

Questionnaire

Prevention of sex discrimination in the enjoyment of the right to health and safety

A. Health

1. **Does your country have regulations (in the Constitution, legislation or in other legal codes) that guarantee:**

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) the right to equal access for women and men to all forms of healthcare, at the highest available level, including access to alternative health provisions such as homeopathy, naturopathy, etc.

(Yes) access to sexual and reproductive health services

(Yes) women's rights to make autonomous decisions regarding their sexual and reproductive lives

2. **Are medical services related to women's sexual and reproductive life and/or violence against women covered by universal health coverage?**

Yes (x)

No ()

If yes, what kind of medical services are free of charge?

Basic health care, including contraceptive clinics, and maternity clinics (small cliental fees may apply). Tests and treatments for sexually transmitted diseases are also free of charge.

Are women's rights to health, including sexual and reproductive health, autonomy and health insurance, applied also to girls under 18?

Yes (x)

No ()

If yes, please indicate the legislation regulating these and indicate enforcement mechanisms.

Health Care Act (1326/2010), Section 13,
<http://finlex.fi/fi/laki/kaannokset/2010/en20101326.pdf>

The Decree on maternity and child health services, schools and student health care and preventive oral health care for children and young people.
<http://www.finlex.fi/fi/laki/alkup/2011/20110338> (in Finnish)

3. Are there any provisions which restrict women's access to health services? In particular which:

(Please specify in the space provided for this purpose "yes" or "no")

(No) require the consent of a male relative/husband for a married woman's medical examination or treatment or access to contraceptives or abortion,

(No) require parental consent in case of adolescents' access to contraceptives or abortion;

(No) allow medical practitioners to refuse provision of a legal medical service on grounds of conscientious objection

(No) prohibit certain medical services, or require that they be authorized by a physician, even where no medical procedure is required; in particular:

IUDs (intrauterine devices) or hormonal contraceptives

Emergency contraceptives, including the morning-after pill,

Sterilization on request (please also include information regarding whether non-therapeutically indicated sterilization is allowed for men);

Early abortion (in first trimester of pregnancy) at the pregnant woman's request

Medically assisted reproduction (e.g. in vitro fertilization)

If yes, please indicate the relevant legal regulations and indicate the sources.

4. Are the following acts criminalized?

(Please specify in the space provided for this purpose "yes" or "no")

(No) transmission of HIV or other venereal diseases by women only

(Yes) female genital mutilation

Female genital mutilation can be punished as assault or aggravated assault according to Chapter 21, Sections 5-6 of the Criminal Code of Finland

(Yes) child marriage

(No) home births with an obstetrician or midwife

(No) abortion

If yes, are there any exceptions to these prohibitions and under what circumstances do exceptions apply?

Child marriage: A person under 18 years of age shall not marry. The Ministry of Justice may, however, for special reasons grant a person under 18 years of age dispensation to marry. Before the matter is decided, the custodian of the applicant shall be reserved an opportunity to be heard if his or her whereabouts can be determined with reasonable measures. Marriage Act (234/1929; amendments up to 1226/2011 included)

Please give legal references and provisions.

And who is criminally responsible? *(Please circle the appropriate answer)*

Female Genital Mutilation: A person who is planning the act and a person who carries out the act.

The woman, the doctor, other persons directly or indirectly related with the pregnancy and/or the abortion.

Please give legal references.

B. Safety

5. Does your country have regulations (in the Constitution, legislation or in other legal codes) that guarantee:

(Please specify in the space provided for this purpose "yes" or "no")

(No) Special protection against gender-based violence

(Yes) Equal access for women to criminal justice

6. Are the following acts criminalized?

(Please specify in the space provided for this purpose "yes" or "no")

(No) adultery

(Yes) prostitution

According to the Criminal Code of Finland, Chapter 20, Section 9, a person who, in order to seek financial benefit for himself or herself or for another person, (1) provides a room or other facilities where sexual intercourse or a comparable sexual act or a manifestly sexually offensive act performed by a child younger than 18 years of age are offered for remuneration, (2) as an established part of his or her business harbours a person engaging in such an act and thereby substantially promotes such an act, (3) provides contact information of or otherwise markets another person engaging in such an act knowing that his or her actions substantially promote the performance of such an act, (4) otherwise takes advantage of the fact that another person engages in such an act or (5) tempts or pressures another person to engage in such an act, shall be sentenced for **pandering** to a fine or imprisonment for at most three years. If, in pandering, (1) considerable financial benefit is sought, (2) the offence is committed in a particularly methodical manner or (3) the object is a child younger than 18 years of age and the

offence is aggravated also when assessed as a whole, the offender shall be sentenced for **aggravated pandering** to imprisonment for at least four months and at most six years according to Section 9a.

According to Section 8, Subsection 1, a person who, by promising or giving remuneration involving direct economic benefit induces a person referred to as victim in Section 9 or 9a (or in Chapter 25, Section 3 or 3a) to engage in sexual intercourse or in a comparable sexual act shall be sentenced, unless the act is punishable pursuant to section 8a, for **abuse of a victim of prostitution** to a fine or imprisonment for at most six months. Also a person who takes advantage of the remuneration referred to in Subsection 1 promised or given by a third person, by engaging in sexual intercourse or a comparable sexual act with the victim referred to in said subsection, shall be sentenced for abuse of a victim of prostitution. Also a person who commits an offence described in Subsection 1 or 2 even though he or she has reason to believe that the person in question is a victim of crimes under Section 9 or 9a (or in Chapter 25, Section 3 or 3a), shall be sentenced for abuse of a victim of prostitution.

According to Section 8a, Subsection 1, a person who, by promising or giving remuneration, induces a person younger than 18 years of age to engage in sexual intercourse or to perform another sexual act shall be sentenced for **purchase of sexual services from a young person** to a fine or imprisonment for at most two years. Also a person who uses the sexual services referred to in Subsection 1 for which another person has promised or given remuneration shall be sentenced for purchase of sexual services from a young person.

In all above mentioned cases an attempt is punishable (except Section 8, Subsection 3).

(If yes, who is criminally responsible – please circle the appropriate answer: the sex worker, the procurer and/or the customer)

The procurer and/or the customer

(No) sexual orientation and gender identity (homosexuality, lesbianism, transgender, etc.)

(Yes) violations of modesty or indecent assault (e.g. not following dress code)

According to Chapter 17, Section 21 of the Criminal Code a person who publicly performs an obscene act which causes offence shall be sentenced, unless a penalty for the act is laid down elsewhere in the law, for **public obscenity** to a fine or to imprisonment for at most six months. This provision applies on indecent exposure. No decent dress code otherwise exists.

According to Chapter 20, Section 4 of the Criminal Code a person who by violence or threat coerces another into a sexual act other than that referred to in Section 1 or into submission to such an act, thus essentially violating his or her right of sexual self-determination, shall be sentenced for **coercion into a sexual act** to a fine or to imprisonment for at most three years. Also a person who, by taking advantage of the fact that another person, due to unconsciousness, illness, disability, state of fear or other state of helplessness, is unable to defend himself or herself or to formulate or express

his or her will, causes him or her to engage in or submit to the sexual act referred to in Subsection 1, essentially violating his or her right of sexual self-determination, shall be sentenced for coercion into a sexual act. An attempt is punishable.

According to Chapter 20, Section 5 of the Criminal Code a person who abuses his or her position and entices one of the following into sexual intercourse, into another sexual act essentially violating his or her right of sexual self-determination, or into submission to such an act, (1) a person younger than eighteen years of age, who in a school or other institution is subject to the authority or supervision of the offender or in another comparable manner subordinate to the offender, (2) a person younger than eighteen years of age, whose capacity of independent sexual self-determination, owing to his or her immaturity and the age difference of the persons involved, is essentially inferior to that of the offender, where the offender blatantly takes advantage of this immaturity, (3) a patient in a hospital or other institution, whose capacity to defend himself or herself or to formulate or express his or her will is essentially impaired owing to illness, handicap or other infirmity, or (4) a person who is especially dependent on the offender, where the offender blatantly takes advantage of this dependence, shall be sentenced for **sexual abuse** to a fine or to imprisonment for at most four years. An attempt is punishable.

According to Chapter 20, Section 5a of the Criminal Code a person who by touching another commits an sexual act that is conducive to violating the victim's right of sexual self-determination, shall be sentenced for **sexual harassment** to a fine or to imprisonment for at most six months.

7. Are there any provisions in criminal law that treat women and men unequally with regard to:

(Please specify in the space provided for this purpose "yes" or "no")

(No) Procedure for collecting evidence

(No) Sentencing for the same offence, especially capital punishment, stoning, lashing, imprisonment, etc.

(No) So called "honor crimes" (are they tolerated in order for the perpetrator to avoid prosecution or to be less severely punished if the woman is killed?)

II. Diagnosing and counteracting possible sex discrimination in practice in the area of health and safety

A. Health

8. Are there legal obligations to provide health education in school?

Yes (x)

No ()

If yes, does it cover: *(Please specify in the space provided for this purpose "yes" or "no")*

(Yes) prevention of sexually transmitted diseases

(Yes) prevention of unwanted pregnancies

(Yes) promotion of a healthy lifestyle, including prevention of dietary disorders of teenage girls, including anorexia and bulimia

(Yes) psychological/psychiatric training on self-control of aggression, including sexual aggression

Please indicate any relevant legal regulation or programs regarding to the above mentions.

The curriculum for basic education instructs teachers to provide information on health equally to all.

The renewed core curriculum for basic education in Finland was completed in the end of 2014. The new curriculum is based on the Decree on national objectives and distribution of teaching hours in basic education (422/2012), issued by the Government in June 2012. The new local curricula that are based on the core curriculum should be prepared by the beginning of the school year 2016–2017. The core curriculum is based on the learning conception that positive emotional experiences, collaborative working and interaction as well as creative activity enhance learning.

A subject called **Health education** is included both in the old and the new core curricula. Sexuality education is one part of Health education as a learning subject and it covers all the above mentioned topics (the ticked boxes). Please find enclosed a chart which describes how and in which grades health education is taught in Basic Education, General Secondary Education and Vocational Upper Secondary Education.

Health education can also be one of the subjects in the general studies battery of tests (Sciences and Humanities) in the national Matriculation Examination. Health education is a popular subject amongst the pupils when choosing the subjects for the general studies battery of test. Questions regarding prevention of sexually transmitted diseases, prevention of unwanted pregnancies and sexual rights have been included in the Matriculation Examination.

9. Are there any statistical data disaggregated by age and/or sex (collected over the last 5 years) regarding:

(Please specify in the space provided for this purpose "yes" or "no")

(No) malnutrition - data available only on deaths caused by malnutrition (unpublished)

(Yes) maternal mortality – Statistics Finland

(Yes) maternal morbidity, including obstetric fistula – An ad hoc study by Nordic NOSS study

(Yes) adolescent childbearing – National Institute for Health and Welfare

(Yes) health consequences or physical, psychological and sexual gender-based violence

- Ad Hoc Studies by several organizations

(Yes) incidence of HIV/AIDS and sexually transmitted diseases - National Institute for Health and Welfare

(Yes) drug abuse - National Institute for Health and Welfare

(Yes) alcohol addiction - National Institute for Health and Welfare

(Yes) death resulting from legal abortions – Statistics Finland

(Yes) illegal abortions – National Institute for Health and Welfare on hospitalizations as a result of an illegal abortion (unpublished)

(Yes) death resulting from illegal abortions – Statistics Finland

(Yes) use of contraceptives, including mechanical and hormonal (including emergency contraceptives) – Ad hoc studies by FinSEX

(Yes) sterilization on request – National Institute for Health and Welfare

If yes, please provide for data and sources.

THL: <https://www.thl.fi/en/web/thlfi-en/statistics/statistics-by-topic/sexual-and-reproductive-health>
and <https://www.thl.fi/en/web/thlfi-en/statistics/statistics-by-topic/alcohol-drugs-and-addiction>

Statistics Finland: http://www.tilastokeskus.fi/til/ksyyt/index_en.html

10. Are there any statistical data and/or estimations regarding the number of reported and/or unreported cases and convictions for:

(Please specify in the space provided for this purpose "yes" or "no")

(No) female genital mutilation

(No) illegal voluntary abortion

(No) forced abortion

(No) forced sterilizations

(No) malpractices in cosmetic medicine

(No) obstetric violence

If yes, please give further references.

11. Is the gender perspective included in national health-related policies:

Yes (x)

No ()

In particular: *(Please specify in the space provided for this purpose "yes" or "no")*

(No) in planning the distribution of resources for health care

(Yes) in medical research on general diseases, with proper and necessary adaptations to the different biological make-up of women and men

(No) in geriatric service provision

(No) in state custodial decisions to institutionalize children between 0-3 years old

Explanation: *The need for a gender-based approach to public health is connected with the necessity to identify ways in which health risks, experiences, and outcomes are different for women and men and to act accordingly in all health-related policies.*

Gender perspective in health and health care has been discussed and research in Finland for decades. The first publication on how to take gender into account in health and research was, however, published only in 2003: *Gender and health* (editors Luoto Riitta, Viisainen Kirsi and Kulmala Ilona).

B. Safety

12. Are there any national policies regarding women's safety in public spaces?

Yes ()

No (x)

If yes, please give references.

13. Have there been any public opinion research polls on the fear of crime among women and men (over the last 5 years)?

Yes (x)

No ()

The Ministry of the Interior conducts a public research poll regarding trust in police, fear of crime and feeling of safety on a regular basis (*Poliisibarometri*). The latest poll was conducted in 2014. According to the results 65 % of female respondents felt safe moving around in some areas at specific times of the day and the week. The equivalent result for male respondents was 31 %. The results do not correlate with actual behavior, though, as the same study shows that there are little difference between how men and women move around in these spaces at given times. Also, they do not correlate with victimization as men are more likely to become victims of violent and other crimes in the public space.

Other surveys include:

Finnish National Crime Victim Survey 2014 (*Kansallinen rikosuhritutkimus 2014*).

Danielsson, Petri & Salmi, Venla (2015) Suomalaiset väkivallan ja omaisuusrikosten kohteena 2014 – Kansallisen rikosuhritutkimuksen tuloksia. Katsauksia 3/2015. Helsinki: Kriminologian ja oikeuspolitiikan instituutti, Helsingin yliopisto. Available at <http://hdl.handle.net/10138/155645>. [In Finnish.]

Basic information: nationally representative postal survey (opt-in web survey), sample size 14 000 persons, response rate 48.5% (n=6 792).

Outcomes:

-last 12 month prevalence rate of fear of street violence 27.1% (women 34.7%, men 19.7 %).

-last 12 month prevalence rate of fear of workplace violence 12.6% (women 17.2% , men 8.0%).

-last 12 month prevalence rate of fear of domestic violence 4.5% (women 5.7%, men 3.1%).

14. Are there any measures and programs undertaken in order to increase women's safety e.g. in public urban spaces, in public transportation, etc.?

Yes ()

No (x)

If yes, please give references.

15. Are there any statistics on crimes amounting to violence against women in public spaces and/or domestic violence?

Yes (x)

No ()

In Finland, locally recorded police data on violence against women is compiled by 'Statistics Finland' and governed by the Statistics Act. Crime data is based on the Criminal Code and related acts. The forms of violence covered by police data are assaults, homicide, rape, honour killings and trafficking of human being. The data is disaggregated by sex.

Statistics Finland produces specific data disaggregated by sex on sexual violence and domestic violence. Rape is divided into three categories 'attempted rape', 'attempted aggravated rape' and 'attempted coercion into sexual discourse' and 'other sexual abuse'. Since 2011 statistics on rape have been disaggregated by sex. Sexual abuse against children are in own category.

Domestic violence is recorded in three categories 'domestic violence', 'violence inside the household' and 'violence in close relationships'. Violence inside the household means violence between spouses.

Since 2002, 'Women as victims of homicides' data is collected by the National Research Institute of Legal Policy, the Police Department of the Ministry of the Interior, and the Finnish Police College. The data covers both the main characteristics of the crime and the socio-demographic background of both the victim and the perpetrator (including age, sex and nationality).

16. Is the sex of the victim reflected in the police, prosecutors and courts records?

Yes ()

No (x)

If yes, please give references.

C. Health and Safety

17. Are there any data and/or results of research on the detrimental influence of the feeling of insecurity and unsafety on women's mental health?

Yes ()

No (x)

If yes, please give references.

18. Are there specific health and safety protective measures for women, and/or with special provisions for mother with young children, in "closed" institutions including in:

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) prisons (e.g. measures similar to Bangkok Rules),

(Yes) police detentions cells,

() psychiatric hospitals,

(Yes) pre-deportation centers,

() camps for displaced women and families (if relevant),

() nurseries

(Yes) women's shelters

If yes, please provide any information about the protective measures established.

Prisons: Men and women are housed in separate accommodation wards. A pregnant woman shall be transferred to a hospital outside the prison in sufficient time for the confinement. A family unit has been established in one open institution, where a prisoner has a possibility to keep a small child with her in prison. The unit aims to improve parenting skills of the prisoner and to prevent negative effects of taking the child into custody. There is also a family unit in one closed prison for remand prisoners.

Police detention cells: Legislation requires men and women to be placed in separate detention cells (mandatory) and, if possible, all detainees should be placed separately from each other. All detainees have access to necessary health care services in accordance with their medical needs. All detainees have the right to counseling by a psychologist or equivalent mental health professional. Pregnant detainees are transferred to a hospital in due time before labour.

Pre-deportation centers: National legislation on pre-deportation centers have high requirements on the treatment of all individuals in custody in that their rights are to be restricted as little as necessary and that their dignity is positively enforced. This includes, but is not limited to, living arrangements that maintain privacy and integrity. Men and women are provided separate living quarters. Families have the right to be accommodated together. The law includes special provisions to accommodate for the specific needs of vulnerable individuals including, but not limited to, under-aged children and victims of torture, rape and other forms of sexual or other violence.

Women's shelters: The shelters are required to have safety and security plans.

19. Are there specific training programs for medical and legal professionals on the issue of gender-based discrimination in the area of health and safety

Yes (x)

No ()

Do they cover: *(Please specify in the space provided for this purpose "yes" or "no")*

(-) the issues connected with specific women's needs in area of health

(Yes) specific women's vulnerability to be victims of gender-based violence or specific crimes, covering e.g. the issues of:

(Yes) the nature of gender-based violence,

(Yes) its occurrence and symptoms

(Yes) methods of detention

(Yes) medical protocols

(Yes) influence of gender-based violence, in particular of sexual violence on the future behaviors of victims (post-traumatic stress symptoms etc.)

III. Could you please indicate any legislative reform, policy or practice, that you consider "good practice" regarding health and safety for women in your country?

If yes, please indicate on which criteria your definition of "good practices" is based.

Action plan for the prevention of circumcision of girls and women 2012-2016 (FGM), Ministry of Social Affairs and Health

Action plan to reduce violence against women 2010-2015, Ministry of Social Affairs and Health

National legislation; law on gender equality (8.8.1986/609)

The health and safety of women: Finland has a National Action Programme for Sexual and Reproductive health (for 2014-2020), National Guidelines for Maternity Care (for 2013-2020), Action Plan for the Prevention of Circumcision of Girls and Women 2012-2016 (FGM)

Cooperation between police and social services: Since 1986, many police departments in Finland have had a municipal social worker placed in police stations. Apart from conducting regular social workers' duties that rise from police contact onsite, social workers have also actively participated in emergency responses regarding domestic violence. This has made it possible for social workers to conduct on-site evaluations and provide first-line assistance to female victims as well as children.

MARAC: Finland adopted the MARAC model (Multi-Agency Risk Assessment Committee) as a pilot project in 2010 in three municipalities and it has since spread nationwide. Currently MARAC services cover municipalities whose inhabitants amount to around one fourth of the whole population.

The MARAC model is a multi-agency platform for risk-assessment and measure coordination in cases of domestic violence. The actors involved include local police,

social, crime victim and health services and measures are conducted on the consent of the victim. The aim of the work is to prevent further harm from coming to the victim(s) by ending the circle of violence by appropriate measures. The MARAC does not replace or alter the criminal process but complements it. In some municipalities, violence reduction counseling (see below) for the offender is coupled with MARAC procedures. Domestic violence reduction counseling. Finland has two NGOs (*Ensi- ja turvakotien liitto/Jussi-työ* and *Lyömätön Linja Espoossa*) that have developed a model for violence reduction counseling for male domestic violence offenders. These services are available in several municipalities. Some of these local actors have established cooperation models with local police departments so that the police steers offenders to the services (on a voluntary basis). (www.thl.fi/marak)

Enforced steering of crime victims to services: There was a change in legislation in 2012 that strengthened the process for crime victims, including women, to get access to services. Previously the police was required to inform the victim of available services, but now the police inquires the victim's consent and upon receiving it furthers basic information of the case and the victim's contact information to the closest service provider who in turn contacts the victim to establish a client relationship.

Mandatory investigation of minor assault in cases of suspected domestic violence: According to national legislation, minor assaults require the victim to file charges against the offender for the police to initiate investigations, but according to a change in legislation in 2011, the police is always required

The Criminal Investigations Act (chapter 4, section 10, paragraph 2): When required by the nature of the offence, the criminal investigation authority shall inquire whether the injured person consents to the sending of his or her contact information to an agency providing support services to injured persons, and if the injured person consents to this, shall send the contact information without undue delay.

Victim Support Finland (Rikosuhripäivystys, RIKU): provides support services to all victims of crime, including children and victims of trafficking and/or sexual exploitation. RIKU has staff in 29 locations throughout the country and 300 volunteers trained to act as support persons to victims of crime. Most of these volunteers have been specifically trained to work with children, and with victims of human trafficking as well as sexual crimes.