

Recommendations for the prevention of interpersonal and domestic violence

RECOGNISE, PROTECT AND ACT

How to guide and lead local and regional activities in social and health care services



ISSN 1236-2050

ISBN 978-952-00-2704-9 (pb)

ISBN 978-952-00-2705-6 (PDF)

Cover photo: Annakaisa Ojanen, Plugi

Layout: AT-Julkaisutoimisto Oy

Printed by: University Press, Helsinki, Finland 2008

SUMMARY

Recommendations for the prevention of interpersonal and domestic violence. Recognise, protect and act. How to guide and lead local and regional activities in social and health care services. Helsinki 2008. 39pp. (Publications of the Ministry of Social Affairs and Health, Finland, ISSN 1236-2050, 2008:26) ISBN 978-952-00-2704-9 (pb), ISBN 978-952-00-2705-6 (PDF)

The local and regional organisations responsible for municipal social and health care services are intensifying their efforts in the prevention of and early intervention in interpersonal and domestic violence. It is important to integrate the models and practices developed in different projects into the primary and specialised services in social and health care, and to ensure the coverage, continuity, and permanence of the functions.

The recommendations now issued aim at supporting and promoting local and regional work for the prevention of interpersonal and domestic violence, and reducing the problems caused by it.

The recommendations stress the importance of strategic planning. Combating violence is based on action programmes. It must be coordinated and modelled. It is also important to improve the professional skills of the staff to intervene in violence as well as increase research and development in this area.

Appropriate service and care models are needed for the different groups suffering from violence: forms that meet the needs of the children and adolescents experiencing violence in families, of older people and of people with physical and mental disabilities suffering from violence. The perpetrators of violence should also receive help.

The recommendations emphasise that it is important to link civic activity in municipalities to the prevention of violence.

The municipal inspection boards will assess the implementation of these recommendations. In regional organisations - such as in the cooperation ar-

eas of social and health care services - the implementation of the recommendations is assessed at the same time as their own activities are assessed.

At the national level, the prevention of interpersonal and domestic violence is guided and assessed in cooperation by the Ministry of Social Affairs and Health; the Association of Finnish Local and Regional Authorities; the National Research and Development Centre for Welfare and Health (Stakes); and the State Provincial Offices.

Key words

Action programmes, domestic violence, evaluation, prevention, services

TIIVISTELMÄ

**Lähisuhde- ja perheväkivallan ehkäisyn suositukset.
Tunnista, turvaa ja toimi. Sosiaali- ja terveystoimelle paikallisen ja alueellisen toiminnan ohjaamiseen ja johtamiseen.
Helsinki 2008. 39 s. (Sosiaali- ja terveysministeriön julkaisuja, ISSN 1236-2050, 2008:26) ISBN 978-952-00-2704-9 (nid.), ISBN 978-952-00-2705-6 (PDF)**

Kunnat ja sosiaali- ja terveydenhuollosta vastaavat paikalliset ja alueelliset organisaatiot tehostavat lähisuhde- ja perheväkivallan ehkäisyä ja varhaista puuttumista väkivaltaan. Eri hankkeissa kehitettyjä toimintamalleja ja työkäytäntöjä on tärkeää juurruttaa osaksi sosiaali- ja terveydenhuollon perus- ja erityispalveluja ja turvata toiminnan kattavuus, jatkuvuus ja pysyvyys.

Näiden suositusten on tarkoitus tukea ja edistää paikallista ja alueellista työtä lähisuhde- ja perheväkivallan ehkäisemiseksi ja siitä aiheutuneiden ongelmien vähentämiseksi.

Suosituksissa korostetaan strategisen suunnittelun tärkeyttä. Väkivallan vastainen työ perustuu toimintaohjelmiin. Työn tulee olla koordinoitua ja mallinnettua. Tärkeää on myös parantaa henkilöstön ammatillisia valmiuksia puuttua väkivaltaan ja lisätä aihepiirin tutkimus- ja kehittämistyötä.

Väkivallasta kärsiville eri ryhmille tarvitaan asianmukaisia palvelu- ja hoitomalleja ja -muotoja, jotka vastaavat väkivaltaa perheissä kokevien lasten ja nuorten ja siitä kärsivien vanhusten, vammaisten ja kehitysvammaisten tarpeisiin. Myös väkivaltaa käyttävien henkilöiden on saatava apua.

Suosituksissa korostetaan, että kansalaistoiminta on kunnissa tärkeää kytkeä mukaan väkivallan ehkäisytyöhön.

Kuntien tarkastuslautakunnat arvioivat suositusten toteutumista. Alueellisissa organisaatioissa, kuten sosiaali- ja terveydenhuollon yhteistoiminta-alueilla, suositusten toteutumista arvioidaan samalla, kun niiden omaa toimintaa arvioidaan.

Valtakunnallisesti lähisuhde- ja perheväkivallan ehkäisyä ohjaavat ja arvioivat yhteistyössä sosiaali- ja terveysministeriö, Kuntaliitto, Stakes ja lääninhallitukset.

Asiasanat

arviointi, ehkäisy, palvelut, perheväkivalta, toimintaohjelmat

SAMMANDRAG

**Rekommendationer om förebyggande av våld i nära relationer och inom familjen. Identifiera, trygga och agera. Till social- och hälsovården för ledning och tillsyn av den lokala och regionala verksamheten. Helsingfors 2008. 39 s. (Social- och hälsovårdsministeriets publikationer, ISSN 1236-2050, 2008:26)
ISBN 978-952-00-2704-9 (inh.), ISBN 978-952-00-2705-6 (PDF)**

Kommuner samt lokala och regionala organisationer med ansvar för social- och hälsovården effektiviserar det våldsförebyggande arbetet och arbetar för ett tidigt ingripande i våld. Det är viktigt att verksamhetsmodeller och praxis som tagits fram inom ramen för olika projekt införlivas till en bestående del av social- och hälsovårdens bas- och specialtjänster samt att verksamhetens omfattning och kontinuitet tryggas.

Syftet med rekommendationerna är att stödja och främja det lokala och regionala arbetet mot våld i nära relationer och inom familjen och att minska de problem och kostnader som orsakas av våldet.

Rekommendationerna framhåller vikten av strategisk planering. Arbetet mot våld baserar sig på handlingsplaner. Arbetet bör vara koordinerat och bygga på konkreta modeller. Det är också viktigt att höja personalens yrkesmässiga färdigheter i att ingripa mot våld och bidra till ökad forskning och utveckling inom området.

Det behövs adekvata serviceformer och vårdmodeller för olika grupper som utsätts för våld i sina familjer eller i sina nära relationer: barn och unga, äldre personer, handikappade och utvecklingsstörda. Också personer som brukar våld behöver hjälp.

Rekommendationerna betonar vikten av att frivilliga organisationer sluter upp kring det våldsförebyggande arbetet.

Kommunernas revisionsnämnder utvärderar rekommendationernas effekter. Regionala organisationer, till exempel social- och hälsovårdens

samverkansområden, utvärderar resultaten av rekommendationerna samtidigt som de bedömer sin egen verksamhet.

På nationell nivå styrs och utvärderas det förebyggande arbetet mot våld i nära relationer och inom familjen av social- och hälsovårdsministeriet, Kommunförbundet, Stakes och länsstyrelserna.

Nyckelord

familjevåld, förebyggande, handlingsprogram, utvärdering, service

CONTENTS

SUMMARY.....	3
TIIVISTELMÄ.....	5
SAMMANDRAG	7
RECOMMENDATIONS IN A NUTSHELL.....	10
PREFACE	12
INTRODUCTION	14
PURPOSE AND OBJECTIVES OF THE RECOMMENDATIONS	16
DEFINITION OF CONCEPTS	17
RECOMMENDATIONS FOR MUNICIPALITIES AND REGIONAL ACTORS.....	19
1 Strategic control and planning	19
1.1 Responsibility, management and division of duties	19
1.2 Action programmes and plans	20
2 Professional skills of the staff.....	21
3 Service required.....	22
3.1 Preventive services	22
3.2 Services for victims of violence.....	23
3.3 Services for children and adolescents exposed to violence	25
3.4 Services for senior citizens and the physically and mentally disabled	26
3.5 Help for the perpetrators of violence.....	27
4 Civic action in preventing violence	28
5 Documentation and statistics	28
6 Communications and effectiveness.....	29
MONITORING AND EVALUATING THE IMPLEMENTATION OF THE RECOMMENDATIONS.....	31
LITTERATUR	32
ANNEXES	34
Annex 1. Checklist for tackling violence head-on	34
Annex 2. The prevalence of interpersonal and domestic violence	36
Annex 3. International cooperation for the prevention of interpersonal and domestic violence.....	37

RECOMMENDATIONS IN A NUTSHELL

The division of duties between administrative sectors in the efforts to prevent violence is determined by the municipality that will also assign the managerial responsibilities.

The prevention of interpersonal and domestic violence is incorporated in the municipal welfare strategy, security planning and in the action plans of social and health care organisations with a large population base.

The professional qualifications and resources of social and health care personnel required to address interpersonal and domestic violence and problem-solving will be improved. Due consideration will be given to the need for special expertise required to assist people who have been exposed to sexual violence and abuse.

A model for preventing violence is planned to be put in place by municipalities and inter-municipal cooperative organisations to enable preventive measures, provide accessible services and emergency help such as shelters and homes, crisis management, specialised services for the prevention of violence and long-term support and therapy for people traumatised by violence.

The prevention of violence against children and young people, early intervention and securing the provision of services will be one point of focus in the social and health care administration.

Services for senior citizens and the physically and mentally disabled victims of interpersonal and domestic violence will be developed and access improved.

Individuals resorting to violence in their personal relations and families will be assisted and helped to give up violent behaviour and assume responsibility for their actions.

Cooperation between non-government organisations, parishes and the authorities in the prevention of violence will be improved.

The documentation and statistics on interpersonal and domestic violence will be improved for dealing with the customers and patients in the social and health care sector.

The social and health care administrative sectors will disseminate information in order to prevent interpersonal and domestic violence and alleviate the problems caused by it. The principle of non-violence will be underlined in all activities undertaken by municipalities.

Responsibility for the attainment of the objectives, follow-up and evaluation will rest with the management of the municipalities and municipal alliances.

PREFACE

Interpersonal and domestic violence infringes upon human rights and jeopardizes equality, health, wellbeing and the security and safety of the public. Interpersonal and domestic violence is a serious problem that far too often leads to death. Individual administrative sectors and non-governmental organisations must not spare any efforts in preventing violence.

The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities hope that these recommendations will serve as a planning tool in the social and health care system to prevent interpersonal and domestic violence.

Most of the services intended for victims and perpetrators of interpersonal violence are provided by non-governmental organisations. It is of great importance that an unambiguous agreement is reached among the municipal social and health care officials and other actors on the responsibilities for addressing the problem of violence. Otherwise it may easily become eclipsed by other concerns. Intervention calls for an inter-professional approach, the linking of services and effective communication between the actors.

Mutually agreed structures for managing and directing activities for the prevention of interpersonal and domestic violence are necessary in the ongoing project to restructure municipal administration and the provision of services.

As a result of violence, individuals, families and society incur health hazards, social problems and financial costs. A conservative estimate puts the direct annual cost of violence at around EUR 91 million.

These recommendations give pointers for managing and directing the local and regional efforts to prevent interpersonal and domestic violence.

The purpose of the recommendations is to support and promote local and regional work to prevent interpersonal and domestic violence, alleviate related problems and reduce costs.

The recommendations have been prepared by the Ministry of Social Affairs and Health in collaboration with the representatives of the Association of Finnish Municipalities and Regional Authorities, State Provincial Offices and municipalities. A number of organisations working in the field were also consulted in the course of preparing these recommendations. They are based on the information and experiences generated in the course of the national development project to prevent violence and on international recommendations.

Helsinki, May 2008

The Ministry of
Social Affairs and Health

Finnish Association of Municipalities
and Regional Authorities

Minister of Health
Social Services *Paula Risikko*

Chief Executive
Director *Risto Parjanne*

Permanent Secretary
Kari Välimäki

Director
Jussi Merikallio

INTRODUCTION

Interpersonal and domestic violence infringes upon human rights and jeopardizes equality, health, wellbeing and the security and safety of the public. Individual administrative sectors and non-governmental organisations must spare no effort in preventing violence.

Pursuant to the UN Convention on Human Rights (Annex 3), national governments are responsible for preventing violence against women and children and other interpersonal and domestic violence, and for addressing the problems created by it.

Interpersonal and domestic violence is easily overlooked as both the victim and the perpetrator find it difficult to report it and seek help because of feelings of shame, guilt and fear. Talking about sexual violence or abuse occurring in a close relationship is also particularly difficult. Often, social workers fail to see indications or hints of violence and may not necessarily be able to look into this phenomenon as it may be hidden by other problems such as substance abuse or mental problems. Similarly, violence and the abuse of children, young people, senior citizens and the handicapped remain concealed and the victims left without help.

As the responsibilities of the various actors within the service systems for addressing violence are not clearly defined, the issue may be ignored and eclipsed by other phenomena. Intervention calls for an inter-professional approach, the linking of services and effective communication between the actors.

As a result of violence, individuals, families and society incur health hazards, social problems and financial costs. According to a survey carried out in 2001 in Hämeenlinna, a Finnish municipality of average size, the cost of violence amounted to EUR 1.2 million per year, with one fifth accounting for health care, more than half for social services and a little over a quarter for legal services. Nationwide, the direct annual costs are estimated at EUR 91 million. The prevention of violence makes sense - even economically.

It was not until the 1990s that interpersonal and domestic violence really surfaced in the public debate. A violence-prevention project targeting women was launched in 1997 which increased the general awareness of the extent and diversity of the problem. It was also discovered that there

were flaws in the prevention of violence and access to services while, at the same time, social and health care staff were lacking the expertise and skills to intervene.

One sub-project initiated as part of the 2004–2007 Social Sector Development Project was designed to integrate the services intended for victims of interpersonal and domestic violence into the primary social and health care services. To support the municipalities in these efforts, the Ministry of Social Affairs and Health published a handbook in 2005 entitled "To whom the strikes belong? A Handbook for municipalities for the prevention of partner and intimate violence." The handbook was intended as a tool for municipalities and regional authorities for the prevention of interpersonal violence. By the end of 2007, more than half of the Finnish municipalities or regions had created, or were in the process of creating, action programmes for preventing violence. Progress had been made.

However, there are cracks in the system for the provision of services for the victims of violence, children and young people exposed to violence in families as well as the perpetrators. The provision of services and accessibility are flawed; there are regional differences and the activities are not on a permanent footing.

Efforts must be intensified to prevent problems of violence and promote early intervention. It is important to incorporate the action models and practices developed in the course of the projects into primary and specialised social and health care services, and to secure the coverage, continuity and permanence of the activities.

The potential for preventing interpersonal and domestic violence and developing the activities in an organised fashion now exists as new ways of producing services are created in the on-going project to restructure local government and the provision of services. The prevention of violence and addressing the problems caused by it can now, right from the beginning, be included in the tasks assigned to the new types of organisations, such as municipal alliances for social and health care services.

Municipalities will continue to be responsible for organising social and health care services. They have to ensure that these recommendations are implemented in both the municipal services and in the services purchased from private service providers.

PURPOSE AND OBJECTIVES OF THE RECOMMENDATIONS

The recommendations offer guidelines for municipalities, cooperation areas formed for the provision of services, and hospital districts for the efforts to prevent violence.

The objectives of the recommendations are to:

- influence public attitudes to ensure that interpersonal and domestic violence is perceived as a serious problem that needs to be addressed in order to reduce the level of violence throughout the country
- help social and health care organisations, decision-makers and staff members to develop structures and procedures to discourage interpersonal and domestic violence
- promote coordinated and determined cooperation in the prevention of interpersonal and domestic violence in municipalities and cooperation areas formed for the provision of services
- ensure that professionally managed and coordinated assistance and services are available within the social and health care system for those exposed to violence, children and young people living in violent families and the perpetrators early enough, and for a sufficient period of time.

DEFINITION OF CONCEPTS

Interpersonal and domestic violence involves feelings of shame, guilt and fear. Violence is often recurring and progressively aggravated and it occurs in all social groups and cultures.

Attempts have been made to describe the violence taking place in relationships within families using a number of concepts. *This publication uses the concept interpersonal and domestic violence* that includes both the violence occurring within families and in other close relationships of dependency. Often, violence already surfaces during dating but can also occur during or after a break-up or divorce. The perpetrator may be a male, female or both and the victim a spouse or a child. Children, too, can be violent towards one another and their parents. Adult children living away from childhood homes, for example, can be violent to their parents.

Forms of interpersonal and domestic violence:

- *Physical violence*: violent threats, strikes, pulling a person's hair, slapping, kicking, pushing, strangling or wielding a knife or weapon
- *Psychological violence*: intimidation, disparagement, humiliation, calling names, belittling, isolation, control and restrictions on social interaction
- *"Honour violence"*: violence infringing on human rights within the family in order to defend various concepts of honour¹
- *Spiritual violence*: psychological violence involving a religious dimension
- *Sexual violence and abuse*: rape, coercion into various forms of sexual intercourse or interaction and incest

¹ www.ahaa-avaimia.fi

- *Mutilation of the genitals of girls and women*²
- *Economic violence*: control of the use of money, extortion and taking money for one's own use
- *Neglect of care*: rough treatment or neglect of primary physical or psychological needs

The prevention of interpersonal and domestic violence means all the three levels of prevention: preventing violence before it occurs; actions addressing the hazards related to violent behaviour; and measures designed to improve the position and treatment of those already subjected to violence.

² Circumcision of girls and women in Finland. Recommendations issued by a panel of experts to social welfare and health care personnel. Finnish League for Human Rights www.ihmisoikeusliitto.fi > KokoNainen

RECOMMENDATIONS FOR MUNICIPALITIES AND REGIONAL ACTORS

I STRATEGIC CONTROL AND PLANNING

I.1 Responsibility, management and division of duties

The division of duties between administrative sectors in the efforts to prevent violence is determined by the municipality that will also assign the managerial responsibilities.

The prevention of violence is the responsibility of the entire municipality and all administrative departments. Cooperation across administrative boundaries is indispensable in the efforts to prevent violence. It will be up to the municipalities to determine who will coordinate the anti-violence actions as a whole and who is responsible for what.

The board in charge of social and health care should ensure that an inter-departmental coordination or cooperation working group is appointed for the prevention of violence in the municipality or more extensive area to be defined in the course of the project to restructure local government and the provision of services. The working group will assume responsibility for planning, coordinating and monitoring the efforts to prevent violence.

Representatives will be appointed to the group from the various administrative sectors, NGOs and parishes. The group will be subordinated to the municipal board responsible for social services and health care.

A specific individual, responsible for the efforts to prevent violence, will be appointed for every municipality. In areas covering several municipalities, such a person may hold a full-time position. The individual will ensure that inter-departmental and inter-professional cooperation works smoothly. The required qualifications for the position are a higher university degree in social science and health care.

1.2 Action programmes and plans

The prevention of interpersonal and domestic violence is incorporated in the municipal welfare strategy, security planning and in the action plans of social and health care organisations with a large population base.

Municipalities and the cooperation areas created for the purpose of the provision of services will include the strategic policies for the prevention of interpersonal and domestic violence in their welfare strategies and security plans by the end of 2009. The policies may be incorporated in the strategies either as separate action plans or programmes or as a specific item.

Responsibility for preparing, implementing and monitoring the action programmes as well as for reporting the results of the preventive measures will rest with the coordination or cooperation group.

The municipal plans will define the inter-departmental managerial responsibilities for anti-violence action; the division of duties between administrative sectors; and the responsibility for coordinating, monitoring and evaluating measures transcending departmental boundaries. Clear points of focus will be determined for the activities and, in addition, the resources and measures required for the attainment of the objectives will be defined.

Similarly, hospital districts and other organisations with a large population base responsible for social services and health care will include the objectives and measures for the prevention of interpersonal and domestic violence into their plans and activities. At the same time, they will develop procedures for addressing problems caused by interpersonal and domestic violence.

An agreement will be worked out within the organisation on how to monitor and evaluate the preventive action. The prevalence of domestic violence and its costs and the implementation of the anti-violence action plan or programmes will be evaluated once during the electoral period.

The handbook *To whom the strikes belong?* (2005:7), issued by the Ministry of Social Affairs and Health, and the related slide show offers information in support of the efforts to develop the action programmes.

2 PROFESSIONAL SKILLS OF THE STAFF

The professional qualifications and resources of social and health care personnel in addressing interpersonal and domestic violence and problem-solving capabilities will be improved. Due consideration will be given to the need for special expertise required to assist people who have been exposed to sexual violence and abuse.

The objective is that the social and health care personnel offering primary and specialised services are aware of the specific features of interpersonal and domestic violence, and have internalised the procedures and practices necessary for recognising signs of violence, know how to take up the issue and how to encourage customers or patients to seek care and treatment. The recommendations are accompanied by a checklist entitled “*Tackling violence head-on*” (Annex 1).

Similarly, the capabilities for identifying sexual violence and abuse must be improved within social and health care services. As in the case of other forms of violence, asking questions about sexual violence must become routine in the health care system, particularly at child welfare clinics and in school and student health care.³

Irrespective of whether the violence applied is psychological, physical or sexual in nature, special skills are required for addressing problems caused by it. Employers will support the social and health care staff and provide opportunities for supplementary and continuation training. People who need new knowledge and special skills in this area include: emergency room employees; child welfare clinic employees; school nurses and physicians; school social workers; occupational health care staff; social workers; family counselling and shelter employees; and those working with substance abusers and people with mental health problems.

Employees working in these positions must always consider what impact his or her actions will have on the security and safety of the victim - will it be improved or jeopardized? Ensuring the safety of the victim calls for close cooperation and the exchange of information between both the authorities working with the victim and perpetrator.

³ More detailed objectives and recommendations concerning sexual violence are given in the Action Programme for Sexual and Reproductive Health 2007–2011 (STM 2007:17).

Through its employees, the service system assumes responsibility for and takes appropriate action to guarantee the safety of victims and children.

At the same time, the social and health care employees need capabilities for working as part of a network in order to provide long-term help for victims, perpetrators and children exposed to violence in their families.

The necessary training will be developed jointly by municipalities, social and health care institutes of education and other actors, and coordinated and monitored by the Coordination and Cooperation Working Group for Prevention of Violence.

Aside from training, it is important to look after the professional work ability of the employees dealing with problems of violence. They will be offered regular guidance in order to avoid vicarious traumatising.

3 SERVICES REQUIRED

3.1 Preventive services

Preventive services are part of a well-functioning service portfolio.

With regard to children and adolescents, it is highly advisable to develop preventive action in the context of early childhood and school education and at home where, studies suggest, physical punishment is still regarded as acceptable. Children and young people should receive life management and attitudinal education promoting non-violent behaviour early on.

In order to enhance their skills and capabilities, children need information on their own rights; a sense of security; skills for identifying their own means of coping; information on their sexual rights and development; information concerning abuse and risk of exposure to abuse; as well as instructions and capabilities for dealing with problems.

Education focusing on non-violence will include instruction in the knowledge and skills related to the understanding of personal integrity and self-protection (safety skills). Training in safety skills are offered by maternity and child welfare clinics, early childhood and pre-school education, schools and the student health care system.⁴ All safety skills training must be given with due regard to the child's age without frightening them. Of equal

⁴ Lajunen K, et al. Safety skills for children. Textbook on safety skills education. The National Research and Development Centre for Welfare and Health (Stakes).

importance is to offer children adequate skills to function in the current media environment by making use of its positive potential while providing information on the risks related to Internet use. What is essential is that safety skills education is coordinated and started as early on as possible, and that it is reinforced by several adults in children's daily lives.

Recommendations for action in the prevention of sexual violence and abuse are provided in the 2007–2011 Action Programme for Promotion of Sexual and Reproductive Health (STM 2007:17).

Maternity and child welfare clinics apply a screening procedure to identify expectant mothers and mothers with a newly born baby who are exposed to interpersonal violence. More information on the subject is provided in the *Handbook for Child Welfare Clinics* (2005:12) published by the Ministry of Social Affairs and Health.

Municipalities, inter-municipal cooperation areas and hospital districts should develop procedures for recognising violence and introduce screening methods to identify experiences of violence and to enable early intervention.

3.2 Services for victims of violence

A model for preventing violence is planned to be put in place by municipalities and inter-municipal cooperation areas to enable preventive measures; provide accessible services and emergency help such as shelters and crisis management; offer specialised services for the prevention of violence and long-term support and therapy for people traumatised by violence.

Emergency help

Shelters offering appropriate and professionally managed emergency help and advice must be available in municipalities and in their cooperation areas. According to the recommendation issued by the panel of experts of the Council of Europe, there should be one place for a family in sheltered accommodation for every 10,000 inhabitants. Consequently, 500 places in sheltered accommodation would be needed in Finland instead of the 120 we currently have.

Steps should be taken in the reception, care and service units of health centres and hospitals to ensure that customers subjected to violence receive crisis help and care in response to the acute situation at hand. Adequate

preparation should be made to organise the support and treatment required by victims of sexual violence at all levels of the service system.

On-call social services frequently face emergencies involving interpersonal and domestic violence. Social workers need to work in close collaboration with the police in order to ensure that a family member exposed to violence receives the necessary assistance and care.

The operations models created for emergencies are designed to guarantee that cooperation and the exchange of information between the authorities and service providers work efficiently. The treatment chain for looking after the victims of sexual violence must be organised by hospital districts. Due consideration must also be given to young and adult male victims of sexual violence in the support and treatment system. A psychiatric evaluation from the point of view of child welfare action must always be provided for under age victims. At the same time, the need for psycho-social support must be assessed and proper arrangements for supportive action and monitoring made. Additionally, written instructions must be given to assist recovery.⁵

Specialised services for the prevention of violence

Under the Act on Restructuring Local Government and the Provision of Services (169/2007, section 6), municipal alliances with a large population base are obligated to promote health, work ability and social security in their respective areas of responsibility. In real terms, this means that such municipal alliances are required to provide services requiring special expertise in the prevention of violence. As the services are currently fragmented and incomplete, victims of violence and perpetrators fail to receive the assistance they need. Therefore, it is advisable to bring together special expertise so as to give victims and perpetrators immediate access to a service focusing on the prevention of violence to which other actors can refer those involved without prior appointment. When the service is provided, it is important to assess the safety of the victim and perpetrator and the need for assistance and support and to coordinate the necessary services in a way that makes it easy to receive help and ensure the functionality of the service chain. Specialised services for the prevention of violence can be provided either as part of an existing service or a special unit established for this purpose.

⁵ For more information, see the handbook by Sirpa Taskinen (Ed.) 2003. Investigation into the sexual and physical abuse of a child. Recommendations issued by a panel of experts for social and health care personnel. The National Research and Development Centre for Welfare and Health (Stakes). A total of 55 handbooks available.

Long-term support and therapy

The primary health care system is in a key position to identify trauma-related mental disorders and their psycho-social consequences. Municipalities or larger entities have to provide long-term expert support as well as individual or group therapy for victims traumatised by violence in order to resolve the problems and traumas. Similarly, victims of sexual violence suffering from chronic symptoms must have access to psychiatric consultation and therapy. Support and therapy can be offered as part of normal health care services or special services tailored for the prevention of violence that are provided, among others, by third-sector actors. Help must be quickly accessible.

Municipalities are advised to organise professionally-managed discussion and peer group activities, either in the form of open or closed groups and in collaboration with the social and health care services, parishes and NGOs.

Due account will be taken of the special needs of immigrants and ethnic minorities when support and services are provided. More information on the subject is available in the Ministry of Social Affairs and Health's handbook *Immigrant women and violence* (2005:15).

3.3 Services for children and adolescents exposed to violence

The prevention of violence against children and young people, early intervention and securing the provision of services will be a key focus in social and health care administration.

Municipalities, inter-municipal cooperation areas and hospital districts have to create models and well-functioning practices geared to intervene when children and young people are subjected to violence and to address the problems resulting from it.

Social and health care professionals need to be aware of and identify the signs of violence experienced by children and related risks.⁶ Under the Child Welfare Act, employees are required to step in early if violence, ill-treatment or the abuse of children occurs in a family, or if a child ends up as an object of violence in divorce and custody disputes.

⁶ Paavilainen Eija, Flinck Aune. Identification of child abuse and intervention. Recommendations for nursing. Nursing Research Foundation. www.hotus.fi.

The police are required to ensure the safety of children and adolescents in domestic incidents and take action in accordance with the Child Welfare Act. Pre-determined procedures have to be created for inter-authority co-operation round the clock.

Steps will be taken at child welfare institutions and units to improve the capabilities for dealing with problems due to violence. The potential violent experiences of children and adolescents taken into care will be evaluated and the necessary medical examinations and treatments provided.

Children and young people exposed to violence must be guaranteed adequate services for dealing with the problems. The Child Welfare Act (section 15), effective as of 2008, stipulates that children and young people must be provided with emergency help, crisis help and care and treatment of sufficient duration. Shelters and other specialised services must also be available to children and adolescents. Effective procedures need to be created for mutual communications and cooperation between parents, authorities and other actors.

3.4 Services for senior citizens and the physically and mentally disabled

Services required by senior citizens and the physically and mentally disabled victims of interpersonal and domestic violence will be developed and access improved.

Social and health care services should be able to recognise and identify the risks of violence associated with the life situation of old people, and the physically and mentally disabled, and intervene at an early stage in case of any incidents.

The managers and responsible officials of the social and health care system are expected to ensure that clear-cut procedures are created for home care, municipal and private service and care units to make it possible to recognise violence and to intervene. Additionally, procedures have to be provided for inter-professional practices to prevent violence, neglect, ill-treatment and abuse targeting old people and the disabled.

Employees are required to monitor the customers' overall wellbeing in connection with appointments and house calls. If any violence is detected in informal care, the continuance of the care will be re-evaluated and, if necessary, care arrangements modified. By developing service guidance, victims

of violence will be given access to guidance, and advice and assistance with reorganising their care.

The provision of special services for the elderly and the disabled subjected to violence, neglect or ill-treatment is equally important as for other victims. Due consideration is to be given to the special needs of these people in the provision of services.

3.5 Help for the perpetrators of violence

Individuals resorting to violence in their personal relations and families will be assisted and helped to give up violent behaviour and assume responsibility for their actions.

When a violent person stops using violence, violence is reduced. One of the criteria for working with perpetrators is that they accept responsibility for their actions. Those working with the perpetrators should collaborate with those working with the victims. Working with perpetrators must not compromise the safety of victims of violence.

Additional resources will be allocated to give people who use violence in their personal relationships and families access to long-term help, support and treatments in order to stop their violent behaviour. Authorities will urge and encourage them to seek help for their problem.

Inter-authority cooperation and communication needs to be improved to help violent individuals.

When a customer's or patient's violent behaviour is discovered by a social or health care employee, the matter will be reported, with the perpetrator's consent, to the municipal or inter-municipal unit specialising in the prevention of violence. The unit will contact the perpetrator within 24 hours to evaluate the safety and potential need for help of the perpetrator and victim and any children.

Additionally, the capabilities of social workers, substance-abuse counsellors, doctors, and public health and company nurses to identify the potentially violent nature of a customer or patient will be developed. The practices for making it easier to talk about the issue also need to be developed. Customers and patients are instructed to seek help actively by developing service guidance.

People working with substance abusers intervene in violent behaviour very effectively. Special expertise should be enhanced in the substance

abuse treatment system in order to help people prone to violence. Staff capabilities for addressing and providing help with the problem of violence in detoxification units, A-clinics, rehabilitation units and other substance-abuse services will be improved.⁷

The non-violence programmes intended for perpetrators will be developed in individual municipalities or inter-municipal entities. Municipalities are expected to ensure that services are developed in response to the needs of the population in collaboration with NGOs and other actors either regionally or locally. The non-violence programmes need to be of sufficient duration and their implementation needs to be monitored.

4 CIVIC ACTION IN PREVENTING VIOLENCE

Cooperation between non-government organisations, parishes and the authorities in the prevention of violence will be improved.

The objective is for NGOs, parishes and other organisations to increase awareness and promote an atmosphere opposed to violence in their respective communities. If any interpersonal and domestic violence occurs among their members, information is given on the services and forms of support available, and victims are urged to seek help.

In regions and local communities, the public sector works hand in hand with NGOs, parishes and other organisations to create favourable conditions in their efforts to stop interpersonal and domestic violence and organise supportive and voluntary activities to intervene. It is advisable to link the preventive work carried out by NGOs with the other efforts in the locality to promote health and welfare.

5 DOCUMENTATION AND STATISTICS

Documentation and the compilation of statistics on interpersonal and domestic violence will be improved in customer and patient contacts in the social and health care sector.

⁷ More information is available in the publication *A vicious circle for the whole family*. Interpersonal violence and alcohol. Publication 2007:27.

Problems, injuries and illnesses due to violence are recorded in the customer and patient records of the social and health care service and in the customer data system. The compilation of statistics on the prevalence of problems of violence and related injuries and illnesses will be developed in accordance with national instructions. The development project is due for completion in 2001.⁸

In on-call, first response and emergency room operations, violent incidents and injuries sustained by victims will be recorded clearly and in detail. In view of potential legal proceedings, it is extremely important to diagnose and document the problem when it is still acute. A new set of assault and body map forms (PAKE) will be introduced for the purpose of recording injuries.

A special entry will be made in treatment and service plans to record any incidents or observations related to the customer's or patient's experiences of interpersonal and domestic violence. Additionally, the measures taken to help the customer or patient and any post-admission treatment will be indicated.

Careful documentation of all observations concerning violence and ill-treatment in all service and care units is important in view of further measures.

6 COMMUNICATIONS AND EFFECTIVENESS

The social and health care administrative sectors will disseminate information in order to prevent interpersonal and domestic violence and alleviate the problems caused by it. The principle of non-violence will be underlined in all the activities undertaken by municipalities.

An operating paradigm based on non-violence, arbitration and respect for human beings should be promoted in all municipal activities.

Local residents should have access to information and advice on interpersonal and domestic violence and on where to find help and support. Information should be provided on the municipalities' web sites and by means of handbooks or brochures. Additionally, the operative units are to give instructions and advice on a case-by-case basis. Immigrants and mem-

⁸ The work is carried out as part of the Social Sector Information Technology Project launched to develop customer data systems for social services.

bers of ethnic minorities must have access to information in their native language.

Municipalities and inter-municipal bodies should launch anti-violence campaigns and organise events in collaboration with NGOs, parishes and other actors. The campaigns should also highlight the issue of sexual violence. At the same time, the campaigns should help discourage pro-violence attitudes and behaviour patterns.

The social and health care services, together with other actors, should uphold an anti-violence atmosphere and underline the perpetrators' responsibility for their own actions. Public debates and positions should leave no room for doubt that interpersonal and domestic violence is not a private matter but a crime that the perpetrator must own up to.

The social and health care sector is to shoulder its share of the responsibility for ensuring the safety of the victim and children.

Social and health care services are to disseminate information in order to prevent interpersonal and domestic violence and alleviate the problems caused by it. Forums and events will be organised within the sector to discuss ways of preventing violence.

To keep the issue in the public eye, the channels offered by the media will be used for disseminating information on the services, the situation with regard to interpersonal and domestic violence within the municipality, the efforts made to prevent violence, methods of intervention and the availability of help.

Social and health care professionals are encouraged to draw attention to the fact that interpersonal and domestic violence is an extensive social problem.

MONITORING AND EVALUATING THE IMPLEMENTATION OF THE RECOMMENDATIONS

Responsibility for the attainment of the objectives, follow-up and evaluation will rest with the management of municipalities and inter-municipal alliances.

Municipalities and inter-municipal bodies monitor the implementation of the objectives and measures outlined in these recommendations and report on the subject in connection with general reporting on activities.

At the national level, the prevention of interpersonal and domestic violence is managed and evaluated jointly by the Ministry of Social Affairs and Health; the Association of Finnish Municipalities and Regional Authorities; the National Research and Development Centre for Welfare and Health (Stakes), and the State Provincial Offices. An evaluation of the implementation of the recommendations will be carried out in 2011.

The prevalence of violence and the success of preventive measures will be monitored nationwide as part of the monitoring of the programme for internal security and evaluation of the primary services offered by the State Provincial Offices.

LITERATURE

State Provincial Office of Southern Finland

Determination against violence. Final report of the Prevention of Partner and Domestic Violence Project 2004–2007 launched by the State Provincial Office of Southern Finland. Publications of the State Provincial Office of Southern Finland. STO 6/2007.

Secure Childhood, a handbook. Applying the day-care centre models adopted in the Kouvola region for the prevention of domestic violence. Publications of the State Provincial Office of Southern Finland. 121/2007.

Assault and body map forms (PAKE). Helsinki 2006.

www.laaninhallitus.fi

State Provincial Office of Eastern Finland

Prevention of domestic and partner violence as part of day-to-day safety. Publications of the State Provincial Office of Eastern Finland. 122/2006.

Final report of the Project to Prevent Partner and Domestic Violence. Publications of the State Provincial Office of Eastern Finland. 142/2007.

www.laaninhallitus.fi

State Provincial Office of Lapland

“Between a rock and a hard place”. A report on the availability of services for victims of partner and domestic violence services in Lapland. Publications of the State Provincial Office of Lapland. 3/2005.

www.laaninhallitus.fi

State Provincial Office of Western Finland

www.laaninhallitus.fi

State Provincial Office of Oulu

Just and fair. Potential and limitations of inter-authority cooperation in the exposure and prevention of partner violence. Publications of the State Provincial Office of Oulu. 115/2007.

www.laaninhallitus.fi

The National Research and Development Centre for Welfare and Health (Stakes)

Project to prevent violence against women. Life without fear. Means available to schools to intervene in cases of partner and interpersonal violence, Hamina 2002.

Project to prevent violence against women. Rap – Emergency Help for Rape Victims. Examination and treatment of victims of sexual violence in health care units. 2002.

Lajunen K, et al. Safety skills for children. Textbook on safety skills education. The National Research and Development Centre for Welfare and Health (Stakes). 2005

Sirpa Taskinen (Ed.) 2003. Investigation of sexual and physical abuse of a child. Recommendations issued by a panel of experts for social and health care personnel. The National Research and Development Centre for Welfare and Health (Stakes). A total of 55 handbooks available.

Ministry of Social Affairs and Health

To whom the strikes belong? A handbook and slide show for municipalities for the prevention of partner and intimate violence. Handbooks 2005:7, Helsinki 2005.

A vicious circle for the whole family. Interpersonal violence and alcohol. Publication 2007:27.

Recommendations concerning the quality of school health care. Handbooks 2004:8, Helsinki 2004.

Coordination of the efforts to prevent interpersonal and domestic violence and development of related competence. Publication 2006, Helsinki 2006.

Handbook for child welfare clinics. Publications 2005:12, Helsinki.

Action Programme for the Promotion of Sexual and Reproductive Health 2007–2011. Publications 2007:17.

Immigrant women and violence. Handbook for provision of assistance in the social and health care sector. Handbooks 2005:15, Helsinki 2005.

CHECKLIST FOR TACKLING VIOLENCE HEAD-ON

TACKLING VIOLENCE HEAD-ON

- As a local government employee, you are in a key position to prevent interpersonal and domestic violence and to intervene in the matter - you are the first link in the efforts to break the vicious circle of violence. This checklist will help you face difficult situations and take up the issue of violence in your contacts with your customers. When you are dealing with a customer, things do not necessarily proceed in the order presented in the checklist. Use it in a way that makes conversation natural.
- Always be frank, honest and sympathetic with your customer. You are entitled to say what is right and what is wrong. See to it that your customer understands what you saying and that you understand what he or she is saying. Call an interpreter if necessary. Never accept a relative or friend accompanying the customer as an interpreter. Organise the meeting so that the customer is able to talk to you and your colleague alone.
- All situations are different. The customer may be unwilling to tell you about any violence despite your suspicions. If so, make a new appointment. Remember that you may be obligated to report a crime under law (e.g. the Child Welfare Act, the Act on the Status and Rights of Social Welfare Clients).
- Make a record of the meeting and always tell your customer what you are recording. This is important because in custody and visitation disputes the records may be one of the most important documents.
- Be aware of the services available locally. Never leave the customer alone if no suitable service is available. Make a new appointment.
- For additional reading, we recommend "Parisuhdeväkivalta puheeksi – opas terveydenhuollon ammattihenkilöstölle äitiyshuollossa ja lasten terveystalveissa" available at <http://www.hyvan.helsinki.fi/daphne/vakivalta.pdf> and the website www.nettiturvakoti.net. Consult the site before and after seeing a potential victim or perpetrator of violence.

When talking to a potential victim of violence...

- Ask about violence directly.
- Listen with empathy and an open mind.
- Make sure that the potential perpetrator is not around.
- Talk about the diversity of violence.
- Take a position: say that it is a crime and that you are obliged to report certain types of offences.
- Say that violence and arguments are different things and that violence tends to recur if no steps are taken.
- Find out about your customer's own experiences and concepts of violence.
- Tell your customer that he or she will get help and direct him or her to the right place. If necessary, make a new appointment.
- Evaluate the immediate safety needs of the victim and their family members. Find out whether it is safe for your customer to return home.
- Prepare a safety plan for your customer together with him or her.

When talking to a potential perpetrator...

- Ask directly about violence (it is advisable to have a colleague present).
- Listen with empathy and an open mind.
- Talk about the diversity of violence.
- Take a position: say that it is a crime and that you are obliged to report certain type of offences. Say that violence results in consequences that are devastating for the victim, other family members and your customer himself/herself.
- Say that violence and arguments are two different things and that violence tends to recur if no steps are taken.
- Show interest and find out about your customer's own experiences and concepts of violence.
- Tell your customer that he or she will get help and direct him or her to the right place. If necessary, make a new appointment.
- Evaluate the family members' safety and their need for help. Act in accordance with your own evaluation and ask what your customer thinks of the current safety of the other family members.

THE PREVALENCE OF INTERPERSONAL AND DOMESTIC VIOLENCE

Fatal acts of violence

Acts of violence causing death are more common in Finland than in other western European countries. The number of homicide incidents is still twice as high as the average in the Member States of the European Union. A total of 21 women are killed per year as a result of partner violence (average for 2002–2006). From 2002 to 2005, a total of 28 children under 15 were killed.

Interpersonal violence targeting women

According to Finnish victim studies, 90 per cent of all acts of interpersonal violence affect women. A 2005 female victim study suggests that 20 per cent of all women have experienced violence at some point in their current relationship. Annually, approximately 100,000 women are subjected to physical or sexual violence or threats by their companions.

Violence targeting children

According to a 2006 study by the United Nations, 61,000 children in Finland are subjected to violence in their families. The figures are among the highest in Europe. An interview survey conducted by the Federation of Mother and Child Homes and Shelters suggests that about one third of children witnessing violent behaviour between parents are themselves subjected to physical abuse at home. A study by the Central Union for Child Welfare in Finland shows that approximately one third of parents approve of corporal punishment as a method of upbringing.

Around 2,000 cases of child abuse are reported to the police each year. This is just the tip of the iceberg of violence experienced by children in families. The number of sexual crimes against children reported to the police has doubled during this millennium. In 2006, a total of about 1,000 sexual offences targeting children under 15 were recorded.

Violence targeting old people and the handicapped

No national statistics are available on violence targeting old people and the physically and mentally handicapped. According to studies carried out in various countries, 4 to 6 per cent of old people are ill-treated by being subjected to neglect and physical, psychological or financial violence.

Violence targeted at people of immigrant origin

In 2005, a total 1,205 acts of violence targeting immigrant women were reported to the police. Of the cases, 6 per cent involved sexual violence, 72 per cent other types of violence and 22 per cent threats of violence. Of the acts of physical violence, 60 per cent could be classified as constituting interpersonal violence.

INTERNATIONAL COOPERATION FOR THE PREVENTION OF INTERPERSONAL AND DOMESTIC VIOLENCE

Violence can be evaluated in terms of human rights and gender equality.

International conventions are legally binding on the states that have signed and ratified them. Compliance is monitored through reporting. Implementation is monitored by UN committees by means of a reporting and appeals procedure.

A declaration or recommendation is a document in which the signatory states indicate that they approve of the objectives and principles set forth in such a document. A declaration is morally obligating but not legally binding.

HUMAN RIGHTS CONVENTIONS

The main human rights conventions have been negotiated within the United Nations (UN) and the Council of Europe (CE)

PRIMARY UN HUMAN RIGHTS CONVENTIONS REGARDING VIOLENCE AGAINST WOMEN

Convention on the Elimination of All Forms of Discrimination Against Women (1979)

- aims at promoting human rights for women on an equal basis
- compliance with the convention is monitored by the Committee on the Elimination of Discrimination against Women

Convention on the Rights of the Child (1989)

- sets forth the minimum requirements regarding the protection and well-being of children
- Article 19 obligates the signatories to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse
- compliance with the convention is monitored by the Committee on the Rights of the Child

International Convention on Economic, Social and Cultural Rights (1966)

- sets forth requirements concerning work and working conditions, health, living conditions, nutrition, education, culture, etc.
- compliance with the convention is monitored by the pertinent committee

KEY UN DECLARATIONS REGARDING VIOLENCE AGAINST WOMEN

The United Nations Universal Declaration of Human Rights (1948)

UN Declaration on the Elimination of Violence against Women (1993)

- significant from the point of view of violence against women within the family; defines the responsibilities and obligations to protect of the state extending them to private individuals

Final Act of the Fourth World Conference on Women (Beijing Declaration and Platform for Action) 1995

WHO RESOLUTIONS

- WHA 49.25 (1996) (Prevention of violence: a public health priority)
- WHA 50.19 (1997) (Implementation of WHO recommendations concerning violence and health)
- WHA 56/24 (2003) (Report by the WHO Secretariat on the implementation of the recommendations)
- WHO/EURO/Resolution of the Regional Office for Europe EUR/RC55/9, 10, 2005

EUROPEAN UNION AND THE PREVENTION OF VIOLENCE

- Directive 2002/73/EC of the European Parliament and of the Council of 23 September 2002 amending Council Directive 76/207/EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions
- Communication from the Commission to the European Parliament and the Council on Actions for a Safer Europe COM(2006) 328 final
- Council Recommendation on the prevention of injury and the promotion of safety COM(2006) 329 final 2006/0106 (CNS)

- Decision No. 779/2007/EC of the European Parliament and of the Council of 20 June 2007 establishing for the period 2007-2013 a specific programme to prevent and combat violence against children, young people and women and to protect victims and groups at risk (Daphne III programme) as part of the General Programme 'Fundamental Rights and Justice
- Recommendation of the EU conference of experts, Vienna 1998, Jyväskylä 1999
- In the EU Roadmap for Equality between Women and Men 2006–2010, violence against women is one of the main themes
- EU's Guidelines for the Promotion and Protection of the Rights of the Child adopted 10 December 2007. Violence against children selected as the first priority in the Guidelines.

The Daphne Programme

Efforts to combat violence against women and children have been substantially supported by the Daphne Programme funded by the European Commission. The first programme period was launched by Decision No 293/2000/EC of the European Parliament and of the Council.

The Daphne Programme (2000-2007) is a community action programme on preventive measures to fight violence against children, young people and women. The third programme period started in 2007. Funding has been provided for a number of Finnish projects under the Programme.

COUNCIL OF EUROPE AND THE PREVENTION OF VIOLENCE

Recommendation (2002/5) of the Committee of Ministers of the Council of Europe on the protection of women against violence.

Resolution of the Third Summit of the Heads of State or Government of the member states of the Council of Europe on a pan-European campaign to fight violence against women.

Resolution of the Council of Europe on a campaign to fight violence against children / corporal punishment.

Convention of the Council of Europe on the protection of children against sexual exploitation and sexual abuse adopted on 12 July 2007.