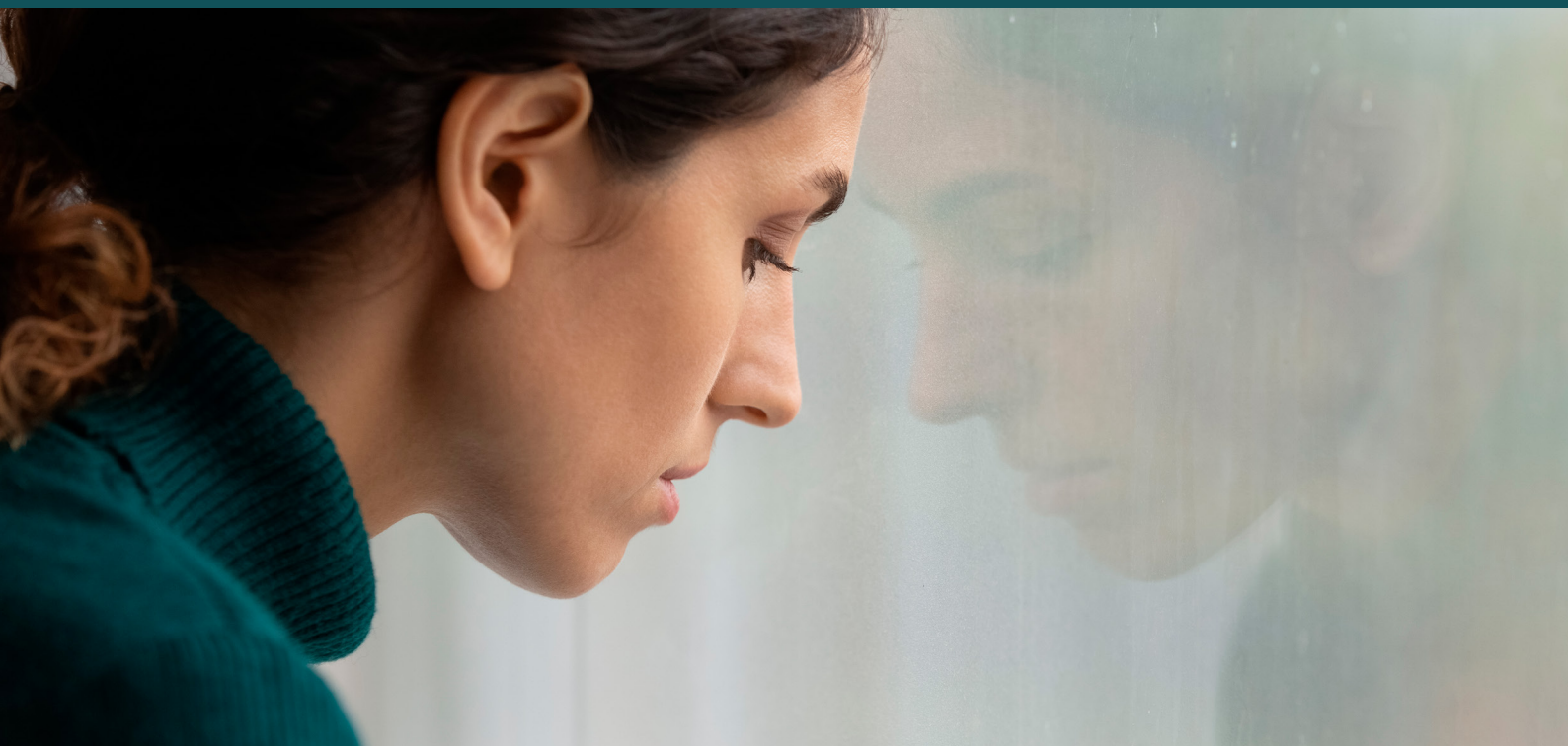
Supporting the implementation of the Istanbul Convention in the Hellenic Republic

Report aimed at assisting the Greek government in providing assistance to victims of sexual violence



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Report aimed at assisting the Greek government in providing assistance to victims of sexual violence

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Executive summary

This report is designed to assist the Greek government in enhancing support services for victims of sexual violence, focusing on its compliance with the Istanbul Convention (Council of Europe Convention on preventing and combating violence against women and domestic violence). Specifically, the report provides a comprehensive overview of the current state of victim support services in Greece, identifies key gaps and challenges in existing systems, and highlights opportunities for improvement by presenting promising practices from other Council of Europe member states. In light of Greece's ratification of the Istanbul Convention, the report offers detailed recommendations to ensure compliance with international standards and to better support victims of sexual violence and rape.

The legal framework for addressing violence against women in Greece, including domestic violence and rape, has evolved significantly over the years. Greece's legislative measures, particularly following the ratification of the Istanbul Convention, have laid a strong foundation for combating gender-based violence. Key laws, such as Law 3500/2006 on domestic violence and Law 4531/2018, which ratified the Istanbul Convention, provide a framework for addressing both domestic violence and sexual violence, including provisions on marital rape, stalking, and enhanced victim rights. Recent amendments under Law 5090/2024 further strengthen this framework by speeding up criminal proceedings, enhancing protections for victims, and imposing stricter penalties for domestic and sexual violence.

Despite these legislative advances, the report identifies significant operational shortcomings in Greece's current victim support system. The primary issues stem from the lack of specialised services for victims of sexual violence and the tendency to focus on domestic violence. Moreover, there is a lack of co-ordinated action among service providers, limited forensic and medical services for rape victims, and inconsistent referral pathways across health, law-enforcement and social services.

Key challenges in providing effective support to victims of sexual violence include:

1. Lack of specialised services: There are no dedicated Sexual Violence Referral Centres (SVRCs) or Rape Crisis Centres (RCCs) in Greece, as recommended by Article 25 of the Istanbul Convention. The Network of Structures, while essential for domestic violence support, lacks the capacity and expertise to offer comprehensive services for victims of sexual violence.

2. Inadequate training for professionals: Police officers, health professionals, forensic examiners, and service providers frequently lack specialised training in handling rape and sexual violence cases. This results in inconsistent application of victim-centred approaches, inadequate forensic procedures, and a lack of trauma-informed care.

3. Barriers to accessing forensic examinations and medical care: Victims must file a police report before they can access forensic exams, leading to delays in evidence collection. Additionally, forensic services are limited, especially in rural and island regions, where there are often no forensic examiners available. Hospitals lack standardised protocols for handling sexual violence cases, and victims face difficulties in accessing medical care, such as post-exposure prophylaxis (PEP) and emergency contraception.

4. Fragmented referral pathways: There is no formal, multi-agency protocol for co-operation between the police, health services, consulting centres, and civil society organisations (CSOs). This leads to fragmented service provision, with victims often required to navigate multiple services without co-ordinated support.

5. Barriers to accessing services: Victims, particularly those from vulnerable groups such as migrant women, face additional barriers in accessing services. Language barriers, geographic isolation, and a lack of accessible information about available support contribute to the under-reporting of sexual violence and the lack of timely support for victims.

Despite these challenges, there are significant opportunities for improvement:

- Leverage existing infrastructure: The Network of Structures can be expanded and enhanced to provide specialised services for victims of sexual violence. By addressing capacity and expertise gaps, these centres could offer holistic care, including trauma-informed psychological support and legal counselling for sexual violence victims.
- Establish Sexual Violence Referral Centres (SVRCs) and Rape Crisis Centres (RCCs): Drawing from promising practices in other Council of Europe countries, such as the Sexual Assault Referral Centres (SARCs) in the UK and Denmark's specialised network of rape crisis centres, Greece can implement its own network of centres that provide comprehensive, one-stop services. These centres would offer immediate medical care, forensic examinations, psychological support, and legal advice in a victim-centred environment.
- Introduce a "one-stop-shop" model: A one-stop-shop approach, where multiple services are co-located, could enhance the provision of comprehensive care. Such centres could streamline service provision by integrating medical care, legal support, and psychological counselling under one roof, thus minimising the need for victims to repeatedly recount their trauma and reducing the risk of secondary victimisation.
- Develop multi-agency protocols: There is a clear need for co-ordinated action and collaboration among all stakeholders involved in the support system for sexual violence victims. Formal protocols between the police, healthcare providers, social services, and CSOs would ensure that victims receive timely and comprehensive support, including forensic exams, psychological care, and legal advice.
- Strengthen training programmes for professionals: Introducing specialised modules on sexual violence in the initial and in-service training curricula for police officers, healthcare professionals, and forensic examiners is essential. Continuous training will ensure that these professionals are equipped to provide appropriate, trauma-informed support to victims.
- Improve access to forensic services: Legislative amendments should allow forensic examinations to be conducted without the need for a police report. Additionally, the availability of forensic examiners should be expanded, particularly in rural and island regions, to ensure timely and effective evidence collection.
- Expand public awareness and information campaigns: To reduce under-reporting and ensure that victims are aware of their rights and the services available to them, public information campaigns should be prioritised. These should focus on reaching vulnerable populations, including migrants, tourists, and women in rural areas.

By leveraging existing structures, establishing specialised services, and strengthening multi-agency collaboration, the Hellenic Republic can improve responses to sexual violence and provide comprehensive care and support to victims, ensuring compliance with its international obligations under the Istanbul Convention.

Aim and scope of the study

The research study is tailored to the needs of the Hellenic Republic in light of its ratification of the Council of Europe Convention on preventing and combating violence against women and domestic violence Istanbul Convention. In particular, the study aims at assisting the Greek government in selecting a model for providing assistance to victims of sexual violence.

The purpose of the study is to map and provide an overview of support services for victims of sexual violence currently available in the Hellenic Republic. This involves mapping existing services for victims of sexual violence and rape, identifying current entry points for victims and referral pathways, discussing gaps in-service provision and challenges identified during the field work, presenting relevant promising practices in other Council of Europe countries and international standards, and providing recommendations for further action.

Specifically, the objectives of the research study are:

- to review the existing model of support for sexual violence and rape victims in the Hellenic Republic, including the provision of medical care, trauma support, forensic examinations, psychological support, information provision, legal counselling and awareness-raising guidance;
- to identify potential gaps in existing services, assess current service needs and explore referral pathways and interdisciplinary collaboration between service providers;
- to investigate opportunities for the establishment of specialist support services for victims of sexual violence and rape, presenting models of promising practice and their relevance to the Greek context.

Against the backdrop of international legal standards, especially those outlined in the Council of Europe Istanbul Convention, the study provides recommendations for the development of specialised sexual violence services in the Hellenic Republic.

Methodology

The research methodology is informed by a gap analysis approach, which aims to compare the current state of the art – encompassing existing expertise, practices, support systems, service structures, policies, and legal frameworks – with the desired outcomes for providing specialised, comprehensive, and co-ordinated support to victims of sexual violence and rape. The research exercise is designed to document the current landscape of service provision, processes, and practices, while also identifying gaps, areas for improvement, and potential opportunities vis-a-vis requirements for compliance with relevant articles of the Istanbul Convention and good practices from other countries. Upon identifying these gaps, the study will offer recommendations for future actions to leverage existing opportunities and address identified shortcomings.

The research methodology encompasses a multifaceted approach combining desk research and stakeholder consultation, conducted through qualitative research. This combination of methods is designed to capture a comprehensive view of the legal, policy, and institutional landscape in the Hellenic Republic concerning violence against women, with a particular focus on the challenges related to providing specialist services to victims of sexual violence and rape.

The study utilises the Istanbul Convention (IC) as the primary reference for setting international legal standards against which the Hellenic Republic's current framework will be assessed. The research also takes into account other Council of Europe standards (binding and non-binding), UN binding and non-binding legal standards including the Convention for the Elimination of All forms of Discrimination against Women (CEDAW) and related General Recommendations, case law of the European Court of Human Rights, and European Union (EU) Directives and regulations. This broad scope ensures a thorough evaluation of the Hellenic Republic's alignment with global best practices and identifies areas for improvement.

Furthermore, the study incorporates recommendations and findings from international bodies such as the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), responsible for monitoring the implementation of the Istanbul Convention, the Committee on the Elimination of Discrimination against Women (CEDAW Committee), and reports from international and local civil society organisations, offering a broad perspective on existing gaps and challenges within the Hellenic Republic's current legal, policy, and operational frameworks.

At fieldwork level, the study utilises insights gained from focus group discussions conducted with professionals from various services, including social services, consulting centres, local authorities, health services, police, legal services, and civil society organisations. Specifically, four distinct focus group discussions were organised as follows:

A. Focus Group with Social Services and Consulting Centres:

This focus group brought together a diverse group of professionals, including managers, co-ordinators, directors, officers, legal consultants, sociologists, psychologists, and social workers. Participants represented the General Secretariat of Equality and Human Rights, the SOS Helpline, the Network of Consulting Centres, consulting centres themselves as well as municipal social service centres in Athens and the surrounding region. In total, 18 participants attended this session: five from municipal social service centres, seven from consulting centres/helpline, and six from the General Secretariat.

B. Focus Group with Health Services:

This focus group included medical professionals, doctors, directors, and deputy directors from the Emergency Departments (TEP) of six hospitals in Athens, as well as forensic pathologists. Twelve medical professionals participated in this discussion, out of which 10 were doctors and two forensic pathologists.

C. Focus Group with Police, Judiciary and Prosecutors:

Seven participants joined this focus group, comprising three representatives from the police, two prosecutors, and one forensic examiner from the Ministry of Justice.

D. Focus Group with CSOs and Women's Rights NGOs:

This focus group included directors, gender equality experts, programme co-ordinators, psychologists, legal advisors, and project officers from CSOs focused on gender equality and women's support and empowerment. Twelve participants attended, representing eight organisations. Additionally, a separate, targeted focus group was conducted with five representatives from the Red Cross, specifically from their Social Welfare Sector, the Department of Protection, Gender and Inclusion, and the Multipurpose Refugee Centre.

All focus groups were also attended by a scientific advisor and associates from the Deputy Ministry of Social Cohesion and Family. Their role in the focus group discussions was primarily observational while also providing clarifications when necessary.

Data analysis:

All focus group discussions were recorded with the participants' informed consent and subsequently transcribed for analysis. The data collected from these discussions were analysed qualitatively using thematic analysis, guided by the primary themes and areas outlined in the discussion guide. A systematic, iterative process was employed aimed at identifying, coding, interpreting, merging and synthesizing data into emerging themes across all different services/focus groups (Cohen, Manion & Morrison, 2011, Newby, 2014). This approach prioritised understanding and interpreting both the shared and divergent perspectives and experiences of participants/services rather than quantifying responses. Emphasis was placed on recognising patterns of convergence across the different services, while also noting dissenting or opposing viewpoints, where present, to provide additional depth, context and a well-rounded and nuanced interpretation of the emerging issues.

Overall, the analysis of the data aimed at synthesizing and consolidating the spectrum of opinions, perspectives, and experiences that were shared by the different services, thereby constructing a comprehensive understanding of the current landscape. To this end, the analysis tried to capture the existing situation within each service but also offered insights into how different services perceive and interact with one another.

The findings of this analysis can offer insights to guide policymakers, institutional stakeholders, and CSOs toward the adoption of a model for the establishment of specialised sexual violence support services in the Hellenic Republic.

A note on terminology

The terms "victim" and "survivor" are used interchangeably throughout the document. Whereas the Istanbul Convention uses the term "victim" - and this legal definition is necessary within the criminal justice system and in order to access legal rights – "survivor" can be used as a term of empowerment to convey that a person has started the healing process. "Victim" is used exclusively when referring to legal standing/legal procedure, while victim/survivor is used elsewhere. The term "survivor" is used alone primarily when using source material that makes exclusive use of this term.

Introduction

According to a study carried out by the National Centre for Social Research (2023) and funded by Eurostat, 23.49% of women aged 18-29 and about 2 in 10 women aged 30-44 in the Hellenic Republic say they have experienced sexual violence involving unwanted imposed sexual behaviour including rape and attempted rape. Despite this, according to the same study, sexual violence is characterised by low reporting rates. This is influenced by several factors, including social taboos, mistrust in Police and the justice system (especially following recent cases of femicide in the Hellenic Republic), lack of awareness about available support services, lack of continuous support throughout the process of legal proceedings, challenges associated if domestic violence is also experienced and children are affected, and the daunting prospect of legal proceedings and the re-traumatisation they often entail. For migrant women, these difficulties are further compounded by heightened fears related to their legal status.

While the Hellenic Republic has developed a solid legislative framework and the operation of the national network of support structures to address domestic violence, the findings of GREVIO in their Baseline Evaluation Report (Council of Europe) on the Hellenic Republic underlines the need to strengthen efforts to prevent and combat all forms of VAW beyond domestic violence, including sexual violence.[1]

Article 25 of the Istanbul Convention calls for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centres. The Committee of the Parties, the political body responsible for monitoring the implementation of the Istanbul Convention, made the following recommendations to the Hellenic Republic's government in relation to Article 25 of the convention[2]:

- setting up rape crisis centres and/or sexual violence referral centres providing immediate medical care, psychological trauma-informed victim support, forensic examinations and immediate, short- and long-term psychological assistance by qualified professionals who can provide victim-sensitive examinations, in line with the standards set by the Istanbul Convention;
- introducing standardised protocols for all health professionals on the treatment of women victims of rape/sexual violence, including protocols on their referral to specialist services;
- taking measures to ensure that a victim's access to different support services is not conditional on her willingness to lodge a complaint;
- taking additional measures to ensure timely access to forensic examinations across the country.

1. GREVIO Baseline Evaluation report for Greece, paragraph 7.
2. GREVIO Baseline Evaluation report for Greece, paragraph 158.

Overview of key international standards and principles

Council of Europe

The Istanbul Convention contains the first legally binding definition of sexual violence, including rape. Under Article 36, parties commit to criminalising the intentional conduct of engaging in non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object. This article also clarifies that consent must be given voluntarily as the result of the person's free will assessed in the context of the surrounding circumstances. Parties must ensure that the criminalisation provisions also apply to acts committed against former or current spouses or partners as recognised by internal law. As noted in the Explanatory Report to the convention, this definition establishes the obligation to criminalise and effectively prosecute any non-consensual sexual act, including in the absence of physical resistance by the victim.[3]

In accordance with Article 25, parties are obligated to provide adequate support for victims of sexual violence and ensure that these services are set up and easily accessible for victims of sexual violence. Specifically, Article 25 calls for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centres. According to the Explanatory Report to the Istanbul Convention, rape crisis centres may take on many different forms typically offering long-term help offering counselling, support groups and contact with other services. They also support victims during court proceedings by providing woman-to-woman advocacy and other practical help. On the other hand, sexual violence referral centres usually specialise in offering immediate medical care, forensic examinations, crisis intervention, and referral to other specialised organisations for further services.[4] It is important to note that Parties to the Convention are provided with an alternative, not with the obligation to set up both types of centres. However, in some countries both types of services are available and work alongside each other, providing different but complementary services.

The Istanbul Convention Explanatory Report[5] also acknowledges that, since sexual violence is especially traumatising, it requires a particularly sensitive response by trained and specialised staff. Such support can include immediate medical care, trauma support, forensic examinations, therapy, the provision of adequate information, and sensitive guidance. It may also include accompaniment to different social services or to the police to file a complaint or guidance through potential legal cases, including navigating possible secondary victimisation through judicial decisions.

Importantly, the requirement to set up rape crisis or sexual violence referral centres is without prejudice to the obligations foreseen under Articles 20 and 22 that provide for the general support services and specialist support services respectively. According to the Explanatory Report to the Convention, general support services refer services offered by public authorities such as social services, health services, employment services, which are not exclusively designed for the benefit of victims of violence against women only but serve the public at large. By contrast, specialist support services are services that have specific expertise in providing support and assistance tailored to the needs of victims of specific forms of violence against women or domestic violence.[6] Thus, state parties' obligations under Article 25 should not lead to the replacement or the diversion of resources from other and general and specialist support services, but aim to ensure that specialist provision for victims of sexual violence and rape are offered in addition to other services.

3. Explanatory Report to the Istanbul Convention, paragraph 194.
4. Explanatory Report to the Istanbul Convention, paragraph 140-41.
5. Explanatory Report to the Istanbul Convention, paragraph 142.
6. Explanatory Report to the Istanbul Convention, paragraph 125 and paragraphs 131 and 132.

The full content and scope of the obligation of Article 25 can be drawn from other relevant articles of the Convention. For example, under Article 7 of the Istanbul Convention, parties must take the necessary legislative and other measures to adopt and implement state-wide, comprehensive and co-ordinated policies to ensure a holistic response to violence against women, sustained by the necessary institutional, financial and organisational structures. This type of co-operation requires guidelines and protocols for all relevant agencies to follow, as well as sufficient training of professionals on their use and benefits. Article 7, paragraph 3, requires that all relevant stakeholders, including women's rights NGOs, must be included in the design and implementation of policies. Thus, Article 7 implies developing comprehensive state policies, ensuring sufficient financial resources to address the issue of violence against women, while co-operating with women's rights NGOs in implementing a multi-agency response. The role of women's rights NGOs is highlighted also in Article 9 of the Istanbul Convention a ons stemming from the monitoring of the implementation of the Istanbul Convention, and foresees the provision of support, including in the development and strengthening of legislation on sexual violence based on the concept of lack of consent.

European Court of Human Rights

The European Court of Human Rights first made determinations with respect to rape as a violation of articles 3 (prohibition of torture) and 8 (right to respect for privacy and family life) of the Convention for the Protection of Human Rights and Fundamental Freedoms and addressed the definition of rape in the landmark case M.C. v. Bulgaria in 2003.[7] The Court established the positive obligation of States to enact criminal law provisions to effectively investigate and punish rape. The Court conducted a survey of domestic and international approaches to defining rape in criminal law, with the purpose of identifying any evolving trends in relation to legal standards to effectively criminalise rape. It noted a universal trend towards regarding lack of consent as the essential element of rape and sexual abuse and explained that any rigid approach to the prosecution of those crimes, such as requiring proof of physical resistance, risked leaving certain types of rape unpunished and thus jeopardizing the effective protection of the individual's sexual autonomy. It concluded that rape must be defined as any sexual penetration without the victim's consent and that "consent must be given voluntarily, as a result of the person's free will, assessed in the context of the surrounding circumstances".

More recently, in the case of *X v. Hellenic Republic* (Application No. 38588/21) the European Court of Human Rights[8] held, unanimously, that there had been a violation of Article 3 (prohibition of inhuman or degrading treatment) and Article 8 (right to respect for private and family life) of the European Convention on Human Rights.

The case concerned the applicant's allegations that the Greek authorities had not carried out an effective investigation into her accusation that she was raped by a hotel bartender in September 2019 when she was 18 years old and on holiday, and that the criminal proceedings had fallen short of the required standards. She claimed that the authorities had breached their duty to provide effective legal protection and to protect her as a victim of gender-based violence. The Court, without expressing an opinion as to the guilt of the accused, found that the authorities had not given enough careful scrutiny to the case to have properly fulfilled their duties under the Convention. The judgment also mentions and relies on the GREVIO Baseline evaluation report on Greece that states:

> "[…] concern was expressed about low conviction rates which suggested either that investigation procedures were ineffective or that an unreasonably high threshold required to reach a conviction was applied and that although the national law provided a comprehensive set of rights for victims of gender-based crime, most of the provisions were not fully implemented in practice, and the experience of the criminal justice system was still highly traumatic for many women and girl victims."

Although the Court was satisfied that the Hellenic Republic had an adequate legal and regulatory framework to deal with the case, it found that the authorities had not applied it in practice as they had not carried out an effective investigation. Furthermore, the Court found that the investigating authorities had not taken measures to prevent her secondary victimisation and had not taken her needs sufficiently into account. For example, they had not informed her of her rights as a victim, such as her right to legal assistance, her right to receive information and to object to the interpretation. Furthermore, they had not taken adequate measures to mitigate her re-traumatisation in her interactions with the police and during the medical examination.

7. *M.C. v. Bulgaria*, Application No. 39272/98, judgment of 4 December 2003. https://hudoc.echr.coe.int/fre?i=003-883968-908286.
8. *X v. Greece*, Application No. 38588/21, judgment of 13 May 2023, available https://hudoc.echr.coe.int/fre?i=001-230857.

United Nations

The CEDAW Committee addresses rape within the framework of violence against women under Article 5 of CEDAW, as further expanded in General Recommendation 19.[9] There is also an association between violence against women and several other protected human rights, such as the right to life, the right to not be subjected to torture, cruel, inhuman and degrading treatment, the rights to dignity, security, equal protection, and the right to the highest attainable standard of health, etc.

Other relevant recommendations include CEDAW's General Recommendation 35[10] on gender-based violence that delineates State obligations at all levels, including protection, prosecution, reparations and data collection, and training of judiciary and law enforcement. The Committee specifically recommended that States parties ensure that rape is characterised as a crime against the right to personal security and physical, sexual and psychological integrity. In addition, it recommends that the definition of rape, including marital rape, is based on the lack of consent and takes into account coercive circumstances. It also established that any time limitations should give due consideration to circumstances hindering the capacity of the victims to report the crime, and that rape could amount to torture.

CEDAW's General Recommendation 33[11] on women's access to justice that deals with evidentiary rules, including for rape, requires that evidentiary rules should not be overly inflexible, restrictive, or influenced by stereotypes. The communication by the CEDAW Committee in *Vertido v. The Philippines*[12] highlights the issue of stereotyping and the need to address rape myths in judicial training. In *Vertido v The Philippines*, the Committee found that the State had improperly relied on sex-based stereotypes and failed to provide an effective remedy to the survivor. The Committee noted that the gender stereotypes and misconceptions employed by the trial court included, in particular, lack of resistance and consent on behalf of the rape victim and the use of force and intimidation by the perpetrator.

In the first report of the UN Special Rapporteur on violence against women, its causes and consequences (UNSRVAW) to the Commission on Human Rights, in 1995, rape was recognised as a manifestation of GBV against women.[13] The UNSRVAW report of submitted to the Human Rights Council in 2021 on rape, stressed that states should provide adequate services and support to victims of rape, including rape crisis centres, protection orders and interim relief measures in the context of both peace and conflict, including reparations to victims, in accordance with international human rights standards and reports.[14]

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10. General Recommendation No. 35 (2017) on gender-based violence against women, updating General Recommendation No. 19 (1992) https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-recommendation-no-35-2017-gender-based.
11. https://documents.un.org/doc/undoc/gen/n15/241/90/pdf/n1524190.pdf?token=wjzM2nn6iaSCcAosrm&fe=true.
12. Communication no. 18/2008: Committee on the Elimination of Discrimination against Women, 46th session, 12-30 July 2010 : views https://juris.ohchr.org/casedetails/1700/en-US.
13. Preliminary report on violence against women, its causes and consequences / submitted by the Special Rapporteur, Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1994/45. https://digitallibrary.un.org/record/226862?ln=zh_CN&v=pdf. [Please replace link to external PDF]
14. A/HRC/47/26: Rape as a grave, systematic and widespread human rights violation, a crime and a manifestation of gender-based violence against women and girls, and its prevention. Report of the Special Rapporteur on violence against women, its causes and consequences. Available at: https://www.ohchr.org/en/documents/thematic-reports/ahrc4726-rape-grave-systematic-and-widespread-human-rights-violation.

Rape and sexual violence in the Hellenic Republic: legal and operational framework

Legal Framework on violence against women, including rape

Law 3500/2006 for the treatment of domestic violence and other provisions is the fundamental legislative tool in addressing domestic violence in the Hellenic Republic. It prohibits acts of violence within the family, defining the types of criminal offences and setting out penalties for these offences.

Law 3500/2006 clearly stipulates that any kind of violence among members of a family is prohibited and lists a series of actions that foresee stricter sanctions when committed within a family environment. The law is particularly severe when punishing violence against pregnant women or other members of the family who are unable to defend themselves (minimum of two years of imprisonment). In addition, the law recognises that both marital rape and marital abuse are punishable acts that should be treated as felonies. The law also allows for ex officio prosecution of crimes of domestic violence (except for rape and indecent assault).

According to Law 3500/2006, domestic violence victims also have the right to request interim measures and temporary orders from the relevant court. Such measures and orders are intended to remain in place until the official court process relating to the offence has taken place.

The Hellenic Republic ratified the Istanbul Convention via Law 4531/2018. Law 4531/2018 strengthens the criminal sanctions regarding female genital mutilation, criminalises stalking, enhances the rights of victims of domestic violence, facilitates the implementation of the Istanbul Convention and designates as "co-ordinating body", in accordance with Article 10 of the Istanbul Convention, the General Secretariat for Gender Equality of the Ministry of the Interior. It also amended Law 3500/2006 by expanding terms such as "spouse" to include family members connected via a cohabitation agreement, ex-spouses and ex-partners.

In addition, in March 2019, the Hellenic Parliament adopted Law 4604/2019 on "Gender equality, prevention and combating of gender-based violence". This law introduces a comprehensive legal framework on gender equality and the elimination of discrimination against women, which has a wide scope.

By virtue of new Law 5090/2024, published in the Hellenic Government Gazette (A' 30/23.02.2024) under the title "Amendments in the Criminal Code and the Code of Criminal Procedure to speed up and improve the quality of the criminal trial - Modernisation of the legislative framework to prevent and combat domestic violence", the existing framework was revised. According to the explanatory statement, the main purposes of Law 5090/2024 are (a) to speed up the criminal proceedings; (b) to adapt the criminal provisions to the current social conditions; and (c) to protect victims, the institution of family, minors and women. In relation to domestic violence, the amendments increase penalties for domestic violence and extends criminal liability to psychological violence in the domestic sphere.

Amendments introduced by Law 5090/2024 to Law 3500/2006 include provisions specifying that police authorities, upon becoming aware of cases of domestic violence, have an obligation to ensure that victims receive "social support through public sector bodies capable of providing both moral support and material assistance". Importantly, the amendment removes the requirement for victims to formally request assistance. Instead, authorities are mandated to act "without delay", ensuring victims receive immediate and necessary support.[15]

15. See Articles 117 and 121-131.

In relation to rape, in the Hellenic Republic's law, sexual offences are criminalised though different provisions of the amended Criminal Code. Article 336 provides a double definition of rape. One definition details a serious crime, which can be sanctioned with imprisonment of at least 10 years and which requires the use of physical violence or threat of serious and imminent danger to life or physical integrity.[16] The second constitutes a "lesser" form of rape, covering any sexual act without the consent of the victim and which may lead to a prison term of up to 10 years. Article 338 covers sexual violence committed against a person incapable of resisting. Finally, Article 343 criminalises sexual acts performed by abusing a position of authority with a sentence of between two and five years.[17]

In its baseline evaluation report, GREVIO welcomed the definition of rape based on the notion of freely given consent introduced in Article 336, paragraph 4, of the Criminal Code. However, GREVIO also expressed concern about persisting challenges in the applicable criminal law, which do not lead to a consistent approach in prosecuting rape cases.[18] Specifically, as outlined above, not all instances of rape carry the same criminal sanction resulting in a biased "hierarchy" of rape which sends the message that some forms of rape are less serious than others.

The Committee of the Parties recommended further improvement of the legislation on rape and sexual violence with a view to removing the remaining barriers that limit the effectiveness of the definition of rape based on the notion of freely given consent, as well as to ensure appropriate sanctions for all acts of a sexual nature perpetrated without the consent of the victim.[19]

Operational framework for support for victims of violence against women, including sexual violence and rape

As identified by GREVIO in its baseline evaluation report for Greece, there are currently no specialised sexual violence support services that provide holistic and comprehensive support to victims of rape and sexual violence in the Hellenic Republic in line with Article 25 of the Istanbul Convention. This section outlines the existing operational framework for the support of victims of gender-based violence against women in Greece.

The core of specialist support services available in the Hellenic Republic consist of the network of structures for preventing and combating gender-based violence, which consists of consulting centres and shelters operated by the state and local authorities, as well as the 24/7 national helpline SOS15900. At present, there are 44 consulting centres throughout the country where victims of violence can be assisted during working hours by on a walk-in basis or by appointment, whether these are by telephone, face-to-face meetings, on-line meetings etc. The network of structures functions under a common operating framework set by the General Secretariat for Equality and Human Rights, which includes common rules on the provision of services. The structures are scientifically supervised by the Research Centre for Gender Equality (KETHI). All the operational bodies under the common operating framework of the Network of Structures (such as the Research Centre for Gender Equality, the National Centre of Social Solidarity, the NSRF Staff Structure of the Ministry of Social Cohesion and Family) are co-ordinated by the Staff Co-ordination Group of GSEHR.

Of particular interest are the results of the study "Gender-based violence against women and other forms of interpersonal violence in Greece – preliminary results 2022-2023[20]" concerning women's knowledge of available support services to which they can turn for assistance. The operation of shelters for women victims of violence seems to be well known among women of all ages, as 71.9% state that they have heard of their existence. In addition, it is encouraging that more than three out of five women are aware of the helpline SOS 15900, but also of the Consulting Centres for Violence Against Women (64.7% and 68.9% respectively). Despite this, there remains a significant percentage of women who are not aware of the existence and functioning of these available support services.[21]

Currently, there are no multi-agency protocols of co-operation involving all relevant stakeholders involved in responding to violence against women in the Hellenic Republic and providing protection and support to victims. Entry points to the support system for victims and referral pathways are diverse and differ according to the specific case, the support services available in each jurisdiction, and existing informal collaboration

16. Article 336, paragraph 1, of the Criminal Code.
17. Article 343 of the Criminal Code.
18. GREVIO Baseline Evaluation report on Greece, paragraph 214.
19. GREVIO Baseline Evaluation report on Greece, paragraph 218.
20. Εθνικό Κέντρο Κοινωνικών Ερευνών (2023), «Έμφυλη βία κατά των γυναικών και άλλες μορφές διαπροσωπικής βίας στην Ελλάδα (GBV-EL): Πρώτα αποτελέσματα της έρευνας 2022-2023» https://www.ekke.gr/research/outcomes/deliverables-files/42.
21. Ibid.

arrangements. The Istanbul Convention addresses the need to co-ordinate measures and to implement them by way of effective co-operation among all relevant actors playing a role in preventing and combating violence against women and domestic violence (Article 7, paragraph 2). More specifically, the Convention requires that in providing support to victims and witnesses, states parties must provide for effective co-operation between all relevant state agencies, including the judiciary, public prosecutors, law-enforcement agencies, local and regional authorities as well as non-governmental organisations (NGOs) and other relevant organisations and entities (Article 18, paragraph 2). GREVIO, in its baseline evaluation report for Greece, underscored the importance of having formal structures for co-operation and co-ordination of those providing protection and support to women victims of violence.[22] Such formal structures are crucial to ensure that there is a common understanding of violence against women, that referral pathways and the responsibilities of each actor are clearly defined, and to enable women's access to essential services.

The following sections are drawn from the input and perspectives gathered during the focus groups with relevant services and other stakeholders during the field visit, and analysed against the backdrop of the desk research and international standards and principles on the provision of specialised support services for victims of sexual violence and rape.

22. GREVIO Baseline Evaluation report for Greece, paragraph 109.

Entry points to the support system for victims and referral pathways

As noted by GREVIO in its baseline evaluation report for Greece,[23] in the Hellenic Republic the understanding of sexual violence is predominantly framed within the context of domestic violence. This is mainly because the legal framework on violence against women has until fairly recently been centred around domestic violence, and the operational focus of most services has been on providing assistance to victims of domestic violence. According to representatives of the Network of Structures, the majority of their beneficiaries are victims of domestic violence, reflecting the predominance of this form of violence in Greece. Importantly, with the entry into force of Law 4604/2019 the network of structures became institutionalised and their mandate extends to providing assistance to victims of all forms of gender-based violence against women.

In the absence of multi-agency protocols of co-operation between the different stakeholders involved, service provision for victims/survivors of sexual violence is fragmented at best. Victims of sexual violence have different pathways to safety, with the first contact point varying widely. This initial contact can range from calls to the National SOS15900 Helpline, which predominantly handles domestic violence cases, seeking support from and reaching out to KETHI's consulting centres and municipal consulting centres, seeking medical care either from hospitals/medical centres or from private gynaecologists, or directly approaching the Police to report the crime. The nature of the first contact point influences the subsequent services and path to safety.

The Police

In recent years, the police in the Hellenic Republic have made significant advancements in addressing domestic violence. Since 2019, 73 specialised police departments have been established nationwide, focusing primarily on domestic violence cases. In many regions where they are present, the departments are located in the same building as the police station. In accordance with the recent law amendment (L.5090/2024), the number of specialised police departments would increase by the end of June 2024 to cover all regions and areas in Hellenic Republic, including rural areas and islands (seven extra centres in Athens and Thessaloniki and 53 in the main districts). According to representatives of the Police, these Police departments have developed specific expertise and employ specialised and trained investigation personnel who receive both pre-service and in-service training on human rights, gender equality, the provisions of the legal framework, the use of a victim-centred approach, and ways to minimise secondary victimisation. Part of their training also includes responses to sexual violence. A commanding officer supervises cases of domestic and sexual violence while the department captain is also informed. Additionally, there is often a verbal briefing of the responsible local prosecuting authorities.

Importantly, the police have specific formal protocols in place regarding the handling of rape cases, stemming from Article 228 of the Criminal Code. This pertains to applying a victim-centred approach including taking statements in private rooms to enhance the victim's sense of safety, having a psychologist and/or psychiatrist present during the victim's deposition, and providing referrals for further psychological/ psychosocial support and legal counselling through the consulting centres, municipal social service centres and CSOs. To minimise re-traumatisation, there are also provisions in the Law (Article 228) which state that the testimony of the victim can be recorded and used in court without the presence of the victim. A list of referrals is also provided to victims regardless of their intention to proceed with giving a statement or not.[24]

23. GREVIO Baseline Evaluation report for Greece, paragraph 7.
24. Ελληνική Αστυνομία, Οδηγός του Πολίτη: Ενδοοικογενειακή βία https://www.astynomia.gr/odigos-tou-politi/chrisimes-symvoules/endooikogeneiaki-via/.

However, considering the primary focus on domestic violence, there is no specialised police department that deals with rape and sexual violence specifically. During the focus group, CSOs mentioned that when a victim goes to the domestic violence unit of the Police to report rape, they would refer her to the criminal investigation department (Εγκληματολογικό). Despite the measures taken by the police outlined above, CSOs claim that they continue to lack the necessary expertise and their handling of rape cases still falls short of the required standards, and that the protocols for handling sexual violence cases are not always implemented in practice. Furthermore, while the Police do receive training, the knowledge and skills gained and not always transferred to operational practice.

Health and medical services

Specific protocols on assisting and treating women victims of sexual violence, including protocols on victim referral to other services, are lacking in hospitals and health centres in the Hellenic Republic.[25] Consequently, a rape victim would need to independently approach several institutions, including healthcare services, social welfare services, the SOS15900 helpline and the law-enforcement authorities, in order to receive support.[26]

Forensic examinations for rape cases can only be conducted once the crime has been reported to the Police. The victim is then accompanied by the Police to the relevant forensic examination department. However, there are significant gaps in the availability of forensic examiners nationwide, as their numbers are limited and they do not operate on a 24/7 basis. Typically, forensic examiners are not based in specific hospitals but are responsible for specific regions (for example, the entire Centre and West Attica constitute one region). Many rural areas and islands lack forensic examiners altogether. The only surprising exception is the island of Corfu, with two forensic examiners permanently based in hospitals, allowing for prompt responses.

Medical examinations are carried out by forensic specialists and conducted in the presence of a qualified female nurse. In the absence of a forensic office (available only in 13 cities),[27] examinations are carried out by a gynaecologist or a general practitioner or at a general hospital.[28]

Forensic examiners are available from 9.00 a.m. to 2.30 p.m. and operate on an on-call basis after hours. Examinations outside these hours could take place at maternity hospitals such as the Maternity Hospital Elena Venizelou and the Alexandra General Hospital (both in Athens), but this arrangement is informal and relies solely on personal connections between physicians. In the absence of official protocols for treating rape victims, some forensic examiners may also consult emergency department doctors to conduct tests for sexually transmitted infections (STIs), HIV and pregnancy, and to provide emergency contraception, post-exposure prophylaxis (PEP) and preliminary care for STIs. This consultation process, however, again relies on personal connections, resulting in variability in the care provided.

Network of structures and consulting centres

As mentioned above, the 44 consulting centres under the Network of Structures play the main role in supporting women victims of violence and offer a wide range of services, such as: social and psychological support, information about victims' rights, legal counselling, legal representation in court cases, empowerment, interpretation (where is needed), awareness raising, advisory services and vocational guidance etc. Victims are also assisted and/or accompanied by counsellors in accessing other services, such as health centres, police stations, and social services.

When they take up their duties, the staff of the network of structures receive initial training provided by the National Centre for Public Administration and Local Government (Εθνικό Κέντρο Δημόσιας Διοίκησης και Αυτοδιοίκησης-ΕΚΔΔΑ). They also attend other relevant training programmes on the topics of their competence implemented by the National Centre for Public Administration and Local Government or by civil society organisations and international organisations in the framework of European co-funded actions.

However, while the mandate for all the 44 consulting centres, as well as for all the support structures of the national Network, are to address the needs of victims of all forms of violence against women, there is a

25. GREVIO Baseline Evaluation report for Greece, paragraph 155.
26. GREVIO Baseline Evaluation report for Greece, paragraph 156.
27. Forensic offices are currently operating in Athens, Piraeus, Thessaloniki, Thraki, West Macedonia, Kerkyra, Crete, Lamia, Larissa, Nauplio and Kalamata, Patra, Syros (for the Aegan Islands) and Rodos (for the Dodecanese islands). Reference: https://www.lawspot.gr/katigories-syndesmon/iatrodikastikes-ypiresies.
28. GREVIO Baseline Evaluation report for Greece, paragraph 153

significant lack of specialised training and expertise in addressing sexual violence and rape in particular. Given the apparent high level of awareness and knowledge among women in Greece of the consulting centres as mentioned above, there is an opportunity to further support and develop the network structures to provide specialised support to victims of sexual violence and rape.

Civil society organisations

CSOs play an active role in providing support services to victims of violence. However, most infrastructure and expertise within CSOs are again geared towards domestic violence. CSOs offer a range of services such as psychological support, information about victim rights, legal counselling, legal representation in court cases, capacity building and empowerment, interpretation (where needed), awareness raising, psychosocial programmes, prevention, and advocacy. Some CSOs reported accompanying the victims to the Police to give their statement and during the legal proceedings.

CSOs tend to explore the survivor's needs more openly, offering support tailored to her preferences and circumstances. Migrant women are more likely to turn to CSOs for support rather than the police or hospitals, and a number of CSOs receive specific funding to provide services to this target group with funding from international organisations such as the UNHCR.

Despite this, CSOs face significant constraints in their capacity to support victims due to limited staff, limited funding, lack of specific expertise in sexual violence and restrictions in outreach (limited branches across the country). International organisations such as UNHCR dedicated to supporting migrants and refugees often have more structured plans and protocols in place for assisting victims of violence and sexual violence. Constraints concerning understaffing, financial sustainability and lack of specific expertise on sexual violence and offering long-term therapeutic support were equally evident in the case of consulting centres as well.

There is some level of co-operation between CSOs and the consulting centres of the network of structures, but this co-operation seems to depend on the nature of the relationship of the specific centre and the CSO, and the extent to which there is cross-reference of cases. Medical professionals and police officers that participated in the focus groups expressed a willingness to refer victims to CSO services and claimed to do so; however, this appears to depend on personal contacts, resulting in such co-operation being fragmented at best.

Key challenges and gaps in the existing victim support system

Lack of training and expertise among relevant professionals

Based on the field research, there are noticeable gaps in expertise, specialised knowledge, and the necessary sensitisation among all service providers when handling rape cases and providing psychological trauma-informed victim support. This aligns with GREVIO findings on Greece, according to which an overall lack of training for the different categories of professionals on recognising and treating victims of rape and sexual violence was observed.[29]

In view of amendment in the L.5090/2024 law, some training programmes for police officers are currently underway, conducted by CSOs. Prosecutors also undergo judicial training through the judicial school, but training specifically focused on sexual violence remains sporadic and implemented on an ad hoc basis. Some expertise has been developed among prosecutors on domestic violence cases through repeated allocation to such cases; however, sexual violence cases are still assigned randomly to prosecutors handling criminal cases. The relatively recent establishment of numerous specialised units within the Police and the recent changes in the judiciary, including the allocation of judges of peace in handling rape and domestic violence cases, also raise concerns about the adequacy of their knowledge and expertise on violence against women. CSOs and counsellors from the Consulting Centres and municipal social service centres have criticised the police for their inadequate response to rape cases, highlighting significant delays in responding to incidents, a lack of prioritisation of rape cases, and insufficient knowledge and expertise in handling sexual violence.

Moreover, it appears that medical personnel and forensic examiners rarely undergo in-service training to strengthen their knowledge and expertise in providing trauma-informed victim-centred care. When training does take place, it is often sporadic and on a voluntary basis.

Challenges in access and availability of forensic examinations and medical care

As mentioned above, forensic examinations following a sexual assault or rape can only be conducted following a police report and performed by public forensic examiners. This poses significant challenges, as there is general shortage of forensic examiners across the country, leaving many hospitals without provision.

Geographical limitations also impede access to services, especially for cases that take place on the Greek islands, and in areas where there is a lack of forensic examiners. Consequently, victims must travel to nearby islands or cities to contact the police and get a forensic exam. Lastly, the delayed responses and long waits (8-10 hours) for a forensic exam also make it difficult for victims to adhere to forensic examination prerequisites, such as not showering or changing clothes, aspects that are often not communicated to them.

In the absence of an available forensic examiner, a gynaecologist or a general practitioner at a hospital carries out examinations. However, many hospitals lack gynaecological/maternity departments, thus, there is no gynaecologist on staff in their emergency departments. As a result, examinations of the rape victim may need to be performed either by a general practitioner or by a gynaecologist from another hospital, who is invited unofficially based on personal connections between doctors. The distinctive setup of each hospital, and the differences between general hospitals and maternity hospitals, highlights the necessity to consider these particularities when developing protocols for sexual violence and rape cases.

It is worth noting that a proposed amendment to the legislative framework governing forensic services is currently under consultation. This amendment includes specific provisions for forensic examinations to be conducted promptly, within a specific time frame, once the victim has reported the crime to the police. The aim is to alleviate delays and increase response rates by forensic examiners.

29. GREVIO Baseline Evaluation report for Greece, paragraph 88.

During the field visit, interviewees reported a severe shortage of staff in hospitals, preventing victims from receiving prompt and adequate examinations, especially when emergency rooms are often overcrowded. Additionally, there is a noticeable lack of expertise among medical personnel in handling cases of sexual violence. While some hospitals have social workers on site that could respond to cases of domestic violence (and potentially rape cases), their availability is limited to weekdays with working hours typically up to 3 p.m. Moreover, due to lack of expertise, doctors have expressed concerns about potentially overlooking symptoms of sexual violence, especially if the victim does not disclose the experience herself. The lack of specialised training and skills also hinders their ability to provide a safe space for disclosure to take place.

An additional challenge is that there are currently no standardised procedures for doctors on how to treat victims and where to refer them. This lack of clear guidance may often result in inconsistent and potentially inadequate care for the victim/survivor. Moreover, there are no intra-hospital procedures regarding conducting the required medical examinations and administering the necessary medications (such as PEP, emergency contraception, preliminary treatment for STIs etc.). Forensic examiners, if they are the first point of contact, are often not aware of where to refer victims to receive these services, even within the hospital.

Medical professionals interviewed acknowledge the need for the co-operation of multiple health specialists, including gynaecologists, in the medical examination process in cases of sexual violence and rape. A positive example identified is the Genimata Hospital in Athens that, upon its own initiative, developed such a protocol clarifying intra-hospital procedures and the co-operation across different medical specialists. Genimata hospital also supports victims of domestic violence by using multiple diagnosis as a pretext for admitting victims to hospital and providing a safe space for them. The victims are then linked to other services within the hospital – i.e. Psychiatrists, social services and psychological services. However, no multi-agency protocols or referral mechanisms are in place that would facilitate linking victim/survivors to services outside the hospital, with doctors expressing concerns about lacking both the expertise and the procedures to provide holistic support to the victims.

There are only two multi-agency co-operation protocols that appear to be in place; however, they specifically target *migrant* women experiencing *gender-based violence,* including some references to dealing with sexual violence. One is the National Organization of Public Health (EODY) protocol[30] which was developed within the framework of the EU-funded "Integrated Emergency Health Intervention for the Refugee Crisis – PHILOS". However, the document reads more like a manual and is not a user-friendly document that provides clear instruction on treating victims of gender-based violence. Furthermore, there was no clear understanding among focus group participants on whether this protocol also applies to wider groups of the population, including Greek nationals and tourists. CSOs interviewed during the field visit also mentioned that specific provisions in the EODY protocol regarding the administration of post post-exposure prophylaxis (PEP), preliminary treatment of STIs, and emergency contraception are not always followed by hospitals. Therefore, while the document constitutes a positive development, there is no indication that the guidelines are being implemented systematically across the health sector.

The second protocol on multi-agency collaboration was developed in 2016 and pertains to the co-operation framework between the General Secretariat for Gender Equality and various key stakeholders[31], including the Ministry of Health, Ministry of Migration Policy, Ministry of National Defence, the Research Centre for Gender Equality, the Central Union of Greek Municipalities, the Association of Greek Regions, the National Centre for Social Solidarity, and the Hellenic Agency for Local Development and Local Government. This protocol aims to establish a unified framework of procedures for the identification, referral, accommodation, and provision of shelter, counselling services, and other forms of support to refugee women who are victims or potential victims of violence, along with their children. It comprehensively outlines the specific responsibilities of each stakeholder/actor and details the procedures to be followed in identifying cases of violence, including follow-up referral mechanisms and the integration of services. This protocol could potentially serve as a possible foundation for developing a similar multi-agency framework of collaboration to ensure a cohesive and effective response across relevant agencies addressing cases of sexual violence and rape, involving both nationals and non-nationals.

In relation to the provision of specialist services to migrant women, as mentioned above, there is a notable absence of interpretation services in medical health facilities. Some hospitals mentioned having interpreters on site (for limited languages and limited working hours), but these appeared to be isolated cases. Additionally,

30. Εθνικός Οργανισμός Δημόσιας Υγείας (2023), Πρωτόκολλο Διαχείρισης Περιστατικών Έμφυλης Βίας στο Μεταναστευτικό - Προσφυγικό Περιβάλλον https://eody.gov.gr/wp-content/uploads/2023/06/protokollo-emfylis-vias_gr-4.pdf.
31. General Secretariat for Gender Equality, Ministry of Interior of the Hellenic Republic (2017), Protocol on Cooperation for Refugee Women https://isotita.gr/wp-content/uploads/2017/12/Protocol-on-Cooperation-for-Refugee-Women.pdf.

there is often no adherence to regulations that mandate for services to be provided to migrant women, regardless of their refugee or asylum-seeking status, with the asylum seekers often not receiving the necessary care.

Barriers to accessing victim support services

Complexity of sexual violence and rape: The handling of rape cases varies significantly based on different factors surrounding each case and the different context in which it happens. Such factors could include (i) the timing of the incident (whether it is recent or occurred years ago), (ii) the victim/survivor's decision to report to the police, (iii) whether the rape took place in the context of an intimate relationship, (iv) possible coexistence of sexual violence with domestic violence and children also being affected, (v) the psychological state of the victim, (vi) migration status, (vii) whether rape has happened as an act of war, (viii) the ethnicity of the victim i.e. non-Greek native/tourist, (ix) other intersectional vulnerabilities such as being a victim of trafficking, living with disability and (x) the context in which it took place. These complexities pose additional challenges in responding effectively to each unique situation.

Lack of Information provided to victims: There is an evident lack of information provided to victims of sexual violence and rape. Victims that turn to police or medical centres for support, are often not informed of their rights or the overall process on where and how to get support. Essentially, this lack of information and of awareness of their rights prevents them from making informed decisions, providing their fully informed consent and seeking the support that responds to their individual needs. Even less information is provided to tourists, and CSOs made specific note of the case of the British national and the ruling of the European Court of Human Rights in the case of X v. Hellenic Republic.[32] Following this case, some Consulting Centres have now developed collaborations with embassies, for information provision and training of their staff.

Additional barriers for women with vulnerabilities: Women facing different intersections of vulnerability, such as migration status, disability, LGBTIQ+ identity, being victims of trafficking etc., encounter additional difficulties in accessing services. For non-native speakers, there is a critical lack of interpretation services in police stations and medical centres, which further impedes their ability to seek help and communicate their needs effectively. Some CSOs offer interpretation services on a voluntary basis, but this is not sufficient to meet current demand. The 15900 SOS helpline operates in both Greek and English (with some limited provision of interpretation services in Russian, Ukrainian and Farsi during certain hours), but no other languages are available, further limiting accessibility for non-native speakers.

Geographical barriers: Geographical barriers pose significant challenges in the provision of prompt and adequate support to victims. As mentioned above, in most islands and rural areas, there are no forensic examiners available. Medical centres in the islands and remote rural regions may not have the necessary availability of medical provisions that are required in rape cases (for example PEP, emergency contraception, preliminary treatment of STIs). CSOs mentioned that in geographically remote regions, victims would more likely turn to CSOs for support, since they are the most accessible option. Both CSOs and consulting centres recognise, however, that their lack of resources (staff, financial, outreach) significantly affects their ability to deliver adequate support in these regions.

Gaps in the provision of legal support services for victims of sexual violence: Legal aid in Greece is generally available to victims of violence against women and domestic violence. Free legal aid is available in civil and criminal proceedings to victims of certain crimes, such as trafficking in human beings and child sexual abuse, regardless of their income. Moreover, victims of domestic violence seeking interim measures for a temporary settlement of the situation have access to free legal aid under Article 22 of Law 3500/2006 on Domestic Violence. However, in practice, the existing free legal aid scheme does not ensure women's effective access to justice through affordable and high-quality legal representation. For example, women victims of sexual or other forms of violence are only entitled to free legal aid once legal proceedings have been initiated. Focus group participants also reported a significant lack of legal counselling, which is crucial for helping women report sexual violence as well as navigate the legal process. All 44 Consulting Centres and some CSOs do offer legal counselling services, but these are often limited due to resource constraints, especially in the case of CSOs. Additionally, counsellors who provide legal advice cannot represent women in court. To address this gap, the General Secretariat has initiated memorandums of co-operation with local bar associations to facilitate legal representation for victims of rape. However, this assistance is provided ad hoc and depends on availability of funding.

32. *X v. Greece*, Application No. 38588/21, judgment of 13 May 2023 https://hudoc.echr.coe.int/fre?i=001-230857.

Absence of public long-term trauma-informed support services: Long-term and specialised specialist sexual violence and rape services beyond immediate medical care or psychological/legal support are not available, as neither the state nor CSOs currently provide such support. Consulting Centres primarily provide psychological and psychosocial support, but in the absence of specific expertise and understaffing issues, this does not include longer-term support services. Mental health centres operating under the hospitals offer some trauma-informed psychological care, but this provision is limited and often comes with long waiting times. Some trauma-informed support may be provided by CSOs but services are often tied to EU-funded projects, which operate within specific time frames and have limited sustainability. Essentially trauma-informed support services are primarily administered by the private sector, but as they are not subsidised by the state, they remain inaccessible to many victims/survivors due to high costs.

Lack of co-ordinated action and collaboration among different stakeholders

Partnership working and multi-agency responses/mechanisms: Each stakeholder appears dedicated to fulfilling their specific responsibilities to the best of their abilities, albeit within their own limited scope and context. However, there is a significant lack of foresight regarding how different services can collaborate effectively to provide comprehensive care and support to victims of sexual violence and rape. Even when stakeholders are willing to refer victims to additional services, they often lack the knowledge on where to direct them and the specific pathways to facilitate such referrals. This lack of multi-agency co-ordination can lead to multiple referrals to different organisations, requiring the victim to recount their story repeatedly, which can result in re-traumatisation and secondary victimisation.

Gaps were also evident in the EODY protocol, which is the only multi-agency protocol that is in place. While the protocol outlines multi-actor co-operation and defines the roles of different actors, it does not clearly map out the steps for co-operation, the specific responsibilities of each actor, the specifics of the referral mechanisms (e.g. to which services, when, and how), and how a co-ordinated response between the different actors is envisioned to take place

Challenges in providing 24/7 Services: Representatives of the police that participated in the focus group mentioned challenges in relation to the availability of round the clock provision of other services as they, together with medical services, are the only 24/7 services available. Thus, a victim cannot be referred to other services outside working hours when reports of rape often take place. As they mentioned, complications also arise in cases where safe emergency housing is needed, particularly outside normal working hours. To bridge this gap, the General Secretariat currently provides temporary housing in co-operation with hotels and the 24h SOS 15900 helpline.

Lack of understanding of the need for holistic care and continuous support provision: There is a general lack of awareness and understanding of violence against women and its consequences, and of the importance of providing holistic, comprehensive, and continuous care to victims. For instance, during the field visit, prosecutors had difficulty understanding the necessity for providing continuous psychological support to victims during legal proceedings, and of how such support can contribute to lower attrition rates and minimise secondary victimisation and re-traumatisation. In their view, psychological support ends at the deposition stage, highlighting a disconnection in understanding victims' needs.

Limited data collection and monitoring of cases: Data collection is not systematic across the various services and data is not shared between the different stakeholders. Moreover, there are no monitoring mechanisms in place that would allow for tracking of cases across the system.

Leveraging the existing framework for new opportunities

As identified by the European Court of Human Rights, the Hellenic Republic had an adequate legal and regulatory framework to deal with cases of sexual violence and rape. However, its application in practice is hindered by systemic weaknesses that impact effective operational implementation of legal provisions.

Given the above gaps and challenges identified, the establishment of specialised victim support services for sexual violence and rape is viewed by stakeholders in the Hellenic Republic as a contentious issue that no stakeholder was eager to take on board. This reluctance stemmed from the numerous challenges and systemic weaknesses within each respective organisation, limiting stakeholders from envisioning a way forward or from exploring models of victim support that could potentially be successful in the current operational context.

Utilising existing structures for the purposes of setting up specialised services for victims of sexual violence and rape was perceived negatively, as this would inevitably perpetuate and exacerbate current systemic weaknesses. As a result, many stakeholders expressed a preference for the development of new specialised structures that would operate autonomously from the existing network of victims support services. This view extended to the possibility of setting up specialised services within hospitals/medical centres, where it was suggested that a new department within the Ministry of Health be established specifically for this purpose.

Despite this reluctance, there are aspects within the current policy and operational framework that provide the foundational elements for the setting up of specialised services that comply with international standards, and specifically the provisions of the Istanbul Convention, that should be taken into account by the Greek authorities in the process of setting up specialised sexual violence services.

At the legislative and policy level, the new provisions introduced by Law 5090/2024 to Law 3500/2006 on domestic violence provide the basis for establishing robust multi-actor co-operation mechanisms, emphasising the need for a more holistic support system for victims. The new amendments also provide for prompt responses across all victim support services and for the priority of cases of domestic violence in their prosecution and adjudication. These provisions may also be extended to cases of sexual violence and rape for fast track processing, hence minimising the potential for re-victimisation and re-traumatisation of sexual violence victims in criminal proceedings. There is also a provision in the mandate of the Supreme Court that provides for the discretionary examination of rape cases and cases of sexual violence as a priority.

At the operational level, opportunities for action as identified during the field visit and focus groups with stakeholders can be summarised as follows:

- The existing victim support infrastructure in the Hellenic Republic can be utilised and leveraged to expand its scope to include the provision of specialised support to victims of sexual violence and rape, outside intimate relationships. It is important, however, that weakness and gaps in the current victim support system are addressed first, prior to expanding their mandates to include sexual violence and rape. Further, in line with Article 20 of the Istanbul Convention, the setting up of specialised support services for victims of sexual violence and rape should not come at the expense of more general services for victims of gender-based violence against women. Should the infrastructure of existing services be harnessed, additional human, financial and other resources should be dedicated to strengthening them and expanding their scope.
- The model of the "House of the Child", which has been operating in the Hellenic Republic since the introduction of the relevant law in 2017 and co-ordinated by the Ministry of Justice, can serve as a blueprint for streamlining support services and provide comprehensive care under one roof, including measures to minimise secondary traumatisation. However, accountability is crucial, as there are concerns

that the institution of the "House of the Child" has not yet been fully operationalised. Similarly, existing multi-agency protocols for dealing with cases of child sexual abuse could be adapted for adult women victims of gender-based violence.

- The expertise of the Red Cross' in providing holistic care to victims of domestic violence can be utilised as a model for setting up multi-agency protocols and mechanisms. Their established expertise, guidelines and internal procedures integrating health services, legal counselling, psychological, and psychosocial support, particularly to refugee and migrant women, provide a tested framework that can be adapted to enhance co-ordination among various service providers for victims of violence against women, including sexual violence and rape.
- In the health care sector, the mode of operation of certain smaller hospitals can be replicated in other health centres for the provision of care to victims of sexual violence and rape. For instance, the Larissa Hospital has multidisciplinary teams in place (e.g. medical specialists, social workers and psychologists) and link victims of domestic violence with community services for longer-term support and assistance.
- The recommendations of the (internal) report prepared by Dr George Charalambous (the manager of Ippokrateio Hospital and previous member of the first administration committee of the Regional Health System of Attica) [33] for the Ministry of Health provide guidance for adoption of measures to enhance the organisation and operation of Emergency Departments (TEP). The report proposes measures for the protection of victims of (domestic) violence and particularly the creation of designated safe and victim-friendly spaces within hospitals, equipped with on-call psychologists, psychiatrists, and social workers to provide comprehensive care to victims. Moreover, the report emphasises the need for an official, institutionalised, and statutory protocol of collaboration between various stakeholders and ministries involved in addressing domestic violence such as the Ministry of Health, Ministry of Justice, and Ministry of Family and Social Cohesion, ensuring a co-ordinated response.

33. https://www.frederick.ac.cy/en/about-us/faculty-staff/faculty?view=page&id=108&lid=617.

Promising practices: rape crisis centres and sexual violence referral centres

Article 25 of the Istanbul Convention mentions two types of specialised services that parties of the treaty should establish to offer better support for victims of sexual violence: rape crisis centres and sexual violence referral centres. According to the Explanatory Report to the convention[34], parties are not obliged to set up both rape crisis centres and sexual violence referral centres. However, it is recommended that either type of such centres should be available per every 200.000 inhabitants and that their geographic spread should make them accessible to victims in rural and remote non-urban areas as much as in cities.

Specialist sexual violence services adopt a trauma-informed, needs-led, and strengths-based approach to comprehensively meet the needs of victims, offering holistic, wraparound and specialist support in the form of counselling, therapies, psychoeducational support, emotional support, group work and advocacy. Specifically in relation to the setting up and/or strengthening of specialised services for victims of sexual violence, the GREVIO baseline evaluation procedure has identified different models for the provision of comprehensive support, including immediate medical care and trauma support; forensic examinations; short and long-term psychological counselling and therapy; and legal advice, as foreseen by Article 25 of the Istanbul Convention. An overview of these models including promising practices identified is provided further below.

Moreover, as identified by GREVIO in their baseline evaluation reports, several promising practices in the areas of protection, investigation, prosecution and procedural law include measures aimed at prioritising cases of sexual violence and rape in a gender-sensitive manner; improving reporting and investigation through victim-friendly police stations, specialised police units and trained police officers; improving prosecutorial and judicial practices; and comprehensive protective measures during investigation and judicial proceedings.[35] Importantly, victims must have access to comprehensive services, including forensic examinations, *regardless* of their willingness to file an official complaint or testify against the perpetrator. Finally, forensic evidence must be kept for a specified period, allowing legal proceedings to be initiated at a later stage if the victim so chooses.

Regardless of the specific model adopted, GREVIO emphasises that holistic victim support services must operate within a cross-sectoral and multidisciplinary framework, giving victims the control to make their own decisions. These include centres that are based on multidisciplinary collaborative models (a "one-stop-shop" approach).

The one-stop-shop approach to victim support services

According to the Explanatory Report to the Istanbul Convention, one-stop-shops are services, including law enforcement, located in the same building or in close proximity to one another and work in co-operation and co-ordination to provide comprehensive support to women victims of violence against women.[36] Such services bring together multiple agencies and/or disciplines under one roof, providing victims with a "one-stop-shop" for accessing medical, legal, counselling, and social services, as well as the possibility to file an official complaint, should she so wish. Some one-stop-shop centres have integrated health services, including on-site medical clinics, forensic organisations, and psychological support.

Such models have shown to increase the willingness of victims to co-operate with law enforcement and the criminal justice process, as they provide holistic support under one roof, reducing the need for victims to re-tell their story multiple times or visit multiple services to meet their complex needs. Such integrated services also promote collaboration and a common approach across relevant agencies. For these reasons, Article 18 paragraph 3 of the Istanbul Convention calls on parties to strive to locate services in the same building.

34. Explanatory report to the Istanbul Convention, paragraph 139.
35. 4th General Report on GREVIO's activities, pp. 41-50.
36. Explanatory report to the Istanbul Convention, paragraph 119.

Stakeholders interviewed during the field visit in the Hellenic Republic viewed one-stop-shop services for victims of sexual violence, operating outside existing services, favourably. As outlined above, stakeholders expressed concerns that the existing victim support infrastructure would not be conducive to widening their scope due to existing challenges and systemic weaknesses. Stakeholders expressed that sexual violence or rape crisis centres, set up independently and autonomously, could potentially alleviate problems, deficiencies and bottlenecks experienced within existing individual agencies. Should this view prevail, a one-stop shop approach may help overcome current concerns over which services need to be 'upgraded' or further developed to be 'converted' into specialised sexual violence victim support centres. Potential benefits of one-stop-shop centres, as expressed by stakeholders, include prompt responses to victims, co-ordinated actions, and the provision of specialised holistic support and trauma-informed care.

Some CSOs interviewed expressed a general mistrust of the public service sector and raised concerns over sexual violence services being operated by public authorities. They felt that such centres would be best run and co-ordinated by a multi-agency network that would operate independently and autonomously from the public administration. Conversely, other stakeholders considered publicly operated sexual violence services as more advantageous, considering that this (ideally) would entail the securing sufficient and sustainable human and financial resources.

One proposition included the operation of sexual violence services by urban non-profit companies (αστικές μη-κερδοσκοπικές εταιρείες) which already operate support structures for vulnerable groups, such as day support centres, and collaborate with multidisciplinary service providers. It was felt that smaller CSOs, such as CSOs dedicated to women's rights which operate at grassroots level, often lack the necessary infrastructure, staff, resources, and funding to oversee such initiatives.

Below the two models of specialised sexual violence services - rape crisis centres (RCCs) and sexual assault referral centres (SARCs) - are analysed in detail, including their suitability for implementation in the Greek national context, as discussed with stakeholders during the field visit to the Hellenic Republic. Promising practices implemented in other Council of Europe member states related to each model are also presented.

Sexual Violence Referral Centres (SVRCs)

SVRCs primarily provide for the immediate care of a sexual violence victim. Services will include medical/health, forensic, and psychological care as well provisions for the storage of forensic evidence. In most Council of Europe member states, SVRC services and professionals are part of existing publicly funded health services.[37] Survivors typically use SVRCs in the week immediately after an assault, when there is still a possibility of gathering forensic evidence. SVRCs will also provide both immediate and follow-up medical care. Increasingly, SVRCs also provide medium-term psychological support.

Many stakeholders viewed SVRCs positively as a viable model for sexual violence services for the Greek context. The SARCS models in England and Ireland (see promising practice below) were widely mentioned and held the most appeal. However, the prospect of setting SVRCs in hospital premises evoked mixed reactions given current difficulties conditions within existing health services, including underfunding and limited personnel. On one hand, the 24/7 availability of services was considered an advantage, as was also the potential for such centres to provide one-stop-shop services where the victim can receive co-ordinated care, including immediate medical care and referral to other services as needed. Forensic examiners pointed out that it would be easier to conduct forensic exams in hospitals (rather than in forensic labs), since the facilities are more conducive (e.g. to retrieving blood and urine samples, conducting a toxicological exam etc.). Additionally, being part of the Ministry of Health provides access to permanent staff and increases the likelihood of long-term state funding. However, current understaffing issues and the weak infrastructure of hospitals, coupled with the need for additional training and specialisation in providing comprehensive care to victims, were considered significant challenges and issues that would need to be urgently addressed should this model be adopted and SVRCs are set up in hospital premises.

One possible alternative raised by some stakeholders, is to explore the possibility of setting up SVRCs within primary health care centres. Urban and non-urban health centres could be utilised for this purpose, as they already have the infrastructure to support multidisciplinary teams and provision of services close to the community.

37. https://www.nhs.uk/live-well/sexual-health/help-after-rape-and-sexual-assault/.

Another suggestion for establishing SVRCs in hospitals is to follow the successful practice of the Landspítali-National University Hospital of Iceland[38]. This involves creating rape assault centres in a nearby space within the hospital grounds, such as in a separate building located in the parking area, in order to provide a more private and welcoming environment for victims/survivors.

Operating SVRCs effectively also necessitates resolving current shortages with regards to the availability of forensic examiners. The possibility of hiring forensic pathologists from the private sector to fill the gaps in provision of forensic examinations was not viewed positively by stakeholders that participated in the focus group discussions, although the reasons for this were not elaborated on. An alternative proposed was to appoint medical forensic professors/academics instead. Another option would be to appoint at least one trained doctor, such as an ER doctor or gynaecologist in each public hospital to perform forensic examinations, including toxicological tests and the collection of DNA evidence. Considering that there is an existing law in Hellenic Republic that states that the opinions of all doctors, regardless of specialty, have equal weight, there may not be legal barriers to this practice, and the results would still be admissible in court. Such practices are already in place in Scotland (in SARCs), Australia and the US, where specifically trained nurses and doctors of various specialties handle the clinical aspects of collecting forensic evidence in cases of sexual violence and rape.

The need to implement SVRCs on a pilot basis was emphasised to allow for evaluation of their viability and effectiveness prior to rolling out the model across the country. It was recommended that these pilot centres be established in both high-risk areas, such as the islands and regions with a high incidence of sexual violence and rape (e.g., Attica, Thessaloniki), as well as other areas to assess the specific needs of each.

38. https://www.landspitali.is/sjuklingar-adstandendur/deildir-og-thjonusta/neydarmottaka-fyrir-tholendur-kynferdisofbeldis/.

Promising Practice: Sexual Assault Referral Centres (SARCs), England and Wales

The first SARC in England and Wales was established in 1986 at the St. Mary's Hospital, Manchester, by the local Health Authority in collaboration with the Greater Manchester Police (GMP). It was set up in response to long-term problems with the criminal justice and medical response to victims of sexual violence. [39]

The term 'SARC' does not just refer to a building, but embraces a concept of integrated, specialist clinical interventions and a range of assessment and support services through defined care pathways. This allows co-ordination with wider healthcare, social care and criminal justice processes to improve health and wellbeing, as well as criminal justice outcomes for adult and child victims/survivors of sexual assault.

SARCs are delivered through different organisational models, including:

- National Health Service (NHS) organisations working from NHS premises;
- Combined Police and NHS providers working from private premises, NHS premises or police premises;
- Independent providers working from private premises but providing a service to NHS patients.[40]

SARC services include immediate medical care and counselling; a forensic examination; immediate on-site access to emergency contraception and drugs to prevent sexually transmitted infections; access or referral to support, advocacy and follow-up through therapeutic services, including support through the criminal justice process.

The majority of SARCs are not designed to offer long-term support since those that access SARCs usually attend the service for a limited period which normally constitutes a few hours. Where a SARC exists, there are mutually agreed protocols for referral to and from the centre. Referral routes work both ways, and SARCs must also be able to refer patients on to other services, such as:

- Hospital services for treatment of injuries
- Sexual health clinics
- Victim Support, for information on police and court procedures, advice on claiming compensation and advocacy services where these are not available through the SARC
- Specialist rape crisis and other sexual violence organisations where victims/survivors:
  - Prefer counselling/advocacy away from the centre;
  - Prefer counselling in a women-only environment;
  - Need long-term counselling; or
  - Are victims of historical rather than recent sexual violence, including adult survivors of childhood sexual abuse;
- Where victims have been abused in a domestic context and need specialist domestic violence counselling services, refuges, and/or social services.[41]

39. Developing Sexual Assault Referral Centres (SARCs) – National Service Guidelines, Department of Health Children and Mental Health Division and Home Office Violent Crime Unit, October 2005 https://assets.publishing.service.gov.uk/media/5a7b95ae40f0b645ba3c542f/dh_118041.pdf.
40. Ibid.
41. National Service Specification for Sexual Assault Referral Centres: Incorporating NHS public health functions agreement 2023-24 https://www.england.nhs.uk/wp-content/uploads/2018/04/PRN00577-national-service-specification-sexual-assault-referral-centres-updated.pdf.

Promising Practice: Specialised network of 10 centres for victims of rape and sexual violence, Denmark

Denmark has developed a highly specialised network of 10 centres for victims of rape and sexual violence. As with the SARC model, these centres are located within hospitals across the country and provide residential and non-residential services to women and girls above the age of 15 who have experienced rape or sexual assault. Victims can seek these services any time after the assault took place, including several years later. For victims of rape and sexual violence below the age of 15 a number of additional centres exist which provide child-friendly services. The services and counselling offered by these centres include immediate examinations, pregnancy tests, treatment for any injuries as well as screening for infections and sexually transmitted diseases.[42]

The forensic examinations include the taking of DNA samples and the careful documentation of other evidence such as bruises and injuries. Medical and forensic examinations are carried out for all victims regardless of whether they intend to report the rape or not and there is no involvement of the law-enforcement agencies unless the victim freely decides otherwise. DNA evidence is stored for up to three months or longer if requested by the victim. Should a case come to trial, the centre's report may be used as evidence in addition to the DNA, and medical staff of the centre may be ordered to testify in court, for which purpose their obligation of confidentiality may be lifted. The rape and sexual violence centres also offer psychological treatment for all acute patients (up to five sessions) and a small number of long-term patients.[43]

Promising Practice: Belgium

The Sexual Assault Centres (SACs)[44] in Belgium were set up following ratification of the Istanbul Convention and are a direct result of efforts to fully comply with Article 25 on setting rape crisis or sexual violence referral centres for victims.

Based on a feasibility study examining how best to organise care for victims of sexual violence within the Belgium context, the SAC model[45] was developed and put into practice in 2017 as a pilot project, with three SACs opening in the cities of Brussels.

The model was then evaluated positively by both victims and SAC staff[46], and the pilot was expanded to offer victims SAC across the country ensuring that victims can reach these services within an hour. The federal government made a budget available in 2020 for the expansion of the three pilot centres and the construction of seven additional Sexual Assault Centres. These Sexual Assault Centres opened in phases in Antwerp (UZA), Charleroi (UMC Charleroi), West Flanders (AZ Delta), Leuven (UZ Leuven), Limburg (Ziekenhuis Oost-Limburg), Namur (CHRSM) and Luxembourg (Vivalia Arlon).

SACs are accessible 24/7 for victims by telephone, e-mail, in person, via the emergency services or via the police. They are located in hospitals and offer the following care:

- Medical care: a forensic nurse treats the injuries and wounds of adult victims, examines and treats the physical, sexual or reproductive consequences, with or without the assistance of a doctor. Medical care is provided for minors by a multidisciplinary team consisting of at least the forensic nurse and a doctor;
- Forensic investigation: the forensic nurse, or the multidisciplinary team in the case of minor victims, determines the injuries, looks for traces of the perpetrator, and collects evidence in the context of a possible complaint;
- Psychological care: the forensic nurse, or the multidisciplinary team, offers immediate trauma support, as well as advice to victims and their immediate support network.
- Complaint: victims can file a complaint with the police and statements are taken by specially trained police personnel at the SAC's premises.
- Follow-up and referral: the forensic nurse monitors the medical and psychological condition of the adult victims after the incident, co-ordinates aftercare and refers both adult and minor victims and support figures to the appropriate psychosocial and legal services.

42. See GREVIO's Baseline Evaluation Report on Denmark paragraphs 121-124.
43. Ibid.
44. Sexual Assault Centres, Belgium https://sac.belgium.be/en.
45. The SAC model. Available in in Dutch: https://sac.belgium.be/sites/default/files/documents/ZSG-model_Nationale%20criteria%20en%20standaardprocedures_0.pdf.
46. A first evaluation of the Sexual Assault Centres (2020). Available in Dutch: https://igvm-iefh.belgium.be/sites/default/files/131_-_een_eerste_evaluatie_van_de_zorgcentra_na_seksueel_geweld_0.pdf.

Reports indicate that the Belgian Sexual Assault Centres have vastly reduced reporting obstacles. Notably, 68% of victims who were supported by such centres reportedly went on to file a complaint, which was significantly higher than the national average of victims who filed complaints.[47]

Rape crisis centres (RCCs)

Generally, RCCs are operated by women's organisations and provide a safe environment for survivors of sexual violence whenever and however survivors choose to access them.[48] Survivors may come to a RCC immediately after an incident, or many years later. Survivors can access through self-referral, or by being referred there by others such as their doctor. RCC services aim to offer both short-term and long-term support relevant to all aspects of sexual violence across all life stages.

Importantly, RCCs are different from SVRCs in that, although they are publicly funded, they are independently run, develop their own standards of operation, and engage in prevention activities and advocacy. In contrast, most SVRC services and professionals are part of existing publicly funded health services. Another point of divergence is that while SVRCs primarily focus on trauma-informed immediate and short-term medical care, RCCs offer long-term survivor-led support. Indeed, in counties such as Ireland, both RCCs and SVRCs exist and work alongside each other.

During the field visit, stakeholders discussed the possibility of expanding the scope of existing Consulting Centres of the Network of Structures in the Hellenic Republic to include rape crisis services, following the RCC model. This proposal is based on the opportunity identified for leveraging an already established network that has developed expertise in-service provision, has set up co-ordination mechanisms, and operate with the oversight of KETHI. However, representatives of the Consulting Centres that participated in the focus group were apprehensive, expressing concerns over the current lack of the necessary expertise and infrastructure to respond effectively to sexual violence. Firstly, such an endeavour would require awareness-raising campaigns to expand on the current image and perception of consulting centres as predominantly providing services for victims of domestic violence. Moreover, addressing understaffing issues and securing sustainable funding would be crucial to ensure the centres' viability if they were to take on this role. Representatives stressed that extensive additional training and the development of specialised expertise among staff would be necessary. In addition, the centres would need to strengthen their capacity to handle emergencies, including medical examinations, which currently appears to be a challenging task, due to limited facilities. To address this gap, a suggestion would be for immediate emergency support to be provided by sexual violence centres within the health system (following the SVRC model), and then referring victims to the consulting centres for long-term support through specific referral mechanism and procedures (following the RCC model). In such case, it would be necessary to establish robust multi-agency protocols that would govern such referral procedures in order to build trust and ensure accountability among all stakeholders involved.

Another idea put forward, involves setting up family centres in municipalities or expanding the scope of existing psychological support centres that currently operate within municipal structures, where women may feel more comfortable and safe within familiar community spaces. With the extended mandate provided by the recently introduced amendments to Law 3500/2006, which allocates responsibilities for risk assessment and creating safety plans for victims, these community/family centres could potentially handle rape cases as well. However, this framework is primarily focused on domestic violence, and it would be necessary to clarify how cases of sexual assault/violence outside intimate relationships will be addressed. Moreover, additional concerns were expressed regarding possible stigmatisation when women visit community spaces and the need for ensuring anonymity, confidentiality and privacy.

In relation to the possibility of CSOs, and specifically women's rights NGOs, filling the gap in specialised victim support services, CSOs were of the opinion that the most effective and sustainable option would be that a public body is tasked with their operation. While generally expressing mistrust of the public service sector, in their opinion, a public body, with its broader access to resources and authority, can provide a more stable and consistent framework for overseeing these services as CSOs face significant challenges in relation to access to resources, sustainability, and outreach. The possibility for CSOs to be funded by the state to operate such services as is the case in Ireland (see below), was not considered by the participants.

47. International Planned Parenthood Federation European, "Belgium's consent law is clear: absence of no doesn't mean yes": https://europe.ippf.org/stories/belgiums-consent-law-clear-absence-no-doesnt-mean-yes.
48. WAVE Network (2021), Promising practices of establishing and providing specialist support services for women experiencing sexual violence: A legal and practical overview for women's NGOs and policy makers in the Western Balkans and Turkey. Executive Summary. https://wave-network.org/wp-content/uploads/WAVE_CSSP_ExecSummary210917_web.pdf pp. 11-13.

Promising Practice: Rape Crisis Centres, Ireland

The rape crisis sector in Ireland[49] consists of 16 independent Rape Crisis Centres (RCCs) and a national advocacy body (RCNI).

At a RCC, survivors are offered a range of support services specialised in sexual violence that they may choose to access. A RCC in Ireland typically combines services ranging from helplines, counselling, psychotherapy, advocacy, and accompaniment through legal, to medical processes for survivors. They may also have a group or other forms of engagement, perhaps tailored to minority groups in partnership with other CSOs, in order to meet different survivors' needs. RCCs serve survivors of both recent and historical sexual violence, as adults or as children. Importantly, RCCs offer confidentiality, especially for those not wishing to formally report the crime. The approach adopted in Ireland can be regarded as a benchmark of promising practice for other countries in developing service provision for victims of sexual violence.[50]

RCNI is a representative umbrella body who supports the work of member RCCs throughout Ireland and aims to influence national policy and social change through extensive data collection and by raising public awareness about the realities of sexual violence. RCNI supports and assists the RCCs to agree and implement professional standards in the provision of services and develops specialist and standardised training for RCC staff. The RCNI model of service delivery is survivor-centred and trauma-based and focus on recovery and healing, while also holding perpetrators accountable for their behaviour.

The RCNI has developed a Best Practice Model[51] that all RCNI member RCCs have signed up to that includes Best Practice Standards necessary to ensure that the Model is delivered upon in the areas of governance, direct services as well as social change. RCNI also developed a national RCC data system in order to generate national evidence from survivors' collective experience to impact policy-making.[52]

49. Rape Crisis Network Ireland https://www.rcni.ie/.
50. Women Against Violence in Europe (2021), Promising practices of establishing and providing specialist support services for women experiencing sexual violence, https://eca.unwomen.org/en/digital-library/publications/2021/11/promising-practices-of-establishing-and-providing-specialist-support-services.
51. RCNI, Best Practice Rape Crisis Centres https://www.rcni.ie/what-we-do/best-practice-rape-crisis-centres/.
52. RCNI, National Statistics Project and Database https://www.rcni.ie/what-we-do/national-data-research/.

Recommendations for further action

Irrespective of the specific approach the Greek authorities choose to adopt in setting up specialised sexual violence services in order to comply with their obligations under Article 25 of the Istanbul Convention, the following measures are recommended in order to establish the necessary legislative, policy, and operational framework:

- **Conduct a thorough review of successful good practices, models, structures, and strategies from other countries** with a view to bringing all relevant stakeholders to the table to discuss how different approaches and practices can be adapted and implemented in the Hellenic Republic. Such a review may be followed by state supported on-site study visits to observe how specialised sexual violence services operate in practice.
- Ensure that **the setting up of specialised support services for victims of sexual violence and rape does not negatively impact other general and specialist support services for victims of gender-based violence against women**. Should the infrastructure of existing services be harnessed, additional human, financial and other resources should be dedicated to strengthening them and expanding their scope.
- There is an identified, pressing need to **develop clear, specific, official, institutionalised and well-structured protocols for co-operation between the various stakeholders involved in addressing sexual violence and rape**. These protocols should outline specific mandates for each stakeholder, referral pathways, and provide a clear mapping of how co-operation and communication should be conducted and mainstreamed.
- For multi-agency co-operation to be effective, **existing gaps in services and existing shortcomings across the different service providers need to effectively be addressed first, including through the allocation of sufficient and sustainable economic and human resources, the development of expertise and know-how, and systematic training for professionals across relevant services**.
- **Legislative or other measures must be taken to ensure that victims of sexual violence and rape have access to forensic examinations regardless of their willingness to file an official complaint.** Allowing forensic examinations to occur independently of a police report is also likely to lead to higher and more timely reporting rates, thereby preventing the loss of the forensic window for evidence collection. Additionally, this practice was seen as advantageous because it could alleviate pressure on existing services.
- To further enhance the response of hospitals to sexual violence cases, it is crucial to **establish standardised intra-hospital co-operation protocols that are institutionalised and legislated**. These protocols should ensure consistent procedures across all hospitals, eliminating fragmentation and ensuring an efficient and uniform handling of sexual violence and rape cases across the country. In situations where there are shortages of specialists (such as gynaecologists and forensic doctors), hospitals should establish protocols for co-operation with neighbouring or interconnected hospitals. For instance, general hospitals could collaborate with maternity hospitals to ensure that necessary specialists are available to conduct examinations and provide comprehensive care at the location where the victim first seeks assistance. This way the victims will not need to be transferred repeatedly between hospitals, thus minimising delays, ensuring timely access to medical and forensic services and minimising secondary victimisation/traumatisation.
- Irrespective of the approach adopted by the Greek authorities to provide specialised support to sexual violence victims**, a robust monitoring and evaluation mechanism needs to be established that includes systematic data collection** to assess the effectiveness and impact of sexual violence support services, as well as investigation, prosecution, and protection measures.

- **There is a clear need for the strengthening of the involvement of CSOs in the provision of specialised support services for victims of sexual violence and rape, as well as co-operation between CSOs and state services and consulting centres**, in line with the provisions of the Istanbul Contention and the recommendations of the Committee of Parties.[53] It is essential that they are meaningfully involved in initial and follow-on consultations and dialogue to offer their experience and expertise, and ensure a feminist and intersectional approach. Additionally, **CSOs can play an important role in co-ordination and monitoring mechanisms to ensure a victim-centred, intersectional, and gender-sensitive approach.** They can support the establishment of these services by providing essential expertise and complementary services that align with both the needs of victims/survivors of sexual violence and the needs of professionals dealing with cases of rape, including through the provision of training. They are also in a position to share innovation in the field, introduce and pilot new methods, and share best practice approaches. However, to achieve this, **adequate and long-term public funding through clear and transparent funding schemes is necessary**.
- **Introduce specialised modules on sexual violence in the initial and in-service training curricula for front-line professionals**, including police officers and health professionals. Providing training for new professionals and retraining practicing professionals will ensure consistency in understanding and handling such cases across the board.
- **Strengthen consistent and comparable data on sexual violence and rape** in the Hellenic Republic to enable the tracking of cases of sexual violence and rape through the judicial system. Robust data collection is essential in developing policy objectives, identifying gaps in-service responses and in determining the effects of legal, policy, and operational reforms.
- **Supporting and/or conducting research with victims/survivors of sexual violence, including women from particularly vulnerable groups**, to capture their own experience through the victim support system could provide invaluable insight into their needs and preferences regarding the model of service to be adopted and pathways to safety.

53. GREVIO Baseline Evaluation report for Greece, paragraph 138-139.

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