry of Justice and Public Security; Ministry of Health and Care Services; Ministry of Local Government and Regional Development).
43. Ensure psychiatric/psychological follow-up services to all survivors of rape for one year, free of charge (Ministry of Health and Care Services (Ministry of Local Government and Regional Development)).

Legal reform

³³ «Likestilling 2014 -regjeringens handlingsplan for likestilling mellom kjønnene», Barne-, likestillings- og inkluderingsdepartementet, 2011

³⁴ «Handlingsplan mot voldtekt 2012-2014», Justis- og Beredskapsdepartementet, 2012

44. Monitor how the new sentence provisions for rape are followed up by the courts (Ministry of Justice and Public Security).
45. Change the focus in the current criminal laws from the existing focus on presence of violence to a focus on genuine consent (Ministry of Justice and Public Security).